



The Shrewsbury and
Telford Hospital
NHS Trust



Equality, Diversity and Inclusion

Annual Report 2023



Foreword

The purpose of this Equality, Diversity and Inclusion (EDI) Annual Report 2023 is to provide a summary of key achievements as well as areas that require improvement, and to fulfil our commitment to report on the refreshed EDI Action Plan over the period of January to December 2023.

So that we can learn about the degree to which the diversity of our colleagues reflects the communities we serve, we have compared the data about the ethnicity and diversity of our workforce with data on the composition of our local communities using subsets of data from the Census 2021, published at various points during 2023. The Census Act 1920 makes it compulsory for everyone in England and Wales to take part in the Census in accordance with the Order and Regulations. We have also analysed views in the NHS Staff Survey 2022 and People Pulse surveys, to inform this report.

In the NHS EDI Improvement Plan, published in 2023, NHS England referred to a diverse workforce that is representative of the communities it serves as critical to addressing the population health inequalities in those communities¹. We recognise the evidence between a diverse workforce that demonstrates equality and inclusion, and the quality of care for patients, as documented by the Care Quality Commission².

Please join us in celebrating that the ethnicity and diversity of our workforce now represents the communities that we serve. Delivering excellent care to our local communities is at the forefront of everything we do.



A handwritten signature in black ink, appearing to read 'Rhia Boyode'.

Rhia Boyode
Director of
People & OD



A handwritten signature in black ink, appearing to read 'Nigel Lee'.

Nigel Lee
Director of
Strategy &
Partnerships



A handwritten signature in blue ink, appearing to read 'Hayley Flavell'.

Hayley Flavell
Director of
Nursing



A handwritten signature in black ink, appearing to read 'John Jones'.

John Jones
Executive
Medical
Director



Contents

Foreword	2
Section 1: Summary – Our year at a glance.....	4
Section 2: Introduction to update on delivery of the actions outlined in the Equality Action Plan	5
Section 3: Engage to create inclusive healthcare - update on delivery of the actions.....	5
Action 1.0 Develop our Trust Board and senior leadership.....	5
Action 1.1 Patient engagement.....	8
Action 1.2 Staff networks.....	21
Action 1.3 Public Assurance Forum.....	23
Action 1.4 Community membership.....	24
Action 1.5 How to engage with the public on service changes.....	25
Action 1.6 Proactive population health approach.....	25
Section 4: Empower to achieve - update on delivery of the actions.....	27
Action 2.0 Health and wellbeing & reward and recognition.....	27
Action 2.1 Aim to reflect the ethnic diversity of our communities. And improve representation across all roles and bands.....	30
Action 2.2 Enrich our organisational development offer.....	39
Action 2.3 Reach seldom heard groups.....	47
Action 2.4 Inclusive leadership development.....	47
Section 5: Concluding comments on overall performance.....	52
The year ahead.....	54
Appendix 1: Action Plan agreed with the Board in April 2022	55
Appendix 2: NHS England EDI Improvement Plan.....	57
Appendix 3: Workforce data.....	62
Appendix 4: Research and Innovation.....	66
Appendix 5: EDI compliance table.....	67
References.....	67

1. Summary



<p>272 Staff network members</p> <p>1 New Multi Faith staff network launched & increased pastoral care</p>	<p>Over 200 pledges made by staff to support their LGBTQIA+ colleagues and patients at SaTH</p>	<p>25% Of our colleagues at SaTH are from an ethnic minority background</p>	<p>150 Doctors completed Equality & Diversity training</p>
<p>DFN project at SaTH supporting 12 young intern adults with learning disabilities and autism.</p>	<p>11 EDI events took place</p> <p>1 Show Racism The Red Card event</p> <p>2 Guest speakers at EDI events</p>	<p>Met 'Best Performing' criteria for 2 disability metrics set by NHSE. SaTH is disability confident employer level 2</p>	<p>The ethnic diversity of our workforce now reflects the ethnic diversity of the communities we serve</p>
<p>30 FTSU 30 Voices surveys completed</p>	<p>4 EDI questions added to the talent conversation / appraisal</p>	<p>4 Community & Integrated Care System events across Shropshire</p>	<p>45% Of new starters to SaTH in 2023 have an ethnic minority background</p>
<p>92% nurses & AHPs from ethnic minority backgrounds participated in the EDI induction</p>	<p>Launched Galvanise Leadership Programme for colleagues from ethnic minority background</p>	<p>You can access the workforce Race and Disability reports here FINAL-APPROVED-WRES-Report-2023.pdf (sath.nhs.uk)</p>	<p>46% Increase in community membership and 29% in community organisation members exceeding 10% target in 2023</p>



2. Introduction

This EDI Annual Report meets the Trust's statutory duty under the Equality Act 2010 to report on performance against equality objectives annually.

In April 2022, a mid-way review of the three-year EDI Strategy took place, and a refreshed Equality Action Plan was agreed by the Trust Board (see Appendix 1). A commitment was given to provide an update report on the refreshed Action Plan in March 2024. This EDI Annual Report honours this commitment, by providing an update on the actions in the refreshed Equality Action Plan.

The current three-year EDI Strategy is now in its final phase and so we will be proposing a new strategy to the Trust Board in 2024.

Method

A reverse RAG (red, amber or green) rating methodology has been used to illustrate in colour the progress status of each action. The requirement to report on the sub actions under each main action explains why seemingly unconnected topics are reported on under one action.

Where possible when writing this report, we have adopted the UK Government's guide on how to write about ethnicity, based on research conducted with people from ethnic minority backgrounds. You can read the guide here: [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](https://www.gov.uk/guidance/writing-about-ethnicity)

3. Engage to create inclusive healthcare

Action 1.0:

Continue to develop our Trust Board and senior leadership as EDI champions. Embed and support our leaders to achieve the senior leader objectives and targets on EDI, including Board members.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- NHS Staff Survey
- % people experiencing discrimination at work
- % reporting effective leadership
- alongside the Culture Dashboard



Update – Action 1.0 - Develop our Trust Board and senior leadership

The Board has participated in and instigated a number of initiatives that will enhance their understanding of EDI aspirational behaviour and issues:

- In November 2023 the Board took part in a session on what could be done to encourage colleagues to speak up. The session was run by the Freedom to Speak Up Lead Guardian at the Trust and EDI issues and discussion were intrinsic to this session.
- The Board set objectives to deliver EDI Champion engagement for senior leaders in 2023/24.
- In 2024 a Board session with the National Freedom to Speak Up Lead Guardian, as a follow up to the Trust-level session in November 2023, will take place.
- During 2024 there is a Board session scheduled about ‘Diversity in our Workforce.’

‘Board Walks’ (attended by members of the Board) take place every other month as a means of meeting with colleagues and patients. Two examples from September 2023 are:

1. **Retention** - After receiving Board reports highlighting retention issues with nurses recruited under the Trust’s international recruitment programme, feeling unable to settle-in at their workplace or in the local area, members of the Board hosted a discussion with internationally educated nurses on Ward 6 at Princess Royal Hospital. The nurses spoke of their discomfort with the regular use of the ‘label’ of international nurses, and their wish to be recognised simply as ‘nurses’, to enhance their sense of belonging. They were, however, pleased to confirm that there were no known racial issues to them; it felt inclusive.
2. **Caring values** - After reading negative patient feedback relating to ‘uncaring’ interactions they had experienced from overseas staff, the Board went to Ward 27 at Royal Shrewsbury Hospital. They talked with colleagues and noted the cultural differences between task-based care in many overseas countries, and the care-focused culture in this country. The learning is being incorporated into our on-boarding and pastoral support programmes.

The National EDI Improvement Delivery Plan calls for every Board and Executive Team member to have EDI objectives that are specific, measurable, achievable, realistic and timebound (SMART), and to be assessed against these as part of the annual appraisal process, by March 2024.

Each staff network now has an Executive Team member as Chair:

- Race, Equality & Inclusion Network - Executive sponsor - Finance Director
- Disability Ability and Wellbeing Network (DAWN) - Executive sponsor - Assistant CEO

- LGBTQIA+ Network - Executive sponsor - Director of Nursing
- Multi-Faith, Belief and World Network - Executive sponsor - Chief Operating Officer

Staff survey

A total of 49% of colleagues participated in the NHS Staff Survey 2022 and results showed that 6.7% of white staff at SaTH experience discrimination at work from their manager, team leader or other colleagues (see figure 1 below), which is in line with the average for the white people benchmark group calculated nationally. Whereas 21.7% of all other ethnic groups at SaTH reported experiencing discrimination at work from a manager, team leader or other colleagues, which is 15% percentage points higher than white staff at SaTH. This points to a considerable issue that needs to be better understood for effective improvement strategies to be developed. Early in 2023 we set up the Discrimination and Harassment Group, so that regular and focused attention could be given to this issue. The Group is made up of the Freedom to Speak Up Team, senior leaders, divisional business partners and the EDI Team. The Group acted on feedback from the NHS Staff Survey that colleagues feel that nothing is done when they raise concerns. New processes were set up and communicated and each concern is now logged, and feedback is provided to those who have raised concerns. Flowcharts on how to raise concerns have been created and posters put up on how to raise a concern. The People and OD Team has also introduced a series of interventions to improve staff turnover and continued to deliver cultural and leadership programmes.

Figure 1 - Discrimination from a manager or a team leader (NHS Staff Survey 2022)



Action 1.1:

Meaningful and targeted patient engagement and data collection, driving service improvement to reduce health inequality.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Patient engagement
- Alongside the Culture Dashboard

Update - Action 1.1 Patient engagement**Patient engagement - interpreting and translating**

During 2023 we supported patients with interpretation services for 51 languages:

Afghani	Gujarati	Latvian	Portuguese	Telugu
British Sign Language	Hakka	Lithuanian	Pothwari	Tetum
Bulgarian	Hausa	Malay	Punjabi	Thai
Cantonese	Hindi	Malayalam	Pushto	Turkish
Ethiopian	Hungarian	Mandarin	Romanian	Twi
Filipino	Indonesian	Mirpuri	Russian	Ukrainian
French	Italian	Moldovan	Sinhalese	Urdu
Georgian	Japanese	Nepali	Slovak	Vietnamese
German	Korean	Patwari	Spanish	
Ghanaian	Kurdish	Polish	Taiwanese	
Greek	Kurdish-Sorani	Malay	Tamil	

There were five occasions when an interpreter was required and could not be provided due to very short notice of the need for an interpreter, which meant that 99.9% of interpreting requests were met at the planned time.

Request	Number of Requests	Fulfilment
Written Translation	18	100%
Telephone Interpretation (pre-booked)	977	100%
Telephone Interpretation (on-demand)	1,106	100%
Face-to-Face Interpretation	4,162	99.9%

The number of interpreter requests during 2023 (6,245) increased in comparison to the previous year (5,118), reflecting a 15.2% increase in face-to-face interpreting, and 38.4% increase in telephone interpreting.

The languages requested for interpretation most frequently in 2023 were:

Frequently Requested Languages for Interpretation at SaTH	Number of Requests (2023)	Language	Local community Demographic Rank	Count of Speakers Across Telford & Wrekin, Shropshire and Powys (Census 2021)
1	785	Polish	1	5,222
2	546	Romanian	2	2,872
3	348	Bulgarian	3	1,825
4	243	Russian	15	376
5	190	Punjabi	4	1,383
6	166	Cantonese	18	313
7	148	Kurdish	31	137
8	125	Urdu	5	674
9	120	British Sign Language	32	136
10	102	Turkish	21	290

Eastern European languages remain the most frequently requested, with requests for Russian increasing by 23.3% in comparison to the previous year. The number of Southeastern European interpreter requests have similarly increased during 2023 with Turkish increasing by 82% and Kurdish by 23%.

We provided interpreters to support people accessing services from minority groups within the local community. We offered translation services for the most commonly spoken languages among minority groups in the communities we serve e.g. Polish (5,222 speakers) to the least commonly spoken among minority groups in our local communities e.g. Korean (21 speakers), Pushto (14 speakers) and Ethiopian (three speakers), reflecting our support for patients whose first language is considered a linguistic minority in the 2021 Census.

We have managed to provide a translation service for other languages such as Romanian, Bulgarian, Punjabi, Urdu, Arabic, Lithuanian, Twi, Turkish, French, Malayalam, Italian, Portuguese, German, Russian and Hungarian, despite varying and often low numbers of speakers of these languages in our local communities.

Chaplaincy Team

The number of visits made to wards and departments across the Trust by the Chaplaincy Team has increased markedly and reflects a high special-cause improving variation.

Chaplaincy Team and patients

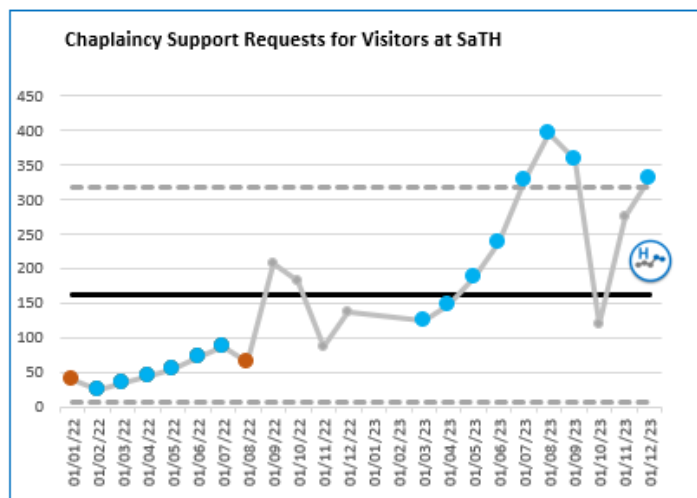
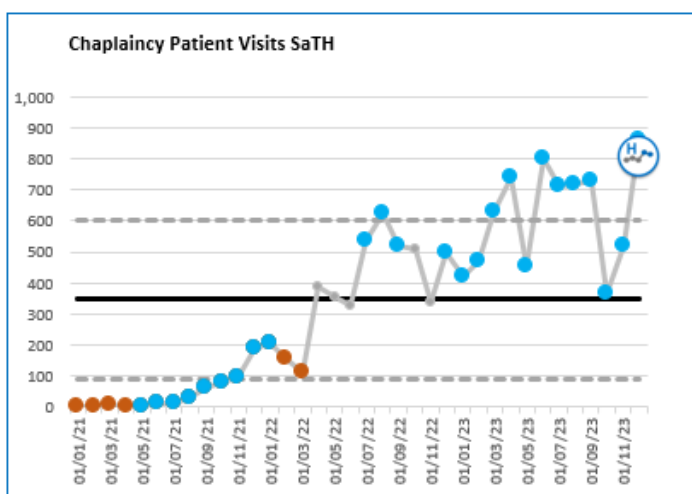
In 2023 the Chaplaincy Team had 5,771 contacts and made 7,432 visits to patients, which can range from minutes to hours in duration, depending on the need.

During 2023 the Chaplaincy Team facilitated 101 last rites and end of life care visits, 98 anointing of the sick, 33 funerals, three staff memorial services, two weddings, five baptisms, 753 blessings within the children and young people clinical areas, in addition to 1,102 general adult blessings, 302 moments of mindfulness, and 437 communions.

Chaplaincy Team and visitors

In addition to patient contacts and visits, the Chaplaincy Team received 3,414 requests to support visitors at the hospital during the year. Requests were made for a combination of 1,312 visits, 1,634 prayers, 246 moments of peace and mindfulness.


Figure 2 – Chaplaincy support for patients and for visitors (2021 – 2023)



Chaplaincy Team and staff

Staff members have contacted the Chaplaincy Team on 1,312 occasions to request a personal meeting, discussion or team visit during 2023. During this period the Chaplaincy Team has supported staff on 1,970 occasions through requests for communion, prayers, and moments of mindfulness.

A total of 4,662 pebbles were placed into the pebble pool and 1,061 messages were left on the prayer trees, the majority praying for family members, or individuals, in memory, healing, or general wellbeing. Prayer tree messages additionally recognised world events and prayers for peace. These avenues provide an alternate approach to seeking pastoral comfort or support for people accessing our hospitals.



The Chaplaincy Team has facilitated training or awareness sessions to 1,077 staff during the year, through the Health Care Support Worker Academy, Corporate Welcome, Internationally Educated Staff Induction, Palliative and End of Life Care Training, Foundation Year 1 and Foundation Year 2 awareness sessions.

Chaplaincy Team providing multi faith services

The Chaplaincy Team has supported patients from a range of religions and beliefs on different occasions, including Church of England (3,460), Roman Catholic (2,074), other Christian faiths (1,123), Muslim (249), Buddhist (9), and other faiths, beliefs and world views (517).

The majority of patients supported identified as Christian, Roman Catholic and other Christian denominations (89.6%). During 2023 the increase in the diversity of faiths of patients being supported has been notable by the increase in the assistance extended to minority faiths constituting 3.5% of chaplaincy patient interactions. This figure is significant when compared to the 2.9% representation of these faith groups in the local community population (Census 2021). Conversely, 39% of our local communities identify with no given religion and represent only 7% of patients supported by the Chaplaincy Team.

The Chaplaincy Team recognises there may be potential barriers through the name 'Chaplaincy Services' being seen as predominantly Christian. The team is also mindful of low awareness among those who don't identify with a given faith, particularly of pastoral support that they may benefit from. The multi-faith Chaplaincy Team will continue to support people of any faith, belief, or worldview and work to increase awareness of the pastoral support available to all groups in 2024.

The religious belief profile of our colleagues, as depicted in a graph (see Appendix 3), demonstrates a decrease in the percentage of employees opting not to disclose their faith, belief, or world view (25% in 2019 versus 16.2% in 2023). An increase in minority faith groups, rising from 10.4% in 2019 to 16.1% in 2023, is particularly evident in Hindu and Islam beliefs within our workforce profile.

The Chaplaincy Team has recognised a number of festivals and events covering a range of topics, supported by SaTH Charity. Examples of the festivals showcasing faith, belief and world views include: Lunar New Year, World Interfaith Harmony Week, Lent and Easter, a gathering of remembrance for people lost during the COVID-19 pandemic, Diwali, Eid ul-Adha, Shavuot, Christmas and Ramadan.


Figure 3 – Photograph of our Chaplaincy Team in 2023



Recognition of the EDI Agenda

A range of activities and awareness sessions has been delivered throughout 2023, highlighting the importance of recognising and supporting seldom heard minority groups. The importance of terminology, reasonable adjustments, and respecting difference acted as primary drivers, examples of sessions delivered include:

1. An LGBTQIA+ workshop delivered by the LGBT Foundation was held in June 2023, in recognition of Pride month. The workshop was attended by the Director of Nursing who is executive sponsor of the LGBTQIA+ staff network. The workshop incorporated sessions for staff on terminology, legislation and health inequalities. Barriers in accessing healthcare were explored, in addition to equity vs. equality, structural inequality and accessibility.
2. 73% of people providing unpaid care in the UK do not identify themselves as a carer, which equates to 19 million people in the UK. To help raise awareness of unpaid carers a Carers Workshop was held during Carers Week in June. A range of topics delivered by people with lived experience in each subject, including: experiences of being a carer, the role of a carer in dementia care, John's Campaign (for the right to stay with people with dementia in hospital), identifying and supporting carers from the LGBTQIA+ community who can often be unseen and unsupported.
3. We held a Safeguarding Conference during National Adult Safeguarding Week with a theme of awareness of forms of abuse and the role of colleagues to identify vulnerable people. The agenda included: modern slavery and human trafficking, child sexual exploitation, and insight into predatory marriage shared by someone with lived experience.

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4. Health literacy awareness sessions have been conducted throughout 2023 to emphasise the significance of health literacy in supporting patients in understanding information to improve health outcomes and experiences of care. Sessions, some of which were co-delivered with a patient partner, were held across various platforms, engaging a diverse range of employees including nurses, midwives, allied health professionals, medical staff, and corporate teams.

Furthermore, in 2023 health literacy training was extended to staff and patient representatives participating in the Letters Task and Finish Group, which supports the Electronic Patient Record (EPR) Programme. This initiative offered valuable insights into the strategies employed to assist individuals in understanding information produced by the hospital. The approach involved the utilisation of health literacy tools aimed at simplifying information to a reading age equivalent to that of 9 to 11-year-olds, where possible. Notably, all letters being integrated into the CareFlow system underwent a simplification process through collaborating with patient partners and going through the Patient Information Panel. The panel consists of a patient partner, librarians, and members of the Patient Experience Team. This work has been recognised by Dr Mike Oliver from Health Literacy Matters and showcased as an example of best practice to other organisations.

The Human Library initiative comprises individuals who volunteer to share their personal lived experiences, acting as human books. In 2023, we hosted three successful Human Library events. The events provided an opportunity for staff to participate in open conversations in a safe space. The human books at the event consisted of a diverse range of representation which included gender, religion, victim/survivor, disability, ethnicity, sexuality, bereavement, addiction, neurodiversity, physical and mental health. However, like everyone, each human story is intersectional and unique, offering individual experiences.

Challenging stereotypes, breaking down barriers, and having an opportunity to engage in open and respectful conversations in a safe environment can change people's attitudes and understanding of excluded or marginalised groups. The events sought to provide an effective and impactful awareness and understanding of inclusion and diversity.

Human libraries can help people to see things from a different perspective, support interaction and empathy, increase awareness of diversity, and the need to be inclusive when planning or delivering services.

Equality, Diversity and Inclusion Stakeholder Groups

The Equality Delivery System (EDS 2022) is a national requirement across the NHS for commissioners and providers. The system is designed to review inequalities in access to healthcare services, the impact and experiences that people report. The system has three domains, with domain one focusing upon service delivery.

Three stakeholder events were held during December 2023 providing service users, staff, community groups and other public stakeholders an opportunity to review actions being taken to address inequalities in accessing healthcare services.



Figure 4 – Example of stakeholder event in 2023

Evidence incorporating people's experiences, impact and outcomes was shared and feedback captured through facilitated table discussions, providing insight into areas being delivered well, opportunities to improve the service, and an overarching rating for each category.

The services provided by the Trust reviewed at the stakeholder events were: Patient Advice and Liaison Service, the Maternity Service and the Alcohol Care Team.

Grading and feedback gathered from the facilitated group discussions has been shared with the service leads. The services that were reviewed are to develop draft action plans in response to the feedback. Oversight on the collated grading and action plans are to be shared with the stakeholders involved in each event to enable participants to feed into the actions and planned improvements.

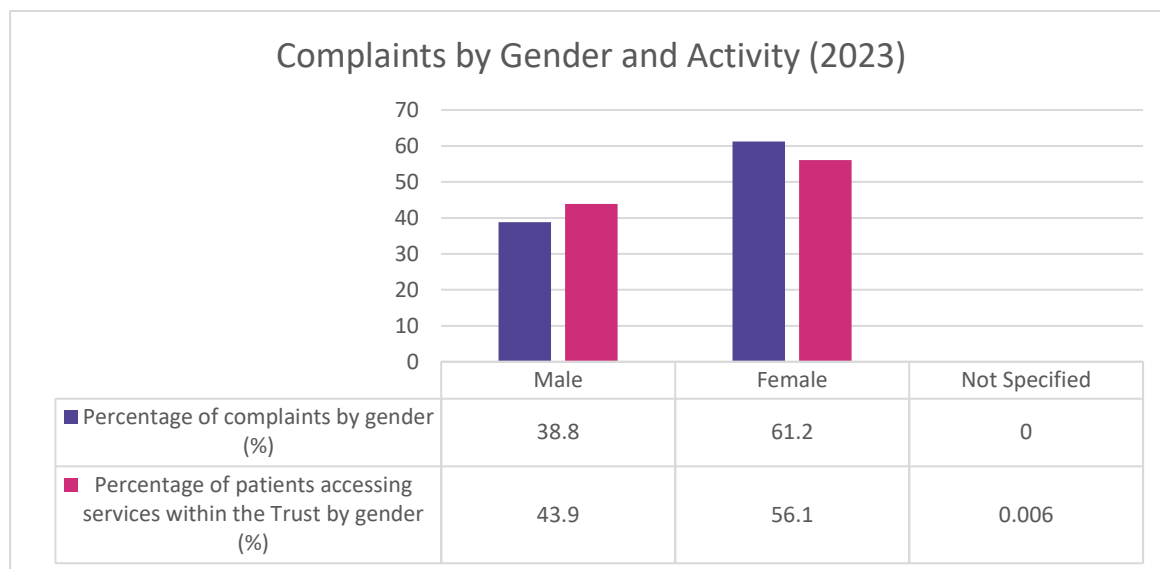
Complaints Data

Gender

More people who identify as female accessed our services (594,711), than those who identify as male (464,676), and a small number of people for which gender data is not specified (64). Not specified data sets may potentially include people identifying as non-binary as the present patient system does not incorporate a non-binary field to capture this data, resulting in a potentially unclear gender data set. The move to an electronic patient record will align with an individual's gender identification.

In 2023, more complaints were received by people associating as female (529) than male (335), reflecting that 0.09% of female patients accessing services across the Trust made a complaint, compared to 0.07% of male patients.

Figure 5 – Complaints by gender and activity (2023)



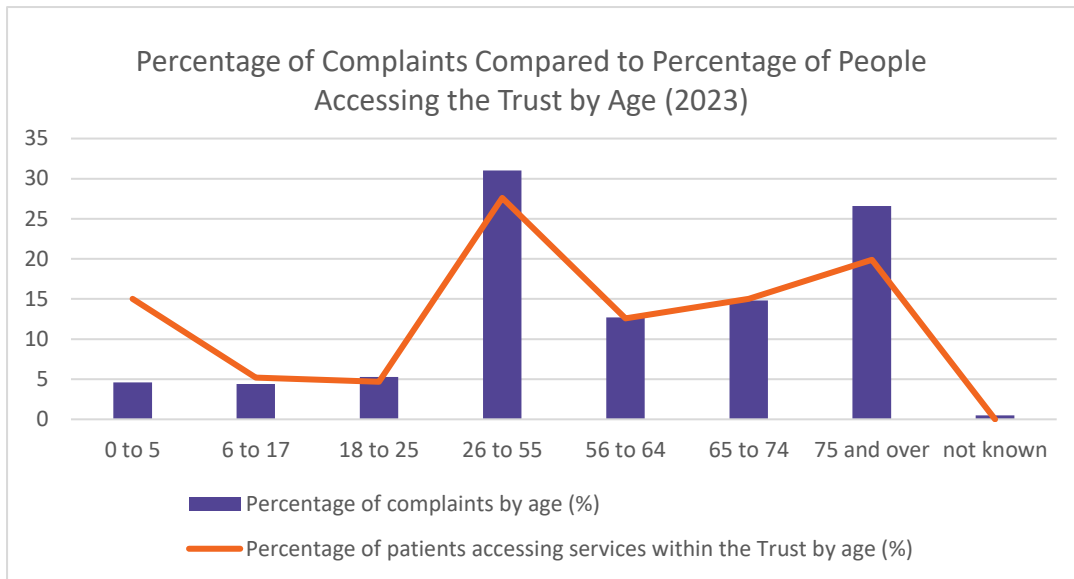
Age

In 2023 we received a greater number of complaints concerning the care of individuals aged 75 years and over, compared to any other age bracket, accounting for 26.6% of all complaints received. Despite constituting 19.9% of the demographic accessing our services, this disparity suggests that individuals aged 75 and above, or the people important to them, perceive a worse experience of care than those from other age brackets.

The second highest level of discontent is reported among individuals accessing services between the ages of 26 and 55. Although this age group constitutes the largest portion of Trust activity at 27.6%, the proportion of complaints received surpasses this figure at 31%, indicating a notable level of dissatisfaction.

Parents and carers of people aged five and below reported less dissatisfaction than any other patient age group, making 4.6% of complaints against an activity of 15%, indicative of satisfaction in the care received.

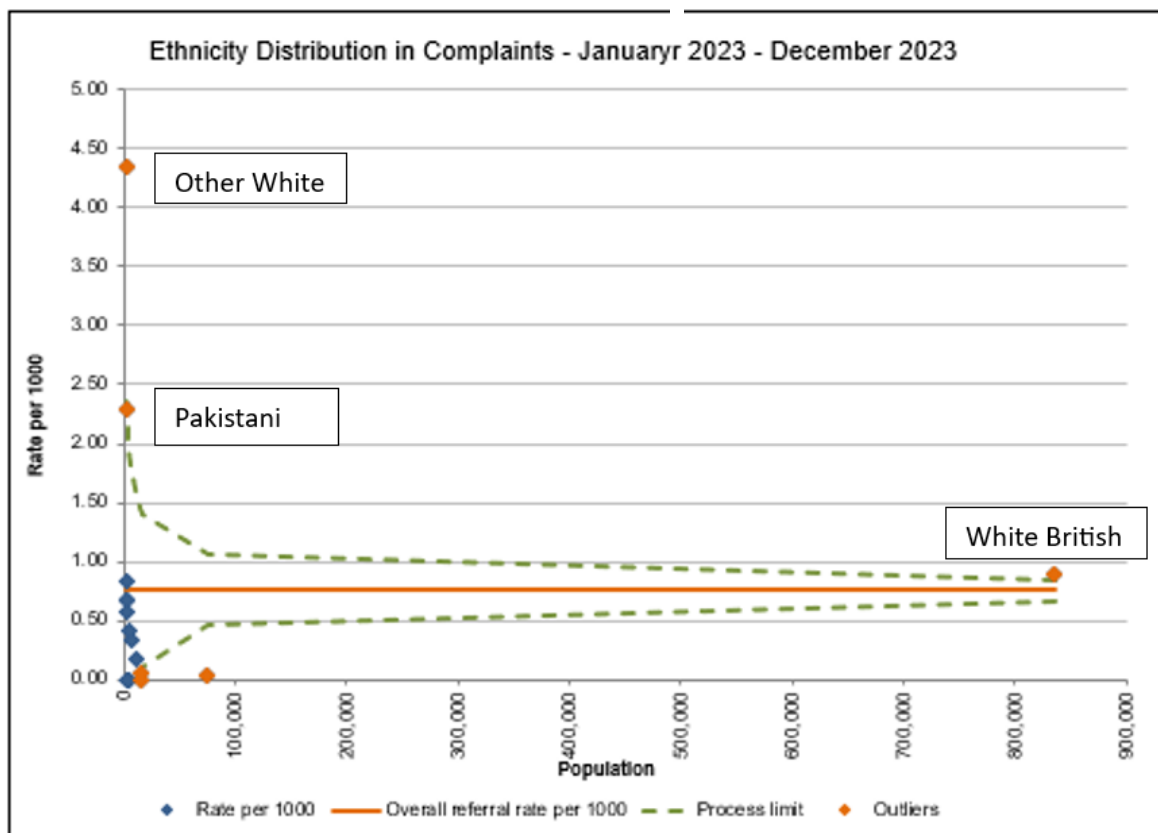
Figure 6 – Percentage of patients and complaints by age (2023)



Ethnicity

The funnel plot chart presents a visual distribution of complaints across various ethnic demographic groups. Of the complaints received during 2023 (863), 8.7% have no ethnic group known (75). Removing this group from the complaints data and comparing the number of complaints by known ethnic group, enables potential variance to be identified.

Figure 7 – Distribution of ethnicity among complainants (2023)



The majority of people accessing services within the Trust during 2023 identified as 'white British' (835,529). Whilst this group shows a high number of complaints (751), when adjusted for population size, their rate of complaints is considerably lower at 0.9 per 1,000 patients.

Conversely, people identifying as 'other white' made a smaller number of complaints (11), yet have a higher rate of complaints at 15.9 per 1,000 patients. Similarly, patients identifying as 'Pakistani', whilst making a small number of complaints to the Trust (7), are an outlier, with a rate of 2.29 per 1,000 patients.

The middle-range complaint rates seen in groups such as 'mixed white and black Caribbean', 'Chinese', and 'white Irish' suggest a moderate level of complaints proportional to their population sizes. This middle ground may reflect a balance between satisfaction with services and willingness to report issues.

This disparity leads us to question the differential experiences or reporting behaviours among the largest and the smaller, more specific ethnic groups.

The absence of complaints from 'other black', 'black African', and 'black Caribbean' groups might indicate either a satisfactory service experience or, conversely, a lack of engagement with the complaints process. This lack of complaints warrants a

closer examination of the cultural, socioeconomic, and systemic factors that might be influencing these groups' interactions with healthcare services and their reporting practices.

This analysis highlights the importance of understanding the context behind each group's complaints data. It suggests a need for targeted strategies to improve service quality and to ensure that the complaints process is equally accessible and responsive to all patient groups. Further investigation may be necessary to uncover the reasons behind the varying levels of complaints and to develop interventions that are culturally and contextually appropriate.

Meaningful and targeted patient engagement and data collection, driving service improvement to reduce health inequality.

Patient data

The introduction of our new electronic patient records (EPR) system will allow us to gather and analyse additional data about those who use our services so improvements can be targeted to reduce health inequalities. At present the ethnic backgrounds of between 7-10% of outpatient attendances and admissions are not recorded, affecting data analysis.

Outpatient appointments data

Figure 8 – Outpatient appointments by ethnicity (2023)

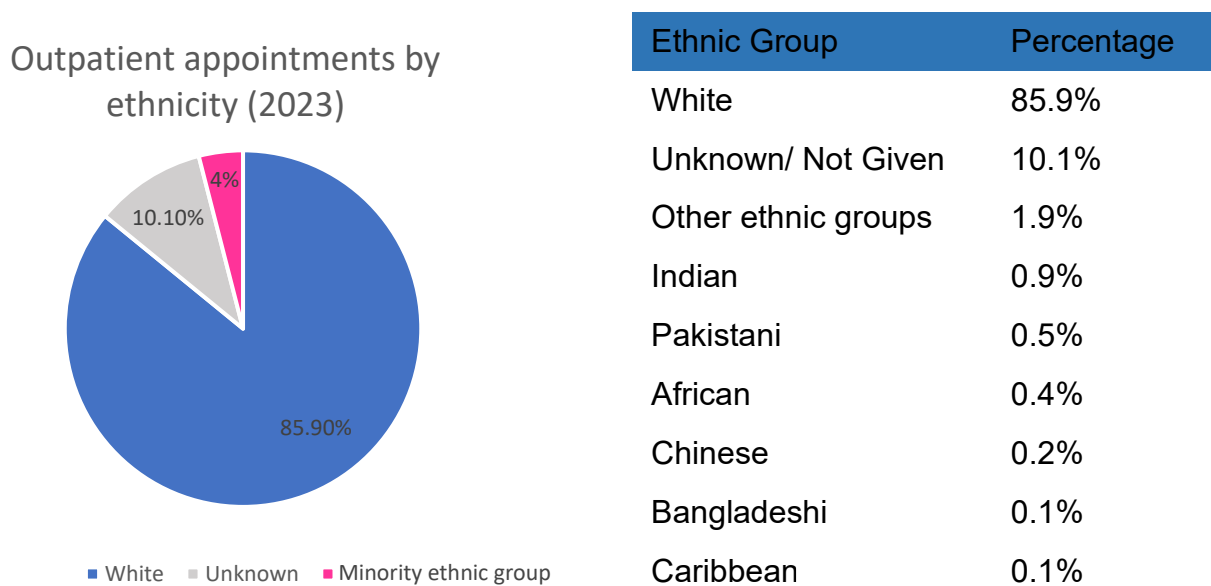
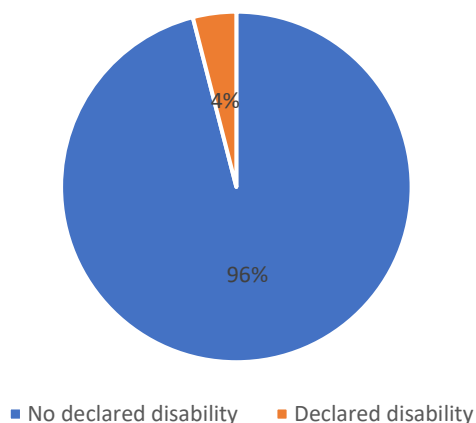


Figure 9 – Outpatient appointments by disability (2023)

Outpatient appointments by disability (2023)



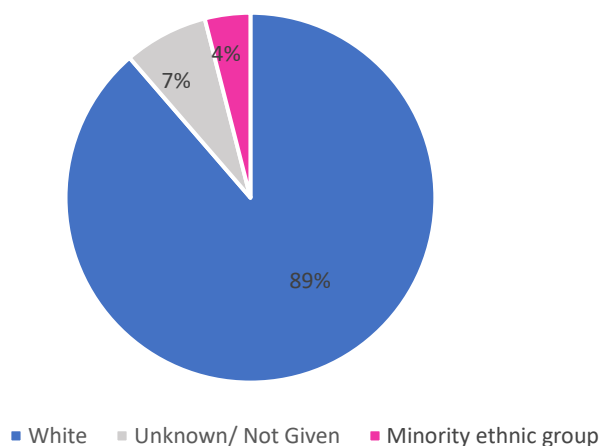
Disability	Percentage
No declared disability	96%
Registered disability	0.2%
Special needs	0.7%
Deaf	0.4%
Blind	2.5%
Mute	0.1%

The new EPR system, once fully implemented in 2024, will provide opportunities to record alerts regarding disabilities and reasonable adjustments required to support safe, accessible and compassionate care.

Admissions data

Figure 10 – Proportion of patient admissions by ethnicity (2023)

Patient admissions by ethnicity (2023)



Ethnic Group	Percentage
White	88.7%
Unknown/ Not Given	7.4%
Other ethnic groups	1.8%
Indian	0.8%
Pakistani	0.6%
African	0.4%
Chinese	0.2%
Bangladeshi	0.1%
Caribbean	0.1%

Figure 11 – Number of patients admitted by ethnic group (2023)

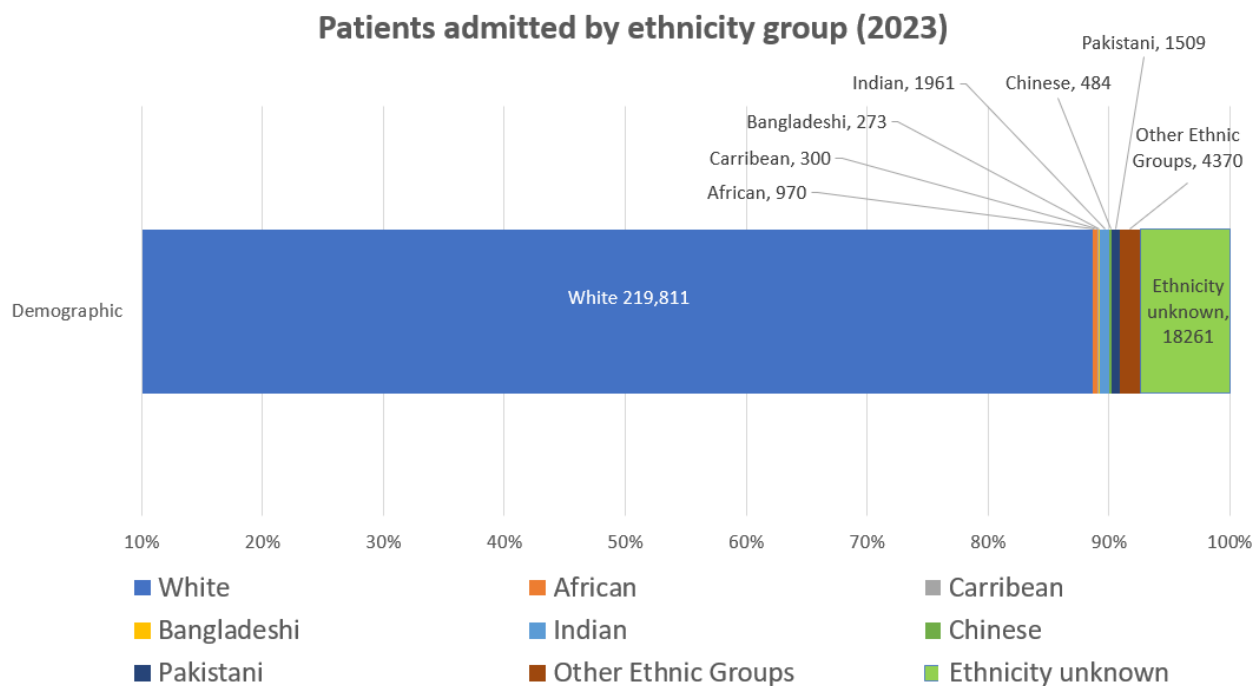


Figure 12 – Female patients admitted by age group and ethnicity (2023)

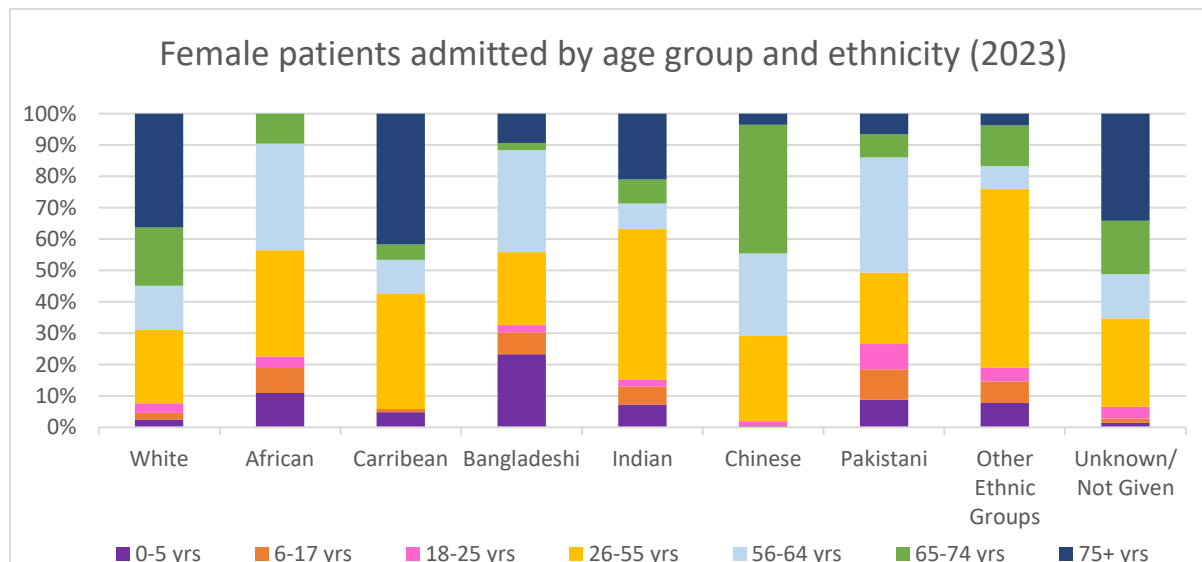
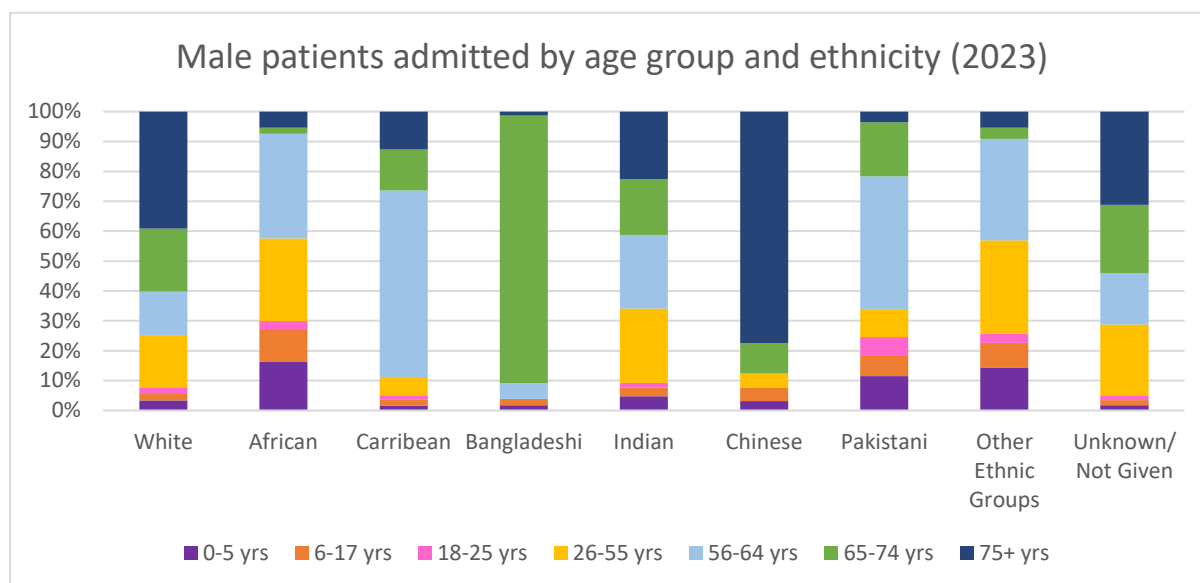


Figure 13 – Male patients admitted by age group and ethnicity (2023)



Admission data from 2023 tells us that children aged under five years old, from a non-white background, are more likely to be admitted to hospital than white children of the same age. There is also considerable variation in under five's admissions across ethnic minority groups and genders. Significant differences in admission data are obvious in other gender, ethnicity and age groups, for example the proportion of hospital admissions among Bangladeshi men aged between 65-74 years and Chinese men aged 75+ years. This provides an opportunity for more detailed analysis and collaborative working with our health system as part of the COREPLUS25 objectives and action plan.

Action 1.2:

Continue to support our staff networks to develop. Review the purpose and align with Executive mentoring support to ensure our people are supported to speak up and feel heard.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- NHS Staff Survey
- We are compassionate and Inclusive results demonstrating improvement
- Alongside the Culture Dashboard



Update - Action 1.2 Staff networks

Grow and strengthen our staff networks

Over the past year the EDI Team has continued to support the EDI networks to grow in both membership and significance by creating close communities of individuals who support each other, spread awareness of the lived experience of their members, create and share resources, share stories, and deliver events and projects that educate the wider staff community. Our staff networks help to reflect on where practices and policies can be more inclusive, and support the Trust in eliminating unlawful discrimination, harassment, victimisation and bullying.

Staff networks and the new EDI strategy

The Trust's first EDI strategy covered the period of 2020 to 2023 and a new strategy is currently being developed. Our commitment to our staff networks will continue as a core part of the next EDI strategy. Each Network has a sponsor who is a member of the Executive Leadership Team who is responsible for championing their network at the Trust Board. Bi-monthly meetings for each of the networks provide a safe and confidential environment where colleagues can come and feel they belong and speak freely, in line with our values. We have developed positive allyship at the network meetings, which increases broader understanding of the issues colleagues are facing and lets colleagues who may be struggling know that they have empathetic supporters. Our staff networks are:

Race, Equality, and Inclusion Network

Attendance has increased at the Race and Equality Network meetings this year. Colleagues now talk openly at the network meetings, and we want to continue to create a safe environment for colleagues and to help instil a sense of belonging at SaTH. This network provides positive and healthy challenge and will be essential in supporting the Trust's ambitions to reduce health inequalities. Those who attend this network as support for colleagues (allies), have an important role to play in helping to make further improvements and achieve our goals.

Disability, Ability and Wellbeing Network

The purpose of this network is to promote inclusivity of disabled staff, with physical or hidden disabilities. We identify and showcase this from our recruitment processes to support colleagues in their posts with reasonable adjustments due to a form of disability. Key achievements by this network in 2023 includes: ensuring all access points are disabled friendly and supporting other forms of interventions such as hearing aids. The EDI Team are part of the Trust's neurodiversity group, and we work closely with our colleagues in the Recruitment Team to support improvements in this area.



LGBTQIA+ Network

In 2023 we celebrated PRIDE month in June and had EDI stalls on each hospital site. We promoted the purpose of the rainbow badges and asked with over 200 pledges being made by staff to support their LGBTQIA+ colleagues and offer help when required.

Multi-Faith, Belief and World Network

In 2023, due to demand, a new network, the Multi-Faith, Belief and World Network, was created. This network offers interfaith panel discussions, cultural celebrations and festivals, educational workshops and social. The Chair of this group will also be invited to attend our EDI Group meetings.

Action 1.3:

Develop a Public Assurance Forum and share and engage with our communities on service change/developments and publish outputs including equality impact assessments.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Embedded forum
- Equality impact assessments
- Alongside the Culture Dashboard

Update - Action 1.3 Public Assurance Forum

A Public Assurance Forum was set up in January 2022 as an advisory group that brings a public and community perspective to decision making and the wider work at SaTH, as well as scrutiny of processes. The Public Assurance Forum meets quarterly and is chaired by a non-executive Director and a public representative Co-Chair. It is attended by two directors, divisional senior managers and some corporate leads. External members represent community organisations from across our catchment areas, and we have recently extended membership to include more representatives from seldom-heard groups and communities impacted by health inequalities. All the papers are published on our website [Public Assurance Forum - SaTH](#)

The Public Participation Team supports divisions with the completion of their impact assessments. To date the impact assessments have included: Patient Initiated Follow Up appointments in December 2020, Dermatology in 2021, Stroke in March 2021 and Cardiology in December 2021.

Action 1.4:

Promote and increase our community membership each year by 10%, ensuring we have representative membership across the areas we serve.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Community membership and protected characteristics
- Alongside the Culture Dashboard

Update - Action 1.4 Community membership


At the time of writing in January 2024, SaTH has 4,252 community members and 383 community organisation members, including the majority of town and parish councils and individual county councillors. All community members receive a regular monthly email newsletter update (#GetInvolved), which outlines ongoing developments at SaTH and opportunities to get involved. In January 2023, there were 2,922 community members and 298 community organisation members. This equates to an increase of 46% in community membership and 29% in community organisation members, in 2023, well exceeding the target stated in Action 1.4.

We recognise that some of our communities can be overlooked or excluded. It is important that as an organisation we understand the specific needs of our community, and how we can involve them in a meaningful discussion around acute healthcare services in Shropshire, Telford & Wrekin and mid Wales. This year we have focused on building links with people and organisations in the following areas:



A yearly report on our work with our seldom heard communities is produced and is available on our website: [Social Inclusion Project Report \(sath.nhs.uk\)](https://sath.nhs.uk)

We support our divisions with engaging our communities around service changes and ensuring we meet our Section 242 Duties. Engaging with the public and patients at the early stages, before decisions have been made, is important. All of our engagement plans, Equality and Health Inequality Impact Assessments,



presentations and reports are published on our website: [Service Changes and Developments \(sath.nhs.uk\)](https://sath.nhs.uk)

We also work closely with the Joint Health Overview & Scrutiny Committee to ensure they are satisfied that we have discharged our statutory involvement duties around service change.

Action 1.5:

Develop an online training video and toolkit for our workforce with a step-by-step guide on engaging the public around service changes and developments.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Video and toolkit developed and utilisation rates
- Alongside the Culture Dashboard

Update - Action 1.5 How to engage with the public on service changes

The online training video, toolkit and flowchart has been completed and is on the intranet for colleagues to use. The materials were approved at the Public Assurance Forum and Senior Leadership Committee in October 2022. The Public Participation Team doesn't monitor utilisation rates.

Action 1.6:

Adopt a more proactive Population Health approach with both our Integrated Place Partnership Boards who work through Health and Wellbeing Boards and the Better Care Fund, to tackle health inequalities and prevent ill-health in these key areas:

- Mental Health
- Children & Young People
- Healthy weight
- Physical activity
- Alcohol care teams
- The Tobacco Dependency Treatment programme
- Inpatient pregnant women

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Patient outcomes
- UN Sustainability Goals
- Alongside the Culture Dashboard



Update - Action 1.6 Proactive population health approach

In 2021 'CORE20PLUS5' was launched by NHS England and NHS Improvement to support the reduction of health inequalities at both national and system levels. The CORE20PLUS5 initiative focuses on clinical areas requiring accelerated improvement. Our Integrated Care System (ICS) is Shropshire, Telford and Wrekin ICS, and we are working in partnership with colleagues across the ICS to develop our local priorities for prevention, community engagement and health inequalities. This will be a fundamental part of our new strategy for patients, communities and our people here at SaTH, and across the ICS including health and social care.

SaTH is a proactive member of the Integrated Care Board (ICB) and is fully represented at both the Shrewsbury and Telford and Wrekin health and wellbeing boards. Along with our system partners, we have contributed to the development of a system wide five-year Joint Forward Plan which we continue to implement and monitor. In addition, we play an active role at the recently formed ICB Population Health Management Board and the Health Inequalities Board, as well as established transformation programmes of work such as: Urgent and Emergency Care, Planned Care, the Musculoskeletal Programme and the Local Care Transformation Programme.

In 2023, by working with our system partners, we have continued to develop and evolve our children's and young people's strategy. For example, we have finalised and approved a healthy weight strategy focusing on prevention, and alongside the physical health agenda we continue to provide partnership support where appropriate. We play an active role in supporting the drug and alcohol strategies and we continue to develop and implement the CORE20PLUS5 Health Inequalities in maternity, mental health, respiratory disease, early cancer diagnosis and lipid management.

Two specific examples of this work are:

The Tobacco Dependency Treatment Programme

We have continued establishing a Tobacco Dependency Treatment Service (TDTS) that can offer timely support to all inpatients that have been identified as smokers on admission. This contrasts with the previous Hospital Stop Smoking Service (HSSS), that the TDTS has now replaced, which provided support to a much smaller number of inpatients, outpatients and pre-operative patients who chose to be referred to the service. Working together with clinical and nursing staff, the TDTS now offers patients both behavioural support and nicotine replacement therapy during their inpatient stay, and onward referrals to either community pharmacies or public health services to extend this support for up to 12 weeks following discharge. Overall, this extended level of support not only provides patients with the best opportunity to quit smoking, but also helps to address some health inequalities as the support is provided free of charge to the patient.

The Healthy Pregnancy Support Service (HPSS) Lead Midwife

In the last year the maternity smoking cessation service has been further developed as part of the wider Healthy Pregnancy Support Service which provides county wide support to pregnant women.

The lead midwife has been leading the maternity smoking cessation service since 2019 and has observed that smoking rates among pregnant women in our county have halved, thanks to support from our specialist smoking cessation advisors and nicotine replacement therapy, the gold standard recommended service for quitting smoking.

We continue to reduce our 'smoking at time of delivery rates' (SATOD) each year and 2023/24 is currently showing the lowest SOTAD rates seen to date by SaTH Maternity Services.

All pregnant women are now offered carbon monoxide screening as part of their routine antenatal care to monitor carbon monoxide exposure in both smokers and non-smokers. Monitoring facilitates discussions with current smokers and is a safety tool for non-smokers to monitor exposure through passive smoking or faulty gas appliances. All non-smokers with raised carbon monoxide readings are contacted by the team to offer gas safety advice. All current smokers are contacted following their initial consultation to offer support to quit smoking.

4. Empower to achieve

Action 2.0:

Engender a culture where staff feel a sense of belonging and allyship. Review the Health Wellbeing and Reward and Recognition workstreams to ensure we support education and inclusive programmes to encourage a true sense of belonging at SaTH for all staff.


Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- NHS Staff Survey
- Retention rates
- Alongside the Culture Dashboard

Update - Action 2.0 Health and wellbeing & reward and recognition

Our organisation is dedicated to enhancing the experience of both our staff and patients, with a focus on fostering a sense of inclusion and support. Throughout the year, we have hosted various events centred around EDI that have successfully





engaged colleagues and initiated meaningful conversations aimed at improving experiences.

In addition, our staff networks play a vital role in creating a secure and nurturing environment, actively encouraging staff members to voice their thoughts and concerns. We are pleased with the positive response from our staff, as they have made commitments to support their colleagues who identify with the EDI characteristics, demonstrating well intentioned allyship and a desire to encourage a sense of belonging.

This action has an amber rating, beginning to transition to green due to more time needed for the activity to transition into outcomes. Staff retention rates have improved.

Review the health and wellbeing offer

Creating a healthy and positive working environment supports the delivery of the People Strategy and aligns to the People Promise theme 'We are safe and healthy'. It is essential that we **all** put staff health and wellbeing at the heart of our work. We want to ensure that our people are provided with the correct support and an environment that enables and encourages all of us to lead healthy lives and make choices to support our wellbeing.

The wellbeing offer has been on a significant growth journey and the offer now consists of a comprehensive range of support for colleagues including psychological, physical, emotional, lifestyle and financial.

As recognition that a high number of our colleagues are experiencing burnout due to their extremely challenging roles, the Trust launched the Staff Psychology Service in March 2023 to help meet the psychological needs of our staff. To ensure the wellbeing offer is easily recognisable and accessible, work has been done to develop the branding of the Staff Psychology Service. This has included creating a new brand. In addition to this, a new wellbeing brochure and toolkits have been developed including the complex topics of bereavement, menopause and long Covid. These all align with the new branding and are held on a website which can be accessed on any device. This allows staff to access the wellbeing support whenever and wherever needed and minimises barriers.

The Winter Hardship Offer has relaunched for Winter 2023. The Trust reflected and revisited what our staff needed from a financial wellbeing perspective and learnt from feedback (including the People Pulse Survey) to improve this year's winter hardship package to support our colleagues further. We have ensured this year's support is inclusive and can reach our home workers, and those who work in our satellite areas.

Free Breakfast



Discounted Hot Meal and Drink



Hampers for WFH and Satellite



Shopping and School Vouchers



Review the reward and recognition workstreams

Our Trust Recognition Week took place on week commencing Monday 6 November 2023, which included celebrating and recognising our long serving NHS colleagues, those who have been achievers in learning and development, our volunteers and a celebration day for inclusion and diversity.

Our Annual Recognition Week and Trust Celebratory Awards 2023 received over 500 nominations in a variety of categories. Pictured below (figure 14) are Dr Mahmoud Elshehway with Inese Robotham, Assistant Chief Executive. Mahmoud won the Unsung Hero Category for his incredible dedication to his patients and team, working with colleagues throughout the Trust.

Dr Victoria Walton is pictured with Trust Chair, Dr Catriona McMahon (figure 15). Victoria has been pivotal in the concept and implementation of the Galvanize Project at the Trust, demonstrating true allyship and our values. Galvanize is an ethnic minority leadership programme. The programme's goal is to ensure that black, Asian and ethnic minority colleagues have a space to come together and share challenges and opportunities. Twenty colleagues have taken part on the Galvanize programme and the Trust Board recognises the importance of ensuring that everyone can thrive in their role at our Trust. Victoria has been fundamental in reaffirming our commitment to our equality, diversity and inclusion agenda to ensure we live by our people promise and to ensure inclusion and belonging for all.

Figure 14 – Dr Mahmoud Elshehway (left) receiving the Unsung Hero award from Inese Robotham, Assistant Chief Executive (right) in 2023



Figure 15 – Dr Victoria Walton (left) receiving her award from Trust Chair, Dr Catriona McMahon (right) in 2023



Action 2.1:


Culturally enrich our organisation by reflecting the ethnic diversity of the communities we serve – improve representation.

Update Actions within Action 2.1 - Aim to reflect the diversity of our communities and improve representation across all roles and bands

- 2.1.1 Culturally enrich our organisation by reflecting our diverse communities
- 2.1.2 Improve representation across all roles including band 7 and above through inclusive recruitment panels
- 2.1.3 Reverse mentoring/ coaching
- 2.1.4 Seek external accreditation to demonstrate continued improvement e.g. Disability Confident Employer level 2 obtainment
- 2.1.5 Develop and embed cultural ambassador role
- 2.1.6 Review adverts and job descriptions to ensure inclusive and flexible culture is promoted
- 2.1.7 Work towards achievement of the 6 high impact recruitment actions

2.1.1 Culturally enrich our organisation by reflecting the diverse communities we serve

There are three distinct areas that make up the communities that we serve as an acute hospital: Shropshire with a population of 323,608; Telford & Wrekin with a population of 185,523; and Powys with a proportion of their population that would be referred to SaTH for secondary care provision of 67,348 (just over half of the total population of Powys). The total population of the communities we serve is 576,479.



Key subsets of the Census 2021 data were published in 2023 and so this source of population data is very recent, thorough and self-reported by household members. The data are therefore a reflection of how people are happy to be represented.

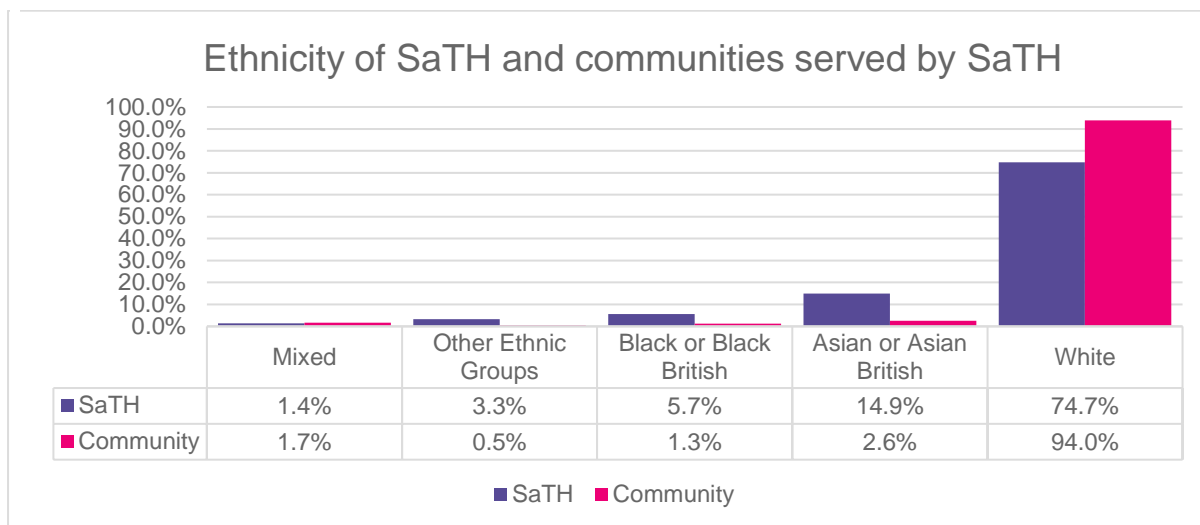
SaTH is the single biggest provider of acute hospital services for the people of Powys. When we refer to the populations that we serve as an acute hospital, Powys, a sparsely populated county in Wales covering a quarter of the Welsh land mass, is often not included, or represented. We have sought to rectify this, not least because this is a report about equality, diversity and inclusion. Powys does not have the critical mass to sustain its own acute hospital services, which means that the residents of Powys are dependent on neighbouring hospitals in both England and Wales for their acute hospital services.

As Wales does not have the same policies on patient choice as the NHS in England, pathways of care are mainly based on factors such as geography, proximity and specialty availability. This means that SaTH is the main acute hospital provider for the communities of just over half of Powys, mostly in North Powys*.

One subset of the Census 2021 data that was published in 2023 was ethnicity. We have analysed the ethnicity data of the communities we serve, as described above, and compared it with the ethnicity data of our workforce to assess the degree to which we at SaTH reflect the ethnic diversity of the communities we serve and improve representation, the cornerstone of Action 2.1, and a key aim of the NHS EDI Improvement Plan. The bar chart below compares the ethnic diversity of SaTH with the ethnic diversity of the communities served by SaTH and shows that 74.7% of our workforce at SaTH is made up of non-ethnic minority (white) colleagues, whereas 94% of the communities served by SaTH is non ethnic minority (white). 14.9% of the SaTH workforce is Asian or Asian British, whereas this ethnic group makes up only 2.6% of the communities we serve. The same pattern can be observed for black or black British ethnic groups and other ethnic groups, though not for what the Census refers to as 'mixed' ethnicity. Essentially, colleagues at SaTH are considerably more ethnically diverse than the communities we serve, which means that we achieve the action of culturally enriching our organisation by reflecting the ethnic diversity of the communities we serve. Indeed, we over index on ethnic representation.

*The following electoral wards in Powys represent the main catchment that would be referred to SaTH if they need to access specialised services that we provide: Banwy, Llanfihangel and Llanwddyn; Berriew and Castle Caereinion; Caersws; Churchstoke; Dolforwyn; Forden and Montgomery; Glantwymyn; Guilsfield; Kerry; Knighton with Beguildy; Llanbrynmair; Llandinam with Dolfor; Llandrinio; Llandysilio; Llanfair Caereinion and Llanerfyl; Llanfyllin; Llangyniew and Meifod; Llanidloes; Llanrhaeadr-ym-Mochnant and Llansilin; Llansantffraid; Machynlleth; Newtown Central and South; Newtown East; Newtown North; Newtown West; Rhiwcynon; Trelystan and Trewern; Welshpool Castle; Welshpool Gungrog; Welshpool Llanerchydol.

Figure 16 – Reflection of ethnic diversity of SaTH and its catchment area (2023)



Ethnic Group	Ethnic descriptions used in the 2021 Census
Asian or Asian British	Asian, Asian British or Asian Welsh: Indian
	Asian, Asian British or Asian Welsh: Pakistani
	Asian, Asian British or Asian Welsh: Other Asian
	Asian, Asian British or Asian Welsh: Chinese
	Asian, Asian British or Asian Welsh: Bangladeshi
Black or Black British	Black, Black British, Black Welsh, Caribbean or African: African
	Black, Black British, Black Welsh, Caribbean or African: Caribbean
	Black, Black British, Black Welsh, Caribbean or African: Other Black
Mixed	Mixed or Multiple ethnic groups: White and Black Caribbean
	Mixed or Multiple ethnic groups: White and Asian
	Mixed or Multiple ethnic groups: White and Black African
	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups
Other Ethnic Groups	Other ethnic group: Any other ethnic group
	Other ethnic group: Arab
White	White: English, Welsh, Scottish, Northern Irish or British
	White: Other White
	White: Irish
	White: Gypsy or Irish Traveller
	White: Roma

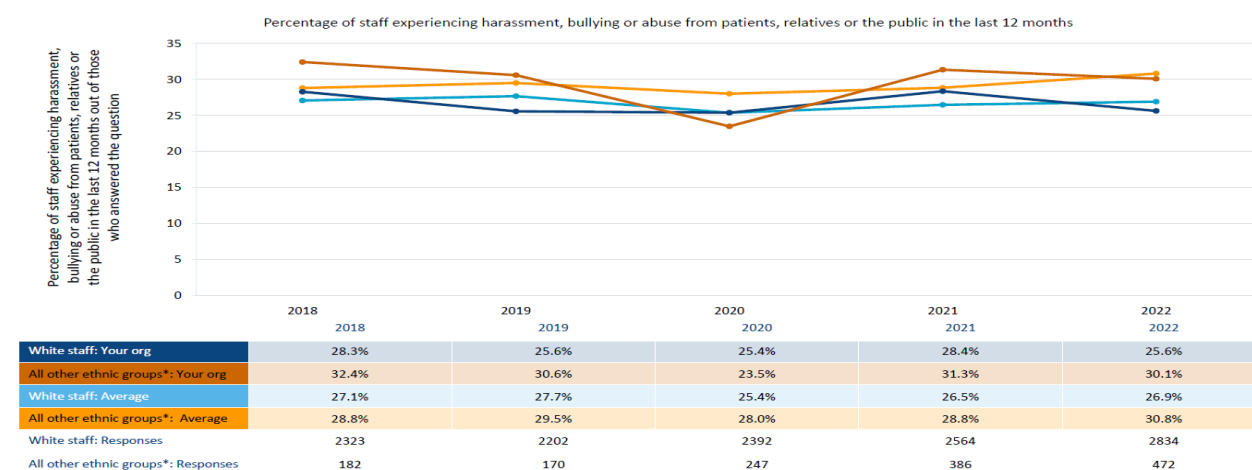
While such rich ethnic diversity is cause for celebration, it can or could create different challenges to under-representing the ethnicity of the communities we serve.

Colleagues at SaTH, and their families, are changing the population of our local communities. It is good practice to prepare a community for such change, particularly very rural and sparsely populated communities that are not familiar with this type of

change, and at pace. It is important to explain our diverse recruitment strategy to our local populations, so they have a greater understanding of the changes that are taking place at the hospital and in their immediate neighbourhoods, and welcome new colleagues and their families into the community. Twenty-five per cent of our colleagues at the Trust have an ethnic minority background and 42% of new starters to SaTH in 2023 have an ethnic minority background.

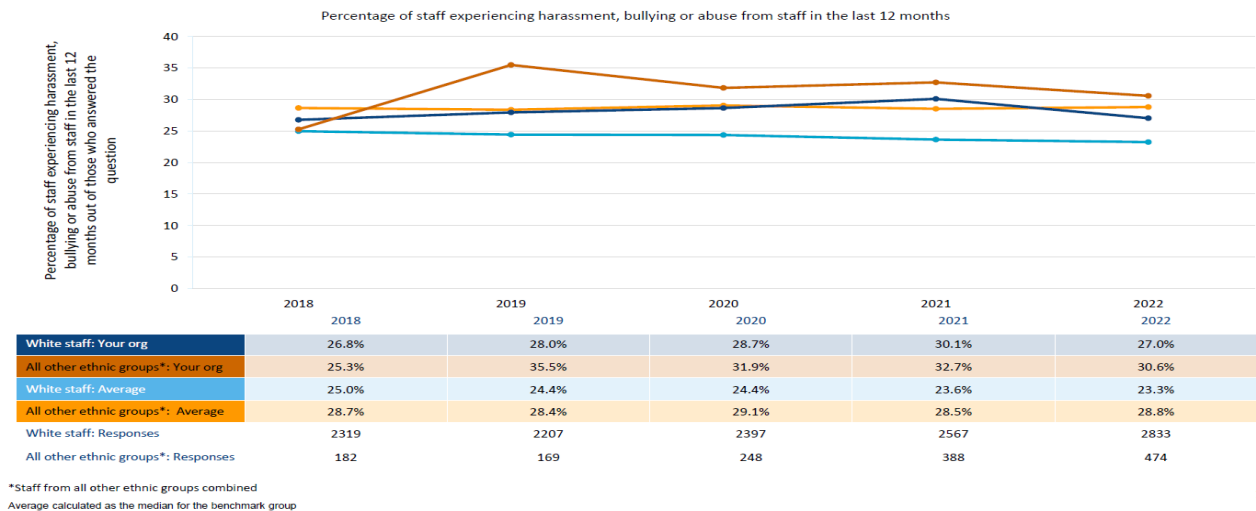
Thirty per cent of colleagues from ethnic minorities who completed the staff survey in 2022 reported experiencing harassment, bullying or abuse from patients, relatives or the public in the 12 months to December 2022 (see figure 17 below). Another symptom is the percentage of staff experiencing harassment, bullying and abuse from other staff is high at 31% (ethnic minority groups) and 27% (non-ethnic minority groups), and higher than the national averages (see figure 18 below).

Figure 17 – Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the 12 months to December 2022 (staff survey 2022)



*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Figure 18 – Staff experiencing harassment, bullying or abuse from staff in the 12 months to December 2022 (staff survey 2022)



Colleagues from ethnic minority groups are leaving the Trust within one-or-two years' service at SaTH. Forty-five per cent of new starters at the Trust over the last 12 months have an ethnic minority background, whilst 26% of leavers have an ethnic minority background. There is a pressing need to continue to gain a clear understanding of colleagues' reasons for leaving SaTH, so that proactive and well targeted interventions can be put in place to address the issues, and to create a supportive environment for colleagues to work.

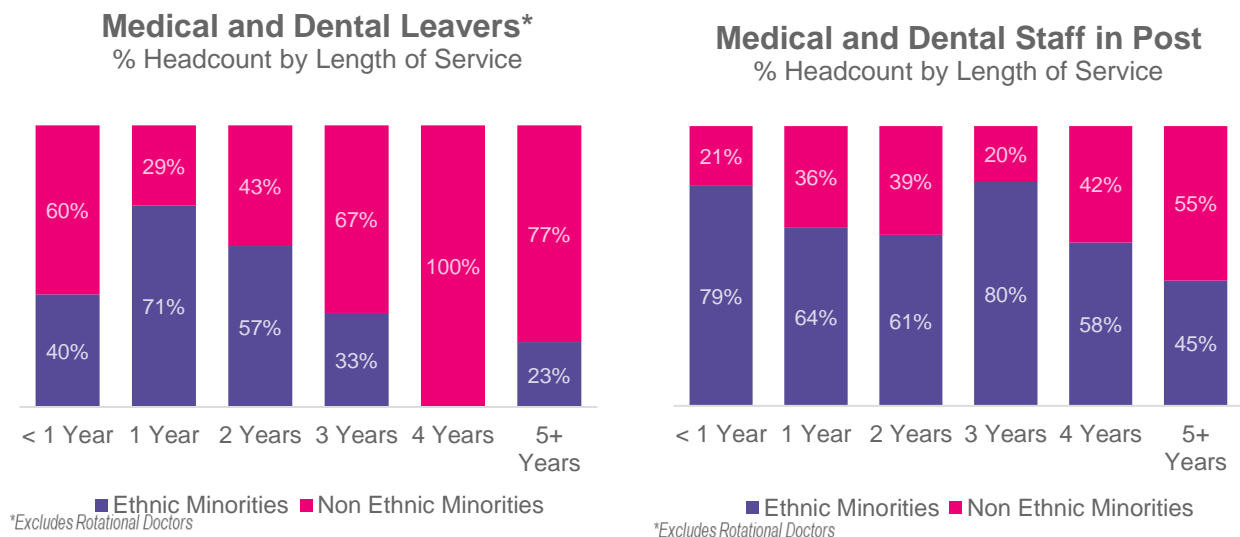
Figure 19 below shows that 63% of leavers from the nursing and midwifery staff group with one year's service have an ethnic minority background compared to 44% of staff in post who have one year's service, indicating a higher number of leavers at one year's service.

Figure 19 – Nursing & midwifery staff in post at SaTH and leavers (2023)



Figure 20 below shows that 71% of leavers from the medical and dental staff group with one year’s service have an ethnic minority background compared to 64% of staff in post who have one year’s service, again indicating a higher number of leavers at one year’s service.

Figure 20 – Medical and dental staff in post at SaTH and leavers (2023)



2.1.2 Improve representation across all roles including band 7 and above through inclusive recruitment panels

Colleagues from an ethnic minority background are not evenly distributed across all staff groups or all bands at SaTH. The staff groups of medical and dental, and nursing and midwifery, have the most ethnically diverse workforce. Thirty-six per cent

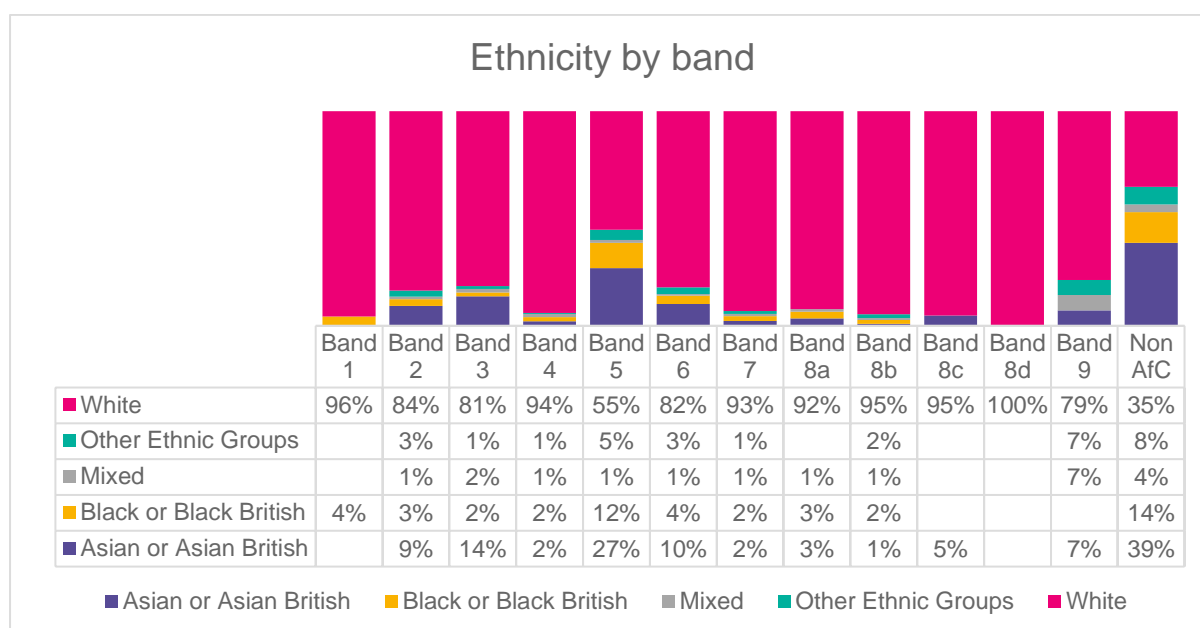
of nursing and midwifery staff have an ethnic minority background and 66% of new starters to this staff group have an ethnic minority background, reflecting the recent recruitment campaigns attracting internationally educated nurses and midwives.

As illustrated in figures 19 and 20, ethnic diversity within the workforce reduces over time; 12% of the nursing and midwifery workforce with five years' service have an ethnic minority background compared to 65% of the same staff group with less than one year's service.

The medical and dental staff group has higher numbers of staff with an ethnic minority background at 77% for rotational doctors and 56% for non-rotational. Consultants have a lower percentage of staff from ethnic minority backgrounds at 45%, compared to 77% at Foundation Year (FY) 1&2, 78% at specialty registrar and 83% at Speciality and Specialist (SAS) level.

The staff group of administrative and clerical has the lowest percentage of ethnic minorities at 12% for colleagues with less than one year's service and reducing to 2% by year three.

Figure 21 – Staff ethnicity across the bands (2023)



Ethnicity By Band (Headcount)													
	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Non AfC
White	22	1585	755	529	796	999	619	211	106	39	10	11	307
Other Ethnic Group		55	13	3	69	38	9		2			1	72
Mixed		20	15	8	18	9	7	3	1			1	32
Black or Black British	1	60	17	11	170	48	15	7	2				124
Asian or Asian British		177	127	12	388	124	15	8	1	2		1	338

Figure 21 illustrates that there is at least some ethnic diversity across all of the bands, except for band 8d. Colleagues in bands 5 and 6, typically nurses and non-Agenda for Change colleagues, typically doctors, have the greatest ethnic diversity. Please see appendix 3 for more detail.

Figure 22 provides greater focus on ethnicity by band. The ethnic group breakdown is the same as for Figure 21.

Figure 22 – Staff ethnicity by band focusing on ethnic minority groups (2023)

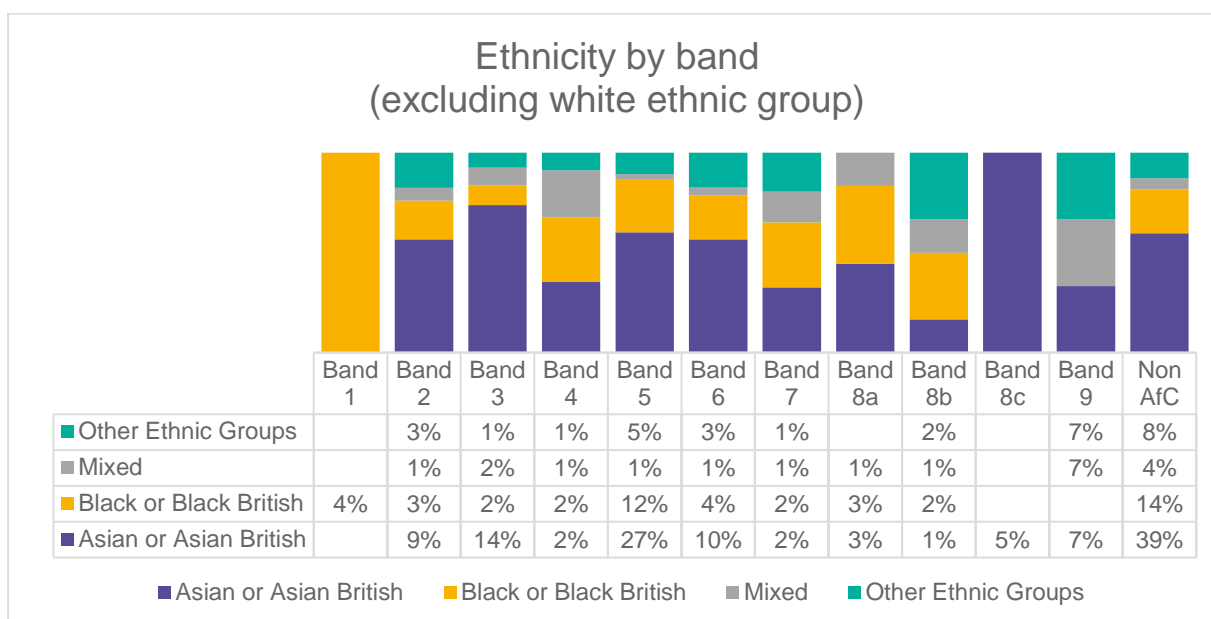
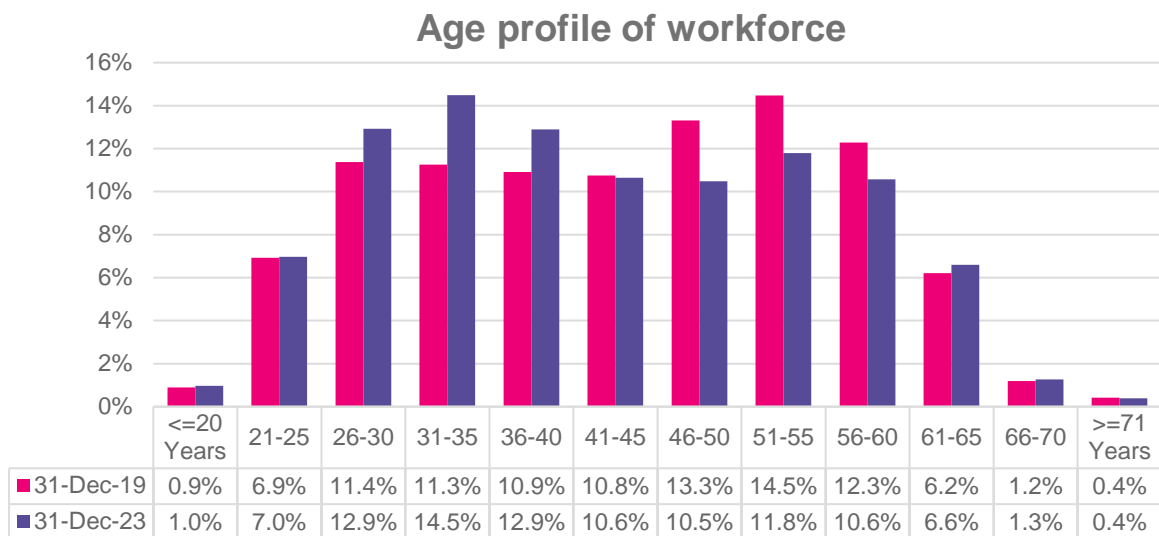


Figure 23 shows how the age profile of our workforce has changed compared to 2019 with an increase in the percentage of staff within age bands 26-40 and a reduction in age bands 45-60. The recruitment of the internationally educated healthcare professionals campaign is largely responsible for reducing the age profile.

Figure 23 – Age profile of workforce (2023)



The positive progress about the people who work at SaTH reflecting the ethnic diversity of the communities we serve and a younger workforce age profile, requires a continued focus to retain more of our colleagues from ethnic minority groups.

2.1.3 Reverse mentoring/ coaching

For information on reverse mentoring/ coaching please see the update to Action 2.4.

2.1.4 Seek external accreditation to demonstrate continued improvement e.g. Disability Confident Employer level 2 obtainment



The recruitment Team at SaTH was awarded the Disability Confident Employer Level 2 award in 2023. In 2024 we will be assessing the requirements for Level 3, which is the highest level that can be awarded.



2.1.5 Develop and embed cultural ambassador role

In September 2023, a new role of EDI champion was introduced. Sixty EDI champions have been nominated from nursing and AHP colleagues across the Trust. The EDI champions will work within their various areas to support delivery of the Trust's EDI Action Plan and help to drive behavioural and cultural change across the organisation. This role is important because they will work at service level helping to create a fair, accepting, inclusive and educated culture, with the aim of reducing discrimination and helping colleagues to feel welcome, cared for, safe and valued.

2.1.6 Review adverts and job descriptions to ensure inclusive and flexible culture is promoted

The Recruitment Team has reviewed adverts and job descriptions to ensure an inclusive and flexible culture is promoted. The wording below has now been agreed by the Flexible Working Group and is now part of all adverts:

“We aim to create a trusting, flexible workplace, which attracts talent and enables everyone to be their best working self. Many of our colleagues work flexibly in many different ways, including working part-time. Please talk to us at interview about the flexibility you need. We commit to ensuring you receive a fair and equitable process that balances your needs, the needs of our patients and service delivery.”

2.1.7 Work towards achievement of the 6 high impact recruitment actions

The Recruitment Team is working towards the six high impact recruitment actions from the National EDI Improvement Plan, which will be reported in future updates.

Action 2.2:

Enrich our Organisational development offer, so staff are informed and empowered, and the people experience for all is improved.

Action 2.2 Enrich our organisational development offer

2.2.1 Annual EDI celebrations/ Cultural Diversity Days

2.2.2 Embed Trust values/behaviours through the Discrimination and Harassment Group

2.2.3 Inclusion FTSU ambassador

2.2.4 Create an open and productive learning environment that educates and addresses privilege and everyday bias; Civility Saves Lives, change team, online resources.

2.2.5 Review and create continuous improvement of HR processes

2.2.6 Cultural ambassador role

2.2.7 Equality impact assessments

2.2.8 Embed 'restorative just culture' to create psychological safety

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- NHS Staff Survey
- We are compassionate and Inclusive results demonstrating improvement
- Alongside the Culture Dashboard

Update

2.2.1 Our EDI calendar including events, celebrations, and diversity days

Figure 24 – EDI calendar of events (2023)

February 2023
Lunar New Year 22Jan Jan – 5th Feb
LGBTQIA+ History Month
Race Equality Network meeting 21st Feb
March 2023
Disability, Ability Wellbeing Network (DAWN) Meeting 2nd March
EDI Annual Report, Gender Pay Gap Report and Submission 30th March
April 2023
LGBTQIA+ Meeting 5th April
SSU Doctors Training SECC 7th April
Disability, Ability Wellbeing Network (DAWN) Meeting 13th April
Celebration End of Ramadan – Food Bags from Chapel 24th April
May 2023
Race Equality Network meeting 5th May
Equality, Diversity and Human Rights Week 9th – 13th May
AHP/Nursing and Midwifery conference – EDI Stall (SECC) 12th May
SSU Doctors Training PRH 15th May
WRES and WDES Data Submission 30th May
June 2023
Pride Month 1st - 30th June
Disability, Ability Wellbeing Network (DAWN) Meeting 1st June
Race Equality Network meeting 22nd June
WRES and WDES 2nd Data Submission 30th June
July 2023
South Asian Heritage Month 18th July – 17th August
SSU Doctors Training SECC 24th July
August 2023
Disability, Ability Wellbeing Network (DAWN) Meeting - 2nd August
Race Equality Network meeting - 3rd August
LGBTQIA+ Meeting - 9th August
South Asian Heritage Month - 18th July – 17th August
September 2023
SSU Doctors Training PRH - 18th September
October 2023
Black History Month- - 1st Oct – 31st Oct
Disability, Ability Wellbeing Network (DAWN) Meeting - 4th Oct

LGBTQIA+ Meeting - 5th Oct
Race Equality Network meeting 6th Oct
SSU Doctors Training SECC - 9th Oct
Show Racism the Red Card Diwali 21st Oct
WRES and WDES Annual Report 31st Oct
November 2023
SSU Doctors Training PRH
Diversity Day part of the celebration week November 2023 - 13th Nov
Disability History Month - 16th Nov – 16th Dec
December 2023
Lunar New Year - 7th Dec
SSU Doctors Training SECC 7th Dec
Disability, Ability Wellbeing Network (DAWN) Meeting 13th Dec
LGBTQIA+ Meeting - 14th Dec
Disability History Month - 16th Nov – 16th Dec
International Day of People with Disabilities - 23rd Dec

EDI Network-led Activity

NHS
The Shrewsbury and
Telford Hospital
NHS Trust

PACT
Partnering Ambitious Caring Trusted



SaTH Pride Event June 2023



Values week June 2023



South Asian Heritage Aug 2023



Disability Month November 2023



Inclusion, Belonging & Diversity/Diwali Day November 2023

2.2.2 Embed Trust values/ behaviours through Discrimination and Harassment Group

The Discrimination and Harassment Group was established to ensure any concerns raised are acted upon in a timely manner. The Group includes the deputy people & OD director, Freedom to Speak Up Guardian (FTSU), senior people and OD colleagues, and EDI colleagues.

There is a clear account of each concern raised, which are discussed when the group meets once a week. Concerns are logged and reviewed to ensure that action is taken. There is also a clear feedback process with the person/people who raised a concern, to ensure clear communications.

2.2.3 Inclusion FTSU ambassador

In 2022/23 one of the FTSU priorities was to ensure all groups who face barriers to speak up are supported, with a focus on people from ethnic minority backgrounds.


The 30 Voices project was completed in 2023. The results from the 30 Voices survey were taken to Trust Board for reflection and action because we are seeing increased reports of racism which are monitored through the weekly Discrimination and Harassment Group to ensure timely and robust responses.

Figure 25 – FTSU reports of racism through the 30 Voices project (2022 and 2023)

Racism		
	Oct 21- Sept 22	Oct 22-Sept 23
Colleague to Colleague	11	18
Patient/Relatives to Colleague	0	4
Witnessed by Colleague	2	3
Total	13	25

The FTSU Team continues to work closely with the EDI Team to support promotional activities and membership of ICS EDI Steering Group.

We are currently in the process of establishing a working relationship with our 38 FTSU ambassadors. Among these ambassadors, we have four individuals from the BMI nursing profession, two of whom have disabilities. It is important for us to integrate these individuals effectively into our organisation.



2.2.4 Create an open and productive learning environment that educates and addresses privilege and everyday bias; Civility Saves Lives, change team, online resources

Following a development session with the Trust Board on civility, respect, inclusion & kindness in September 2022, a Trust-wide roll out of the training began by the OD Team and continued throughout 2023. The engagement and feedback received from the sessions has been very encouraging, with many colleagues identifying the positives of the sessions and promoting to others to attend. The training is also being integrated into our Leadership Programmes so that it becomes the common thread to support our cultural transformation. To further support our cultural transformation programme, we have established a Culture Group that meets monthly to discuss areas of work and intervention, to share success and highlight what additional support maybe helpful. To date we have delivered over 45 Civility, Respect, and Inclusion sessions across 1,000 colleagues. The Courageous Conversations Masterclass, also delivered by the OD Team, in combination with the Civility Saves Lives training, enables our colleagues to have the tools to be able to positively challenge incivility so that we can make positive cultural change.

The Galvanise leadership programme dedicated to colleagues from an ethnic minority background, was launched in 2022. Please see more information about this in the update for Action 2.4.

The EDI lead for Nursing, Midwifery and AHPs was commenced in 2023. These activities individually and collectively contribute to creating an open and productive learning environment.


Reviewing and discussing staff survey data with staff groups helps teams to understand the collective experience for fellow team members, which can contribute to greater awareness and a learning environment.

Increased communication and promotion of religious festivals is a way of letting colleagues, patients and visitors know that we aspire to be an inclusive environment, with relevant sign posting for all faiths.

We have embedded a restorative just culture approach into our employee relations processes. This prompts specific consideration of any ethnicity, language and cultural barriers that may be relevant. We also have a focus on wellbeing and working with staff to appoint appropriate wellbeing buddies.

2.2.5 Review and create continuous improvement of HR processes

There are examples of continuous improvement of HR processes that involved some honest reflection of behaviours and necessary change and will have a positive effect on the teams involved. However, there isn't an example that has had a positive impact on equality, diversity and inclusion specifically, by design or consequence. That is not to underestimate how developing a culture of continuous improvement



makes a positive overall impression and can be a catalyst for other improvements. This report focuses on EDI specific matters, and we look forward to reporting on the six High Impact Actions in 2024 from the NHS EDI Improvement Plan, which has a key focus on HR processes.

2.2.6 Cultural ambassador role

Please refer to action 2.1 for an update, specifically 2.1.5.

2.2.7 Equality impact assessments

The People and OD Team conducts equality impact assessments on all human resources policies whenever there is a proposed update or change, the most recent one being the reintroduction of charging for car parking.

2.2.8 Embed 'restorative just culture' to create psychological safety

Psychology Service & Mental Health

The Staff Psychology Service is available to support any member of staff who is experiencing emotional or psychological distress. This includes support for members of staff who have experienced distress because of racism, experiences related to their disability or any other diversity/inclusion issue. We also actively support teams who have experienced distressing incidents by offering psychological debriefs to all present.

Additionally, the Staff Psychology Service recognises the importance of proactively caring for staff psychological wellbeing. In this regard, we offer pro-active work with teams, providing training on topics such as psychological safety and wellbeing and offer care spaces to teams. We also provide consultancy/advice for managers who have queries about the mental health or wellbeing of their staff.

'We are compassionate and inclusive' results from the NHS Staff Survey 2022, which reported in March 2023, showed a statistically significant positive change in results on the People Promise themes from 2021 to 2022. This resulted in SaTH receiving a commendation from NHS England as one of only seven Trusts in the country to see an improvement or maintained position on all People Promises from 2021 to 2022. Figure 26 below was produced by the National Staff Survey Coordination Centre. Though the 2021 and 2022 scores from the staff survey for 'We are compassionate and inclusive' and 'We are recognised and rewarded' are the same in figure 26, they are not the same when the data is shown to two decimal places. The apparent same score in figure 26 is due to the scores being rounded to one decimal place. The difference in the scores between the two years for 'We are compassionate and inclusive' was found to be statistically significant and the difference for 'We are recognised and rewarded' was found not to be statistically significant.

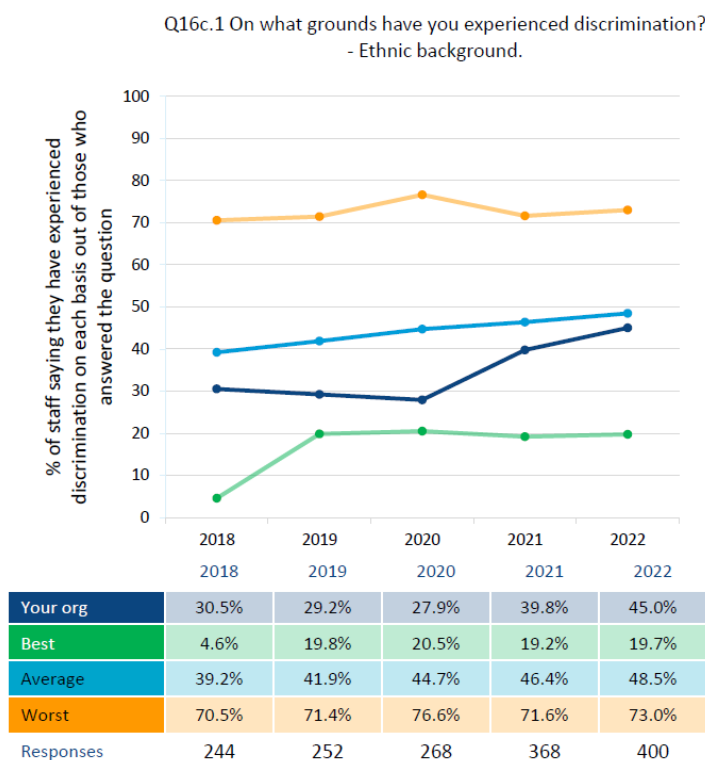
Figure 26 – Improvement on all aspects of the People Promise from 2021 – 2022 (staff survey 2022)

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	6.8	3003	6.8	3367	Significantly higher
We are recognised and rewarded	5.5	3003	5.5	3379	Not significant
We each have a voice that counts	6.2	2979	6.2	3335	Not significant
We are safe and healthy	5.6	2983	5.7	3343	Significantly higher
We are always learning	4.9	2879	5.1	3228	Significantly higher
We work flexibly	5.6	2981	5.8	3361	Significantly higher
We are a team	6.3	2999	6.4	3366	Significantly higher
Themes					
Staff Engagement	6.3	3007	6.3	3380	Not significant
Morale	5.3	3007	5.4	3382	Significantly higher

In the NHS Staff Survey 2022, respondents were asked on what grounds they have experienced discrimination. Figure 27, below, shows if respondents felt the discrimination they have experienced was due to ethnic background and 45% confirmed this was the case, an increase from 39.8% in 2021. This places SaTH just below the national average for discrimination due to ethnic background. We are encouraged to see Freedom to Speak Up and the People & OD Team having weekly meetings to assess data/themes to support staff and tackle discrimination.

Figure 27 – Belief that being from an ethnic minority group was grounds for the discrimination being experienced (staff survey 2022)





Action 2.3:

Increase the number of seldom heard groups who are involved and giving their views each year by 10%.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Increase participation by 10%
- Alongside the Culture Dashboard

Update - Action 2.3 Reach seldom heard groups

Prior to 2022 we had no previous involvement with any seldom heard groups. By November 2022 the Public Participation Team had contacted over 20 seldom heard groups, which they actively engaged with through 2023. Please see the update in action 1.4 above for examples of the types of groups we are engaging with.

To learn more about the excellent work by one of our speciality doctors, Blossom Lake, who developed a Seldom Heard Voices Forum, please see Appendix 4.

Action 2.4:

Review and evaluate our inclusive leadership development and set the direction for talent management and start embedding the approach to ensure increased representation at band 7 and above.

Measures (as stated in the 2022 Equality Action Plan – Appendix 1):

- Talent pool by protected characteristics, WRES/ WDES
- Increased representation band 7 and above
- Alongside the Culture Dashboard

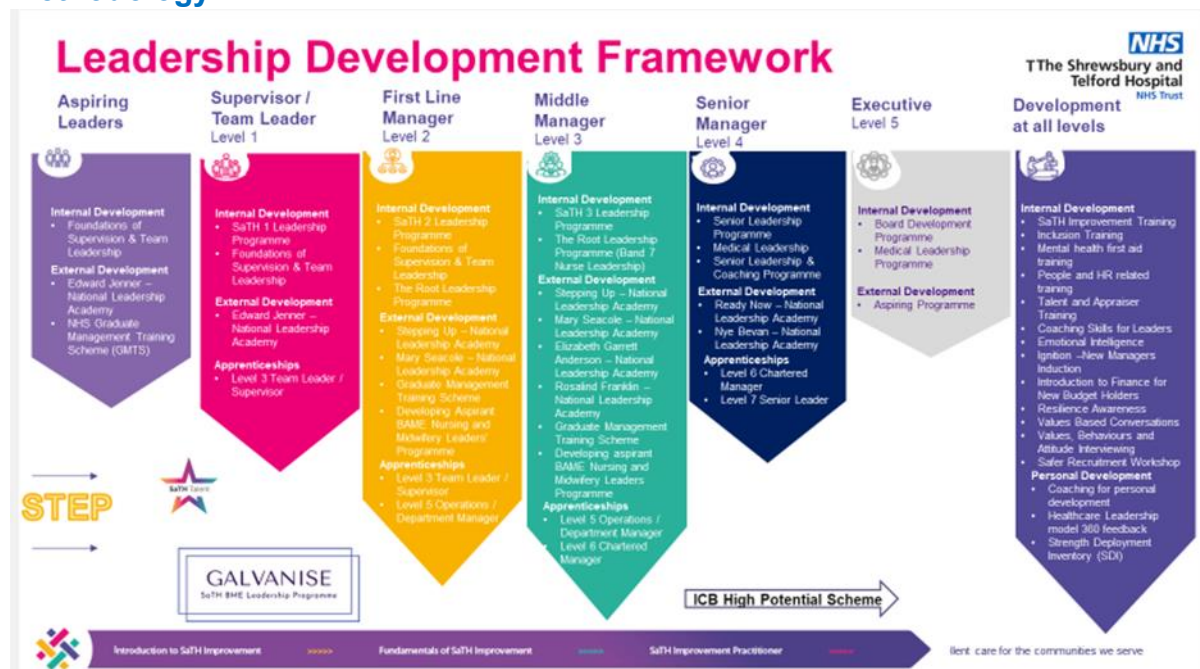
Update - Action 2.4 Inclusive leadership development

- 2.4.1 Leadership development programmes
- 2.4.2 Other EDI-related training
- 2.4.3 Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) actions
- 2.4.4 Increased representation at band 7 and above

2.4.1 Leadership development

We are committed to developing our people to grow and reach their full potential. We offer a number of programmes aimed at supporting staff to develop their leadership skills and reach their career aspirations.

Figure 28 – SaTH Leadership Framework, underpinned by our improvement methodology




Our Leadership Development Framework includes a pathway for all managers and leaders. Our Strive Towards Excellence Program (STEP) provides our managers with the fundamental management and technical skills needed to be an effective manager. The STEP program is underpinned by a management competency framework aligned to the core themes of a) people, b) finance, c) governance, safety and assurance and d) operations, and now includes the NHS line manager fundamentals.

We are working with the senior operational team to provide tailored support to managers through the ‘proud to be ops’ work. This will include management competencies to complement the leadership development framework.

Our internal Leadership Programmes include SaTH 1 – 4, and are available for supervisory leaders, first line leaders, middle manager leaders and senior leaders. It has been developed in collaboration with NHS England and Improvement and is now delivered by internal facilitators. In January 2024 a new Foundations of Supervision and Team Leadership Programme was launched for our aspiring leaders and team leaders.

We work with the Shropshire, Telford & Wrekin Integrated Care System lead on the High Potential Scheme, a two-year program for future aspiring Directors. Two people from SaTH are currently on this programme.



Galvanise is an ethnic minority leadership programme including doctors and other healthcare professionals. Two cohorts of colleagues have been through the leadership programme, the second of which was in September 2023.

In 2024 we will share more robust demographic data in relation to people who are participating in our programmes, to feed into our future development activity. The cohorts who have been through the leadership training include colleagues from a broad range of ethnic backgrounds, religions and ages.

2.4.2 Other EDI-related training

Equality & Diversity training for doctors

The EDI Team has delivered mandatory equality and diversity training for 150 doctors. In addition, 182 newly recruited nurses received an induction, which included cultural awareness training facilitated by the Education of Nurses department. The EDI and chaplaincy team pays regular visits to each group of new nurses to engage in conversations about their roles within the organisation. As a testament to our commitment to supporting internationally educated colleagues, the organisation was honoured with the Pastoral Care Award, an NHS-wide scheme that supports NHS trusts to provide high-quality pastoral care to internationally educated nurses and midwives.

EDI Nursing leads - EDI Champions


A new role of EDI champion was introduced in 2023 and 60 EDI champions have been nominated from nursing and allied health professional staff, from across the Trust. The EDI Champions will work within their various areas to support delivery of the Trust's EDI Inclusion Action Plan and help to drive behavioural and cultural change across the organisation.

The role of the EDI Champion is important because they will work at service level helping to create a fair, accepting, inclusive and educated culture which in turn will help to reduce the occurrence of discrimination, allowing employees to feel welcome, cared for, safe and valued. The EDI Champions are having bespoke training from external companies to provide them with the necessary education and skills for the role.

Cultural competency training

NHS England provided funding for 20 line managers to complete a cultural competency training package to develop the skills to support internationally educated colleagues into their teams.

The first cohort of 20 managers were identified and completed the training in November 2023. Three 'train-the-trainers' have been selected and have received



training to roll out the training programme to the remaining managers over the next 12 months.

The cultural competency training is a comprehensive course covering foundation equality, diversity and inclusion, learning with cultural competence and humility theory. A workshop explores how to put this into practice and overcome barriers to support international colleagues.

Active Bystander training

‘Active Bystander’ is an innovative and award-winning training session which equips staff with skills to challenge unacceptable behaviours, including those which may have become normalised over time. The aim is to deliver the training to a pilot of nurses and allied health professionals via online group sessions. Each session will include:

1. Assertiveness techniques to give them the confidence and tools to speak out, whether they are dealing with the challenge directly or calling for help from others.
2. Decision-making techniques to help people overcome fear and self-doubt when faced with a challenging situation.
3. Interactivity and discussion with each delegate, receiving our ‘Active Bystander Toolkit’ PDF booklet, which contains the main techniques covered in the session.

Active Bystander training has been included in the EDI champion training day.


Separately, a session has been booked for ward managers and matrons, and for individual clinical teams who have identified a need for Active Bystander training in their area.

Oliver McGowan mandator training

The purpose of the Oliver McGowan mandatory training in learning disability and autism is to train health and social care staff, at the right level for their role, to provide better health and social care outcomes for people with a learning disability and for autistic people. In 2023, 5,936 colleagues completed the Oliver McGowan eLearning, which equates to 78.69% compliance.

DFN Project SEARCH

The DFN (named after its founder, David Forbes-Nixon) Project, SEARCH, offers special educational needs and disabilities (SEND) and additional needs teams in each local authority, and aims to support 10,000 young adults with a learning disability, or autism spectrum condition, or both, in the UK, into paid employment by



2030. We currently have 12 interns at SaTH on the programme and in placements, and plan to have 24 interns at SaTH from September 2024.

Overall, 95.55% of our staff are currently compliant in their three-yearly Statutory Equality & Diversity Awareness eLearning.

2.4.3 Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) actions

Indicator 4 in WRES 2023 focuses on the participation of non-ethnic minority (white) staff in non-mandatory training and professional development compared to staff from ethnic minority groups. As of March 2023, 214 out of 5,850 non-ethnic minority staff (3.7% of the non-ethnic minority workforce) and 70 out of 1576 staff from ethnic minority backgrounds (4.4% of the workforce from ethnic minority backgrounds) have engaged in non-mandatory training.

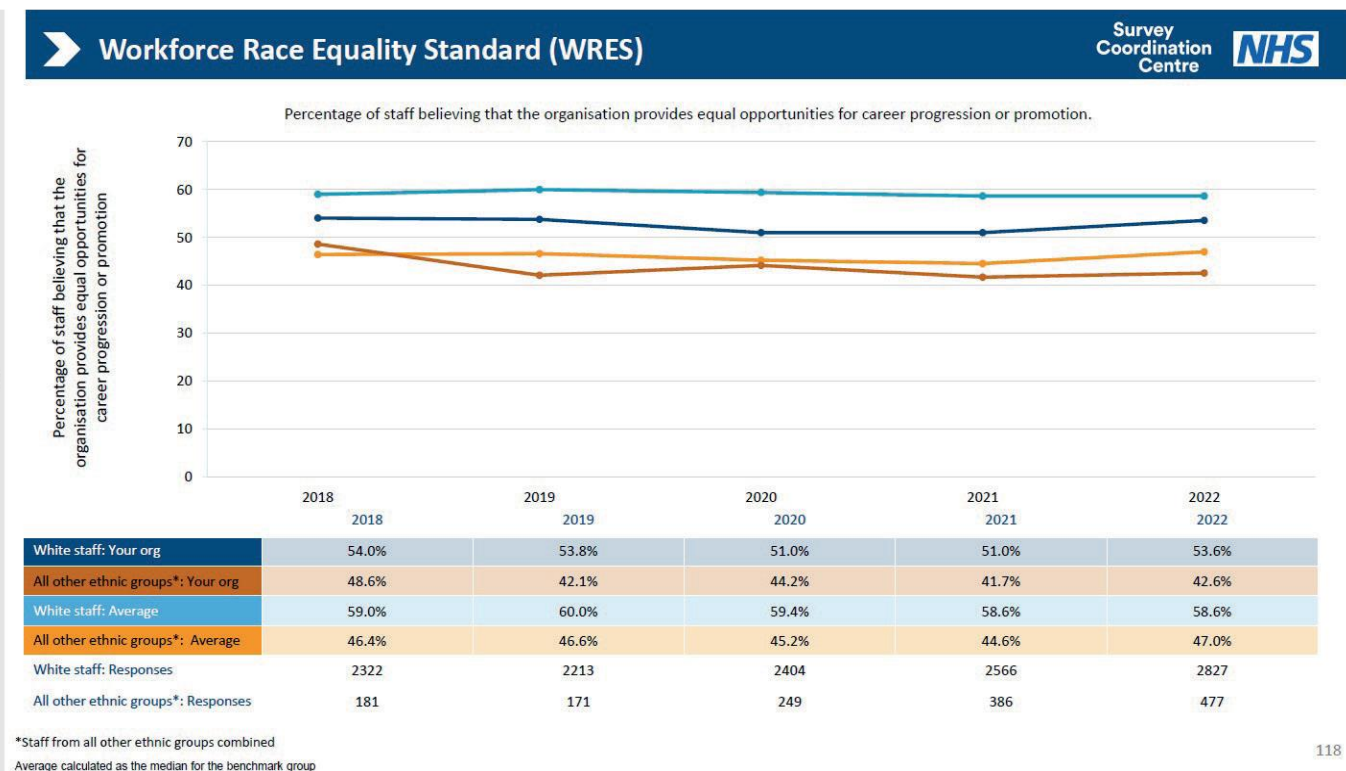
The Trust's performance in this area ranks better than 64% of NHS Trusts in England and worse than 36% of Trusts.

Low uptake of non-mandatory training has been observed across all staff groups since 2020. The Trust remains committed to enhancing development opportunities for colleagues from ethnic minority groups.

Indicator 7 in WRES 2023 assesses the percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion. This information is gathered through the staff survey, and it reveals that 53.6% of non-ethnic (white) staff perceive SaTH as offering equal opportunities for career growth, while 42.6% of staff from ethnic minority groups share the same sentiment.

To address this disparity, the Galvanise leadership program was launched in 2023 specifically for staff from ethnic minority groups. Additionally, new talent conversations have been introduced as part of our talent management strategy to further support career progression opportunities for our colleagues from ethnic minority backgrounds.

Figure 29 – Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (staff survey 2022)



2.4.4 Increased representation at band 7 and above

For increased representation at band 7 and above please see the update to Action 2.1, specifically 2.1.2 and figures 21 and 22.

5. Concluding comments on overall performance and a look to the year ahead

The Culture Dashboard

The Culture Dashboard is a local evaluation tool that captures the impact of all EDI and culture work in our organisation. It is where we would like to see a positive change from the collective work undertaken by many teams and individuals. The Culture Dashboard for 2023 isn't yet available. Looking at the Culture Dashboard for 2022 below, it is reassuring to see that the culture footprint for 2022 is gaining ground on where we were at in 2021 and is showing signs of recovering to 2020 levels.

Figure 30 – Culture Dashboard (staff survey 2022)

Culture Dashboard 2022



- Created in partnership with NHSE and The Kings Fund utilising the 2020 Staff Survey results.
- Reviewed and updated to ensure consistency and to include the Wellbeing Theme.
- Focus Themes and questions allow for us to drive involvement, morale and advocacy.
- The Culture Dashboard is used in the Culture Group to have each theme lead and target those departments within the Top 10.

Concluding comments from 2023

The increase in ethnic diversity presents a real opportunity for SaTH to embrace a wider outlook and to utilise new perspectives to act as a catalyst to improve our culture. Improving our culture and setting expectations will act as a foundation to reduce bullying, harassment, abuse and discrimination.

It is also essential to understand the experiences at work and in the community of all our colleagues. We need to understand the sources of the good experiences and the poor experiences so that comprehensive and targeted interventions can be considered and trialled to improve experiences and to prevent unnecessary departures. When introducing people to a new environment they need to be prepared, for example the OSCE programme that nurses work through. Perhaps more importantly, the recipient or existing staff and communities need to be prepared for the new introductions. Though they will undoubtedly benefit, they need to understand what the change is, what it means, when the change will come and how much change.



The year ahead

The three-year EDI Strategy is in its final phase and will be brought to Trust Board in 2024 for approval. In the second half of 2023 NHS England published their EDI Improvement Plan, a summary of which forms Appendix 2. We fully embrace this plan and feel it connects well to address the issues highlighted.

Delivery timings on some of the activity in the EDI Improvement Plan commences in March 2024. The Plan will serve as a comprehensive guiding force so that any localised activity, tailored to local needs, can contribute to the desired nationally co-ordinated high impact results. The Improvement Plan contains six 'high impact' actions with activity and success metrics given for each action.

Consideration will be given to how we can better prepare the communities we serve about the changes that are taking place, at pace, in their local hospitals and in their local neighbourhoods. The recent increase in ethnic diversity of our workforce and the ongoing international recruitment campaigns to meet the healthcare needs of our catchment communities could be communicated and explained. An understanding of the changes that are taking place and why they are happening, as well as asking our communities to welcome healthcare professionals who are new to the area, may encourage greater local acceptance and integration. This in turn could lead to reduced bullying, harassment and discrimination towards staff of ethnic minority heritage from local residents in their neighbourhoods and when they, or a family member, becomes a patient at the hospital. To help retain colleagues and to make work time experiences happy ones, continuing to gain an in-depth understanding colleagues' reasons for leaving SaTH will help us to address issues and create a more supportive environment for colleagues to work.

Appendix 1

Equality Action Plan (agreed by Trust Board in April 2022 as part of the EDI Strategy Progress Review)

Our refreshed Equality Action Plan

Engage to create inclusive healthcare					
Ref	Action	Measures alongside cultural dashboard	Review Date (Embed and Celebrate)	Responsible Officer	EDS 2 alignment
1.0	Continue to develop our Trust board and senior leadership as EDI Champions/ Embed and support our leaders to achieve the Senior leader objectives and targets on EDI, including board members.	Staff Survey -% people experiencing discrimination at work - % reporting effective leadership	Annually	People & OD Director	Inclusive Leadership
1.1	Meaningful and targeted patient engagement and data collection, driving service improvement to reduce health inequality	Patient engagement	Annually	Director of Nursing	Improved Patient Access and Experience
1.2	Continue to support our staff networks to develop; review the purpose and align with Executive mentoring support to ensure our people are supported to speak up and feel heard.	Staff Survey We are compassionate and Inclusive results demonstrating improvement	Annually	People & OD Director	A represented and supported workforce
1.3	Develop a Public Assurance Forum and share and engage with our communities on service change/developments and publish outputs including equality impact assessments.	Embedded forum Equality impact assessments	Annually	Director of Public Participation	Better health outcomes for all
1.4	Promoting and increasing our community membership each year by 10% ensuring we have representative membership across the areas we serve	Community membership and protected characteristics	Annually	Director of Public Participation	Better health outcomes for all
1.5	Developing an online training video and toolkit for our workforce with a step by step guide on engaging the public around service changes and developments.	Video and toolkit developed and utilisation rates	Annually	Director of Public Participation	Better health outcomes for all
1.6	We will adopt a more proactive Population Health approach with both our Integrated Place Partnership Boards, who work through Health and Wellbeing Boards, and the Better Care Fund to tackle health inequalities and prevent ill-health in these key areas Mental Health Children & Young People (CYP) Healthy weight Physical activity Alcohol care teams The Tobacco Dependency Treatment programme Inpatient pregnant women	Patient Outcomes UN Sustainability Goals	Annually	Medical Director	Better health outcomes for all

Our refreshed Equality Action Plan

Empower to achieve					
Ref	Action	Measures alongside cultural dashboard	Review Date (Embed and Celebrate)	Responsible Officer	EDS 2 alignment
2.0	Engender a culture where staff feel a sense of belonging and allyship- Review HWB, reward and recognition workstreams to ensure we support education and inclusive programmes to support true sense of belonging at SaTH for all staff.	Staff Survey Retention rates	Bi Annually	People & OD Director	Inclusive Leadership
2.1	Culturally enrich our organisation by reflecting the diverse communities we serve- Improve representation across all roles including band 7 and above through Inclusive recruitment panels Reverse mentoring/ coaching Seek external accreditation to demonstrate continued improvement e.g Disability Confident Employer level 2 obtainment Develop and embed Cultural ambassador role Review of adverts and JDs to ensure inclusive and flexible culture is promoted Work towards achievement of the 6 high impact recruitment actions	WRES/ WDES Gender Pay Audit	Bi Annually	Director People & OD	Improved Patient Access and Experience
2.2	Enrich our Organisational development offer, so staff are informed and empowered and people experience for all is improved Annual EDI celebrations/ Cultural Diversity Days Embed Trust values/ behaviours through Zero tolerance campaign Inclusion FTSU ambassador Create open productive learning environment that educates and addresses privilege and everyday bias; Civility Saves Lives, change team, online resources Review and create continuous improvement of HR processes Cultural ambassador role Equality impact assessments Embed 'restorative just culture' to create psychological safety	Staff Survey We are compassionate and Inclusive results demonstrating improvement	Bi Annually	Director People & OD	A represented and supported workforce Inclusive Leadership
2.3	Increasing the number of seldom heard groups who are involved and giving their views each year by 10%.	Increase participation by 10%	Annually	Director of Public Participation	Improve patient access and experience
2.4	Review and evaluate our inclusive leadership development and set the direction for talent management and start embedding the approach to ensure increased representation at band 7 and above	Talent pool by protected characteristics, WRES/ WDES, Increased representation band 7 and above	Bi Annually	Director of People & OD	Inclusive Leadership



Appendix 2

NHS England EDI Improvement Plan (published in 2023)

High Impact Action 1	Activity	Success Metric
Measurable objectives on EDI for chairs and CEO and Board members	Every board and executive team must have EDI objectives that are SMART and be assessed against these as part of annual appraisal process (by March 2024)	Annual Chair/ CEO appraisal on EDI objectives via Board Assurance Framework (BAF)
Measurable objectives on EDI for chairs and CEO and Board members	Board members should demonstrate how organisational data and lived experience have been used to improve culture (by March 2025)	Annual Chair/ CEO appraisal on EDI objectives via Board Assurance Framework (BAF)
Measurable objectives on EDI for chairs and CEO and Board members	NHS boards must review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework (by March 2024)	Annual Chair/ CEO appraisal on EDI objectives via Board Assurance Framework (BAF)
High Impact Action 2	Activity	Success Metric
Overhaul recruitment processes and embed talent management processes	Create and Implement talent management plans to improve diversity of executives and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025)	<p>Relative likelihood of staff being appointed from shortlisting across all posts. (WRES/WDES)</p> <p>(NSS Q) on access to career progression and training and development opportunities</p> <p>Year on year Improvement in race and disability representation leading to parity. (WRES/WDES)</p> <p>Year on year improvement in representation senior leadership (Band 8C upwards) leading to parity (WRES/ WDES)</p>



		Diversity in shortlisted candidates (year 2) (NETS) combined indicator score metric on quality of training.
Overhaul recruitment processes and embed talent management processes	Implement plans to widen recruitment opportunities within local communities, aligned to the NHS Long term workforce plan. This should include creation of career pathways into the NHS such as apprenticeships programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across ICS footprint.	As above
High Impact Action 3	Activity	Success Metric
Eliminate total pay gaps with respect to race, disability and gender	Implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior and non-medical workforce (by March 2024)	Year on year improvement in gender race and disability pay gap
Eliminate total pay gaps with respect to race, disability and gender	Analyse data to understand pay gaps by protected characteristics and put in place an improvement plan. This will be tracked and monitored by NHS boards. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.	Year on year improvement in gender race and disability pay gap
Eliminate total pay gaps with respect to race, disability and gender	Implement an effective flexible working policy including advertising flexible working options on Trust recruitment campaigns. (March 2024)	Year on year improvement in gender race and disability pay gap
High Impact Action 4	Activity	Success Metric
Address health inequalities within their workforce	Line managers and supervisors should have effective wellbeing conversations with their teams, utilising resources such as the national NHS Health and Wellbeing framework (by October 2023)	(NSS Q) on organisation action on health and wellbeing concerns



Address health Inequalities within their workforce	Work in partnership with community organisations, facilitated by ICBs working with NHS organisations and arm's length bodies, such as the NHS Race and Health Observatory. For example, local educational and voluntary sector partners can support social mobility and improve employment opportunities across healthcare (by April 2025)	National Education and Training survey (NETS) combined indicator score metric on quality of training
High Impact Action 5	Activity	Success Metric
Comprehensive Induction and On-boarding programme for International recruited staff	Before they join, ensure international recruits receive clear communication, guidance and support around conditions of employment, including clear guidance on latest home office immigration policy, conditions for accompanying family members, financial commitment and future career options (by March 2024)	(NSS Q) Sense of belonging for internationally recruited staff. (NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff. (NETS) combined indicator score metric on quality of training for international recruited staff.
Comprehensive Induction and On-boarding programme for International recruited staff	Create comprehensive on boarding programmes for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction can be measured from e.g., turnover, staff survey results and cohort feedback (March 2024)	(NSS Q) Sense of belonging for internationally recruited staff. (NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff. (NETS) combined indicator score metric on quality of training for international recruited staff.
Comprehensive Induction and On-boarding programme for International recruited staff	Line managers and teams who welcome international recruits must maintain their cultural awareness to create inclusive team cultures and embed psychological safety (March 2024)	(NSS Q) Sense of belonging for internationally recruited staff. (NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff. (NETS) combined indicator score metric on quality of training for international recruited staff.

Comprehensive Induction and On-boarding programme for International recruited staff	Give international recruits access to the same development opportunities as the wider workforce. Line managers must proactively support their teams, particularly international staff, to access training and development opportunities. They should ensure that personal development plans focus on fulfilling potential and opportunities for career progression (March 2024)	(NSS Q) Sense of belonging for internationally recruited staff. (NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff. (NETS) combined indicator score metric on quality of training for international recruited staff.
High Impact Action 6	Activity	Success Metric
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Review data by protected characteristics on bullying, harassment, discrimination and violence. Reduction targets must be set (by March 2024) and plans implemented to improve staff experience year on year.	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff) (NETS) Bullying and harassment score metrics (NHS Professional groups)
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Review disciplinary and employment relation processes. This may involve obtaining insights on themes and trends from Trust solicitors. There should be assurances that all staff who enter formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this (March 2024)	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff) (NETS) Bullying and harassment score metrics (NHS Professional groups)
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV). Support should be available for those who need it, and staff should know how to access it (By June 2024)	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff)

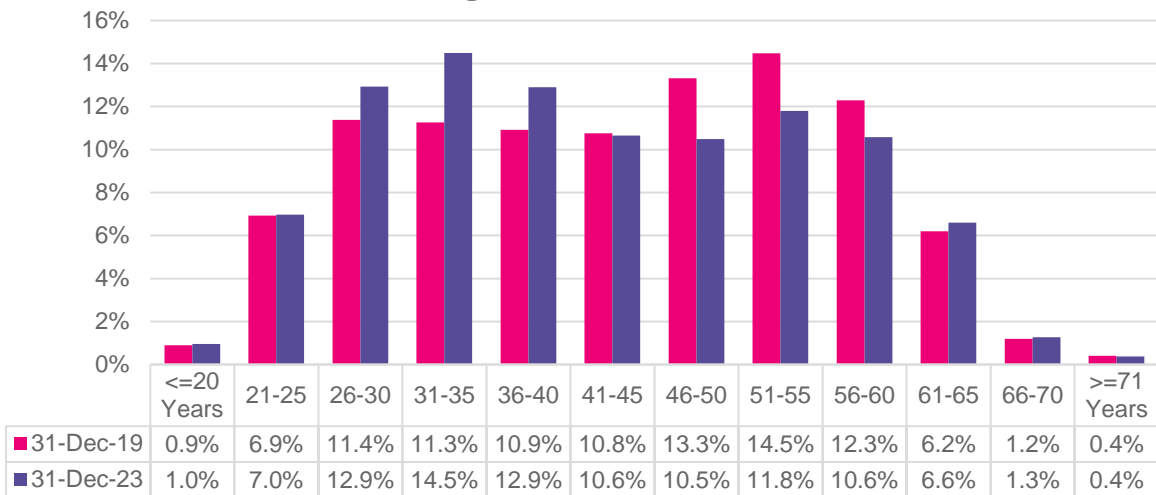


		(NETS) Bullying and harassment score metrics (NHS Professional groups)
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Create an environment where staff feel able to speak up and raise concerns, with steady year on year improvements. Boards should review this by protected characteristics and take steps to ensure parity for all staff (by March 2024)	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff) (NETS) Bullying and harassment score metrics (NHS Professional groups)
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (March 2024)	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff) (NETS) Bullying and harassment score metrics (NHS Professional groups)
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Have mechanisms to ensure staff who raise concerns are protected by their organisation.	(NSS) Improvements in staff survey results on bullying/harassment from line manager/ teams (all staff) (NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff) (NETS) Bullying and harassment score metrics (NHS Professional groups)

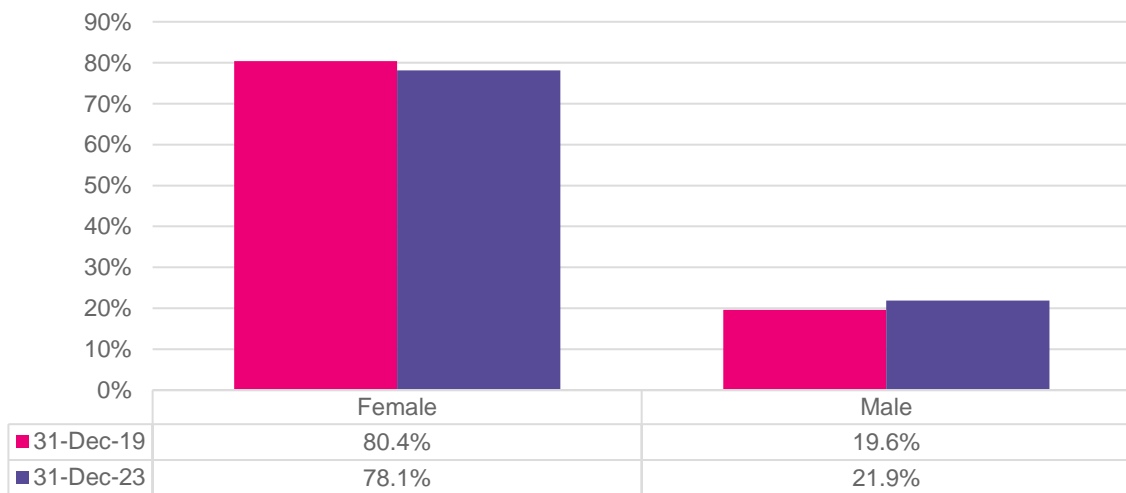
Appendix 3

Equality Workforce Data 2023

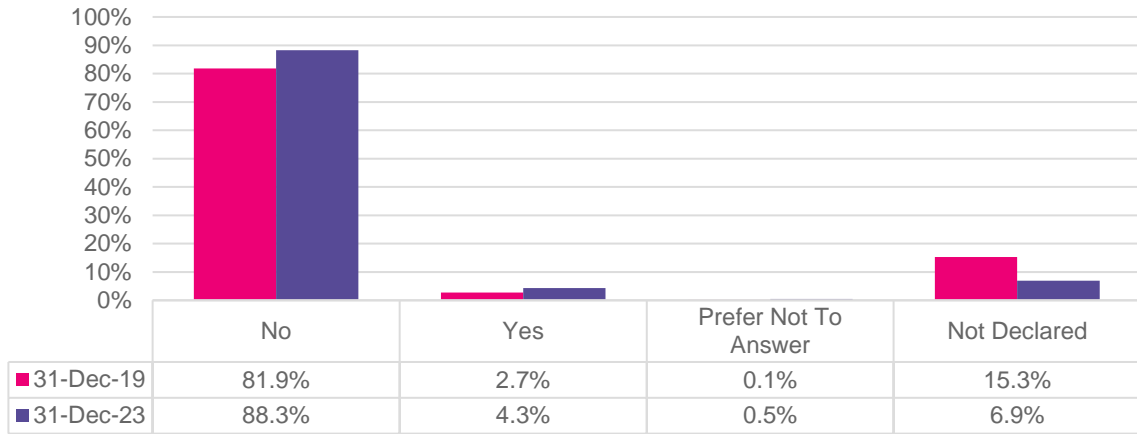
Age Profile of Workforce



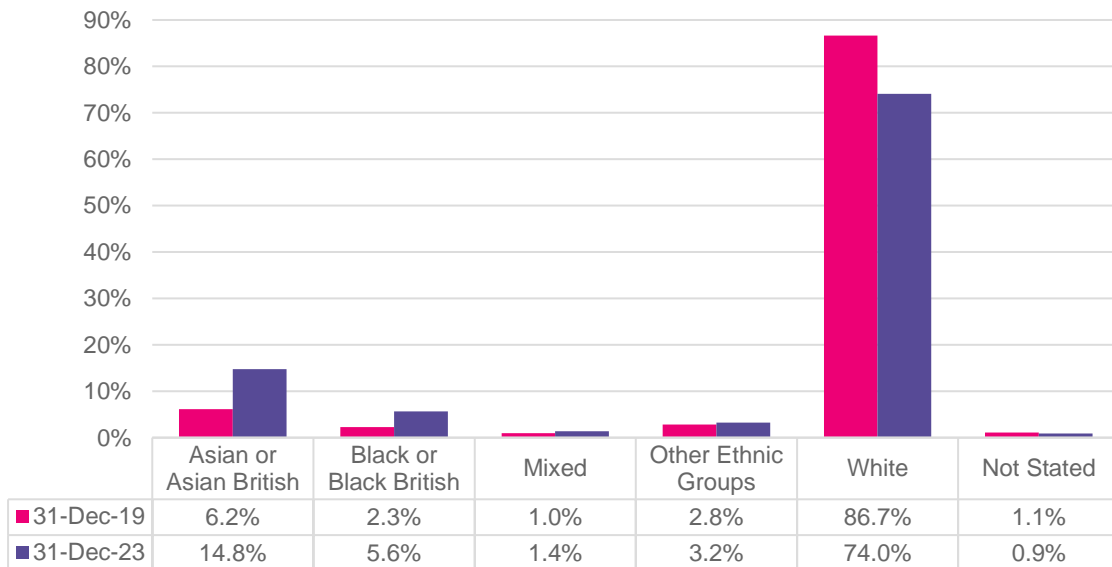
Gender Profile of Workforce



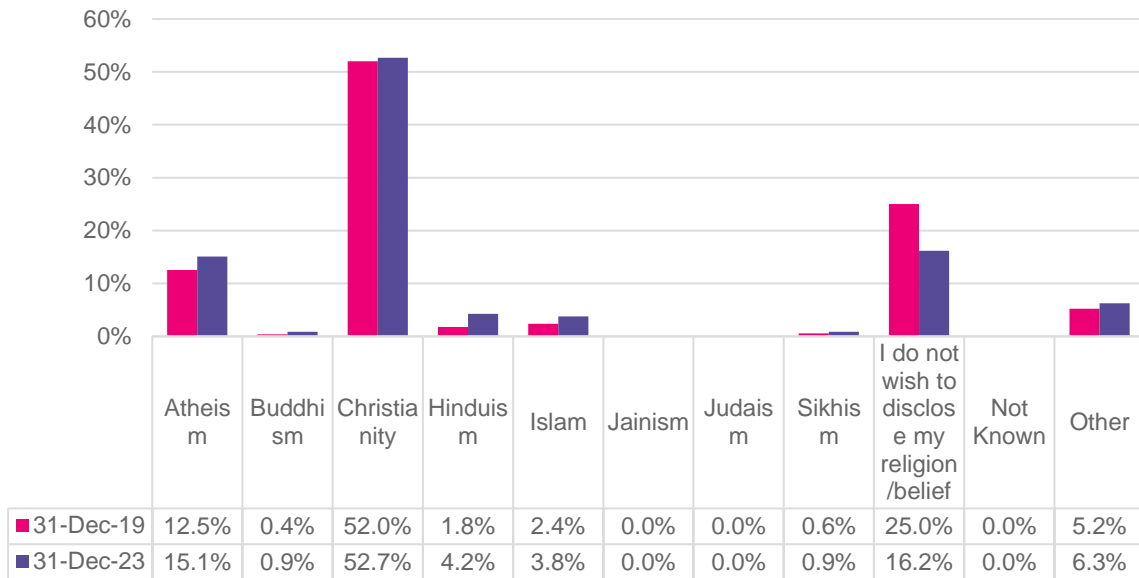
Disability Profile of Workforce



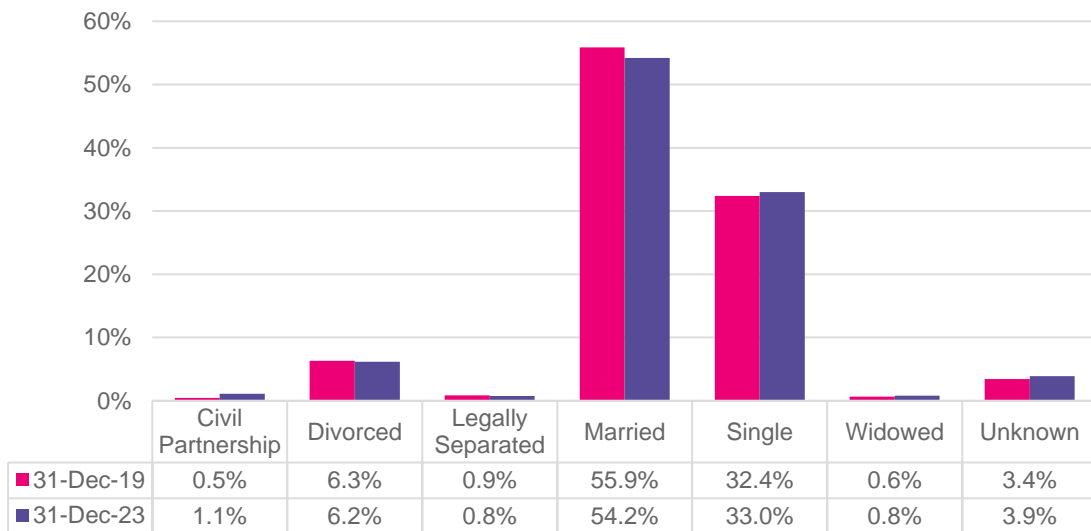
Ethnicity Profile of Workforce



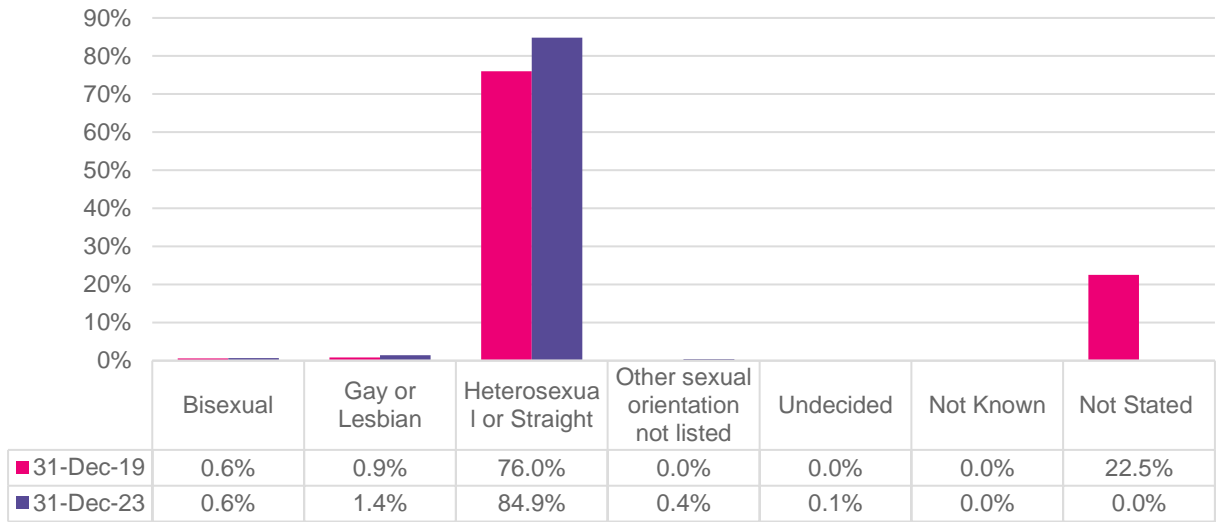
Religious Belief Profile of Workforce




Marital Status Profile of Workforce



Sexual Orientation Profile of Workforce





Appendix 4

Research & Innovation

Participant in the Research Experience Survey (PRES) - PRES is an annual nationally standardised survey used to collect adults and children's views and experiences of participating in National Institute for Health and Care Research (NIHR) supported research. PRES was developed by the NIHR Clinical Research Network to demonstrate to research participants that their contribution is valued, and to help make meaningful improvements to research based on people's real-life experience. We ensure that this survey is distributed to our participants so that their feedback based on their research experience with us can help us make improvements where possible. Their feedback also helps to improve the way research studies are designed and delivered now and, in the future, so that we can positively impact on people's experience of recruitment to and taking part in research.

Blossom developed a Seldom Heard Voices Forum in 2022. This is a collaboration of community leaders and research active team members from our Trust and the University of Keele. The community leaders are from the Afro-Caribbean, Nigerian, Chinese, Muslim and Asian communities. There are also members on the forum who have cancer or cared for those who have. The purpose of this forum is to enable community engagement in research from "Seldom heard voices". Blossom piloted a breast cancer awareness event in May 2023 to help with breaking the silence. 50 people attended this event which involved a series of talks including a recorded digital story of someone who had breast cancer and the career perspective. Attendees from the event requested for further events. Blossom also piloted an event with the deaf community. Due to the request of more events, Blossom organised a Breast Cancer Awareness event in October where there were about 100 individuals from seldom heard communities. The purpose of this event was to break the silence created by stigma within minority ethnic groups. Blossom is going to be arranging a Muslim community event in Telford next year and also an event for men and family concerning cancer and its impact. Each event is tailored to the individual community setting. These events help to create an awareness, and this helps to dispel some of the myths and cultural health beliefs, improve awareness of self-examination, the signs to look for and the importance of early presentation to the doctor. To encourage women and men if there have concerns to attend the doctor allowing for early treatment of breast cancer, full engagement with treatment, ability to cope by being able to share the diagnosis freely and also to be involved in research which improves overall outcomes.

Appendix 5

EDI national compliance table

Report name	Collection of data/Submission date
WRES (Workforce Race Equality Standard)	Data collection point is 31 st March each year covering previous 12 months
WDES (Workforce Disability Equality Standard)	Data collection point is 31 st March each year covering previous 12 months
WRES Action Plan	Published by 31 st October 2023
WRES Written Report	Published by 31 st October 2023
WDES Written Report	Published by 31 st October 2023
Gender Pay Gap	Publish by 31 st March each year
EDI Annual Report	Publish by 31 st March each year

References

¹ NHS England (2023) *NHS equality, diversity, and inclusion improvement plan*. Available at: <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan>

² Hemmings, N., Buckingham, H., Oung, C., Palmer, B. (2021). *Attracting, supporting and retaining a diverse NHS workforce*. London: Nuffield Trust. Available at <https://www.nuffieldtrust.org.uk/sites/default/files/2022-10/1636121852-nhs-workforce-diversity-web.pdf>



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