



Equality, Diversity and Inclusion

Annual Report 2024





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Forward

This 2024 Annual Equality, Diversity, and Inclusion (EDI) Report reflects our unwavering commitment to creating an inclusive and equitable environment for all staff, patients and service users across The Shrewsbury and Telford Hospital NHS Trust. We recognise that EDI is not just a box to tick; it is fundamental to delivering high-quality and compassionate care. By embracing diversity in all its forms – race, ethnicity, gender, sexual orientation, disability, religion, and belief – we ensure that everyone feels valued, respected, and empowered to reach their full potential.

This report shares some highlights and outlines our progress in achieving our EDI goals as we continue to make SaTH a more inclusive place to work and receive care, including:

- **Improving staff experience:** We are committed to fostering a workplace where all staff feel valued, respected and free from discrimination. This includes initiatives to address issues of bullying, harassment and unconscious bias. We have seen a reduction in colleagues experiencing bullying and harassment in staff survey data (2023 - 89.1% had never experienced to 91.1% in 2024 vs our comparators at 90.4%). However, there are still cases being identified internally that are not reflective of our values internally.
- **Delivering equitable patient care:** We are committed to ensuring all patients receive high-quality individualised care which is free from discrimination. To achieve this, we have identified objectives for 2024/25, building upon the key areas outlined in the 2023/24 Shropshire, Telford & Wrekin Health Inequalities Implementation Plan. These priorities align with the five key lines of enquiry outlined in the [2024/25 Operational Planning Guidance](#).
- **Engaging with our communities:** We are committed to building strong relationships with the diverse communities we serve, ensuring that their voices are heard, and their needs are met by implementing more work to promote equality of access and experience.

We acknowledge that there is always more to be done, and we are not yet where we aspire to be. We are committed to making improvements until we can demonstrate we have made meaningful and sustained progress for all our colleagues and patients in SaTH. This report shows our continued journey towards a truly inclusive and equitable organisation. We are committed to ongoing learning, improvement and embedding EDI principles into all aspects of our work. We encourage you to read this report and join us in our efforts to deliver outstanding care for the communities we serve by creating a healthier, more equitable future for all.



Section 1.0 Key Achievements



Section 2.0 Colleague Information







Year in review: Six High Impact Actions

An introduction to the six High Impact Actions (HIA) as SaTH and NHSE's improvement tool for Equality, Diversity and Inclusion (EDI):

NHS England developed the [NHS People Plan](#) which sets out the priorities, and specific actions for improving the sense of 'belonging' for the 1.3million people who work in the NHS. This plan was developed on the back of the [People Promise](#) and the People Plan, using data and evidence to identify [six high impact actions](#) (Table 1 and NHSE 2023 Appendix 1) that NHS organisations can take to considerably improve equality, diversity and inclusion.

Workforces that embrace diversity and foster an inclusive environment, experience significant gain (CIPD, 2018)¹. Inclusion enhances employee engagement, retention, and innovation, leading to increased productivity. By creating a psychologically safe space for all employees, inclusive environments unlock the full potential of diversity, benefiting individuals, teams and ultimately, the quality and efficiency of patient care. This is the work we believe will assist us to achieve our equality, diversity and inclusion aspirations. Table one illustrates the objectives and the metrics of achievement.

Table 1

Current national EDI improvement plan: High impact action statements		
High impact action 1:  Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	High impact action 2:  Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	High impact action 3:  Develop and implement an improvement plan to eliminate pay gaps.
High impact action 4:  Develop and implement an improvement plan to address health inequalities within the workforce.	High impact action 5:  Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.	High impact action 6:  Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

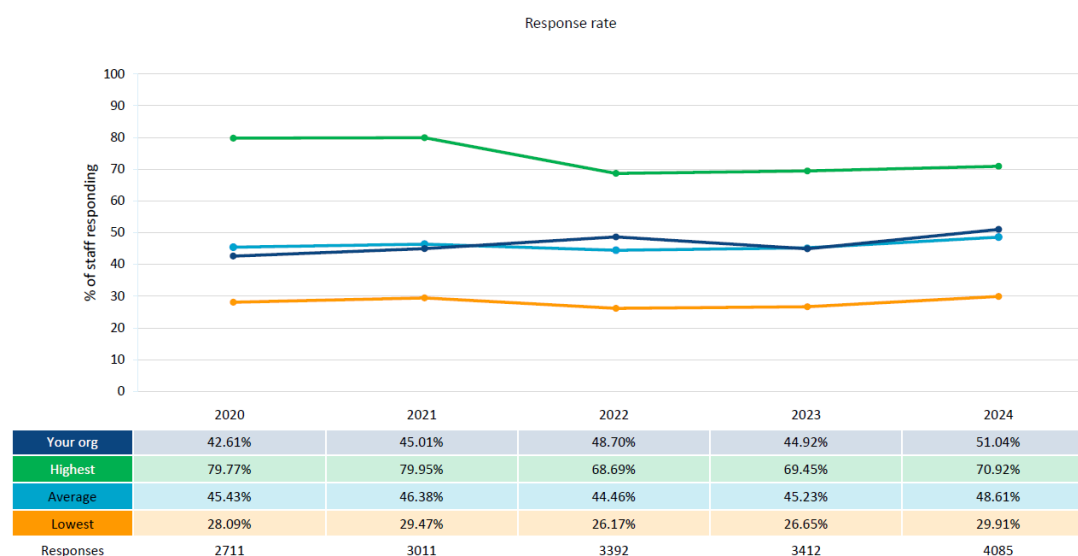
Measuring success by ensuring we hear all voices and continuously make improvements

Our success metrics for the High Impact Actions (HIA) are heavily reliant on the data obtained from the Annual NHS Staff survey, our internal Electronic Staff Records (ESR) and our National Education Training Survey (NETS). We remain focused on ensuring all colleagues are encouraged to share their views and are given the time,

should they wish, to share their experiences with us. We see this as a continuous opportunity to improve and develop our colleagues' experience at work.

National Staff Survey

2024 saw our highest ever response rate of 51% (4,085 colleagues) to the NHS Staff Survey, since its inception over 10 years ago at SaTH. Having more colleagues take part and share their feedback on their experience of working at SaTH is fundamental in our roadmap to success and to listening and acting on feedback. Using this data, supports us to have meaningful conversations with colleagues to make SaTH a great place to work and receive care.



We have seen an increase in representation within protected characteristics groups. In 2019 we had circa 170 responses from BME background colleagues, which has increased to over 750 in 2024. The number of colleagues sharing they have a disability has increased from circa 460 to nearly 1,000 in 2024. This offers us the unique chance to better understand the colleagues' experiences from many diverse backgrounds.

The below tables illustrate the positive trajectory of our colleagues' experience at SaTH for the last 3 years staff survey results. The Trust was in the top 10 organisations for improvements made in four of the people promises in 2023 and has maintained this position whilst attaining 600 more responses year on year.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.85	3367	7.06	3405	Significantly higher
We are recognised and rewarded	5.55	3379	5.86	3406	Significantly higher
We each have a voice that counts	6.24	3335	6.45	3357	Significantly higher
We are safe and healthy	5.68	3343	6.02	3365	Significantly higher
We are always learning	5.08	3228	5.40	3250	Significantly higher
We work flexibly	5.76	3361	6.18	3386	Significantly higher
We are a team	6.39	3366	6.63	3402	Significantly higher
Themes					
Staff Engagement	6.32	3380	6.59	3401	Significantly higher
Morale	5.42	3382	5.80	3406	Significantly higher

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	7.06	3405	7.08	4069	Not significant
We are recognised and rewarded	5.86	3406	5.81	4071	Not significant
We each have a voice that counts	6.45	3357	6.47	4021	Not significant
We are safe and healthy	6.02	3365	6.02	4030	Not significant
We are always learning	5.41	3250	5.48	3904	Not significant
We work flexibly	6.17	3386	6.26	4042	Not significant
We are a team	6.63	3402	6.61	4059	Not significant
Themes					
Staff Engagement	6.59	3401	6.59	4071	Not significant
Morale	5.79	3406	5.84	4071	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

National Education and Training Survey (NETS)

NHS England's Workforce Training and Education directorate oversees the quality of education and training for over 250,000 students, apprentices and trainees across a variety of clinical roles within the NHS. To continuously improve the learning experience for our own staff and those training within our Trust, we actively encourage participation in the National Education and Training Survey (NETS).

NETS is a valuable annual survey that provides a crucial platform for healthcare learners and trainees to share their experiences and contribute to shaping the future of healthcare education. Since 2019, NETS has been the sole national survey open to all healthcare students, trainees and apprentices. It gathers vital feedback on various aspects of their training, including induction, clinical supervision, access to facilities, learning opportunities, and teamwork within our Trust.

Furthermore, NETS includes important questions related to health and wellbeing, equality, diversity, and inclusion. By actively encouraging our learners and trainees to participate in NETS, we demonstrate our commitment to listening to their voices. Together we want to create an inclusive and supportive learning environment where they can thrive.

In 2023 our NETS positive overall educational experience score was 82.4 % compared to our peer median of 81.97%.

Electronic Staff Records

All colleagues have an Electronic Staff Record (ESR) and much of our diversity data is taken from that. We endeavour to ensure that records are accurate, and we ask colleagues to review their data annually to assure the Trust that it is reflective of their needs.

We are pleased that over 5,000 colleagues have checked their information in the last 12 months, which is an improvement on previous years.

We use ESR data to look at the dispersion of protected characteristics amongst pay bands and staff groups.

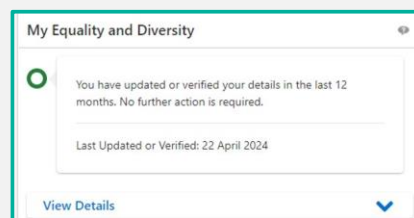
We look for interventions and seek to understand where any characteristics may be underrepresented in any of these categories, putting plans in place to address any anomalies.

Below is a communication that was shared in our Trust wide cascade and via our networks.

My Equality and Diversity



- Recording Equality & Diversity data in ESR enables us to improve staff experiences, as well as demonstrate **compliance** with **equality legislation**.
- Access the online training on how to **Record my Equality and Diversity details**.
- Access our **'How to' Guide** and for further information around the importance and benefits of recording accurate data click **here**.
- Supports our People Plan and Promise to you.



[Direct Portal Link to Equality & Diversity](#)





HIA 1: Measurable objectives on EDI for Board members

Recognising the critical role of leadership in driving meaningful change, the Trust has established clear and measurable objectives for the Chair, Chief Executive and Board members to ensure effective oversight and accountability for EDI initiatives. These objectives include:

1. Championing EDI:

Objective: To actively champion EDI principles across all Trust activities, demonstrating visible and vocal leadership on EDI issues

Measurement:

- Frequency and quality of public statements and internal communications on EDI
- Participation in EDI related events and initiatives
- Observation of leadership behaviours that demonstrate a commitment to EDI.

2. Accountability for EDI Performance:

Objective: To ensure the Trust meets its EDI targets and objectives, holding senior leadership accountable for progress.

Measurement:


- Regular review and discussion of EDI performance data at Board meetings.
- Setting and monitoring of clear and ambitious EDI targets within the Trust's overall strategic plan.
- Ensuring adequate resource allocation for EDI initiatives.

3. Promoting a Culture of Inclusion:

Objective: To foster a culture of inclusion and respect within the Trust, where all staff feel valued, respected, and empowered.

Measurement:

- Staff survey results on inclusion and belonging
- Observation of leadership behaviours that promote inclusivity

- 
- Investigation and resolution of complaints related to discrimination or harassment.

4. Building External Partnerships:

Objective: To build and maintain strong relationships with external partners, including community organisations and stakeholders, to advance EDI objectives.

Measurement:

- Number and quality of external partnerships related to EDI
- Participation in external forums and collaborations on EDI issues
- Feedback from external partners on the Trust's engagement on EDI.

5. Continuous Learning and Development:

Objective: To continuously develop their own understanding of EDI issues and best practices.

Measurement:

- Participation in EDI training and development programs such as Cultural Intelligence
- Engagement with relevant research and literature on EDI.
- Seeking feedback and guidance from EDI experts.

Impact:

By setting clear objectives and holding themselves accountable for their achievement, the Chair, Chief Executive, and Board members will play a crucial role in driving meaningful and sustainable change in EDI across the Trust. This will contribute to a more inclusive and equitable environment for all staff, patients and service users.

In 2024 our Board created a video to share with colleagues regarding their commitment to EDI and the personal objectives they have chosen to focus on in the Trust. This is available [here](#).

These are assessed as part of the appraisal process through the Board Assurance Framework.

HIA 2: Overhaul recruitment and talent management

While significant progress has been made, continuous improvement is essential to achieve a truly diverse and inclusive workforce. By focusing on data-driven insights, implementing targeted interventions and fostering a culture of inclusivity, the Trust can further enhance its EDI efforts and create a workplace where all staff feel valued, respected and can thrive.

Metrics of success as defined by NHSE:

- **Relative likelihood of staff being appointed from shortlisting:** While there was a slight increase in 2023, this metric experienced a slight decline in 2024, suggesting a need for further refinement of recruitment processes to ensure consistent and positive outcomes.
- **National Staff survey question (NSSQ) on access to career progression and training and development opportunities:** Staff satisfaction with career progression and development opportunities has steadily increased, demonstrating a positive impact of the implemented strategies.
- **Year-on-year improvement in race and disability representation:** While progress has been made, the overall representation of underrepresented groups on the Board has declined, indicating a need for more targeted interventions to address these specific areas.
- **Year-on-year improvement in representation in senior leadership:** Representation of underrepresented groups in senior leadership roles has shown a steady increase, demonstrating the positive impact of targeted talent development and leadership programmes.

Metric of success defined by NHSE	2022	2023	2024	+/-
Relative likelihood of staff being appointed from shortlisting across all posts	1.04	1.15	1.05	-0.09
(NSSQ) on access to career progression and training and development opportunities	53.6%	54.0%	55.6%	+1.6%*
Year on year improvement in race and disability representation leading to parity (Board representation)	-12%	-9%	-15%	-6%

Year on year improvement in representation senior leadership (Band 8C upwards) leading to parity	5%	6%	9%	+3%
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* Denotes higher than the average against other acute trusts serviced by Intelligent Quotient Ventures for Innovation and Advancement (IQVIA) by 1.1%

Key achievements

Galvanise

To reaffirm our commitment to EDI and fulfil our people promise, we continue to deliver further cohorts of the Galvanise programme, conceptualised by Dr Victoria Walton.

This programme empowers Black, Asian and ethnic minority colleagues by providing a platform for shared experiences and challenges, fostering leadership opportunities and ensuring an inclusive and supportive environment for all. 40% of participants have gained a promotion since participating in the programme, with another 30% actively seeking promotion following the course (Table 2).

Table 2



We have achieved our Disability Confident Leader status

We have attained this by making adjustments to our processes and practices, providing additional software such as CaptionED, Dragon Naturally Speaking, Global AutoCorrect and TextHelp Read and Write, for our neurodiverse colleagues and supporting managers and

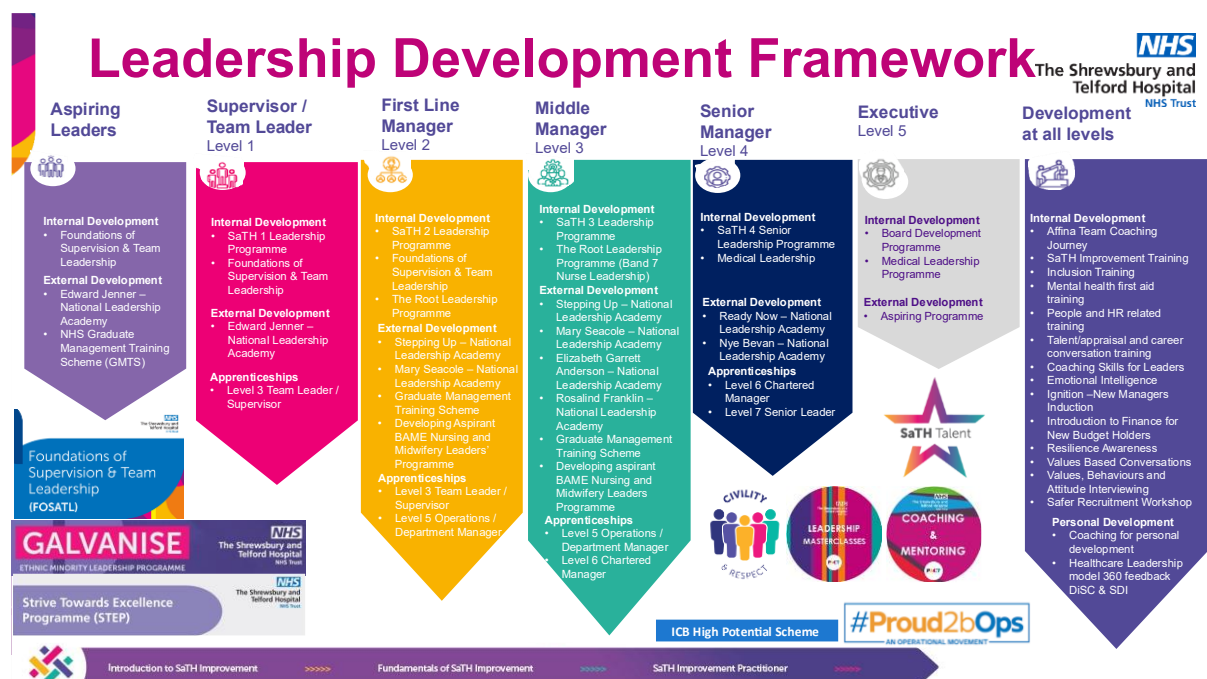


staff through initiatives like the staff health passport, our health and wellbeing offer and the sunflower scheme.

Our leadership development offer in the Trust

In 2024 we saw 120 colleagues take part in our leadership programmes (Table 3). These are open to all colleagues and 2024 saw the highest number of participants since the inception of the framework in 2022. In 2024 we reviewed our Talent Conversation (Appraisal) to include EDI objectives and questions.


Table 3



Looking forward into 2025:

- Deep Dive Analysis:** To conduct a thorough analysis of the decline in the "Relative likelihood of staff being appointed from shortlisting" metric to identify and address any underlying issues. We are working with a pilot group to understand their realities of recruitment. This will include reviewing the training needs of interviewers and the diversity of panel members. We also led a pilot scheme to provide interview questions before interview. This pilot received positive feedback from candidates and managers and during 2025 this trial will be expanded. The pilot aimed to support potential colleagues whose first language is not English and those who are neurodivergent. Below is some of the feedback received:

"I was diagnosed with dyslexia this year where it was discovered I require longer than the average to process information. Therefore having a week to review the questions was a wonderful opportunity and experience for me because it was the first time ever I was able to showcase my knowledge and experience without misunderstanding or misinterpreting the questions."



I feel this has worked well for our department, as we have had applications from different backgrounds. This seems to of helped them a great deal and us during the questioning. A much better understanding."

- **Board level focus:** Develop and implement a specific action plan to improve the representation of underrepresented groups on the Board.
- **Continuous Improvement:** Continuously review and refine recruitment and talent management processes, based on data analysis and employee feedback, and align this work to our improvement methodology.

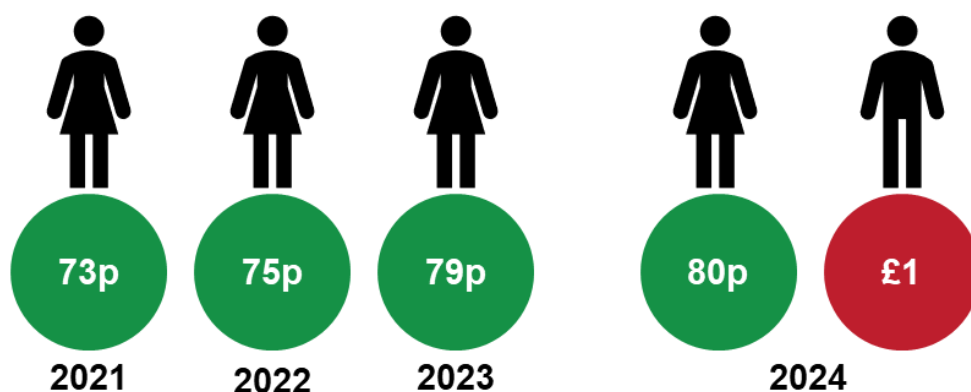
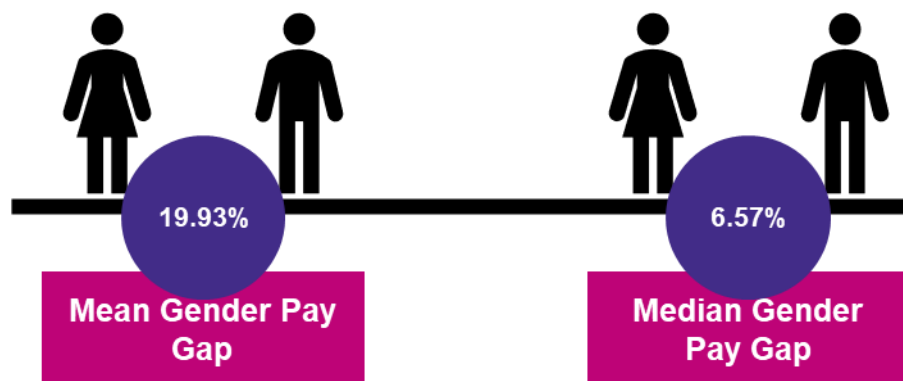
HIA 3: Eliminate total pay gaps with respect to race, disability and gender

Gender pay gap

We are pleased that our overall, mean pay gap has decreased consecutively every year since 2021. Over this four-year period, we have seen a 6.57% (7 pence) reduction, followed by a 1.15% (1 pence) reduction year-on-year.

The disparity between the mean and median pay gap indicates that the gap is primarily driven by a small group of high-earning male individuals. Despite being underrepresented in the overall workforce, male staff are overrepresented in the highest-earning positions, contributing significantly to the pay gap. When medical and dental staff are excluded from the calculations, a pay gap of 6 pence in favour of females is observed.

While the number of women in senior management positions has increased by 18%, this positive development has contributed to a narrowing of the pay gap. However, the complete elimination of the gap will necessitate sustained efforts, as the impact of increasing salaries for women in the upper quartile is partially offset by recent workforce changes.



Our full published Gender Pay Gap report is available [here](#)

Looking forward to 2025

Ethnicity and disability pay gap

The Trust is committed to creating a truly inclusive and equitable workplace for everyone. As part of this commitment, we are pleased to announce that we will be publishing our first ethnicity and disability pay gap report in 2025-2026 based on data from 1 April 2024 to 31 March 2025. These reports will provide valuable insights into the current pay disparities within the Trust and will inform our future actions to address any identified inequalities. We believe that transparency and data-driven evidence and actions are crucial steps towards building a more just and equitable organisation.

HIA 4: Address health inequalities in the workforce

Equality Delivery System (EDS) 2022

EDS 2022 is an equality improvement tool to review and develop services, the workforce and leadership within the organisation. This is achieved in active conversations with patients, public, staff, staff networks and trade unions. It provides a focus for us to assess the physical impact of discrimination, stress and inequality,

providing an opportunity for us to support a healthier and happier workforce, which in turn will increase the quality of care provided for patients.

EDS2022 implementation by NHS provider organisations is mandatory in the NHS Standard Contract. Three domains are assessed:

- **1 – Commissioned or Provided Services**
- **2 – Workforce Health and Wellbeing**
- **3 – Inclusive Leadership**

Focus groups were held with patients, staff, our staff side representatives and other local partners to understand their experience. This provided an opportunity to hear their voices and respond and develop meaningful action plans based on their feedback. Across the focus groups there were 53 participants. Each domain has several outcomes that key stakeholders evaluate, score, and grade using available evidence and insight. It is these ratings that provide assurance or highlight a need for improvement and the required actions. At these engagement events, attendees reviewed and discussed evidence and gave their outcome ratings.

It is important to note that domain 3, requires an independent view, that is, by a third party with no direct involvement in managing or working for the organisation(s), alongside trade union (staff side) and staff networks. The Trust invited the staff side representative who are members of the Joint Consultative Negotiating Committee.



Local Healthwatch partners and patient representatives also took part in the EDS assessment.

Looking forward to 2025

Our EDS 2022 Action plan is available to view [here](#)



HIA 5: Induction and onboarding programme for Internationally recruited staff

Nursing and Midwifery colleagues

Since the start of our international recruitment campaign, we have recruited over 700 internationally educated nurses. 2024 has seen this project cease but what remains of paramount importance to the Trust is the retention and belonging of these valuable members of our workforce. However, we have welcomed 12 internationally educated midwives whose experience will be monitored under this high impact action.

Looking forward into 2025, our focus will be to retain these colleagues and ensure they feel they belong in our SaTH community. Some examples of our ongoing work include:


- **Enhanced Career Development:**
 - Offer targeted career development opportunities, including participation in leadership programmes such as Galvanise and SaTH 1-3
 - Provide dedicated coaching, on-the-job interview preparation and writing personal statements for NHS positions.
 - Trial of interview questions prior to interview.
- **"Stay Conversation" Pilot:**
 - In conjunction with our people promise strand of work with Healthcare Assistants, we implemented a pilot project involving "stay conversations" to actively listen to the needs and concerns of our internationally educated colleagues.
- **Leveraging Existing Networks:**
 - Utilise existing networks to foster a sense of community and support among internationally recruited staff.
- **Continued Cultural Awareness Development:**
 - Continue to provide cultural awareness training and civility and respect for mid-band and clinical leaders to enhance their understanding and sensitivity towards the diverse needs of our internationally educated colleagues.

These initiatives aim to create a more inclusive and supportive environment that fosters the long-term success and wellbeing of our internationally educated nurses.

Medical colleagues

We are dedicated to supporting International Medical Graduates (IMGs) through comprehensive onboarding, designed to ease their transition into living and working in the UK.

IMGs receive a detailed welcome booklet during pre-employment, which provides essential information about the pre-employment journey, relocating to the UK and Shropshire, starting in post and understanding terms and conditions of service. The



booklet also includes practical details on key elements of working at SaTH and the UK, including but not limited to, expenses, medical unions, rostering and the health and wellbeing support available at SaTH.

A bespoke IMG induction, run quarterly by the Medical Education Team, includes a range of resources and sessions, such as the “Welcome to the UK” workshop, mentorship opportunities and an introduction to the Trust's Clinical Fellowship Programme. IMGs are supported with guidance on appraisals, revalidation and career development pathways, including the Portfolio Pathway route. The Trust emphasises cultural adaptation through a dedicated development day, ongoing teaching programmes and 1:1 session with clinical leads. Additionally, IMGs are encouraged to attend the GMC's "Welcome to UK Practice" workshop, which provides essential insights into ethical scenarios and NHS standards.

This tailored approach ensures that new doctors are well-integrated, confident and equipped to thrive within the organisation.

HIA 6: Eliminate conditions and environment in which bullying and harassment occurs

High Impact Action 6 focuses on eliminating the conditions and environments that allow bullying and harassment to occur. This is crucial because a workplace free from bullying and harassment is not only a legal and ethical imperative, but also essential for employee well-being and organisational success.

A culture of respect and inclusivity fosters trust, enhances employee engagement and improves productivity. By proactively addressing the root causes of bullying and harassment, we can create a positive and supportive environment where all employees feel valued, respected and safe.

Looking back on 2024 and into 2025:

EDI Champions

This year we have recruited and trained over 40 champions across both sites and from different services. Equality, Diversity, and Inclusion (EDI) Champions play a crucial role in fostering a fair, accepting and inclusive workplace culture within our Trust. By championing EDI principles at the service level, they help to reduce the risk of discrimination and ensure that all employees feel welcome, cared for, valued and safe.

What do EDI Champions do?

- **Raise awareness:** Educate colleagues about EDI issues and identify areas for improvement within their department
- **Provide support:** Act as a point of contact for staff with EDI-related questions and guide them to appropriate resources or support services.
- **Disseminate information:** Share information about EDI initiatives, activities and best practices within their department.

- **Promote staff networks:** Encourage colleagues to participate in relevant staff networks within the Trust.



Freedom to speak up Ambassadors


Currently the Trust has around 40 Freedom to Speak up Ambassadors with their primary objective to raise awareness of the function itself and its purpose, allowing them to signpost and support staff to raise concerns. In 2025 they will continue to look for additional ambassadors and ensure that the diversity of ambassadors is fully representative of our colleague demographic.

Training and Development

Effective leadership programmes in healthcare impact on both staff and patient care, it demands a deep understanding of Equality, Diversity and Inclusion. Senior clinical leaders, including nurses, midwives and allied health professionals, play a pivotal role in fostering a healthcare environment that is not only just and equitable, but also effectively addresses the diverse needs of both patients and staff. As leaders and role models, they are responsible for setting the tone for their teams by championing EDI principles.

220 clinical leaders' band 7-8c in the nursing, midwifery and AHP workforce have been determined as a priority group to receive additional EDI training with a view to equipping these leaders with the critical knowledge and skills to:

- **Recognise and challenge unconscious biases:** Identify and address systemic and individual biases that may impact patient care and staff experiences
- **Advocate for marginalised groups:** Champion the needs of marginalised groups within the healthcare setting and advocate for equitable access to care
- **Create inclusive practices:** Develop and implement inclusive practices that accommodate the diverse cultural, social and individual needs of all staff and patients
- **Civility and Respect:** Enhance understanding and sensitivity towards the diverse needs of our patients and staff.



By embracing civility, respect, diversity and fostering an inclusive environment, senior clinical leaders can significantly enhance patient care outcomes, improve staff morale and contribute to a healthcare culture that respects the dignity and rights of all individuals

Deep dive analysis on data

In 2024 we conducted a deep dive analysis at a service and department level on our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). This allows us to focus efforts where they are required most.

Our Freedom to Speak Up Guardians also now gather data determining whether there was discrimination under any of the nine protected characteristics.

Both changes in practice allow us to work on targeted interventions in teams across the organisation to eliminate bullying, harassment and discrimination.

Human Resources policies and practices

We have signed up to the Sexual Safety Healthcare Organisational Charter launched by NHS England in September 2023. This has led to a review of the Staff Domestic Abuse and Sexual Violence Policy and additional online training for colleagues to access.

There is a weekly multi-disciplinary team meeting to discuss employment relations cases that have any signs of bullying, harassment, or discrimination. This facilitates a timely response and action to any concerns raised.

Section 3.0

Networks and key achievements

We are proud to have grown our staff networks over the last year that support our diverse workforce. We recognise staff networks play a vital role in creating and promoting a positive working environment, identifying areas for improvement and celebrating successes.

The networks are essential because they provide a safe space for employees to have real, honest conversations on work-life experience. They are important for enhancing a culture of inclusivity, ensuring that individuals feel empowered to bring their authentic selves to work, thus, contributing to improving colleague experience for underrepresented groups and individuals.

Our organisation is fortunate to have a range of vibrant staff networks that collaborate closely to influence decision-making and drive positive change. Our current networks include:

- Race Equality Network
- PRIDE Network (LGBTQIA+)
- Disability and Long-Term Health Conditions Forum, DAWN (Disability, Ability, and Wellness Network)
- In 2024 we launched a Multi-Faith and Belief Network.

Diwali



The Trust Diwali celebrations included a staff raffle. Indian candles and gifts were some of the prizes.

LGBTQIA+ History Month



LGBTQIA+ History month was in February, celebrating LGBTQIA+ peoples' contribution to medicine and healthcare.

Lunar New Year



The Year of the Dragon was celebrated with a Chinese Dragon projected on our ward block (pictured), as well as a Chinese menu served in our restaurants.

Disability Pride Month



Disability Pride Month was celebrated in July with the theme "Accepting and Honouring each Person's Uniqueness".

Ramadan / Eid



The Trust provided the Multi-faith rooms for colleagues observing Ramadan, as well as bags to support our colleagues provided by Catering.

Pride Month



The Trust celebrated SaTH Pride in June 2024 and promoted the purpose of the rainbow badges with over 89 pledges being made by staff to support their LGBTQIA+ colleagues and offer help when required.

Black History Month



The theme of Black History Month this year was Reclaiming Narratives.

These networks provide valuable platforms for building a sense of community, fostering engagement and taking action to address issues and promote inclusivity. Our networks are now helping to shape organisational strategies, policies and processes to improve staff experience on a wide range of issues.

We will continue to increase and enhance our staff networks and support.

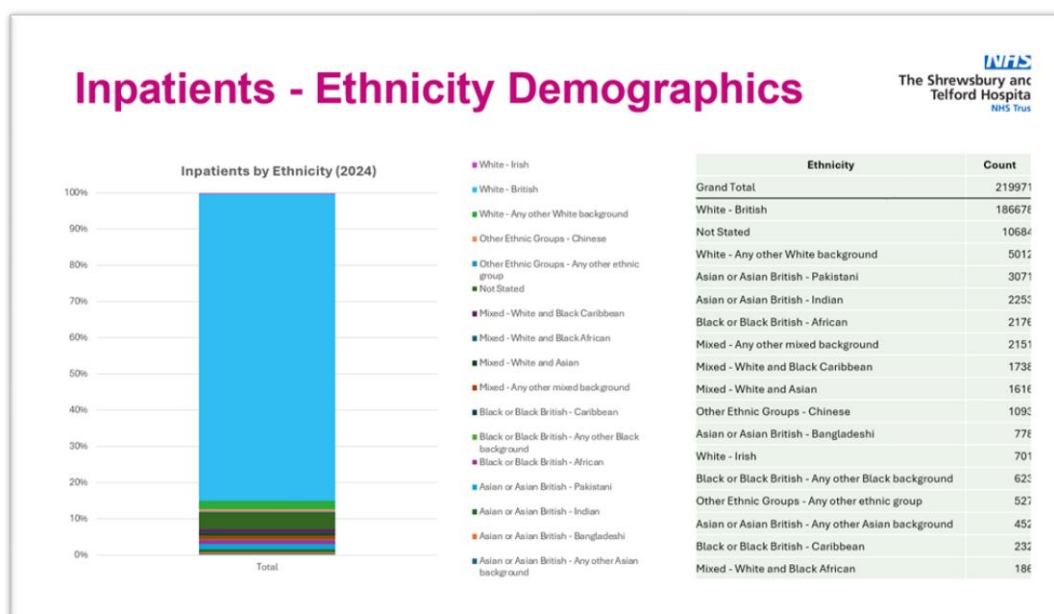
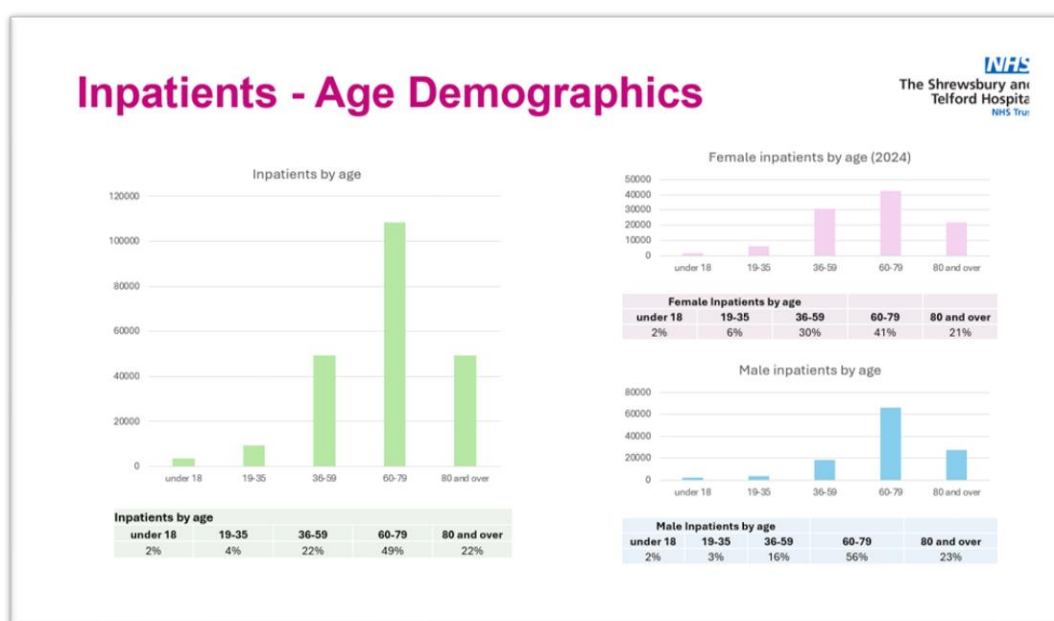
This year has seen us:

- recruit additional chairs for our networks so we have capacity to engage and support members better.
- redesign our intranet page so colleagues can see the contributions the networks make to our organisation and take part.
- launch a monthly newsletter for all network members, so that they can get involved and have their voice heard.
- a yearly calendar of events.

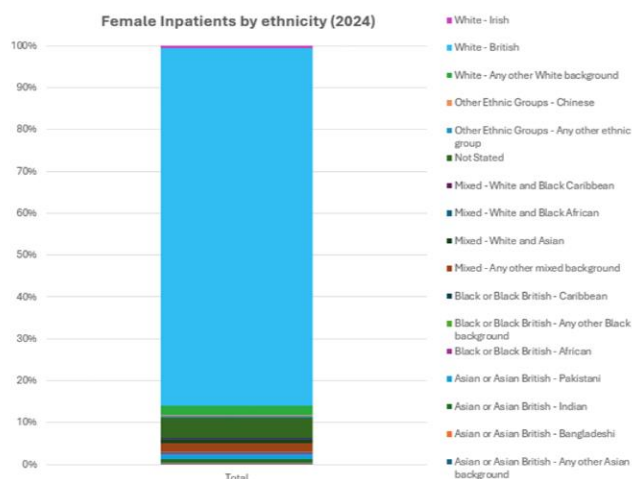
Section 4.0 Patient Information

Most patients accessing services continue to come from a White British background however the percentages have reduced by approximately 2% from 2023. The ethnic backgrounds of between 4-7% of outpatient attendances and admissions are not recorded affecting data analysis. This has improved since last year when the figure was 7-10%, however accurate recording of ethnicity data is a key priority for both the Trust and wider system.

Inpatients

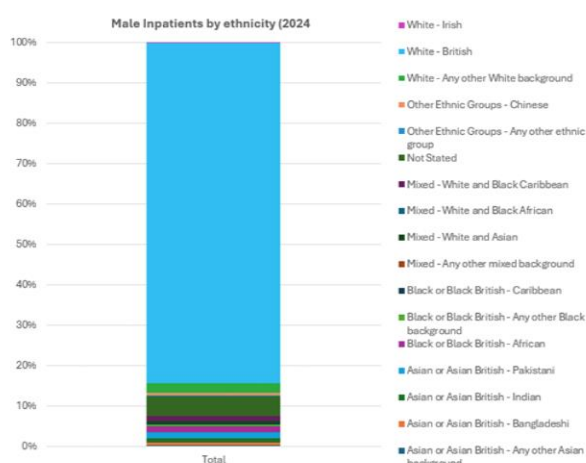


Inpatients - Ethnicity Demographics



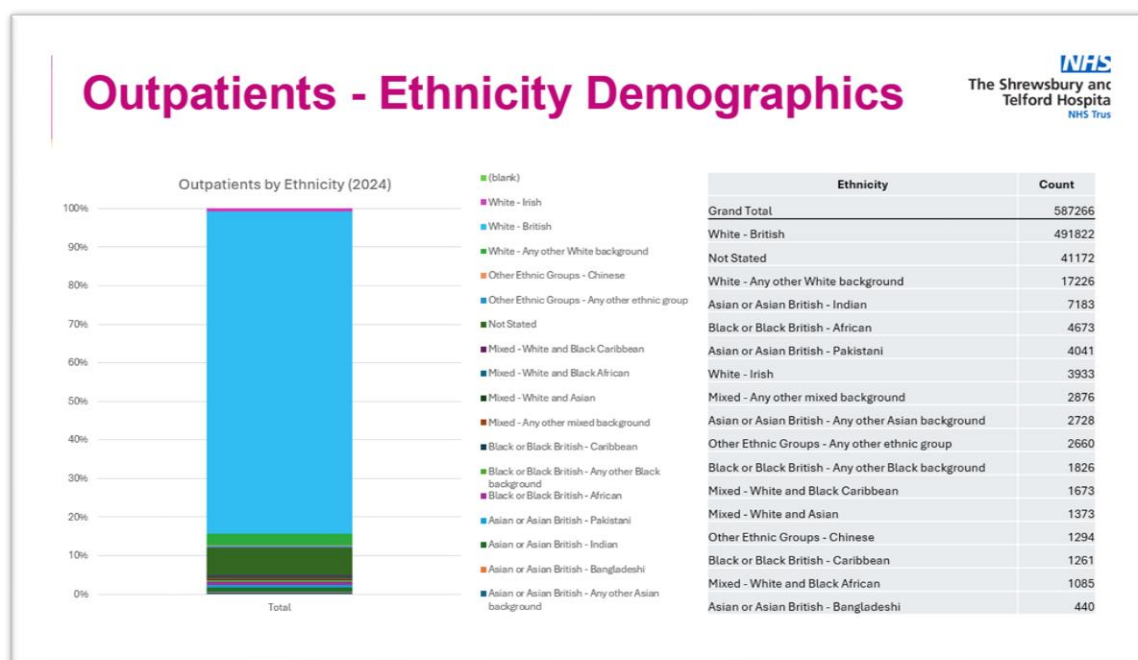
Ethnicity	Count
Grand Total	102604
White - British	87610
Not Stated	5104
White - Any other White background	2441
Mixed - Any other mixed background	1990
Asian or Asian British - Pakistani	1318
Mixed - White and Asian	948
Asian or Asian British - Indian	826
White - Irish	555
Black or Black British - African	410
Asian or Asian British - Any other Asian background	300
Mixed - White and Black Caribbean	270
Other Ethnic Groups - Any other ethnic group	256
Other Ethnic Groups - Chinese	190
Black or Black British - Any other Black background	181
Mixed - White and Black African	105
Black or Black British - Caribbean	79
Asian or Asian British - Bangladeshi	21

Inpatients - Ethnicity Demographics



Ethnicity	Count
Grand Total (M)	117356
White - British	99057
Not Stated	5580
White - Any other White background	2571
Black or Black British - African	1766
Asian or Asian British - Pakistani	1753
Mixed - White and Black Caribbean	1468
Asian or Asian British - Indian	1427
Other Ethnic Groups - Chinese	903
Asian or Asian British - Bangladeshi	757
Mixed - White and Asian	668
Black or Black British - Any other Black background	442
Other Ethnic Groups - Any other ethnic group	271
Mixed - Any other mixed background	161
Black or Black British - Caribbean	153
Asian or Asian British - Any other Asian background	152
White - Irish	146
Mixed - White and Black African	81

Outpatients

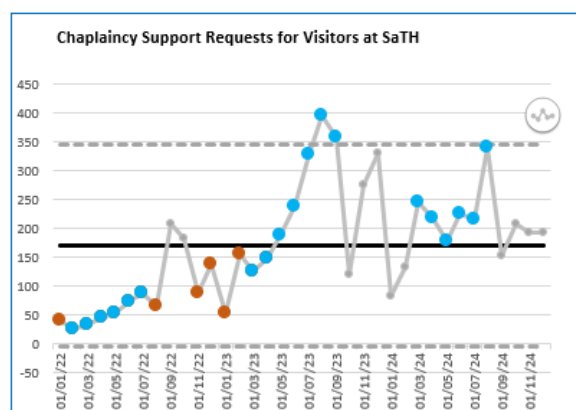
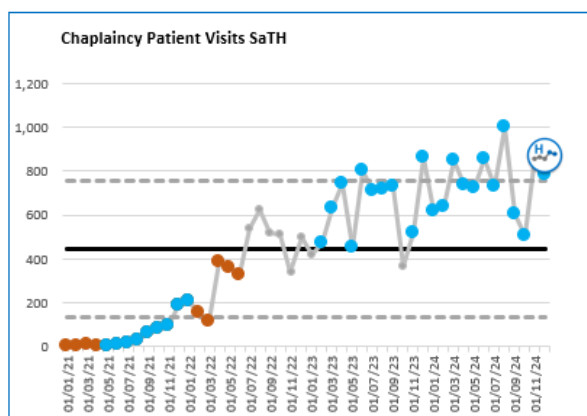


More detailed data analysis will provide an opportunity for more collaborative working with our health system as part of the COREPLUS25 objectives and action plan.

Chaplaincy

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. In 2024 the Chaplaincy Team made 8,916 visits to patients, which can range from minutes to hours in duration depending on the need.

During 2024 the Chaplaincy Team facilitated 45 last rites, 107 anointing of the sick, 21 funerals, three staff memorial services, one wedding, one baptism, 1,193 blessings



within the Children and Young People Unit, in addition to 1,739 general adult blessings, 641 moments of mindfulness and 542 communions.

The Chaplaincy Team received 2,082 requests to support visitors at the hospital during the year, requests were made for a combination of visits (978), prayers (1,086) and moments of peace and mindfulness (273).

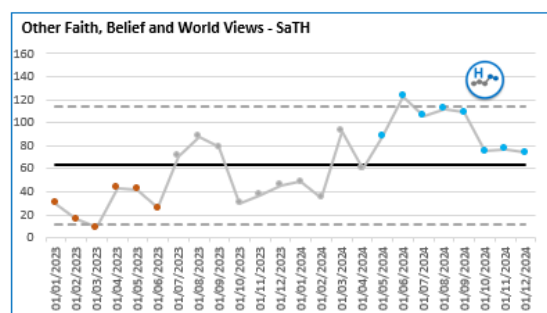
Staff members or teams have contacted the Chaplaincy Team on 985 occasions to request a personal meeting, discussion or team visit during 2024. During this period the Chaplaincy Team has supported staff on 2,209 occasions through requests for communion, prayers, and moments of mindfulness.

6,588 pebbles were placed into the pebble pool and 1,026 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 from people accessing our hospitals.

The Chaplaincy Team has facilitated training or awareness sessions to 760 staff during the year, through the Health Care Support Worker Academy, Corporate Welcome and Palliative and End of Life Care Training.

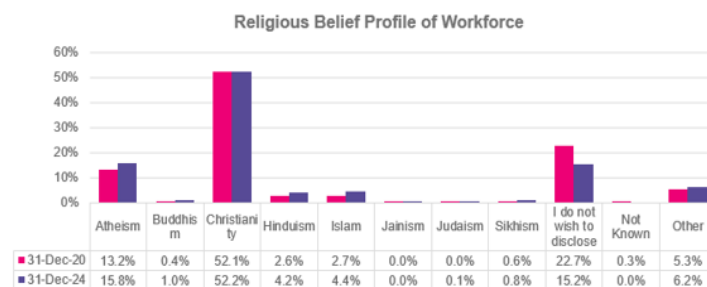
The Chaplaincy Team has supported patients from a range of religions and beliefs on different occasions, including Church of England (3,840), Roman Catholic (1,883), other Christian faiths (1,820), Muslim (370), Buddhist (2), and other faiths, beliefs and world views (1,001).

The majority of patients supported identified as Christian, Roman Catholic and other Christian denominations (84.6%). During 2024 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 4.2% 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, a significant portion of the community constituting 39%, identify with no given religion, representing 11.2% of patients supported by the Chaplaincy Team, reflecting an increase in comparison to the previous year.



The Chaplaincy Team recognises there may be potential barriers through Chaplaincy Services being seen as predominantly Christian. 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.

The religious belief profile of staff working in the Trust, as depicted below, demonstrates a decrease in the percentage of employees opting not to disclose their faith, belief, or world view, declining from 22.7% in 2020, to 15.2% in 2024. This shift may relate to the development of a Multi-faith Chaplaincy Team, which acknowledges and respects the diversity of beliefs among patients, the people important to them, volunteers and staff. Furthermore, changes within our workforce profile demonstrate an increase in minority faith groups, rising from 11.6% in 2020 to 16.7% in 2024, particularly evident in Hindu and Islam beliefs.



The Chaplaincy Team has recognised a number of festivals and events throughout the year, relating to a range of faiths, beliefs, and world views. Examples of the festivals that have been recognised include Lunar new year, Ramadhan, Lent and Easter, Eid al-Fitr, Vaisakhi, Eid al-Adha, Rosh Hashanah, Diwali, Interfaith Week, and Remembrance.



Interpreting and Translation

During 2024 the Trust supported patients with interpretation services for 64 languages, which is higher than the previous year (51).

Afghani	Dari	Japanese	Persian	Taiwanese
Albanian	Farsi	Korean	Polish	Tamil
Amharic	Filipino	Kurdish	Portuguese	Telugu
Arabic	French	Kurdish-Sorani	Pothwari	Tetum
Bahasa	Georgian	Latvian	Punjabi	Thai
Bemba	German	Lithuanian	Punjabi (Indian)	Tigrinya
Bengali	Greek	Malayalam	Pushto	Turkish
British Sign Language	Gujarati	Mandarin	Romanian	Twi
Bulgarian	Hausa	Mirpuri	Russian	Ukrainian
Cantonese	Hindi	Nepali	Sinhalese	Urdu
Chinese	Hungarian	Nigerian	Slovak	Vietnamese
Croatian	Indonesian	Nyanja	Spanish	Welsh
Czech	Italian	Patwari	Tagalog	

There were four occasions when an interpreter was required and could not be provided due to short notice of the need for an interpreter, reflecting a provision of 99.9% interpreting requests being met at the time of requirement.

Request	Number of Requests	Fulfilment
Written Translation	14	100%
Telephone Interpretation (pre-booked)	991	100%
Telephone Interpretation (on-demand)	1,267	100%
Face-to-Face Interpretation	4,187	99.9%

The number of interpreter requests during 2024 (6,533) increased in comparison to the previous year (6,245) and 2022 (5,118), reflecting a slight increase in face-to-face interpreting (0.6%), and an 8.4% increase in telephone interpreting.

The languages requested for interpretation most frequently in 2024 were:

Frequently Requested Languages for Interpretation at SaTH	Number of Requests (2024)	Language	Local community Demographic Rank (T&W, Shropshire, Powys)	Count of Speakers Across Telford & Wrekin, Shropshire and Powys (Census 2021)
1	1,114	Polish	1	5,222
2	562	Romanian	2	2,872
3	536	Bulgarian	3	1,825
4	404	Urdu	5	674
5	341	Punjabi	4	1,383
6	328	Cantonese	18	313
7	269	Russian	15	376
8	215	British Sign Language	32	136
9	176	Arabic	6	661
10	140	Bengali	26	171

Eastern European languages remain the most frequently requested across the Trust with requests for Polish and Bulgarian increasing by 41.9% and 54% in comparison to the previous year. The three most frequently requested languages remain the same as in 2023. The number of requests for Urdu tripled and request for Punjabi increased by 1.79 times in comparison to previous year. Requests for Arabic and Bengali have increased, placing them among the top 10 requested languages with 176 and 140 requests, respectively.

During 2024 the Trust were able to provide interpreters to support people accessing services from minority groups within the local community. The Trust offered translation services for the most commonly spoken languages among minority

groups in the communities we serve, from Polish (5,222 speakers) to the least commonly spoken in our local communities, such as Hausa (83), Croatian (50) and Korean (21 speakers) supporting patients whose first language is considered a linguistic minority in the 2021 Census.

Complaints Data

Analysing demographic data when reviewing complaints enables patterns and trends to be identified. If a particular demographic or group are submitting a higher number of complaints, this may indicate a specific issue or concern that requires attention. This enables trends to be recognised that may not be apparent when looking at complaints in isolation.

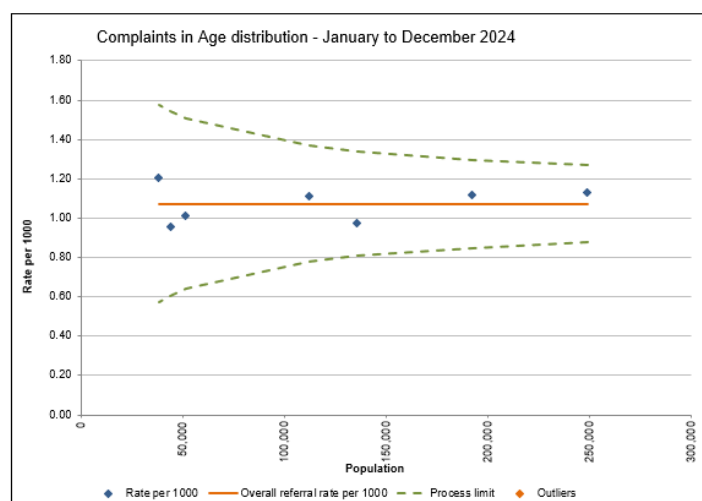
Gender

Across the Trust in 2024 more female people accessed services (450,062), than male people (371,660), and a small number of people for which gender data is not specified (166). 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 ability to record non-binary status for people identifying as this gender has been highlighted to the electronic patient record provider to improve data accuracy and transparency.

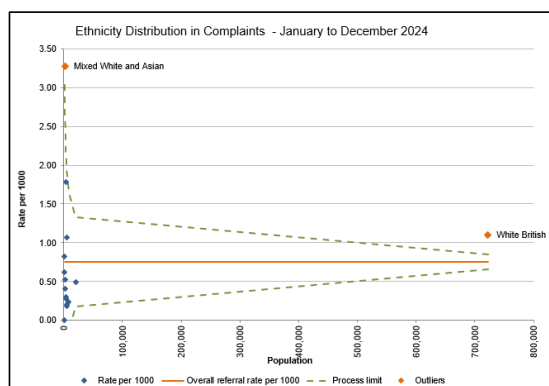
In 2024, more complaints were received by people associating as female (534) than male (366), reflecting a rate of 1.2 complaints per 1,000 female patients accessing services across the Trust, compared to a lower rate of 0.9 complaints per 1,000 male patients.

Age

Examining complaints in relation to age categories, people aged 18 to 25 and between 65 to 74 years both have a ratio of less than one complaint per 1,000 people. Whilst receiving fewer complaints (46), the 0 to 5 year age group has a ratio of 1.2 complaints per 1,000 people, which is marginally higher than other groups. Through use of the funnel plot chart to analyse the distribution of complaints within each age group, there is no significant variation identified, with all groups falling within the expected limits for the respective population accessing services within the Trust.



Ethnicity



The funnel plot chart presents a visual distribution of complaints across various ethnic demographic groups. Of the complaints received during 2024 (900), 7.6% have no ethnic group known (68). Removing this group from the complaints data, and comparing the number of complaints by known ethnic group, enables potential variance to be identified.

During 2024 the Trust has received 0.7 complaints per 1,000 patients accessing healthcare services. The majority of people identified as 'White British' (721,948), and whilst this group shows a high number of complaints (793), when adjusted for population size, their rate of complaints is slightly higher at 1.1 complaint per 1,000 patients.

People identifying as 'Mixed White Asian' made a smaller number of complaints (8), however, when compared to activity (2,442) have a higher ratio of complaints at 3.3 per 1,000 patients. Patients identifying as 'Other Asian' (3,932), whilst making a small number of complaints (7), additionally demonstrate a higher rate of 1.8 complaints per 1,000 patients yet remain within the process limit.


The middle-range complaint rates seen in groups such as 'Chinese', 'Mixed White and Black African' and 'Other Mixed' suggest a level of complaints proportional to their population sizes. This may reflect a balance between satisfaction with services and willingness to report issues.

The absence or a smaller number of complaints from 'Mixed White and Black Caribbean', 'Other White', 'White Irish', 'Indian', 'Pakistani', 'Other Black', 'Black African', and 'Black Caribbean' groups might indicate either a satisfactory experience or, conversely, factors that might be influencing these groups interacting with the complaints process.

This analysis highlights the importance of understanding the context behind each group's complaints data. Targeted strategies to improve service quality and to ensure that the complaints process is accessible and responsive to all patient groups. Y

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 November 2024 providing service users, staff, community groups and other public stakeholders an opportunity to review actions being taken to address inequalities in accessing healthcare services. 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 Dementia Service, Breast Screening and the Phlebotomy Service. Grading and feedback gathered from the facilitated group discussions has been shared with the service leads. The services that were reviewed developing 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.

Equality, Diversity and Inclusion Advocates Group

The equality, diversity and inclusion advocates support and challenge SaTH in identifying existing health inequalities, developing action plans to tackle and eliminate issues. The aim is to ensure everyone at SaTH has a great patient experience, no matter their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.

The group was relaunched in April 2024 and is made up of diverse and passionate individuals with varied areas of interest. The group has been involved in projects such as the co-production of a patient information poster for abdominal aortic aneurysm screening, planned improvements to signage at the RSH site, the Sunflower Lanyard initiative, Veteran Awareness and stakeholder focus sessions reviewing services as part of the Equality Delivery System review.

This year the group intend to be involved in further co-production with patient information and plans for additional patient focused digital projects, along with many other projects that will improve service access and patient experience.



Conclusion: A Foundation for Future Progress in Reducing Health Inequalities

This report highlights SaTH's active participation in the NHS Shropshire, Telford and Wrekin's system-wide commitment to reducing healthcare inequality and addressing the differences in health outcomes experienced by various population groups.

The priority objectives established for 2024/25 have provided a focused approach to tackling these disparities, and we have worked collaboratively with the Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB), local authorities and the Voluntary and Community Sector (VCSE) to initiate meaningful actions.

The Equality Delivery System (EDS) 2022 has served as a valuable framework in guiding our efforts to review and develop our services, workforce and leadership with a specific focus on addressing health inequalities.

While progress in directly impacting health inequalities can be complex and requires sustained effort, the foundations laid in 2024/25 are crucial with our commitment to:

- **Restoring services inclusively** using local data
- **Mitigating against digital exclusion** by understanding differential access to consultation methods
- **Ensuring datasets are complete and timely** with improved ethnicity data collection
- **Accelerating preventative programmes** targeting the Core20PLUS5 populations
- **Strengthening leadership and accountability at all levels** through dedicated executive leads and a robust leadership development offer demonstrates a multi-faceted approach to this challenge.

Looking ahead to 2025, SaTH will intensify its focus on reducing health inequalities. We will leverage data-driven insights to pinpoint areas where disparities are most significant and to refine our targeted interventions. Embedding EDI objectives within the Trust's strategic plan and ensuring accountability at the senior leadership level will be paramount. Furthermore, our ongoing work to develop an EDI strategy and a commitment to anti-racism and supporting current and future colleagues with long term conditions will provide a stronger unified approach to tackling these complex issues.

While the journey to eliminate health inequalities is a long-term endeavour, the actions undertaken in 2024/25 represent significant steps forward. By maintaining our commitment to these priority areas and fostering collaborative partnerships, SaTH aims to contribute meaningfully to a more equitable healthcare system where all individuals within our community can achieve their full health potential.



Next steps for 2025/2026

- **Enhanced Transparency:** To further demonstrate the Trust's commitment to EDI, we recommend publishing the annual EDI report alongside the Trust Board report starting in 2026. This further supports the EDS 2022 actions under Domain 3 (Inclusive Leadership)
- **Increased Stakeholder Engagement:** An update on EDI progress will be presented at the Annual General Meeting in 2025 to enhance stakeholder engagement and transparency

References

1. CIPD. (2018). *Diversity and Inclusion at work: Facing up to the business case*. [Online]. CIPD. Last Updated: June 2018. Available at [diversity-and-inclusion-at-work_2018-facing-up-to-the-business-case-1_tcm18-44146.pdf](#) : [Accessed 10 January 2025].



Appendix 1

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> <p>Diversity in shortlisted candidates (year 2)</p> <p>(NETS) combined indicator score metric on quality of training.</p>
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.,	(NSS Q) Sense of belonging for internationally recruited staff. (NSS Q) on bullying, harassment from team/line manager for internationally recruited staff.

	turnover, staff survey results and cohort feedback (March 2024)	(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)	<p>(NSS Q) Sense of belonging for internationally recruited staff.</p> <p>(NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff.</p> <p>(NETS) combined indicator score metric on quality of training for international recruited staff.</p>
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).	<p>(NSS Q) Sense of belonging for internationally recruited staff.</p> <p>(NSS Q) on bullying, harassment from team/ line manager for internationally recruited staff.</p> <p>(NETS) combined indicator score metric on quality of training for international recruited staff.</p>
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.	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams (all staff).</p>

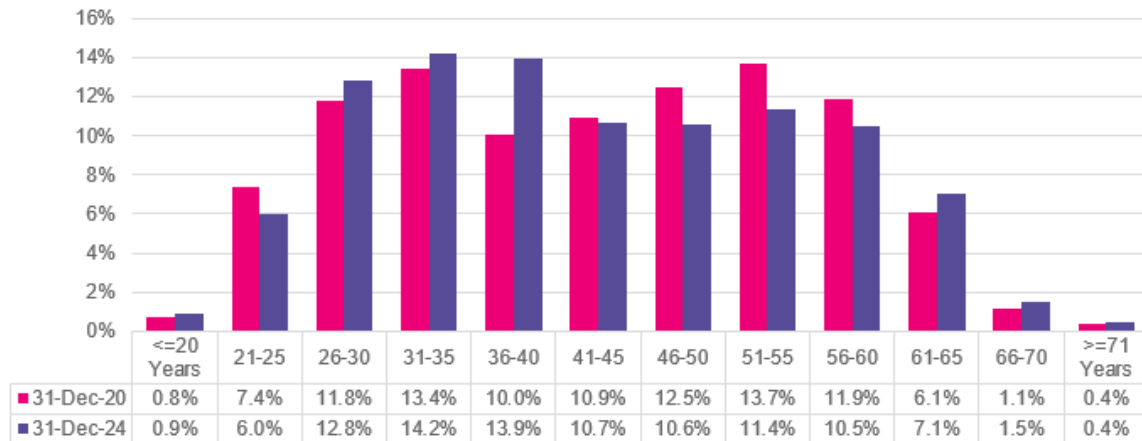
		(NETS) Bullying and harassment score metrics (NHS Professional groups).
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Review disciplinary and employment relation processes. This may involve obtaining insights on themes and trends from Trust solicitors. 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).	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff)</p> <p>(NETS) Bullying and harassment score metrics (NHS Professional groups).</p>
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).	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff)</p> <p>(NETS) Bullying and harassment score metrics (NHS Professional groups).</p>
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)	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff)</p> <p>(NETS) Bullying and harassment score metrics (NHS Professional groups).</p>



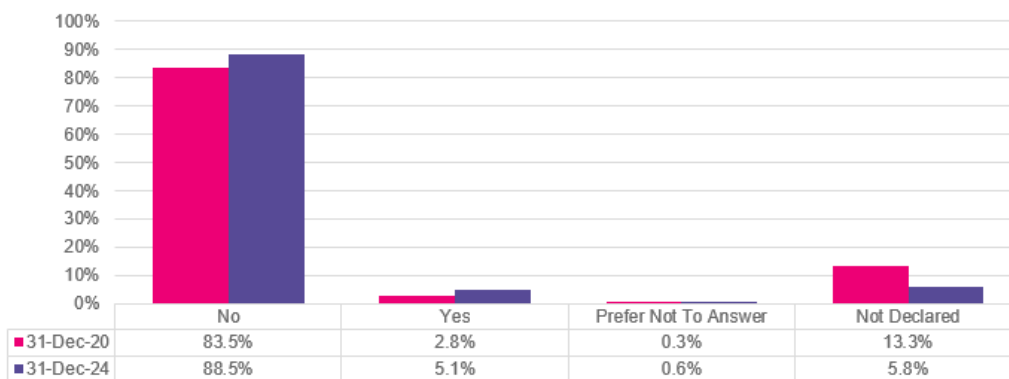
Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.	Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence (March 2024).	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams (all staff).</p> <p>(NETS) Bullying and harassment score metrics (NHS Professional groups).</p>
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.	<p>(NSS) Improvements in staff survey results on bullying/ harassment from line manager/ teams (all staff).</p> <p>(NSS) Improvement in staff survey results on discrimination from line managers/ teams. (all staff).</p> <p>(NETS) Bullying and harassment score metrics (NHS Professional groups).</p>

Appendix 2 – Workforce Data

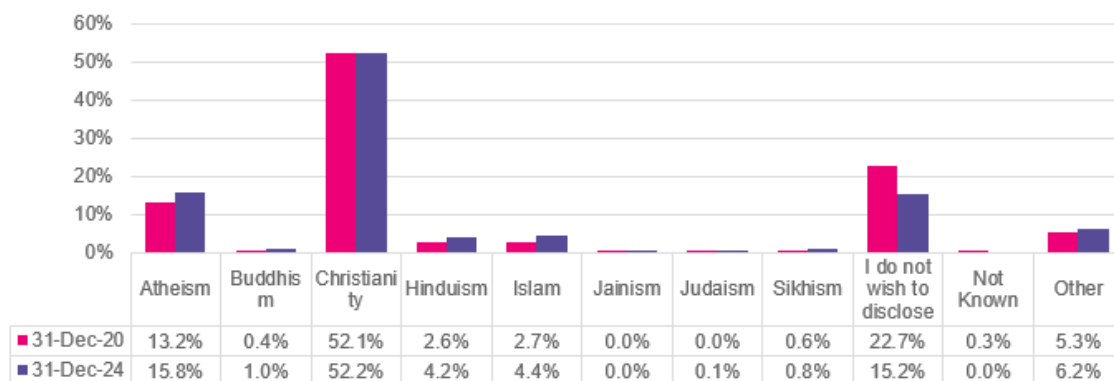
Age Profile of Workforce



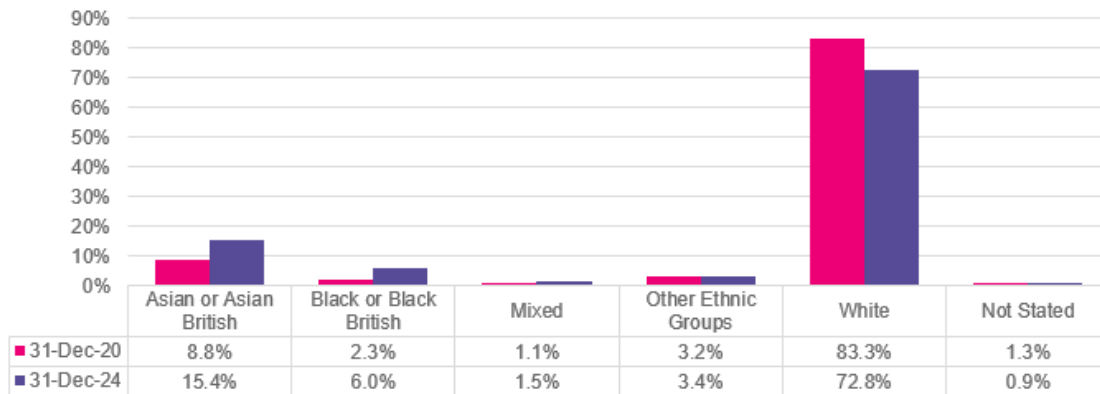
Disability Profile of Workforce



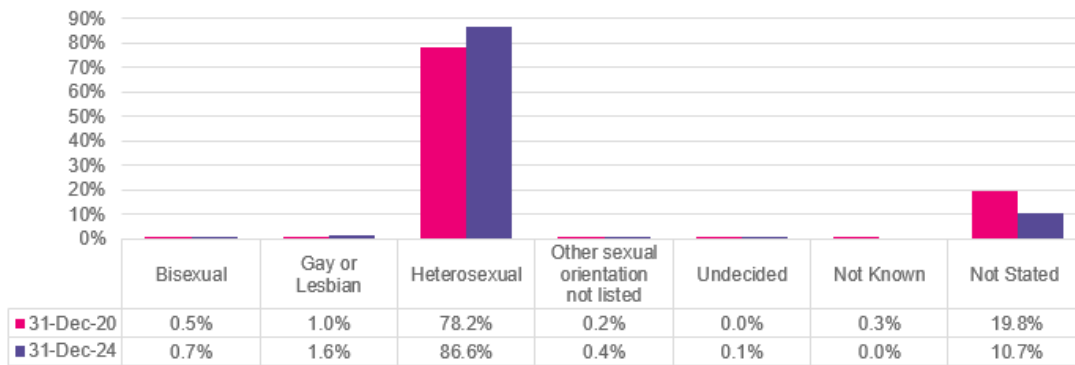
Religious Belief Profile of Workforce



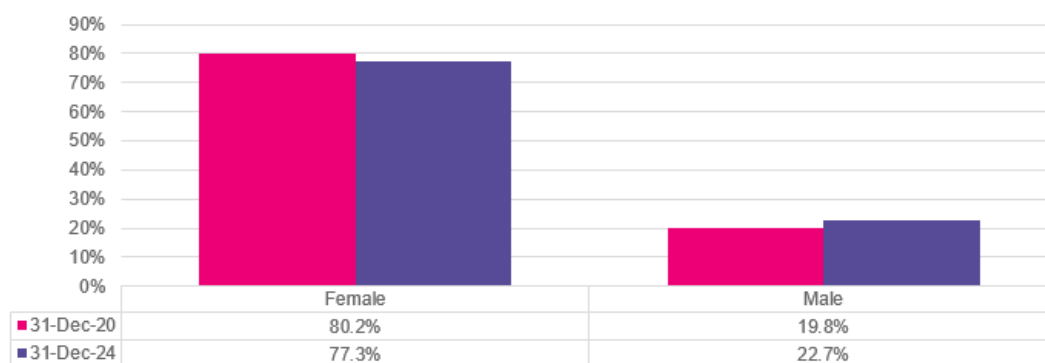
Ethnicity Profile of Workforce



Sexual Orientation Profile of Workforce



Gender Profile of Workforce





Marital Status Profile of Workforce

