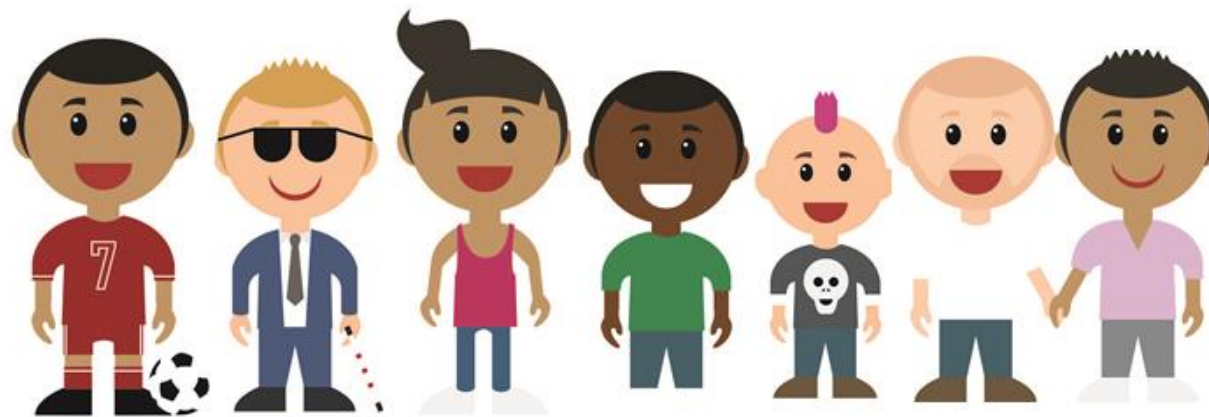# Equality Delivery System 2

Report

2017 – 2018

Section 1: Introduction

At the heart of the Equality Delivery System 2 (EDS2) is a set of eighteen outcomes grouped into four goals that NHS provider organisations are mandated to implement through the NHS Standard Contract. EDS2 is designed to support NHS providers to deliver better outcomes for patients and communities and better working environments for staff by assessing and grading their performance against this outcome to identify equality objectives and actions.

Organisations are able to be selective in their choice of the outcomes that are assessed and graded against and which aspect of each protected characteristic to focus on, based on evidence and insight, in order to make significant progress and focus on the most serious inequalities. Where such choices are made, organisations are encouraged not just to focus on challenges, problems and concerns but also on situations where progress is being made and good practice can be shared and spread.

The goals	The grades
Goal 1 - Better health outcomes	Excelling – Purple
Gola 2 - Improved patient access and experience	Achieving – Green
Goal 3 - A representative and supported workforce	Developing – Amber
Goal 4 - inclusive leadership	Undeveloped – Red

Section 2: Our approach

The former Central Manchester University Hospitals NHS Foundation Trust (CMFT) and the former University Hospital South Manchester NHS Foundation Trust (UHSM) each had their own approach to EDS2, in line with national guidance that organisations should make EDS2 work for them and adapt its processes and content to suit their local needs and circumstances. A single, integrated approach will be developed in 2018-2019 in line with the publication of EDS3 in 2019. Therefore, for 2017-2018 the trust has maintained the CMFT approach across the Oxford Road campus and the UHSM approach at Wythenshawe, Trafford, Withington and Altrincham. The table below summarises the two approaches.

Our approach to EDS2 in 2017-2018		
	Oxford Road Campus	**Wythenshawe, Trafford, Withington and Altrincham**
Governance and leadership	The trust is in the process of setting up its single governance framework for equality, diversity and human rights, which will comprise of the following: • A non-executive director lead and an executive director lead for equality, diversity and human rights. • A Group Equality, Diversity and Human Rights Committee reporting to the Group Quality and Safety Committee and through there to the Management Board. The Committee will also report to the Human Resources Scrutiny Committee and once a year to the Group Workforce and Organisational Committee. • Hospital Site/Managed Clinical Services Equality, Diversity and Human Rights governance reporting to their Senior Leadership Teams and Hospital Site/Managed Clinical Services Equality and Diversity Coordinators and Advocates. • Staff Networks, which are represented on the Group Equality, Diversity and Human Rights Committee. • A Group Equality, Diversity and Human Rights Team.	
Decide focus of EDS2	The approach to EDS2 at the Oxford Road Campus is for all the hospital sites/ managed clinical services to focus on the same outcomes. The decision was made to focus on Goal 3, 'A representative workforce and supported workforce', Outcomes 3.1, 3.3, 3.4, 3.5, and 3.6 based on analysis of workforce equality and diversity data, staff survey data for 2016-2017 and conversations with Equality and Diversity Coordinators.	Divisional EDS2 priorities were decided by local leads via Divisional governance groups. These were identified based on operational divisional priorities and past EDS2 performance. Each Division has its own two outcomes per year.
Identify local stakeholders	The primary stakeholders for Goal 3 are the trust's staff and diversity networks. The EDS2 assessments have included using staff survey results as evidence ensuring staff voices are heard in the assessments. The staff survey results are available by protected characteristic at Group level but not at hospital site/managed clinical service level where it has been necessary to use the general staff survey results as well as evidence of engagement hospital sites/managed clinical services have carried out. The staff networks are engaged in the decision making in identifying objectives and actions.	Wythenshawe was a community focused organisation based on a distinct local community. The principles for the EDS2 model was about how we brought the community into the hospital engaging directly with staff. We wanted to ensure the contributions were representative of the communities and the individual patient voice so created a contact list of over 100 different community stakeholder groups by talking to the staff networks, patient experience and EDI Lead. We used the list as th4 invitation base for our annual community stakeholder and engagement event. We also invited all of our staff and trade unions and diversity networks, our governors and volunteers.

Our approach to EDS2 in 2017-2018		
	Oxford Road Campus	**Wythenshawe, Trafford, Withington and Altrincham**
Assemble evidence	An EDS2 assessment guide was produced jointly by the Equality and Diversity Coordinators, Group HR and OD and the Group Equality and Diversity Team to ensure assessment was feasible for hospital sites/managed clinical services. The guide provided fuller descriptions of grading than the national descriptions as well as examples of evidence for each outcome to assist for hospital sites/managed clinical services with their assessments. The guide was informed by desk top research of other equality and diversity standards, particularly the Equality Framework for Local Government that comprises of similar goals and outcomes as EDS2. Hospital sites/managed clinical services were also provided with workforce data and staff survey results.	Each Division i.e. Unscheduled Care, Scheduled Care, CSS and Community Services - was given an EDS2 evidence template and each year they developed individual EDS2 action plans related to their general operational priority outcomes. Over the year these were monitored via monthly directorate exception reports and quarterly Divisional exception reports. Each Divisional area asked each directorate to submit a directorate EDS2 template into the Divisional lead who collated the evidence. The evidence was compiled by ED champions, front line staff and E&D leads. The EDI Lead coached the Divisional EDI leads and Directorate EDI leads to deliver this on time and effectively.
Assess performance	The performance of hospital sites/managed clinical services was a self-assessment by Equality and Diversity Coordinators, their HR Business Partner with evidence from clinics and departments.

The performance of the Group was assessed by Group HR and OD and the Group Equality and Diversity Team. The evidence for the group level assessment - the workforce strategy, policies and procedures - apply to the whole of the trust not only the Oxford Road campus. | The EDI Lead supported Divisional Leads to self-assess an initial grade, which was signed off by their divisional E&D and Governance meetings. |
| Agree grades i.e. validation | Hospital sites/managed clinical services assessments grades were verified by the Coordinators, their HR Business Partners and the Equality and Diversity Team in line with previous years' practice pending the formulation a single approach to EDS2.
The Group grade was verified by NHS Employers. | An annual event where over sixty people across twenty community organisations attend to engage directly with Divisional Management Teams and a range of activities from different departments and areas. Evidence is presented from Divisions from a variety of different formats. The aim is to allow stakeholders to engage at the level that is appropriate and accessible to them. The first form is via |

Our approach to EDS2 in 2017-2018		
	Oxford Road Campus	**Wythenshawe, Trafford, Withington and Altrincham**
	The evidence for the group level assessment - the workforce strategy, policies and procedures - apply to the whole of MFT not only the Oxford Road campus, therefore the grading is for MFT.	a creative, interactive activity such as music video, live drama production, quiz show or other audio-visual media. These activities have examples of evidence built into the design and are usually co-created with Divisions front-line staff. Form 2 is a single page summary sheet of the types of evidence the Division has included to demonstrate an outcome and the protected characteristics they have met robustly. Form 3 is via a detailed fifty page plus evidence portfolio providing direct evidence of how individual outcomes are delivered for different protected characteristics. Form 4 is via live demonstrations during a market place meet and greet in atrium during breaks and lunch.
Prepare equality objectives & plans	The EDS2 assessment and grades are feeding into the, 'MFT; an employer of choice' seminar, to share practice across hospital sites/managed clinical services and to decide the trust's workforce equality objectives and actions. The seminar will be attended by the trust's staff networks as well as HR and OD communities, Equality and Diversity Team, Coordinators and staff side representation.	EDI objectives are based on Division's operational objectives and their EDS2 previous year results and approved by Division's mainstream governance arrangements. Each Division i.e. Unscheduled Care, Scheduled Care, CSS and Community Services - was given an EDS2 evidence template and each year they developed individual EDS2 action plans related to their general operational priority outcomes. Over the year these were monitored via monthly directorate exception reports and quarterly Divisional exception reports.
Integrate equality work into business planning	The assessment process resulted in actions being identified at hospital sites/managed clinical services level and at group level. The actions will feed into workforce plans and the, 'MFT; an employer of choice' seminar.	All EDI Divisional actions are harmonised with existing operational and strategic priorities and are set by Divisional leads and governance meetings.
Publish grades, equality objectives and plans	The EDS2 grades will be published in the trust's annual equality and diversity report. The workforce equality and diversity objectives and plans form part of the trust's single equality and diversity strategy 2019-2023 that will be published on the trust's website.	

The table below outlines the focus of EDS2 2017-2018.

	Goal 1: Better Health Outcomes					Goal 2: Improved patient access and experience				Goal 3: A representative and supported workforce						Goal 4: Inclusive leadership		
	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	3.6	4.1	4.2	4.3
WTWA: CSS		🟩		🟩														
WTWA: UC				🟩		🟩												
WTWA: SC						🟩	🟩											
MRI										🟩		🟩	🟩	🟩	🟩			
RMEH										🟩		🟩	🟩	🟩	🟩			
UDHM										🟩		🟩	🟩	🟩	🟩			
SMH										🟩		🟩	🟩	🟩	🟩			
RMCH										🟩		🟩	🟩	🟩	🟩			
CSS										🟩		🟩	🟩	🟩	🟩			
R&I										🟩		🟩	🟩	🟩	🟩			
MD										🟩		🟩	🟩	🟩	🟩			

WTWA CSS = Wythenshawe, Trafford, Withington and Altrincham Clinical Support Services
WTWA US = Wythenshawe, Trafford, Withington and Altrincham Unscheduled Care
WTWA SC = Wythenshawe, Trafford, Withington and Altrincham Scheduled Care
MRI = Manchester Royal Infirmary
RMEH = Royal Manchester Eye Hospital
UDHM = University dental Hospital Manchester
SMH = Saint Mary's Hospital
RMCH = Royal Manchester Children's Hospital
CSS = Clinical Support Services
R&I = Research and Innovation
MD = Medical Education

Section 3: 2017-2018 Performance

Goal 1: Better Health Outcomes

Outcome 1.2 – Patients/service users' health needs are assessed and met in appropriate and effective ways
Some services were able to evidence that they had evidence of this outcome for at least five of the protected characteristics, full evidence pack included. EDS2 CSS Evidence Pack 18.pdf **Grading Outcome 1.2** WTWA CSS

Outcome 1.4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
Some services demonstrated their facilities have been adapted to keep patients with disabilities and older patients safe and share health information with patients that help keep older patients and those with disabilities safe. Some services provided evidence of project work and displays designed to help reduce the harm caused to victims of domestic abuse. Evidence has been provided of specific project work in some services to ensure patients who have dementia are kept safe whilst under their care. Evidence has been provided on the communication tools utilised by individual services to engage with patients with a Learning Disability and help ensure they have the information to keep them safe. Specific information on support provided to keep Pregnant patients safe and the pathways for them within specific services has been included Sexual health services have included targeted health information around safety and harm reduction for Lesbian, Gay, Bisexual and Trans (LGBT) Patients and specific work to improve the care of patients with HIV. Urgent Care has included evidence of a new initiative to support patients who are homeless being discharged safely and not directly back onto the streets. A briefing on delivering safe inclusive care to trans patients shared with urgent care staff has been included as well as learning and development around inclusive care for LGBT patients.

Information that staff are aware of Trust's interpreting pathway and can access telephone and face to face interpreters where appropriate is included. This helps ensure staff have the correct information to deliver safe care.

The owl project has been included which is a visual logo and campaign to ensure patients more at risk of pressure sores are kept safe.

Services have included targeted work to reduce the risk of falls for patients. This has been included recognising that patients from some specific groups are more at risk of falling.

Full evidence packs provided.

EDS2 CSS Evidence Pack 18.pdf   EDS2 Unscheduled Care Assessment Pac

Grading Outcome 1.4

WTWA CSS	
WTWA UC	

Goal 2: Improved patient access and experience

Outcome 2.1. People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

WTWA Scheduled Care
Well promoted and established Interpreting Service Pathway providing emergency and planned access to support via telephone and face to face where appropriate
Leaflets and patient information available on demand in some services in the top five languages spoken at the Trust and on request for other languages.
Dementia friendly wards recognised by the Kings Fund with specific adjustments, activities and facilities to make patients with Dementia feel comfortable.
Environments made accessible for patients with mobility on other physical disabilities, this includes hoists, lifts, automatic doors and other accessible facilities.
Gender neutral toilets in some areas and accessible baby change rooms for parents of all genders.
Specific maternity pathways for asylum seekers and specialist clinics for patients who have suffered neonatal loss (rainbow clinic) or have diabetes and other health concerns.
Targeted Autism work within children's services including parents of young people with autism. Creation of an Autism champion on the unit.
Various initiatives and events to promote access to services for BME, LGBT and other diverse communities including work looking specifically at Breast, Mouth and other Cancers.
Well established multi-disciplinary working ensuring pregnant

patients with other complex health issues are able to access hospital services and receive the care they need.

Communication aids and visual tools used to support working with patients with a learning disability or other communication barrier.

Extensive assessment documentation pre surgery and within maternity services that highlight patients' needs in relation to disability, language barriers, complex health needs, pregnancy status and carer details

Significant recognised work around honour based violence and engaging with diverse communities from different cultural and religious backgrounds to encourage positive access to services and support to be made available.

WTWA Unscheduled Care

Some services have demonstrated how their facilities have been adapted to keep patients with Disabilities and older patients safe

Some services have demonstrated that they share specific health information with patients that help keep older patients and those with disabilities safe.

Some services have provided evidence of project work and displays designed to help reduce the harm caused to victims of domestic abuse

Evidence has been provided of specific project work in some services to ensure patients who have dementia are kept safe whilst under their care.

Some evidence has been provided on the communication tools utilised by individual services to engage with patients with a Learning Disability and help ensure they have the information to keep them safe.

Specific information on support provided to keep Pregnant patients safe and the pathways for them within specific services has been included

Sexual health services have included targeted health information around safety and harm reduction for Lesbian, Gay, Bisexual and

Trans (LGBT) Patients and specific work to improve the care of patients with HIV.

Urgent Care has included evidence of a new initiative to support patients who are homeless being discharged safely and not directly back onto the streets.

A briefing on delivering safe inclusive care to trans patients shared with urgent care staff has been included as well as learning and development around inclusive care for LGBT patients has been included

Information that staff are aware of Trust's interpreting pathway and can access telephone and face to face interpreters where appropriate is included. This helps ensure staff have the correct information to deliver safe care.

The owl project has been included which is a visual logo and campaign to ensure patients more at risk of pressure sores are kept safe.

Services have included targeted work to reduce the risk of falls for patients. This has been included recognising that patients from some specific groups are more at risk of falling.

Full evidence packs provided.

EDS2 Scheduled Care Divisional Evider | EDS2 Unscheduled Care Assessment Pac

Gradings Outcome 2.1.

WTWA SC	
WTWA UC	

Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care.

WTWA SC

Voice of the child assessment demonstrating how young people are supported to be involved in decisions about their care

Leaflets and information for breast feeding produced in a variety of languages including Polish and Urdu.

Carers supported to be involved and opportunities for carers to stay over night with patients within services

E&D Notice boards delivered within Women and Children's services and plans to roll out across all services

Gender neutral toilets in some areas and accessible baby change rooms for parents of all genders.

Reach out to me document used to support patients with dementia be involved in decisions about their care

Surgery school which provides advice and support for patients and their carer about their treatment

Transition event held for young people who may be transferring from the Royal Manchester Children's Hospital to Wythenshawe adult burns service so that young people can meet the team and discuss their needs and any concerns.

The British Red Cross Wythenshawe Enhanced Discharge Service and discussed our patients needs and problems. They have agreed to support our service mainly in helping our patient's access equipment also sign posting and referrals to other services when ongoing and additional support is needed. They can also offer telephone and emotional support including support to carers who often struggle with caring for their family member who has been injured.

Full evidence pack provided.

EDS2 Scheduled
Care Divisional Evider

Gradings Outcome 2.2.

WTWA SC	

Goal 3 A representative workforce and supported workforce

Outcome 3.1. People get jobs with the NHS equally and fairly.									
The size of the workforce	MFT	SMH	MREH	MDH	WTWA	RMCH	CSS	MRI - SPEC MED, MED LCO, SURGERY	
Total	20023	1701	545	270	7416	1672	2185	4725	

People Strategy

The Trust has a People Strategy built around five key deliverables, each with a work plan:

- Information and HR Policies
- Workforce design
- Planning and succession management
- Attraction and recruitment
- Motivating, involving and engaging our staff
- Talent and performance improvement.

As part of our ongoing programme of work to develop a compassionate, inclusive and high quality culture underpinned by exemplary leadership, the trust also has Leadership and Culture and Equality, Diversity and Inclusion (ED&I) strategies in place. The Leadership and Culture Strategy includes detailed implementation plans for the delivery against objectives focussed around our vision and values, learning and innovation, support and compassion, goals and performance and teamwork.

Accountability

The Human Resources Scrutiny Committee, a sub-committee of the Group Board of Directors, provides assurance and monitors performance against the workforce plan in-year. The Board is kept informed about workforce risks and performance through the Board Assurance Framework and Board Assurance Report respectively. The Board Assurance Framework includes key performance indicators on black and minority ethnic staff recruitment and retention.

The Human Resources Scrutiny Committee also monitors performance on our workforce equality and diversity. The Committee receives our:

- Workforce Race Equality Standard Report.
- Workforce Disability Equality Standard.
- Gender Pay Gap.
- An annual Workforce Equality and Diversity Report.

Recruitment and Retention

The trust is committed to ensuring that all Human Resources processes are fair, equitable and inclusive. All HR Policies/Procedure have been equality assessed.

The trust's Safer Recruitment policy supports the delivery of fundamental standards by ensuring that robust recruitment and employment practices are in place to ensure that those recruited are suitable for the job that they are being appointed to do. The Trust's recruitment processes are carried out in accordance with current employment legislation and the six mandatory NHS Employment Check Standards.

The Recruitment Team monitors applicants for employment throughout each stage of the recruitment and selection process and

collects data via the Application For Employment Form on NHS jobs and the Trust web-site on the majority of the protected characteristics under the Equality Act 2010 (race, age, gender, disability, sexual orientation, religion and belief).

The recruitment and selection process also assures the transparency and inclusiveness of applicants at the short listing stage by omitting candidate's names and monitoring information to appointing managers. This allows the trust to be confident that the individuals selected for interview are based solely upon their suitability of their match to the job description and person specification.

The trust is a Disability Mark employer. As part of this, Human Resources has a clear process in place to manage disabled applicants through the recruitment process which includes guaranteeing an interview for applicants that meet the minimum requirement for the role and supporting disabled staff in the workplace through reasonable adjustments to remain in employment or find suitable alternative work.

Language within recruitment correspondence which is sent to candidates at the point of being progressed to selection stage has been developed to ensure any candidates who require support during the process should alert the Recruitment Team to allow us to make reasonable adjustments for the process in line with their needs. This reinforces the message which is already expressed on the application form. This may include support such as additional timing for testing, location of interview tailored to suit the need of the individual, equipment required, parking.

The trust also monitors the equality data for the existing workforce and has created a Staff Equality Information Update Tool to help further this agenda. The electronic system is hosted on the trust's intranet site with employees being able to make updates to their own

equality data. As one of the trusts internal equality indicators is to collect up to date equal opportunities monitoring data for staff and increasing data disclosure this new electronic system which was rolled out in early 2014 will help the Trust meet its targets.

As part of further monitoring the existing workforce the trust completes a workforce profile report annually and this includes statistics on recruitment and selection. Findings are summarised below.

Workforce profile 2017-2018
- The average age of the trust has risen compared to former CMFT from 41.1 in 2014/15 to 41.5 in 2017/18 for MFT. This is in contrast to former UHSM where the average age has fallen from 45.8 in 2014/15 to 41.5 in 2017/18 for MFT.
- 2.6% of staff identify as disabled. This is lower than the Manchester population of 17.7% and the Greater Manchester population of 19.4%. Applicants identifying as disabled are less likely to be appointed from shortlisting across all posts; 0.6 likelihood.
- 17.8% of our workforce identify as black and minority ethnic. This is higher than the comparable Greater Manchester population figure of 16.2% but is lower than the Manchester population of 33.7%. White candidates are 1.5 times as likely to be appointed from shortlisting compared to BME candidates across all posts. This is a significant decrease from last year's results for UHSM, which were 2.6 and a slight increase for CMFT which was 1.4.
- 20.4% of our workforce is male compared to 50.3% of the Manchester population and 50.2% and 79.6% is female compared to 49.7% of the Manchester population. Whilst the percentage of the male workforce is disproportionate, it is more reflective of the percentage of males within the National Health Service which is 23%.
- The percentage of female employees is higher than their male

counterparts in all of the bands though becomes less at the higher pay bands than the overall figure of 79.6% of females in the workforce. Bands with the highest proportions of males were Band 1, Band 8d and Band 9.

- The trust has a large proportion of the workforce who DOES not wish to declare their religion or belief, 43.7%. Due to the lower percentage of staff reporting their religion or belief the trust cannot compare itself to the local population of Manchester or Greater Manchester.
- 2.0% of the trust's workforce identify as lesbian, gay, bisexual and transgender) workforce figure, which is not reflective of the Manchester population of around 8%. The main reason for this is that a large proportion of the workforce, 41.7%, has not declared their sexual orientation.

Recruitment and selection training

Is delivered across the trust to recruiting managers and focuses on aspects of employment legislation linked to recruitment to include the Equality Act 2010 and Unconscious Bias in order to educate managers on the importance of understanding their relevance during the recruitment process. The workshop also encourages managers around the need to ensure candidates are selected solely on the basis of their skills and experience and how to create a much more robust way of testing a candidates suitability for the role through the development of competency and values based questions and exercises, scored against a set of carefully developed criteria based on the key skills are behaviours for the role. Delegates are also taught best practice techniques of assessing candidates' suitability during an interview/assessment exercise based on the ORCE methodology. This practice considers that the evidence captured is at least 60-70% of what the candidate has expressed in their own words to ensure that the information is factual and not based on assumption. The evidence is then classified against a set of criteria based on the key values/behaviours alongside the importance of allocating a score to each of the areas tested so that the process is much more fair and objective.

Work has taken place since January 2015 to include more robust assessment methods for senior level roles, testing candidates on a range of competencies and across a range of exercises with a view to predicting future performance in role; if successful. The Leadership for Excellence Competency Framework supports this process. This has allowed for a much more transparent and objective form of assessment. Several pilot areas have also been identified across the trust where work will be delivered to trial Values Based Interviewing. This will involve training managers and those involved in supporting the selection process how to effectively identify candidates who are a 'better fit' for the organisation, and therefore the right people to deliver the best service to patients or service users. Values Based Interviewing is underpinned by robust research, and it has been proven that this interviewing method facilitates the recruitment of people more aligned with organisational values and behaviours, and helps recruit high performing and effective staff. To support this, a VBI question bank has been developed to assist managers with asking the types of questions that will tap into the values at the trust. The portfolio of community engagement and resourcing programmes delivered also supports people who are not identified in equality legislation but are also experiencing barriers to opportunities or disadvantaged in the labour market. For example because of age, lack of experience, NEET (Not in Education Employment or Training), previously living in local authority care service or experiencing longer-term unemployment due to other extrinsic or intrinsic barriers.

Trust wide initiatives

- BME Retention and Recruitment scores on Accountability Oversight Framework.
- Tracking the Apprenticeship Programme to ensure that the

apprenticeship programme is accessible to all. The Apprenticeship Team have been successful in recruiting 37% of apprentices from BME backgrounds and 7% of apprentices with a disability.

- Diverse Panels Scheme whereby appointment panels for posts of 8a aim to have an employee from under-represented groups supporting both the shortlisting and interview/ assessment panel. An example of the application of the Diverse Panels Scheme is recruitment of the Graduate Trainee Scheme 2018 - 2020 intake. 16 people have been offered places four who have identified as BME and four with a disability. This is a significant improvement from the previous graduate recruitment.

- Pre-Employment Recruitment Programmes delivery of a sector specific employability course; offer of vocational work placement , offer of a 'mock interview' with NHS senior managers guaranteed interview on successful completion of the programme, support and guidance in navigating Recruitment Pre Employment Checks, positive action attraction strategy to the Programmes via close links with local community, colleges and employment agencies.

- Supported Internship Programmes for local young people with disabilities. These programmes encapsulate the trust's desire to move beyond compliance of equality legislation. 20 Interns each year come to the trust from a variety of backgrounds with a range of disabilities - moderate and severe learning difficulties alongside physical, sensory and mental health needs. The Interns are either from local specialist colleges or NEET. The programme is a yearlong vocational programme for young disabled people, (mild – severe learning disabilities) offering varied placements in all departments throughout the Trust. During the year, the interns undertake work placement across the trust. The ultimate aim is to obtain and retain paid employment. Some of the positive action interventions utilised

during this Programme are: accessible Induction; accessible training; working Interview (alternative to traditional interview).

- Working in partnership with HEE to attract young people from BME communities into healthcare careers – including analysing HEE data on recruitment rates into HE courses.

- Ensuring that role models for student at colleges and schools are diverse, through the work of the GM careers Hub which MFT hosts.

Example pf practice

Wythenshawe focused on recruitment as that was the area where improvement was most needed. Wythenshawe developed the CRUMS Inclusive Recruitment Toolkit with its BME Network to support local managers reduce the inequalities experienced by BME staff and those from under-represented groups in regards to recruitment and career progression. The guide is broken up into five key areas that have been identified as having a significant impact on the inequalities with tips and actions designed to be deliverable at a local level. The likelihood of BME applications being appointed has increased from 2.6 in 2016-2017 to 1.5 in 2017-2018.

Grading Outcome 3.1.

Group		RMEH		CSS	
SMH		MRI - Surgery		R&I	
RMCH		MRI - DMAC		Med Ed	
UDHM		MRI – Spec Med			

*Grades are based on evidence provided.

Outcome 3.3 - Staff say they get good training and chances to learn new things.

Leadership and Culture

The Trust Leadership and Culture strategy is framed around the development of five cultural elements: vision and values, goals and performance, support and compassion, learning and innovation and teamwork.

There is a significant amount of research that has gone into determining what makes great cultures in the NHS, including work by the King's Fund and NHS Improvement, who we have worked with collaboratively to carry out a cultural diagnostic in order to inform the leadership and culture strategy. This research outlines the cultural elements that contribute significantly to creating a high quality care culture and this has also informed national strategy e.g. the Developing People Improving Care framework and the CQC Well Led domain review.

Learning and innovation is fundamental to delivering the strategy and therefore training and development opportunities that are taken up and positively evaluated by all staff are essential. This element of the strategy is focused on delivering appropriate technical and leadership competencies with an ability to nurture compassion, inclusivity, quality improvement and innovation. The appraisal policy supports the identification of development needs for individuals and access to training and development opportunities.

Training Opportunities

The Trust provides a range of training programmes which all members of staff can attend. See attached document, summary of non-leadership courses for a breakdown of the courses and headlines for the protected characteristics. The protected characteristics which the Trust could report on where age, disability, ethnic origin, gender, religious belief & sexual orientation. All courses are evaluated and a report is produced for each topic.

Non-Leadership courses

The IT courses attendees covered an age range between 21 to 65 years with 36% of attendees aged over 50, which was the highest percentage for all courses with the exception of the Pre-Retirement course where all attendees were over 50 due to the nature of the course. Soft Skills courses had a low percentage of attendees over 50 years at 15%. The Conflict Resolution course has the highest proportion of attendees in the age brackets under 30 with 33% being under this age.

The vast majority of attendees had no disability or none declared. There were attendees at all courses, with the exception of the Pre-Retirement course, that had attendees who declared a disability. There were between 1 & 3% of attendees on each course that declared a disability.

The Pre-Retirement course had the lowest number of attendees in the BME ethnic group at 1%; however this also had the highest percentage of not declared which could account for the low number of attendees in the BME criteria. The Conflict Resolution had the lowest number of attendees from a white background at 77%.

The Pre-Retirement course had the highest percentage of females attending the courses with 90% of attendees being female. The lowest percentage of females on the course types was IT courses which had attendees from 75% Female and 25% male.

The majority of attendees on all courses classed their religious belief as Christian with the second highest percentage overall being Atheist. The Pre-Retirement Course were all either Christian or the data was not available. All other courses had attendees from multiple religious backgrounds with HR courses seeing the largest percentage of attendees from a non-Christian religion at 25%, followed by Conflict Resolution at 24% and Soft Skills at 23%.

The sexual orientation of attendees at the HR and PRAGMA courses were either undefined or heterosexual. The Soft Skills and Conflict courses both had 3% of attendees that stated their sexual orientation as bisexual, gay or lesbian which is the highest for all courses reviewed.

Leadership Courses

The Aqua (Quality Improvement) courses had an age range between 16 & 60 with the Leadership and Management courses having attendees between 21 and 60.

These courses both had 3% of attendees declaring that they had a disability. There was an average 36% of attendees that did not declare their disability status or the data was unavailable.

An average 84% of attendees declared their ethnicity as white for these courses (82% for Aqua and 86% for Leadership courses). The Aqua programmes had 15% of attendees from a BME background which is one of the highest of all courses.

The gender split for the Aqua course was 79% female and 21% male. The Leadership course had a lower percentage of males at 21%.

The Leadership course had the highest percentage of staff with a religion as Christian at 46%. The percentage of non-Christian attendees was high for the Aqua course at 23%, and 17% of attendees as non-Christian. There was an average 40% of attendees for these courses that did not disclose their religious belief.

The sexual orientation for these courses both had 1% of attendees that were gay, lesbian or bisexual. An average 36% of attendees for these programmes had not declared their sexual orientation or was not available in the system.

Staff Survey 2017

In exit questionnaire responses for 2017/18, overall most staff confirmed that when they started both the trust and local inductions were helpful and accurate, they had an annual appraisal, they were offered support and learning, and their line manager offered and promoted ways to develop.

The data from the 2017 staff survey provides information on appraisal and development opportunities, and how staff experiences vary between generic and protected characteristics. The main questions covering this topic are:
• % of staff that have had training, learning or development in the last 12 months
• % of staff that have had appraisal/KSF review in last 12 months

However, the following are also relevant to this topic
• % of staff agreeing that the organisation acts fairly, re: career progression
• % of staff agreeing that training, learning or development needs were identified during appraisal/performance review
• % of staff supported by manager to receive training, learning or development definitely identified in appraisal

Overall, 70% of staff surveyed at CMFT and 69% of staff surveyed at UHSM said they had received training/development in the past 12 months. This was 2% lower than the average at comparable trusts for CMFT and UHSM. Additionally, 91% of staff surveyed at CMFT and 80% of staff surveyed at UHSM said they had had their appraisal within the last 12 months. This was 5% higher than the average for comparable trusts at CMFT and 6% lower than the average for comparable trusts at UHSM.

An analysis of the question-level data from the staff survey, across 6 of the protected characteristics, highlights the following:

- Overall, a higher % of BME staff report receiving training and development in the past 12 months than non-BME staff though a lower % of BME staff believe that the trust acts fairly with regard to career progression.
- There are comparatively small differences in the experience of men and women in this area.
- LGBT staff generally report higher levels of access to training, and to training needs identified through appraisal being met; however, they are less likely to report having had an appraisal and to believe that the organisation acts fairly on career progression.
- Staff who record in the survey that they have a disability report a less positive experience than other staff with regard to having an appraisal, support for training and development and a belief that the organisation acts fairly on career progression.
- Belief that the organisation acts fairly on career progression tends to be lower for those who identify with a religion other that Christianity.
- Staff under 30 more likely to having has training and development opportunities in the past 12 month, but less likely if they are 51 or over. Staff at either end of the age spectrum are more likely to view the organisation as acting fairly on career progression. Staff aged 30 and under, in particular aged 21, are less likely to report having had an appraisal.

Trust wide initiatives.
The trust's Accountability Oversight Framework includes a KPI on appraisal which is monitored monthly.
- A trust wide programme of learning and development is available to all staff to apply for through Staff Net.
- Hospital Site/Managed Clinical Services' programmes of learning and development.
- The Trust promotes NHS Leadership Academy courses to its

staff including positive action programmes. The trust was amongst the most successful in the North West in securing places on BME Leadership Academy Programmes.

Example of practice
Study days for BME nurses in the division of surgery have been running for a number of years. The study days include learning how to improve writing job applications and interview techniques. Participants have the opportunity to take part in mock interviews. The initiative has been successful with participants going on to promotional roles within the trust.

Grading Outcome 3.3.

Group		RMEH		CSS	
SMH		MRI - Surgery		R&I	
RMCH		MRI - DMAC		Med Ed	
UDHM		MRI – Spec Med			

*Grades are based on evidence provided.

Outcome 3.4. – Staff are never bullied or suffer any sort of abuse at work.

Values and behaviours

The Leadership and Culture Strategy, previously referenced, includes focus on vision and values and support and compassion which aims to continue to develop a compassionate high performing care culture. Over 5,000 have been involved in the development of the new Trust Values and supporting behavioural framework. To give examples of behaviours which live the values and the behaviours that collectively we have agreed are acceptable and unacceptable. The values are: working together, everyone matter, dignity and care and open and honest. There are five work streams and working groups focused on embedding the trust Vision, Values and Behaviours:

- Performance, Accountability and Appraisal
- Communication and Engagement (symbols and branding)
- Recruitment and Talent (including leadership and team development)
- Challenging Poor Behaviour and Inclusion
- Integration and Policies

Values and behaviours have already been integrated into new job descriptions and person specifications as they are developed and the communication and integration work stream is underway with developing a launch campaign and film. As part of the teamwork area of the Leadership and Culture strategy, team leaders are encouraged to use a tool call the Affina Team Journey to embed structure and processes into the way they manage their teams. This includes defining team identity and purpose, and also agreeing team operating principles which connect the Trust Values and Behaviours with those of teams at a local level.

Policies and procedures

The trust has a range of policies setting out expectations of standards of behaviours including an equality and diversity in employment policy.

Complaints of bullying and harassment are raised under the Dignity at Work Policy and can be dealt with informally, formally or through mediation.   The policy outlines the procedure and staff support available. Lessons learnt sessions are arranged to discuss particular cases so the Trust can review and, if required, make amendments. These sessions can be used as training for the HR team and managers.

The policies are underpinned by grievance and dispute and appeals policies. Training on the dignity at work policy is provided twice a year aimed at managers.

Our corporate induction for all starters includes a dedicated equality, diversity and human rights. We also promote the Trust values and workforce policies through our induction for substantive and temporary staff, informing them of how to access the policies and further information via staff net.

Trust appraisal includes that all staff have an equality and diversity objective as part of their appraisal objectives.

The Trust has a mediation service which comprises of accredited mediators to resolve workplace disputes quickly.   Mediation is voluntary, impartial and confidential; and creates a safe environment where all parties are able to communicate and work towards the restoration of a positive working relationship. The service receives approximately 30 referrals for mediation per annum; some of these will not proceed (e.g. if one party leaves the Trust or is unwilling to undertake mediation)..

We work with agency staff through frameworks and within which there are standards.

Learning and development

The Trust delivers a range of mandatory and non-mandatory equality and diversity learning as follows.

- Face to face induction training to all new starters
- Mandatory e-learning training
- Together with the LGBT Foundation jointly ran the first NHS specific full day conference on Bisexual Health that included face to face training based workshops
- Disability awareness being rolled out by community organisations of and for disabled people as well as lead nurses over June to December 2018
- Dementia Friend Training delivered face to face.

In addition, individual clinks and departments have organised a wide range of learning and development on equality and diversity examples of which include the following:

- Bias and Unconscious Bias Training   for example in Medical Education
- LGBT Foundation have run sessions for example in Research and Innovation and Innovation and UDHM
- LGBT Cancer Support Alliance in partnership with Macmillan and LGBT Foundation have delivered workshops and learning sessions with a number of staff from different teams.
- Wythenshawe and Withington hosted the first Trans People and Cancer Conference including face to face training based sessions in partnership with the LGBT Cancer Support Alliance.
- Wythenshawe and Withington LGBT Staff Network in partnership with Alzheimer's Society.
- Monthly bitesize face to face 30 minute lunch time sessions on hot topics related to equality and diversity.
- Institute of Leadership and Management (ILM) Level 5 courses including a Managing Diversity Core Skills Level 3.
- Hate Incident Training face to face session delivered to staff

within Surgery on their learning audit day.

- Confidence briefings learning exercise introduced within local services where teams identify areas where people are less confident. Each meeting a team member takes one item from this list and is asked to engaged with internal specialists such as Dementia Lead, Mental Health Lead, Equality Diversity and Inclusion Lead and look at information produced by charity and community organisations to produce a briefing to be discussed and explored at the following meeting to pass on learning and knowledge across teams.
- The Division of Surgery has a planned OSCE day in Scheduled Care to explore patient pathway for patients from diverse backgrounds with a particular focus on LGBT Patients and carers.
- Scheduled Care Band 6 Nurses Learning Day included training sessions on working with patients with a learning disability and reducing workforce race inequalities.

Staff Survey 2017

The data from the 2017 staff survey provides information staff experiences of harassment, bullying or abuse. The main questions covering this topic are:

• % of staff that not experiencing harassment, bullying or abuse from patients/service users, their relatives or members of the public; and
• % of staff that not experiencing harassment, bullying or abuse from managers or colleagues.

An analysis of question level data indicates the following.

- Staff experience of harassment, bullying or abuse is very similar for both 'from patients, public' (25%) as it is for 'from staff' (24%) – both up around 2% on 2016.

- Staff are more likely to experience harassment, bullying or

abuse if they are:
- from a BME background (from staff)
- If they prefer to self-identify or not disclose their gender
- If they identify as LGBTQ or prefer not to disclose their sexual orientation
- If they are under 30 (from patients/public)
- If they have a disability
- If they are of particular faiths (e.g from public –Jewish)

- The range at Hospital level is from 24% to 36% (from patients/public)…..
  - and from 19% to 31% (from staff)
  - at department level the variation is much greater – up to 61% (from patients/public) and 52% (from staff)
  - national average – from patients/public 27%
  - national average – from staff 24%

Trust wide initiatives

The trust initiated a 'poor behaviours think tank campaign' in response to the 2016/2017 staff survey results that has involved a wide range of staff at different levels and from different disciplines to develop a Challenging Poor Behaviours campaign and action plan. The objective to improve both the patient and the staff experience by promoting an organisational culture where patient feedback is welcomed, promoted and learnt from and where staff recognise that it is right and safe to raise concerns and have assurance that they will be listened to.

The Trust's values and behaviours are included in the Person Specification (attached) to support recruitment to posts.

The trust has in place as Freedom to Speak Up along with national set guidelines. In summer 2018 MFT is launching a Champions programme to support the Guardian programme. The staff survey

and pulse check results are shared with all hospitals and divisions within the Group. This includes Key Finding reports and question-level data. This data is analysed at a Group-level and provided to the Group Board and in our annual Workforce Equality report. Hospitals within the Group are responsible for developing action plans to address the priorities identified in this analysis.

Examples of practice
SMH Caring Four You staff campaign included a survey with questions about bullying and harassment as a result of which a staff health, safety and wellbeing action plan.

RMCH are developing a draft framework for analysing parental behaviour, to help staff recognise different types of behaviour and enable them to be more proactive in approaching difficult situations.

UDHM & RMEH. Following the 2017 Staff Survey a task and finish group has been set up that includes looking at bullying and harassment.

Medical Education Team Covenant.

Grading Outcome 3.4

Group		RMEH		CSS	
SMH		MRI - Surgery		R&I	
RMCH		MRI - DMAC		Med Ed	
UDHM		MRI – Spec Med			

*Grades are based on evidence provided.

Outcome 3.5. Staff are given the chance to work hours that suit them and the NHS when possible.

Policies and procedures
The trust has a flexible working policy and procedures and disability policy.

The trust also has a range of family friendly policies including:
- Maternity, Adoption, Paternity and Shared Parental Leave Policy.
- Special Leave Policy (including Parental Leave and career leave).
- Buying or Selling Annual Leave Policy.

Applications for flexible working are managed within the Hospitals and are not recorded centrally.   In exit questionnaire responses for 2017/18, overall most staff confirmed they were able to work flexibly but a number did not feel that work life balance was promoted and practiced.

Staff Survey 2017
The data from the 2017 staff survey provides information on flexible working opportunities, and how staff experiences vary between generic and protected characteristics. The main question covering this topic is:
• % of staff that are satisfied with opportunities for flexible working opportunities.

In terms of overall satisfaction with flexible working, 51% of those answering the question stated they were satisfied with flexible working patterns. This is equal to the national average for similar trusts that completed the staff survey in 2017.

An analysis of the question-level data from the staff survey, across 6 of the protected characteristics, highlights the following:
- BME staff are more likely to be satisfied with opportunities for flexible working.
- Staff who prefer to self-identify their gender, or not to state their gender, are less likely to be satisfied with opportunities for flexible working.
- Staff who prefer not to state their sexual orientation are less likely to less likely to be satisfied with opportunities for flexible working.
- Staff who report in the survey that they have a disability are less likely to be satisfied with opportunities for flexible working.
- There is considerable variation is satisfaction with opportunities for flexible working from staff according to their religion, from higher than average (e.g. Muslim) to lower than average (e.g. Jewish).
- Generally, staff over the 65 were the age group most satisfied with opportunities for flexible working.

In addition 71% of staff said that the trust made adequate adjustment(s) to enable me to carry out work.

Trust wide initiative
The staff survey and pulse check results are shared with all hospitals and divisions within the Group. This includes Key Finding reports and question-level data. This data is analysed at a Group-level and provided to the Group Board and in our annual Workforce Equality report. Hospitals within the Group are responsible for developing action plans to address the priorities identified in this analysis.

The application of the trust's flexible working policies sits with hospital sites/managed clinical services. A wide range of flexible working is in place. Some of the provision is listed in, 'Examples of practice' below. By way of a proxy measure, a third of thrust staff work part-time.

Examples of practice
Hospital sites/Managed Clinical Services have in place a wide range of flexible working arrangements to support staff achieve work life balance, with caring responsibilities and to meet cultural needs.

Examples include:
-Parenting options have been introduced.
-Reduced hours for, for example, staff returning from maternity leave or dependants and have reduced their hours to care for them.
-Sabbaticals and career breaks.
-Phased return from long term sickness absence.
-Managers provide support for staff nearing retirement age by changing roles; reducing hours and supporting attendance at HR led training seminars.
-Managers support Annual leave requests for leave related to extended holidays and supporting religious holidays / practices.
-When members of our staff are adhering to Ramadan.
Pregnancy and maternity: maternity leave, returning / KIT days.

Grading Outcome 3.5

Group		RMEH		CSS	
SMH		MRI - Surgery		R&I	
RMCH		MRI - DMAC		Med Ed	
UDHM		MRI – Spec Med			

*Grades are based on evidence provided.

Outcome 3.6. Staff say they are happy in their jobs

Staff engagement

Staff engagement is at the heart of the trust's culture. Engagement is a thread that runs throughout from strategic pieces of work such as in developing the Values and behaviours framework through to day-to-day business as usual for example changing rotas. We also ensure diversity specific engagement for example our Diverse Panels Scheme whereby appointment panels for posts of 8a aim to have an employee from under-represented groups supporting both the shortlisting and interview/assessment panel.   An example of the application of the Diverse Panels Scheme is recruitment of the Graduate Trainee Scheme 2018 - 2020 intake. 16 people have been offered places four who have identified as BME and four with a disability. This is a significant improvement from the previous graduate recruitment.

Staff Survey 2017

In exit questionnaire responses for 2017/18, overall a significant number of staff said they would consider working for the Trust again, and their manager recognised and acknowledged achievements and contributions.

Staff who identify as male or female are equally as likely to recommend the trust as a place to work. Staff who prefer not to identify their gender are less likely to recommend the trust as a place to work.

At FormerCMFT, staff who identify as heterosexual are more likely to recommend the trust as a place to work and staff who identify as LGBT or prefer not to identify their sexual orientation are less likely to recommend the trust as a place to work. A UHSM, staff who identify as heterosexual and who identify as LGBT are more likely to recommend the trust as a place to work than staff or prefer not to identify their sexual orientation.

Staff identifying as disabled are less likely to recommend the trust as a place to work.

On the whole staff who identify their religion or no religion are as likely to recommend the trust as a place to work with staff who identify as Muslim more likely and staff who identify as Jewish less likely at CMFT and Hindu, Jewish, Muslim and Sheikh staff more likely at former UHSM. Staff who prefer not to identify their religion are less likely to recommend the trust as a place to work at both former trusts.

On the whole staff are equally as likely to recommend the trust as a place to work by ethnic origin. The outliers are staff who identify as Indian and as African are much more likely and staff who identify as White and Black Caribbean (at Former CMFT) who are much less likely. At former UHSM. On the whole BME staff are more likely to recommend the trust as a place to work and people who identify as Irish less likely.

Trust wide initiatives

- The staff survey and pulse check results are shared with all hospitals and divisions within the Group. This includes Key Finding reports and question-level data.   This data is analysed at a Group-level and provided to the Group Board and in our annual Workforce Equality report.   Hospitals within the Group are responsible for developing action plans to address the priorities identified in this analysis.
- Group and Hospital Overall staff engagement scores are included in the Operating Assurance Framework and the Board Assurance Framework. The trust's values are integrated into the Affina Team Tool that is being rolled out across the trust.
- Staff diversity networks, which have a budget to support their

activity and development.
- Staff awards include a dedicated equality and diversity award.
- Hospital sites/Managed Clinical Services invest in putting staff forward for awards and recognising and celebrating staff achievement.
- The trust celebrates NHS Employers Equality and Diversity Week.

Examples of practice
Hospital sites/Managed Clinical Services have in place a wide range of ways of engaging with staff. Examples include the following.
-Nominating staff for awards such as the trust's Excellence Rising Star Award, Advancing Healthcare Rising Star Award, Advancing Healthcare Award.
-Excellence reports.
-Newsletters.
-Peer recognition (tooth fairy of the week, Star of the Week
-GEM awards
-We are Proud of You nominations and Compliments, Newsletters.
-International Nurse's Day.
-Quality bus.
-"Kitchen Table" events. These are a way to bring people (staff and patients) together and help share stories and experiences.
-Staff Forums with Senior Leadership Team.
-Senior staff walk about.

Grading Outcome 3.6.

Group		RMEH		CSS	
SMH		MRI - Surgery		R&I	
RMCH		MRI - DMAC		Med Ed	
UDHM		MRI – Spec Med			

*Grades are based on evidence provided.