

Equality, Diversity and Inclusion Annual Report

January - December 2022

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Foreword

The third and penultimate year of MFT's Diversity Matters Strategy saw its implementation marked by major challenges and also significant milestones in the Trust's history. In the context of recovering from the COVID-19 pandemic and mounting pressures on our services, the Trust oversaw the implementation of the EPIC Hive electronic patient record, an improvement project which unifies how we manage and provide patient care across all of our ten hospitals.

Through these increasing challenges, it has become more important than ever to come together as a collective and support each other to deliver the best patient care we can. Throughout these challenges, staff have proven once again to be dedicated, working through daily challenges while adapting to an unfamiliar system in order to best serve Greater Manchester's population.

To deliver the Trust's Diversity Matters Strategy, several efforts were made in key strategic areas.

Patient access, safety and experience have been enhanced through a range of activities designed to identify and correct potential health inequalities. In the past year, the Health Inequalities Group structured the Trust's approach to reducing inequalities through the development of a dashboard to improve data gathering. Additionally, patient access to their healthcare records will become easier through the MyMFT app, a platform designed to empower patients and their carers to participate more actively in their care.

A representative and inclusive workforce is at the core of the Diversity Matters Strategy, with initiatives launched and

revised to provide better support to staff wellbeing and representation. The 'Removing the Barriers' Programme, launched to balance representation of Black, Asian, and Minority Ethnic (BAME) staff at senior levels, has seen improvements including an expansion pilot to the E3 secondment scheme. In addition, to create a more accessible and inclusive workplace, a task and finish group carried out plans to improve the provision of reasonable adjustments.

Lastly, no change is delivered without inclusive and compassionate leadership equipped with the skills and tools to create a working culture that enables staff to be their best. This year, a range of activities were delivered as part of the Be.Inclusive initiative designed to promote a culture of kindness and openness across all levels of the organisation.

Whilst we have made great progress this year, we must also acknowledge that there are areas that we need to improve upon in the following year. We are committed to working together as a Trust to address inequalities wherever they may arise and provide the best possible outcomes to both patients and staff.

With one more year left of the Diversity Matters Strategy, I would like to thank everyone for their steadfast contribution to making MFT a more inclusive and diverse organisation. I am delighted to introduce the 2022 Equality, Diversity, and Inclusion Annual report with examples of achievements and actions taken to deliver on our strategic objectives.

Peter Blythin - Group Executive Director of Workforce & Corporate Business

Context

Manchester University NHS Foundation Trust (the Trust) is the largest NHS Foundation Trust in England, employing over 28,000 staff. It was formed on 1st October 2017 and since then has been responsible for running a family of ten hospitals and community services across Manchester and Trafford across seven separate sites.

It provides a wide range of services from comprehensive local general hospital care through to highly specialised regional and national services.

We are the primary provider of hospital care to approximately 750,000 people in Manchester and Trafford, and the single biggest provider of specialised services in the Northwest of England. The Trust is also the lead provider for a significant number of specialised services. These specialist services include Breast Care, Vascular, Transplantation, ECMO¹, Cardiac, Respiratory, Urology Cancer, Paediatrics, Women's Services, Ophthalmology and Genomic Medicine.

Our vision is to improve the health and quality of life of our diverse population by building an organisation that:

- Excels in quality, safety, patient experience, research, innovation, and teaching.
- Attracts, develops, and retains great people.
- Is recognised internationally as a leading healthcare provider.

This report details our performance during 2022 against the objectives of Diversity Matters, the Trust's equality, diversity, and inclusion strategy 2019-2023. It contains examples of practice from across the Trust's hospitals, managed clinical services, local care organisations and corporate services. The report will also cover areas of significance this year, such as the implementation of the new Trust-wide electronic patient record – Hive, which has and will continue to shape the discussion around equality, diversity, and access to healthcare in a digital world.

The report meets the Trust's statutory duty under the Equality Act 2010 to report on performance against equality objectives annually. It details the diversity of our patients, staff, leadership and governance for equality, diversity, and inclusion.

¹ extracorporeal membrane oxygenation – A pump which circulates blood through an artificial lung that oxygenates the blood.

Our Hospital Sites



Manchester
Royal Infirmary



Saint Mary's
MCS



Royal Manchester
Children's MCS



Manchester Royal
Eye MCS



University Dental
Hospital of
Manchester MCS



Wythenshawe
Hospital



Trafford
General
Hospital



Withington
Community
Hospital



Altrincham
Hospital



North
Manchester
General
Hospital



Manchester Local
Care Organisation



Trafford Local
Care Organisation



Clinical and
Scientific Services
MCS

This report details our performance during 2022 and contains examples of practice from across the Trust's Hospitals, Managed Clinical Services (MCS), the Local Care Organisations (LCOs) and Corporate Services. It details the diversity of our patients, staff, leadership and governance for equality, diversity, and inclusion.

If you require this information in an alternative format or would like to enquire about further details on information presented in this report please contact the Equality, Diversity and Inclusion Team: equality@mft.nhs.uk

Section One

Diversity Matters

The Diversity Matters Strategy

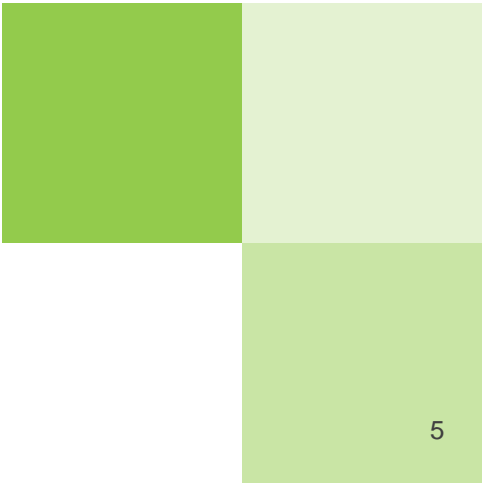


In 2019, the Trust published **Diversity Matters**, its four- year equality, diversity, and inclusion strategy for 2019-2023. **Diversity Matters** outlines the Trust’s ambition to be the best place for patient quality and experience, and the best place to work. **Diversity Matters** is central to the Trust achieving its vision of ‘improving health and well-being for our diverse population’. If you would like to access the complete Diversity Matters Strategy you can do so by [clicking here](#).

Diversity Matters provides a framework for action focussing on three aims:

- Improved patient access, safety, and experience.
- A representative and supported workforce.
- Inclusive leadership.

These aims are underpinned by a set of objectives for focus of activity over the four years. The aims and underpinning objectives are outlined in the table below.



Diversity Matters Strategy Objectives

Improved patient access, safety and experience	A representative and supported workforce	Inclusive leadership
<p>We will:</p> <ul style="list-style-type: none"> • Consider how our decisions will affect equality and reduce unfavourable effects. • Know who uses our services by equality and their experiences and reduce any differences that we find. • Carry on working towards the Accessible Information Standard. • Make sure that people with learning disabilities and autism get treatment, care, and support. • Be the first Trust in the country to deliver Pride in Practice. This is recognition from the LGBT Foundation. • Make our wayfinding and signage easier. 	<p>We will:</p> <ul style="list-style-type: none"> • Consider how our decisions will affect equality and reduce unfavourable effects. • Know who our staff are by equality and their experiences and reduce any differences that we find. • Take a zero-tolerance approach to bullying, abuse, and harassment. • Work towards being a Disability Confident Lead employer. • Increase ethnic diversity at Board and senior management levels. 	<p>We will:</p> <ul style="list-style-type: none"> • Board members and senior leaders will champion equality and diversity. Some examples include: <ul style="list-style-type: none"> ✓ Talk about equality, diversity and inclusion. ✓ Engage their staff. ✓ Understanding how our decisions will affect equality and reduce unfavourable effects. ✓ Have equality, diversity and inclusion objectives in their local delivery plans. ✓ Use inclusive Leadership competencies in recruitment and appraisal.
<p>The results we are aiming for:</p> <ul style="list-style-type: none"> • Everyone who needs to can use Trust services. • Individual people's health and care needs are met. • When people use Trust services, they are free from harm. • People report positive experiences of Trust services. 	<p>The results we are aiming for:</p> <ul style="list-style-type: none"> • Staff are free from harassment, bullying and physical violence. • Staff believe that the Trust provides equal opportunities. • Staff recommend the Trust as a place to work and receive treatment. 	<p>The results we are aiming for:</p> <ul style="list-style-type: none"> • Board members and senior leaders demonstrate their commitment to equality, diversity, and inclusion. • Board and Committee papers will identify equality-related impacts and how unfavourable effects will be reduced.

Section Two

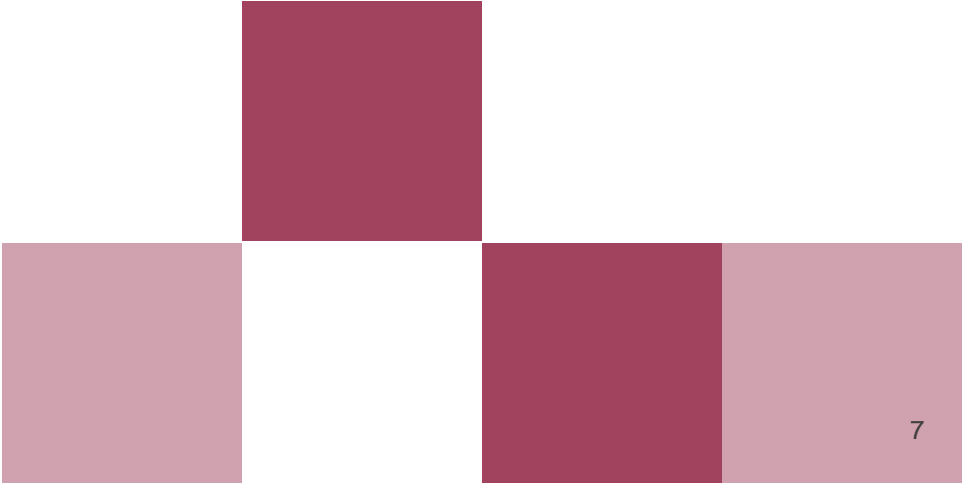
Our Patients

Strategic Aim – Improved Patient Access, Safety & Experience

The first strategic aim is to improve service user access, safety, and experience. The Trust is continually seeking to provide patients, their carers, families, and service users with an experience of our services which is inclusive and accessible.

Objective 1: Consider how our decisions will affect equality and reduce unfavourable effects

The Trust considers how its decisions will affect equality in a variety of ways. These include equality impact assessment, consulting with diverse patients on decision making, and strategically interrogating our data through the Health Inequalities Group. This section details the activities that were carried out in 2022 towards achieving these objectives.



The Health Inequalities Group

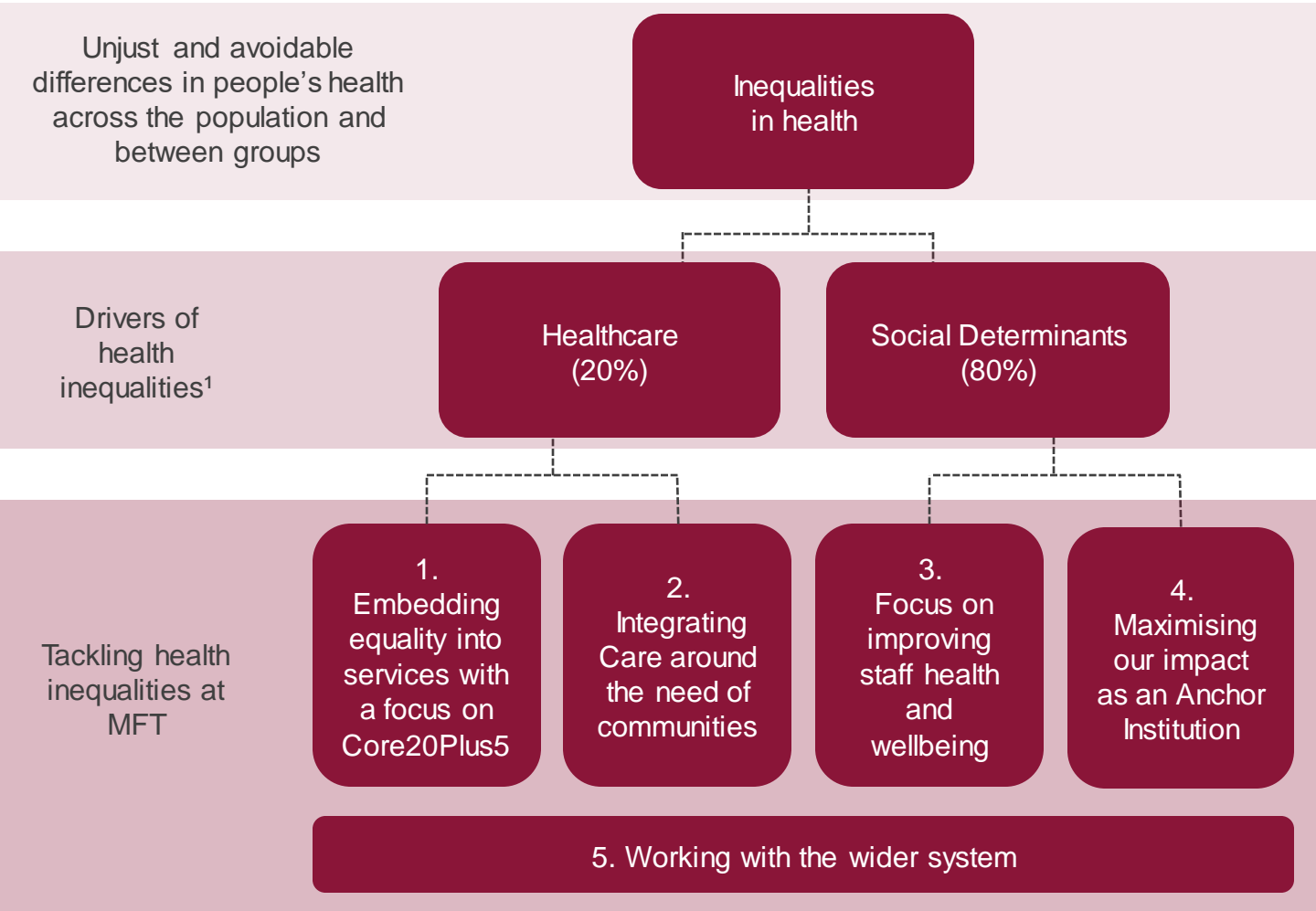
In 2021, The Trust established a Health Inequalities Group to bring together the various programmes of work the Trust is developing focused on or related to health inequalities.

During 2022 the Health Inequalities Group agreed on how it would structure the Trust's approach to Health Inequalities with an emphasis on reducing inequalities in access, outcomes and experience. How the Trust's clinical services are delivered is vital to addressing health inequalities; the Health Inequalities Group has emphasised that this delivery must be equitable, proportional to patient needs, and easier to navigate and access. A key aspect of the Health Inequalities Group's work during 2022 has been understanding data relating to access, outcomes, and experience through a health inequalities lens. As a result, the Trust has been developing a health inequalities dashboard to enable better monitoring of this data, the dashboard will be completed in 2023.

As the largest acute Trust in England and one of the biggest employers in Greater Manchester, the Trust has a broader role in reducing health inequalities. One of these roles is as an anchor institution, adding significant value to served communities through employment practices and procuring goods and services that benefit local communities. The Trust already delivers significant value in this way. However, in 2022, a sub-group of the Health Inequalities Group was formed to help maximise the delivery of social value, with one area of focus being social value procurement.

The Trust is committed to tackling health inequalities and this agenda is likely to grow through 2023 and the next Equality, Diversity and Inclusion Strategy.

A Framework for tackling health inequalities at MFT



1. Source: Institute for Clinical Systems Improvements – Going Beyond Walls: Solving Complex Problems (2014)

Health Inequalities In Digital Technology

The NIHR Applied Research Collaboration Greater Manchester (ARC-GM) which is hosted by the Trust, supported a work programme tackling digital health inequities for the Pankhurst Institute. Research into digital health inequalities will contribute to technology equity and inform continuous improvement. As the Trust undergoes a rapid digital transformation, so will the tools and approaches to analysing and tackling digital health barriers.





Case Study – The Digital Manikin

Pain is more common among ethnic minority groups in Greater Manchester than among white British residents. Differences in pain treatment and outcomes may partly be explained by differences in people's pain beliefs and reporting behaviour (i.e., when, how, and to whom people report their pain).

The Manchester Digital Pain Manikin is a research programme which investigated the feasibility and acceptability of daily pain self-reporting. The study looked at people with chronic pain across different ethnic backgrounds who used smartphone apps to self-report their pain management. Studies have shown that pain is more common among ethnic minority groups in Greater Manchester than among white British residents. Differences in pain treatment and outcomes may partly be explained by differences in people's pain beliefs and reporting behaviour, such as how and to whom people report their pain.

By applying the Health Equity Impact Assessment for Digital Health (HEIA-DH), the study arrived at the following conclusions:

- The project's budget, planned activities, and timelines should reflect the need for additional support to increase participation from underserved populations.

- Interactive discussions with people of working age across different ethnic minority groups are needed to help us further improve the app design and wider acceptance of our app.
- To further improve and promote wider acceptance of the app design, interactive discussions should be held with people of working age across different ethnic minority groups.
- Members of underserved target groups should be engaged more actively during the planning phase. This can help with approaching communities for recruitment and with developing participant-facing materials.
- A wider variety of approaches are required to promote participation in research from ethnic minority groups. For example, older people whose first language is not English may prefer to listen to study information or watch a video rather than read it. Audio-visual study materials, such as instructions on how to use the Manchester Digital Pain Manikin, could be included in the app.

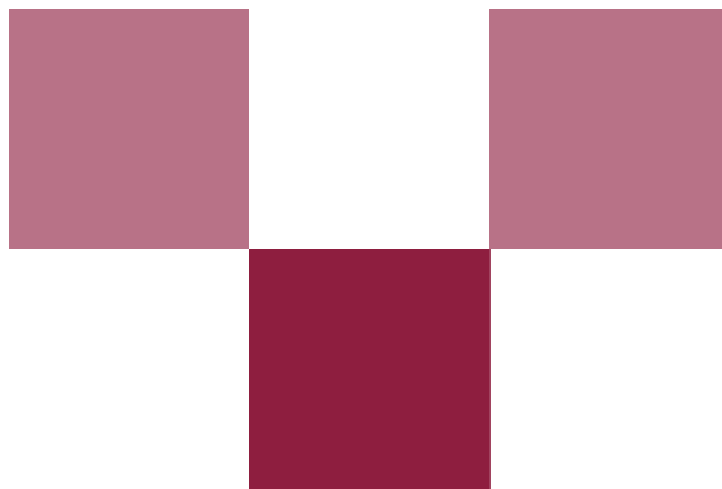
The next step will be applying the HEIA-DH to other digital health technologies developed at the University of Manchester and improving the Pain Manikin's purpose to tackle pain for all patients.

Equality Impact Assessments (EqIAs)

As a world-class healthcare provider, we strive to provide safe high-quality care to all our patients. As part of this mission, we must consider the impact of our decisions on protected characteristic and socially excluded groups. The Trust has an organisational approach to how these equality impact assessments (EqIA) are conducted and recorded. Conducting EqIAs assists us in reducing health inequalities, enhancing practice and improving service user experience. EqIAs also provide evidence for legal compliance with the Equality Act, 2010, by documenting equality deliberations and conclusions.

On average, the Trust carries out more than 350 EqIAs each year. This year the introduction of Hive, our new electronic patient record, saw a wide range of EqIAs undertaken in order to ensure the implementation of the system advanced equality for our patients, visitors and staff. Another area of high activity for EqIA in 2022 has been harmonisation of policies and guidelines across the established Single Hospital Service in Manchester following the addition of North Manchester General Hospital to the Trust. This has enabled us to consider how best to ensure equity when delivering services across Manchester for our diverse population.

The following case studies evidence how EqIAs have been utilised in 2022 to ensure our decisions reduce health inequalities and advance of equality.



Case Study – Waiting List Validation Standard Operating Procedure

Waiting List Validation involves contacting patients on a waiting list for their first appointment to confirm if they wish to remain on the waiting list or be removed. Patients who don't need treatment generally do not inform the Trust about their circumstantial changes, such as:

- Their symptoms may have improved.
- They may not need the treatment.
- They may have moved away from the area.
- They may have their treatment done at another healthcare provider.

Removing these patients from the waiting list reduces unnecessary delays and can help to mitigate health inequalities. Greater Manchester has some of the most deprived areas in the UK, with higher overall levels of waiting per head of population associated with areas of more significant deprivation.

To ensure that removing patients from waiting lists did not create health inequalities, an equality impact assessment was undertaken to identify negative impacts and create actions to mitigate disadvantages. The following areas were identified and acted upon.

Staff contacting patients digitally has the potential to negatively impact older patients who are less likely to own a smartphone or have internet access. Therefore, staff should use non-digital communication based on patients' circumstances, for example, paper letters.

Patients with visual, hearing and/or sensory impairment, learning difficulties, and mental health conditions may not be able to communicate or engage effectively with the process of waiting list validation. Staff should ensure that the communication needs of the patients are recorded as a part of an initial clinical assessment or the clinical referral. If this information is unavailable, a letter will be sent to the GP to assess and identify this information. Staff involved with the clinical review before removing a patient from the waiting list should meet those requirements to manage the clinical risk effectively.

Pregnancy status may not be evaluated at the initial assessment or referral. However, there may be a future risk as the pregnancy progresses. If the patient is on the waiting list for longer, where relevant, staff should ask the patient about the pregnancy status. Future clinical risks relevant to this characteristic should be assessed and recorded before removing a patient from the waiting list.

Patients without a fixed address are less likely to have a mobile phone (e.g. homeless people and the traveller communities). When undertaking a waiting list validation exercise, services should consider their procedures for contacting socially excluded groups such as refugees and homeless people. These patient groups can be excluded from waiting list validation if necessary.

Case Study – Laboratory Haematology – Clinical and Scientific Services

Many serious adverse events following a blood transfusion are unpredictable and can disproportionately impact patients from diverse backgrounds and with complex needs. The Laboratory Haematology department undertook an Equality Impact Assessment (EqIAs) which analysed the protected characteristic groups which could be at a higher risk of adverse transfusion reactions. The groups they identified are below:

Older patients with a low tolerance for anaemia require a higher haemoglobin threshold. It was recommended that transfusion practitioners set individual thresholds and haemoglobin concentration targets for older patients who need regular blood transfusions for chronic anaemia.

Patients with learning disabilities and/or sensory impairments were identified as being at risk of not being able to communicate their needs effectively pre, during and post transfusion. A recommendation was given to identify patients Accessible Information Standard requirements before the transfusion, with carers to be involved if required.

Patients whose gender identity is not the same as their sex assigned at birth may have additional special requirements for blood components. Gender is used to produce test reference ranges to check if a patient is within the normal range. Many laboratories have computer systems that automatically interpret the results and produce reference ranges. Clinicians need to ensure that the patient's record is kept up to date to include the clinically relevant history of the patient's birth sex. There is a risk of an incorrect or missed critical result if decisions are made based on a reference range aligned with the patient's gender identity rather than their sex.

These actions have been put in place continuing to ensure that our diverse population receive high quality safe care. Clinical awareness of the patients' diverse needs can ensure a more accurate and high-quality service, supporting the Trust to meet our strategic aim of improving patient access, improvement and experience.



Disabled People's User Forum

The Equality, Diversity and Inclusion Team run a patient forum called the Disabled People's User Forum. The purpose of the Disabled People's User Forum is to listen to the views and experiences of disabled people and enable them to influence decision making within the Trust ensuring we understand how these decisions will impact disabled people. This aims to improve the access to, experience of, and quality of health care for disabled people within our hospitals and community services.

Some of the key consultations with the Disabled People's User Forum in 2022 have included:

- Reception Check-In Kiosks – The Forum gave their views on the best way to make the new reception check-in kiosks accessible for all.
- Accessible Toilets within Hospitals – Due to accessible toilets often being out of use during the night, the forum was consulted on the most preferential way to ensure that the toilets were being used for their intended purpose and available for disabled people. After discussion, the most preferential solution was the use of a radar key, which are commonly owned by disabled people, to open the toilets during night hours. The Estates & Facilities Team will be implementing this in 2023.
- MyMFT App – The Forum gave feedback on the new MyMFT App, suggesting ways to make it most accessible to patients.
- Involving Patients in Patient Safety – Feedback from this consultation was fed into the ongoing review of all MFT policies across all the Hospitals within MFT.
- Accessible Information Standard – The Forum have been involved in the ongoing rollout of the new Hive system, specifically on how to make it accessible for all patients. This has led to the implementation of mandatory stops for staff to ensure that the correct details of what a patient needs regarding communication are. These include Braille, BSL, Easy Read and Large Font to name a few.
- The Forum has also given a variety of feedback on ways to improve general accessibility within Hospitals. Discussions were held around the amount/size of signage, waiting area seating/space, correct use of colour contrast, updating of clocks etc.

Objective 2: Know who uses our services, by equality and their experiences, to reduce any differences that we find

Through equality monitoring, the Trust aims to reduce any unfavourable outcomes of service users with protected characteristics. We achieve this by gathering and analysing patient data and identifying areas of improvement. The following are examples of how understanding the diversity of the Trust's patient population, action has been taken to improve patient experience, access, and safety in 2022.

Our Approach to Rolling Out the Equality Delivery System (EDS3)

The Equality Delivery System (EDS) is a mandatory equality assessment framework designed by NHS England to address health inequalities and measure equality performance. The main aim of EDS is to produce better outcomes for people using and working in the NHS. In addition, it gathers evidence that demonstrates compliance with the Public Sector Equality Duty (PSED) of the Equality Act (2010) and the commissioning contract.

NHS England refreshed EDS in 2022, with the launch of EDS version 3 (EDS3). EDS3 is an equality delivery system that aims to achieve three goals:

1. Patient outcomes that are relevant to access, safety, experience and needs.
2. Workforce health and well-being.
3. Inclusive leadership.

Within the three goals, there are eleven standards or outcomes against which we assess and grade our equality performance.

EDS3 will unify the Trust's approach to implementing and monitoring equality standards and mitigate risks, such as inconsistent data collection and varying interpretations of standards. EDS will provide further benefits, such as Trust-wide ownership over equality and diversity standards, improved benchmarking and shared practice across the various departments, and more data-led assessments in identifying key areas of improvement.

The Trust is currently undergoing implementation of the EDS3 framework with plans to publish the EDS Annual Report in March 2023.

Improving Patient Communication with the MyMFT Portal

MyMFT is an online portal and mobile app that provides patients and service users greater access and control over their healthcare and health information. MyMFT was launched in September 2022, before this a rapid decision group was created to oversee every step of the portal's development, to ensure patient safety, efficiency and suitability for our population's diverse needs. Though the portal has now launched MyMFT is constantly developing to meet emerging needs, with features being thoroughly tested and rolled out on an ongoing basis.

Since launch the MyMFT team has been monitoring the use of the portal and surveying those using it, early results are showing benefits and increased efficiency for staff and patients including:

- 28% of medical staff reported saving 4-6 minutes per appointment where patients had chosen to take advantage of the pre-appointment questionnaire feature.
 - A patient survey showed that 95% of those who used the patient portal reported utilising the built-in messenger function instead of making a phone call. Additionally, 61% reported sending messages instead of opting for an in-person visit.
 - In general, patients who used secure messages were 7-10% less likely to schedule an office visit while also making 14% fewer phone calls than patients who did not use the portal.
 - Another survey found that 73% of clinicians agreed that the portal improved patient/clinician communication.
- With results showing a good start, the Trust must also consider the impact on disadvantaged groups and service users with diverse needs. To ensure the portal is appropriate for our diverse population, an equality impact assessment was conducted with recommendations for improving the portal's features, including:
- Non-digital alternatives will remain in place and be integrated into Hive for patients with difficulties accessing the portal. For example, the option to print out a discharge summary will still be present. Patients can also still be sent reminders and appointment letters through the post or via text messages, where requested.
 - MyMFT is designed to be intuitive for patients of all ages, backgrounds, and abilities. With the proxy access feature in MyMFT, family members or caregivers, with the patient's consent, can access the patient's data directly through their own account to help manage their healthcare if needed. Patients can share access to their records by sending an invite directly from their MyMFT account or requesting the healthcare team do so through Hive.
 - The portal will also be available in English and Arabic at go-live. Work is underway to explore additional languages as part of optimisation efforts post go-live.

Homeless Health

Challenging COVID-related service pressures have meant that MFT's Homelessness Working Group was temporarily stood down from meeting, although the successful Homelessness Information Seminar that took place on 23 June 2022 did manage to engage with over 80 colleagues and keep the issue of homelessness response across MFT on the agenda.

The MFT Homelessness Working Group will start meeting again in 2023 and will meet quarterly over the year, as this will

allow Working Group members time to both participate and progress any actions that arise from the meetings. The Working Group will now be chaired by Nick Bailey, Director of Corporate Workforce at MFT. The meetings will take place on Microsoft Teams, to allow colleagues from different MFT sites and partner organisations to attend.

Gender-Neutral Drafting Within R&I Documents – R&I Team

The MFT Research & Innovation (R&I) team believe that conducted studies should be inclusive to all members of society, and therefore, the documentation relating to R&I activity should be no different.

To reflect the diverse needs of our stakeholders, an R&I working group created guidance to encourage the use of inclusive language in documents relating to Trust-sponsored research, with a view to increasing inclusive research participation. One example of this is the gender neutral-drafting guidance, which is available on the Trust's intranet for all staff.

Following its creation, the guidance has been publicised by R&I senior leadership via the regular R&I communication channels, as well as by the Trial Coordinators Network and individual R&I staff members.

The impact of the guidance on Trust-sponsored research documentation is measured by the R&I EDHR Group, through regular liaison with the R&I Sponsorship Team and Principal Investigators (PIs).

Case Study - MFT Senior Adult Service – Older Person Assessment and Liaison (OPAL) Service

The Older Person Assessment and Liaison (OPAL) service provides a consultant-led multidisciplinary assessment of older patients with clinical frailty and multiple health conditions. The service covers A&E, Orthopaedics, Surgery and Thoracic Oncology, and other relevant service areas. The assessment includes physical and mental health conditions.

The assessment also identifies patients from inclusion health groups to prevent health inequalities and promote shared decision making, reduce post-operative complications and ensure a safe and effective discharge.

To further support older patients with accessing care, the Trust also has services in the community including rehabilitation, nursing home care management, NHS continuing care long-stay beds, and community services to support recently discharged patients or those at risk of hospital admission.

In a particular case, a 78-year-old patient with a history of cerebral Palsy and schizophrenia was admitted to Wythenshawe Hospital following a fall. The patient was diagnosed with a fractured neck of femur, requiring an operation. The OPAL Team provided a holistic assessment, to manage the patient's fragility.

The patient was transferred to OPAL House, a service for older frail people that require functional, cognitive, and social assessments to support recovery and to ensure safe discharge into the community. The OPAL Team provided a supportive and encouraging environment to support recovery.

Pre-discharge, the OPAL Team also conducted home visits to ensure safe and effective continuity of care; and a functional environment available, this includes providing equipment to use at home.

Saint Mary's MCS – Improving Access to Care for Black, Asian & Minority Ethnic Service Users

Manchester University NHS Foundation Trust was approached by the Health Scrutiny Committee to demonstrate how we are working collaboratively to address the wider health inequalities facing Manchester Black, Asian and Minority Ethnic (BAME) service users and other disadvantaged communities who make up a significant proportion of our city's population. The three areas the Trust was asked to consider were elderly care, the first 1000 days of a child's life, and managing long-term conditions.

A Consultant Midwife and Research Champion, supported by a Specialist Midwife for Public Health, provided a case study on the work undertaken on improving maternal and neonatal outcomes for women from Black, Asian and Minority Ethnic groups that qualified for the first 1000 days of a child's life category.

The Local Maternity System and Maternity Voices Partnerships were used to prioritise and implement the three actions set out by the Chief Medical Officer to help address these issues, which included a Public Health Agenda supporting maternal well-being across maternity services, a Public Health Specialist Midwife focusing on modifiable risk factors to improve outcomes, and embedding public health and prevention across the maternity pathway.



The Spiritual Care & Chaplaincy Service

The Spiritual Care and Chaplaincy Service (SCCS) vision is to transform how spiritual care is understood in our Trust's hospitals, with the intent to be a world-class service rooted in evidence-based practice, research, and learning.

SCCS oversaw a range of activities throughout 2022 aimed at providing a service which is inclusive and supportive, with an overall increase in its various areas of activity.

The following are some of the results found in the past year:

- Referrals made to SCCS saw an increase of 3,226, or 61% compared to the previous year.
- The service provided 13,328 patient visits, with the three top sites being the Manchester Royal Infirmary (5,894), Wythenshawe Hospital (2,718), and North Manchester General Hospital (1,356).
- The out-of-hours service saw 591 calls being made in 2022.
- Welfare funerals are provided by the spiritual care service, with 132 conducted in 2022.

The SCCS team was crucial in developing the Trust's knowledge, skills, and practice through the delivery of spiritual care throughout the trust. The Team has conducted a range of educational activities, including more than 600 online induction sessions delivered to nurses and midwives, continuous expert training in compassionate communication to 50 medical students, training provided to 20 Specialist Critical Care Nurses, and 3 members of the legal team trained in spiritual assessment and early intervention, to name a few. The team is looking to expand their educational elements and provide more training to staff in 2023 to support staff in providing appropriate care for our diverse population.

Research is also an important aspect of the team's focus, with direct involvement in multiple research areas. One example is LiSHoRe (Listen, Share, Hold, Respond), a research study investigating pandemic-related psychospiritual experiences of Black, Asian, and Ethnically diverse NHS Staff. The study contributes to the national strategy for providing spiritual care and support in major health disasters. For its research contributions, SCCS won the Greater Manchester Health and Care research awards for best contribution to research outside the NHS in September 2022.

With an outlook toward the future, the team is keen on addressing a range of initiatives. This includes revisiting the structure and provision of its services across the Trust, reviewing national guidelines, and analysing census data, and promoting an equality, diversity and inclusion champion on the board for belief and religion.

SCCS will also look to embed spiritual care as a core modality to whole person health, harmonise its strategy across the trust, develop highly clinical chaplains across specialities, and future-proof service development ready for the next ten years.

The Spiritual Care and Chaplaincy Service is an essential in enabling the Trust to provide more inclusive and compassionate care to patients of all faiths and beliefs, and a determined partner in constantly increasing the quality of our services.



Case Study – The Manchester Sickle Cell and Thalassaemia Service Steering Group

In 2022 the Manchester Sickle Cell and Thalassaemia (MSCT) Service Steering Group has been working to improve patient care across community services and the Clinical Haematology Centre at Manchester Royal Infirmary.

The improvements made within the MSCT Service are informed by the findings of the national 'No One's Listening' inquiry, which presented some of the shortcomings of the healthcare sector in providing care for patients who are affected by sickle cell and thalassaemia. Improvements that have been implemented in 2022 to improve patient care include:

- The Manchester Sickle Cell and Thalassaemia Centre on Denmark Road needed refurbishments which began in 2022 and will continue in 2023 to improve the environment for both staff and patients.
- The Community Sickle Cell Team has increased its staffing levels to better enable the delivery of safe and effective care.
- The Community Sickle Cell Team has also re-established and strengthened its links with other Trust services such as haemoglobinopathy, enabling more joined-up care for patients.
- The Manchester Sickle Cell and Thalassaemia Centre now has a 'one-stop shop' approach in place including voluntary sector partners to reduce the number of visits patients need to make.

In addition to the work already underway Manchester Local Care Organisation (MLCO) is developing a proposal for a voluntary sector-led community engagement group. This is being funded by the Trust charity and will build on the national engagement events held in Manchester in 2021 to better understand the issues faced by people living with sickle cell and thalassaemia and their families.

The engagement will ultimately lead to the development of a service strategy for sickle cell and thalassaemia that has been coproduced by staff, people living with sickle cell and thalassaemia, and the voluntary and community sector. Procurement of a voluntary sector organisation to lead this work is underway and work will start in 2023.

Through these combined efforts, the Trust aims to strengthen the bonds between specialist and community sickle cell and thalassaemia services to continue to improve patient care.

Case Study – The Jim Quick Ward at Wythenshawe Hospital

Opened in 2002, the Jim Quick ward, named after one of its early patients, offers specialised care for patients undergoing heart and lung transplants and support for their families and loved ones.

In 2022, the ward had to find solutions to provide the best possible care to a patient under the age of 18, which was an unusual occurrence for a ward that usually caters to adults. Due to needing an urgent heart transplant, the patient was admitted to the ward as the safest place for them to be, which led to heightened anxiety due to a foreign environment.

The ward staff provided care that wasn't only clinically appropriate but also fit for the needs and lifestyle of a young person. In the first instance, the patient was reviewed by a multidisciplinary team of professionals to assess their needs and circumstances. For example, a social worker engaged early in the patient's stay to assess their home environment and suitability. Additionally, the ward psychologist assessed mental health and any underlying needs the patient might have. One of the results of these assessments was the patient engaging with the Chaplaincy Team for spiritual care.

The ward staff also provided a range of adjustments to help the patient adapt to the ward stay. Some of the adjustments included:

- The patient being cared for in a side room, which allowed for a family member to be present. Additionally, the ward staff provided a bed for the family member to rest or spend the night.
- The family member given access to a temporary accommodation, allowing for privacy and access to facilities such as a bathroom with a shower.
- The patient receiving protected time with minimum interruptions to focus on tasks such as studying or having calls with family or friends.
- The patient's friends being allowed protected time in the day room to socialise without interruptions and to minimise the anxiety around visiting in a hospital environment.

Case Study – The Jim Quick Ward at Wythenshawe Hospital - **Continued**

These efforts resulted in the patient and their family feeling safe and cared for in an otherwise foreign environment which helped mitigate the initial anxieties. The patient received a successful heart transplant and recovered in the same ward before being discharged approximately four weeks after the surgery.

The patient and their family expressed gratitude to the staff for their care and compassion, and for adapting to their circumstances to provide a safe space in preparation for a difficult procedure. The Trust believes in Dignity and Care as one of its core values, that good quality care extends to being compassionate and doing whatever is necessary to provide a comfortable and dignified environment for the patients to feel safe and well cared. The Jim Quick Ward Team embody the Trust values and beliefs by going the extra mile for every one of their patients, despite their age or background.



Case Study - The Long-Term Conditions Programme: Diabetes

The Long-Term Conditions (LTCs) programme has two key objectives: shifting care and support upstream into neighbourhoods and communities and reducing the long-standing inequalities in Manchester.

COVID-19 significantly impacted healthcare services and continues to have a disproportionate effect on people from minority ethnic communities and people living with chronic diseases such as type 2 Diabetes. For instance, the pandemic interfered with the annual GP checks and hospital outpatient appointments that are a vital part of the care for people with diabetes. As services are reimaged and redesigned in new digital forms, it is more important than ever that we do not further exacerbate existing inequalities.

Using data collected in primary care, the LTC programme can analyse differences in diabetes prevalence and hospital activity in a neighbourhood or primary care network by ethnicity. Using a population health management approach, it established a project to tackle entrenched inequalities in diabetes outcomes. The initiative has identified people from an African Caribbean Black British background in one of our neighbourhoods for early adoption of this change in approach.

Through the project, the programme engaged with the Caribbean African Health Network (CAHN) and BHA for Equality to inform on a series of focus groups with Black British diabetes patients from the neighbourhood to gather feedback on their experiences of care and support. From these conversations, a shared understanding emerged of the vital elements that support people with diabetes to remain healthy and well, which the LTC team supports and encourages. In addition, current services and provisions can be analysed and given consideration to the changes that need to happen. Working with people and community groups will enable the programme to co-create and deliver an action plan of change to improve health outcomes and reduce diabetes inequalities.

Although the project is ongoing, the feedback and contribution from local patients and community groups have been positive and focused on making substantive changes to improve people's diabetes care, support and outcomes.

Through the remainder of the year, additional focus groups are planned. The feedback will continue to inform action plans to tackle the identified inequalities in type 2 diabetes outcomes.



Objective 3: Carry on Working Towards the Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) is a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The AIS is national requirement for all health and social care providers so that they can improve services by providing information that people with disability, impairment or sensory loss can easily read or understand, and communicate easily with the services they use.

Accessible Information Standard Progress to Date

What we have achieved in 2022:

- The AIS has been integrated into the new Electronic Patient Record system Hive.
- Staff have received training to ask patients if they have any accessible information requirements.
- A patient's AIS requirements can now be recorded in the Hive system, using the national AIS codes.
- Any AIS needs are flagged on Hive, so that they are easily visible to staff for future letters and appointments.
- Appointment letters ask patients to contact us in advance if they have any accessible information requirements.
- The Local Care Organisations began a pilot in November 2022 to implement AIS in their local systems.

What's Next?

Whilst the Trust has made significant progress in implementing the AIS at all hospital sites in 2022, as this is still a new process work continues to standardise and implement AIS.

In 2023 the Trust will continue to build on this foundation by:

- Actioning feedback from patients and staff to improve the current AIS workflow.
- Ensuring all staff can record AIS requirements consistently.
- Continuing to work collaboratively to ensure that patient appointment letters can be provided in accessible formats.
- Continuing to ensure that patients are able to request communication support ahead of appointments.

Objective 4: Make Sure People with Learning Disabilities and Autism Receive Treatment, Care and Support

The Trust is committed to ensuring that patients and service users with a diagnosis of learning disability (LD) and/or autism receive appropriate and high-quality care when accessing our services. For this reason, in June 2022, we implemented a Learning Disability and Autism Strategy - "Our plan for people with learning disabilities and/or autism, their families and carers 2022-2025". The strategy focuses on four key priorities:

1. Respecting and protecting rights
2. Inclusion and engagement
3. Workforce
4. Learning disability Service Standards

The strategy priorities closely align with the NHS Improvement's LD improvement standards for NHS Trusts, Greater Manchester's Strategy, and feedback from the MFT Patient and Carer Forum.

The plan for improvement includes the following aims:

- Personalised care for patients with LD and/or autism admitted to the Trust's hospitals/Managed Clinical Services.
- Reasonable adjustments care plans in place for patients with LD and/or autism.
- Delivery of mandatory training and specialist support for staff to have the skills and tools to communicate with patients effectively.
- Ensuring processes are in place for consistent use of hospital passports.
- Access to LD and autism champions to support staff and patients in all wards.

The Chair of the LD and Autism Steering Group oversees the delivery of the strategy by working closely with members of the steering group and Local LD Delivery Groups to ensure that information is shared widely, and feedback is utilised to carry out improvement work.

Case Study – Learning Disability and Safeguarding Team

On one occasion, a patient required a Magnetic Resonance Imaging (MRI) scan, which required the patient to drink a set amount of fluid before the procedure. The community learning disability (LD) team contacted the LD and autism safeguarding team for support and advice to ensure that the patient's MRI scan was successful.

The LD and autism safeguarding team contacted the Radiology Department to gain further insight into the requirements for the MRI scan. Contact was then made with the patient's parent to understand the reasonable adjustments required to enable the patient to access the intervention. As a result, the team provided a longer appointment time and a quiet area for the patient and parent to sit and support the fluid intake necessary for the scan. Additionally, the parent could bring along objects for distraction therapy. The LD and autism safeguarding nurse was able to attend the appointment to support the patient and ensure adequate fluid intake aiding the successful scan.

The patient drank the fluid with support from the parent and the specialist team, which enabled the scan to be carried out. The learning disability and autism safeguarding team provided distraction and further encouragement to aid the safe administration of the fluid.

The experience was greatly received by both the patient and the parent, with formal feedback received in an email. This positive outcome supported further successful encounters with the hospital.

The LD and autism safeguarding team has since liaised with the community team to review more cases which may require input/reasonable adjustments. The LD and autism safeguarding team have since been empowering staff within those areas to undertake adjustments in care planning for their patients.

Case Study – University Dental Hospital of Manchester’s Transfer of the Complex Special Care List to the Dental Sedation Suite (DSS)

Patients referred to the special care clinic present with a wide range of complex needs, including learning disabilities (LD) and autism coupled with severe dental anxiety. This group of patients are vulnerable, especially if they require conscious sedation to facilitate dental treatment.

Supporting patients with their fear and anxiety is challenging. Effective communication and rapport with carers/family are crucial to tailoring a plan that fits their needs. Occasionally, with some of our complex care patients, their fear, vulnerability, and anxiety are heightened, possibly due to past experiences, which can lead to a loss of trust in the dentist providing their care.

The University Dental Hospital of Manchester (UDHM) successfully transferred the complex special care list from UDHM to the Dental Sedation Suite (DSS) based within the Manchester Royal Infirmary (MRI). The UDHM provides a dedicated service for patients with a wide range of additional needs and employs a dedicated Consultant for Special Care Dentistry.

The decision to transfer the service from the main UDHM site to the DSS was based on providing reasonable adjustments for patients with health and welfare needs before and after dental treatment. In addition to delivering a gold-standard patient experience, UDHM sought to provide a more efficient and improved service for its patients.



The DSS team provides a supportive care package that considers future treatment planning for patients with complex needs, including dental anxiety and LD.

For example, patients with significant dental anxiety are provided with a calmer non-dental waiting area to reduce anxiety levels. In addition, the suite offers a recovery room to clerk patients in and uses a quiet space to alleviate patients' anxiety before treatment. Consideration is also given to service users with mild to severe systemic diseases and a high body mass index (BMI) indicator of 40+, with access to supportive services within the broader hospital team.

Moving the service to the main hospital site also presented opportunities to provide more holistic and integrated care to patients with diverse needs. For instance, patients needing haematology plans before and after treatment can access the Trust's Haematology department, located at the same hospital site. The proximity also allows for closer coordination with theatre teams and departments such as oral surgery and maxillofacial, facilitating a more comprehensive multidisciplinary team approach to patient care.

The transfer to the MRI allowed for more seamless service across multiple specialities. Patients reported increased satisfaction with the service's ease of use and the consideration given to their needs, with feedback consistently staying above 95%. The DSS is keen to facilitate a broader dental nursing team approach within the department and share the knowledge and skills amongst the team. In addition, the department has identified LD and autism champions who are providing critical support in promoting the newly developed LD and autism care plan for use within the dental outpatient setting.

Case Study – Royal Manchester Children's Hospital – Focused Support Team for Young People with Mental Health Needs and Learning Difficulties

The Focused Support Team (FST) is a specialised team based at the Royal Manchester Children's Hospital (RMCH) which provides a range of specialist support and care to children and young people with learning disabilities (LD), autism, and mental health needs prior to and during hospital admission. The team is made of LD, paediatric and mental health nurses, and care support workers.

The team provides crucial support to the hospital for children in need of specialised input, through a range of activities, such as bespoke training to care professionals within the trust, individualised care plans and risk assessments, therapeutic interventions, working collaboratively with extended MDTs, facilitating effective communication methods, and identifying and supporting with the implementation of reasonable adjustments for planned or unplanned admissions.

The 'Was not Brought' Programme'

FST has been involved in 'Was not Brought', a programme commissioned to understand the reasons behind children and young people with neurodiversity not attending appointments.

Through liaison with the group informatics department, appointment data was obtained, and the team has contacted thirty-five families to gather information on reasons for not attending outpatient appointments, with themes having been developed that can be turned into actions to support them. For example, one of the themes that arose from the data collection was improper signage and facilities for children who need a wheelchair. The team are now working with outpatient areas to implement improvements to the outpatient waiting areas to include visuals and better signposting of wheelchair-accessible waiting spaces.

Other themes included service and staffing barriers, and lack of resources such as lack of toys or quiet waiting area, which the team are working on addressing.

The team has developed links within the hospital and community services to increase awareness of FST and has seen an increase in the number of children and young people and their families asking for support. A range of support has been developed for parents or carers and young people accessing the site, including providing supportive visuals for their route to departments and implementing reasonable adjustments, which have all seen positive responses.

Since the start of the programme, 'Was not Brought' was nominated for a Health Service Journal (HSJ) award across the eleven hospitals that make up the Children's Hospital Alliance (CHA). FST is proud to represent Manchester University NHS Foundation Trust together with the Children's Hospital Network in recognition for our paediatric services.

Mobile Sensory Trolleys and Working Across Multiple Sites

As a managed clinical service, Royal Manchester Children's hospital must ensure equal opportunities for care across its numerous units in the Greater Manchester area. Through the 'Was not brought' programme, FST received funding to improve services, and as part of their mission of ensuring equitable patient experience across multiple sites, they opted for purchasing four mobile sensory trolleys. They are called Voyagers and offer an alternative resource to areas with limited access to a sensory room, they enable a flexible approach to the use of space in departments without impacting the delivery of clinical services. The input from the various teams enables collaborative working relationships and a more harmonious service offer across multiple sites.

Conclusions

In the last year, the Focused Support Team won the Equality, Diversity and Inclusion Champion award at RMCH, showcasing their dedication on improving the quality of care for young adults with specialised needs, and their unwavering support to the children's hospital clinical teams. Moving forward, the team is eager to continue challenging pre-established norms and culture, providing support for young people in acute settings, foster deeper relations with parents/carers and community services, and embed data at the heart of their mission to provide each patient with tailored plans and individual support. With the implementation of Hive, the Trust's new electronic patient record, FST is eager to utilise its various digital tools to better target young people with mental health, autism, and learning disability needs and reduce the number of unfavourable outcomes, such as reduced attendance rates for outpatient appointments.

Case Study – Saint Mary's MCS and Safeguarding

The Saint Mary's Managed Clinical Service (MCS) Safeguarding Operational Group was set in place to report to the Group Safeguarding Meeting. Specialist Midwives provide care for a wide range of vulnerable and at-risk pregnant groups, such as learning disabilities, drug and alcohol misuse, mental health concerns, Asylum Seekers, Black, Asian and Minority Ethnic service users, young parents, chronic and long-term health issues, safeguarding issues, and domestic abuse.

Exception reports identify compliance with level 2 and 3 safeguarding training with divisional action plans to maintain compliance. Incidents related to Safeguarding are reviewed and discussed at these meetings and the learned lessons are shared widely within the MCS.

Learning Disabilities Standards

All clinical areas support patients with vulnerabilities, learning disabilities, and/or autism needs with individual care plans, use of the patient passports, and link with the trust's learning disability nurse for additional support.

In addition, resource boards are available on wards for staff covering dementia, learning disabilities, and deprivation of liberty.

So far, these initiatives have received widespread positive feedback from families of people with learning disabilities and other protected characteristics. Mental Health and Maternal Mental Health awareness weeks were well supported across all Divisions. To further support vulnerable service users, Saint Mary's Sexual Assault Referral Centre (SARC) has appointed an independent sexual violence advisor (ISVA) with a specialism in Learning Disabilities.

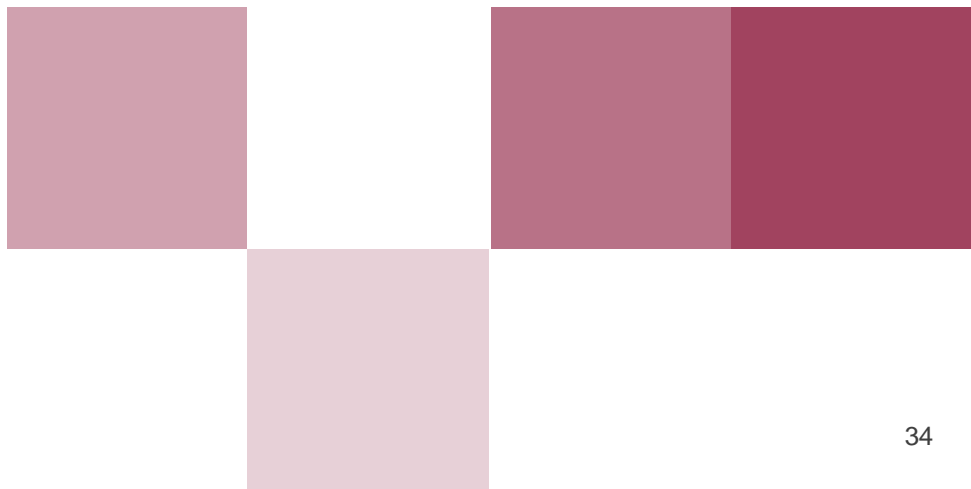




Objective 5: Be the First Trust in the Country to Deliver Pride in Practice

The Manchester University Foundation Trust (MFT) Equality Diversity and Inclusion Strategy 2019-2023 contained an original commitment to work towards the Trust becoming the first NHS Hospital Trust to achieve the LGBT Foundation Pride in Practice award, which ensures that all lesbian, gay, bisexual and trans people have access to inclusive healthcare that understands and meets the needs of our communities.

Since the Trust's Equality, Diversity and Inclusion Strategy was published, the NHS introduced the National NHS Rainbow Badge Accreditation Scheme, which is an assessment and accreditation model that allows NHS Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the excellent work they have already undertaken. The Trust has reprioritised the original commitment and is now working towards achieving Gold Status in the Rainbow Badge Accreditation Scheme.



Working Towards the NHS Rainbow Badge Initiative

The National Lesbian, Gay, Bisexual, Trans Gender (LGBT) Survey described a situation where LGBT+ communities nationally had poorer experiences and major concerns about accessing healthcare. At least 16% of survey respondents who accessed or tried to access public health services said they had a negative experience because of their sexual orientation. In addition, at least 38% said they had a negative experience because of their gender identity.

To improve health outcomes for our local LGBT+ communities, the Trust was proud to be part of a vanguard of ten NHS trusts to pilot the new NHS Rainbow Badge Trust Accreditation Model. The Accreditation Model was commissioned by NHS England. The Trust worked in partnership with and was able to build on its existing, strong relationship with the LGBT Foundation, which delivered the pilot.

The NHS Rainbow Badge Pilot was focused on enabling trusts to improve patient care and staff experience. Participation in the pilot involved:

- Policy review
- Questionnaire assessment
- Staff and service user surveys

The Trust was assessed as achieving bronze status in the pilot NHS Rainbow Badge Accreditation Round and has adopted the assessment's recommendations in an improvement plan. Some of the key actions the Trust will be taking include:

- Implementing a transgender inclusion policy that covers staff and patients.
- Creating online LGBT+ resources for staff to access information relevant to specific services.
- Promoting the use of pronouns.

Work has begun on the reassessment process to enable the Trust to achieve silver award status in the next round of submissions to the National NHS Rainbow Badge Accreditation Scheme.



Case Study – The Trans Toolkit for Acute Care

Building on the successful professional development resource created in 2020 the Trans Toolkit for Acute care is an additional volume to help acute healthcare staff provide exceptional care to trans people. The original resource comprised four books and this new volume allows a further variation to the toolkit to be available. The Trans Toolkit for Acute Care is being provided in collaboration with the National Ambulance LGBT+ Network.

The final project is likely to be an A5 book size and PDF versions can be made available online. All versions will contain the weblink and QR code access to the Continuing professional development (CPD) elements. The first chapter will be an introduction into some of the challenges trans people and staff face in acute.

The second chapter will cover general advice for all staff to improve care provided to Transgender service users and patients. The third chapter will be more specific guidance for departments where more complex issues may arise for trans people and staff. The fourth and final chapter will be explaining some of the trans specific services available and relevant advice for those services.

The ownership and copyright of the final product would be jointly owned by the National Ambulance LGBT+ Network and Manchester University NHS Foundation Trust. The outcome will be a deeper understanding and knowledge for all staff on the care needs of trans service users and patients. Increased confidence for staff when dealing with trans people in acute care and more compassionate care for trans people within the Trust's acute care settings.

Objective 6: Making Our Wayfinding and Signage Easier

The Trust strives to work closely with patients, their families, carers, and service users to constantly improve our wayfinding and signage to make journeying to and from hospitals and between hospitals and community service as easy and effective as possible. The following are some of the actions taken in 2022 to ensure better access.

AccessAble

There over 14.6 million disabled people and 5.4 million carers in the UK. In a healthcare context, a large proportion of the Trust's patients, visitors and staff will have accessibility requirements. A lack of information regarding the accessibility of our sites, may mean people do not try to access a service at all or that they have a poor experience when they do.

In 2018, MFT partnered with AccessAble to undertake accessibility surveys of our ORC and WTWA estates and create online access guides. The online guides provide information about access in and around our sites (wards, departments, car parks, toilets, restaurants etc.) and include measurements, facts and photographs. Each guide is created through an in-person assessment by a trained AccessAble surveyor.

The information included in the guides is useful to disabled people with different needs and perspectives but can also be of use to anyone who needs to know about the accessibility of our sites.

The Trust's Estates and Facilities Accessibility Team have recently

commissioned AccessAble to undertake additional accessibility surveys and create access guides for North Manchester General Hospital and our Community properties. To make sure that the guides are up to date and show all the right information, they are fully reviewed each year by dedicated departmental leads. AccessAble then resurvey the area and update the guides, as necessary. Small ad-hoc changes can be made via an online guide itself at any time and by anyone.

Since August 2019 we have been monitoring the use of the AccessAble online guides and from October 2019 we were able to monitor the number of individual users. On average, over the past 30 months, the Trust's access guides were viewed by 5496 individuals per month evidencing that they are a useful resource for our disabled community.



AccessAble

Your Accessibility Guide

Wayfinding

The Estates and Facilities Team, in partnership with Sodexo, have been working hard to improve all aspects of wayfinding to ensure it is simple, accessible and as accurate as possible.

The new Oxford Road Campus (ORC) wayfinding scheme is based on wider and more noticeable use of the ORC hospital colours (**Maroon** – MRI, **Blue** – SMH, **Yellow** – MREH and **Green** – RMCH) and improvement of the identification of zones A to N. These zones and colours have always been part of ORC wayfinding but have not been utilised in the obvious way that they are now.

Trafford and Wythenshawe hospitals also use specific colours and zones to help patients navigate the buildings.

At ORC, each lift along Hospital Street now has a large letter attached to it to denote the zone you are in. Staircases and lift

lobbies have been painted in hospital colours and improved signage and floor directories have been installed to improve our patients, visitors and staff understanding of where they are in relation to where they need to be.

The feedback we receive from our patient and service user groups is that the walls along the main building often display information that is confusing, promotes staff-only messages and is not relevant to ensuring our patients and service users get to where they need to be. All public corridor walls are continually cleansed to ensure the information displayed is appropriate, accessible and useful.

The wayfinding team work continually to ensure all the Trust's site maps are accurate and kept as up-to-date as possible to reflect the ever-changing landscape of the Trust.

Manchester University NHS Foundation Trust



Oxford Road Site, Manchester, M13 9WL / 0161 276 1234 / www.mft.nhs.uk

Directions

For Zones A to C use MRI Entrance 1
 For Zones D to F use MRI Entrance 2
 For Zones G and H use Manchester Royal Eye Hospital Entrance
 For Zones J and K use Saint Mary's Hospital Entrance
 For Zones L to N use Royal Manchester Children's Hospital Entrance



Strategic Aim – A Representative and Supported Workforce

As one of the largest Trusts in the country and one of the largest employers in the Greater Manchester Area, the Trust understands the importance of valuing the diversity of staff. A representative workforce is one of the Trust's biggest strengths, and it constantly strives to improve conditions, listen to staff voices, and build equity. Through increased representation and stronger delivery of equality standards, the Trust aims for a happy workforce offering the best quality care throughout its services.

Objective 1: Consider how our decisions will affect equality and reduce unfavourable effects

The Trust considers how its decisions will affect equality in a variety of ways. These include conducting equality impact assessments and consulting with staff engagement groups on decision-making by setting out action plans for delivering better outcomes for staff groups with protected characteristics. This section details the activities that were carried out in 2022 towards achieving these objectives.

Case Study – Staff Living with COVID-19

The COVID-19 pandemic brought a set of unique challenges that impacted not only patients but also the staff providing the care. Due to high infection rates, the Trust and the entire NHS workforce saw an increased risk of infection, which led to lower levels of staffing due to sickness. The Trust required a solution to ensure staff were protected against the risk of infection, and to minimise transmission.

As a result, the Trust developed a 'Staff Living with COVID' policy that looked at providing guidance on how to best mitigate the risk of infection and best practices on how both staff and their departments can manage the illness in case of infection.

The guidance set out how MFT staff, workers and students should continue testing for COVID-19 and the revised pay arrangements for COVID-19 absences. The Trust developed this guidance based on Government guidance from UK Health Security Agency (UKHSA) and NHS England. In order to mitigate health inequalities and provide a more supportive solution, an equality impact assessment was carried out that identified the following risks:

- Older staff members are at a higher risk of developing COVID-19 and also face the risk of developing more severe versions of the illness. Older people are more likely to be frail and have comorbidities and underlying health conditions. These factors mean that people in these groups are at higher risk of poorer outcomes.

- Staff with learning disabilities or mental conditions might struggle to understand the guidance or access help.
- Black and Asian Minority Ethnic (BAME) staff are at higher risks of developing COVID-19 in part due to lower levels of vaccine uptake.

The Trust developed guidance for departments to carry out a number of activities to support staff, including a standardised COVID-19 Risk assessment to capture any underlying risks and factor in any needs the staff member might have. The guidance also included measures to provide regular testing amongst clinical staff and free testing for all staff who were symptomatic. Staff with disabilities also received support through their managers, departments, and working groups across the Trust to better capture their needs. Additionally, the policy also set out a transition process to return to a standard working pattern and ensure staff are supported throughout the process.

The Trust is committed to ensuring staff have safe working conditions and that their underlying risks and individual needs are met. The policy is an example of actions we have taken to mitigate risks and to understand how different people groups might be disproportionately affected by illness and how to best support them in a fair and equitable manner.

Case Study – A fair and inclusive Recruitment Process

The Trust understands that staff are the most important and valuable resource and that good recruitment practices significantly contribute to the well-functioning of the organisation. To develop a fair recruitment process, a policy was developed that incorporated fairness and equality at the core of its values. For instance, there are occasions whereby a 'positive action' approach may need to be adopted to support under-represented groups to overcome disadvantages in competing with other applicants.

The purpose of the policy is to promote and maintain fair and effective recruitment and selection procedures across the Trust and to ensure they are carried out to an agreed standard, comply with legislation, follow best practice guidance, contribute to effective risk management, provide equality, act responsibly and meet the requirements of the NHS Employment Check Standards.

An equality impact assessment was conducted to capture the risks and needs of potential candidates with protected characteristics. The following themes emerged from the assessment:

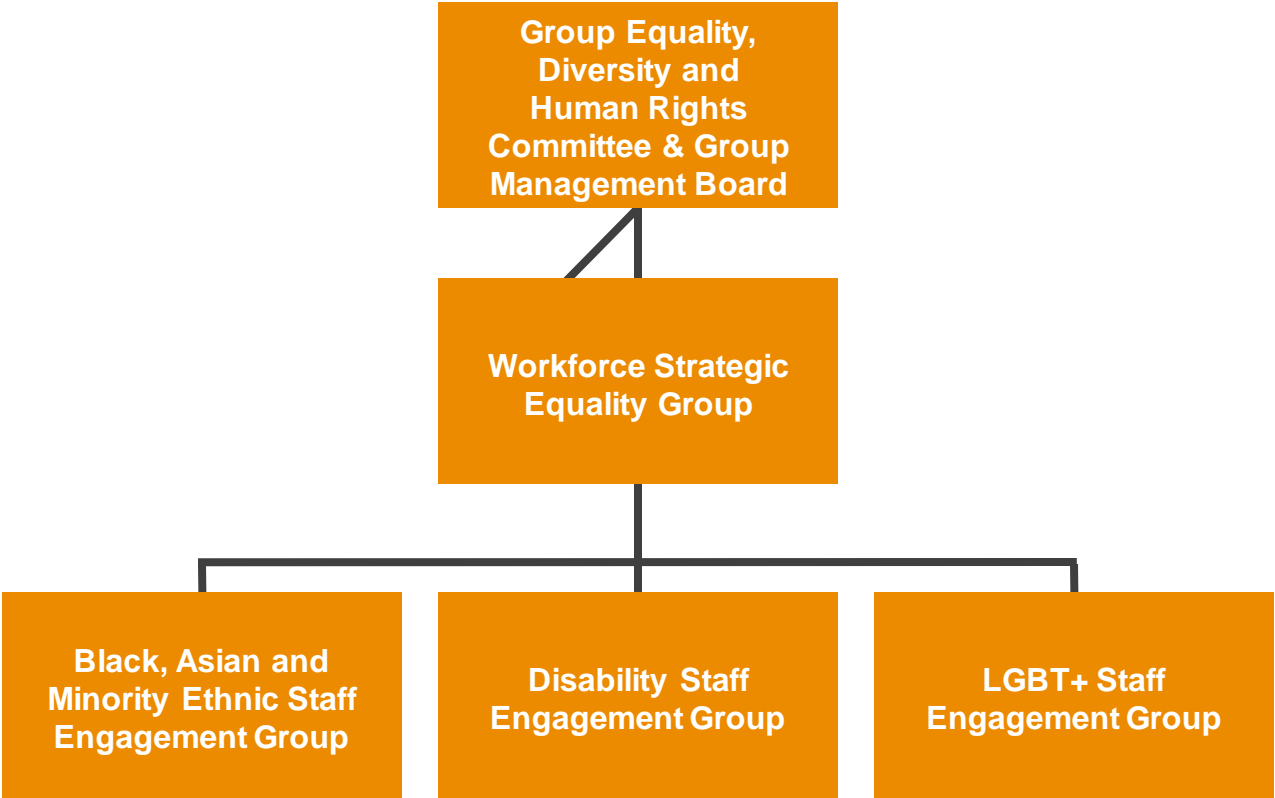
- Certain protected characteristics, such as age, gender, sexual orientation, or pregnancy status can negatively impact the candidates' likelihood of receiving job offers. To tackle this, the equality information is not visible to recruitment managers at any point of the application or selection process, with the specific aim to remove bias against minority groups. In addition, the policy states that any shortlisting or interviews must be undertaken by at least two people to reduce the risk of bias.
- People with disabilities may have difficulties in using online forms or engaging with the recruitment process. The Trust has a process in place to provide paper applications upon request, and a process to capture reasonable adjustments in the selection methods. Additionally, the Trust also operates a Guaranteed Interview Scheme for applicants who identify with a disability and meet all essential shortlisting criteria.

- Candidates who identify as Black, or Asian Minority Ethnic (BAME) are statistically less likely to be appointed from shortlisting compared to their white counterparts. To mitigate this, the policy adheres to the 'Removing the Barriers' Programme, a set of initiatives which aim to provide more employment opportunities for BAME staff, especially at more senior levels. For example, the E3 secondment scheme is an initiative designed to give ring-fenced secondment opportunities to BAME staff at banding level 8a and above.
 - Applicants from lower socio-economic backgrounds may be reluctant to apply for employment with the Trust. The Widening Participation Programme seeks to mitigate this through a range of activities which includes internships in association with local colleges, partnerships with local and national organisations, and use of Government initiatives such as the Kickstart programme.
- Providing a more inclusive and equitable recruitment process that takes into consideration the candidates' needs and identities enables the Trust to become a more inclusive and diverse workplace. These efforts are consistently monitored through updated action plans, collaboration with staff engagement groups, and publication of workforce data reports such as the Workforce Race and Disability Equality Standards. The Trust is committed to continuously improving our processes to mitigate inequalities and be a fairer employer.

Staff Engagement Groups

During the COVID-19 pandemic the Trust implemented a new governance structure to ensure that staff from protected characteristic groups could feedback their experiences and that improvements to support them could be agilely put in place. As the intensity of the pandemic subsided a review of this governance structure was conducted and found that the model had been so useful that it would become part of business as usual at a monthly frequency to ensure that lived experiences can shape and inform workforce equality priorities and initiatives.

We now have three staff engagement groups covering four protected characteristics: disability, race, and sexual orientation and gender reassignment. These three groups provide a forum to understanding issues of concern for diverse staff groups, escalating issues, and codesign of solutions. The groups are chaired by a HR Director and report into the Workforce Strategic Equality Reference Group which focuses on the cross-cutting themes from the groups and ensures appropriate escalation and action. The Workforce Strategic Equality Reference Group is chaired by the Group Executive Director of Workforce and Corporate Business.



Case Study – Disability Staff Engagement Group

The Disability Staff Engagement Group has had many positive achievements in 2022, but possibly the one action that impacts on the greatest number of disabled staff is the changes that have been made to Blue Badge Disabled Parking at Trust car parks. During 2021 the Disability Staff Engagement Group was consulted by the Car Parking Team regarding how disabled access to suitable parking could be achieved/improved, the Group shared feedback on multiple occasions and the Car Parking Team worked on implementation.

A year on from this consultation and the Trust has seen the implementation of an improved new system for disabled parking which properly accommodates the needs of disabled colleagues. Staff who are Blue Badge Holders can now park in on-site car parks for free and more disabled parking bays have been made available for use.

For staff to gain appropriate reasonable adjustments in car parking the Accessibility Adjustments Panels (AAP) has also put in place to ensure that there is a fair and transparent process for car parking reasonable adjustments.

All these changes have been welcomed and celebrated by the Disability Staff Engagement Group, who will continue to work with the Car Parking Team to ensure that new innovations in car parking in 2023 are accessible to disabled staff.

The Disability Staff Engagement Group has highlighted the importance of direct ongoing communication with staff who fall under the Equality Act, 2010 definition of disability, to understand and tackle the barriers that are being encountered within the workplace. The Disability Staff Engagement Group looks forward to continuing to play a key role in influencing decision making to improve workforce disability equality as throughout 2023.

Objective 2: Know Who Our Staff are by Equality and their Experiences, and Reduce any Differences that We Find

Understanding the Trust's workforce by protected characteristics is crucial to making decisions that will improve working conditions and staff satisfaction rates and promote fairness. A workforce that feels valued and represented reflects upon the care we provide to our diverse patient base.

Through the Trust's annual reporting and analysis of staff protected characteristics data, it aims to make informed decisions on how to best support staff and reduce any discrepancy between staff member groups with protected characteristics

The MFT People Plan

The MFT People's Plan was created to set a new vision for the Trust and its workforce, embedding equality, diversity, and inclusion at the core of its principles. The strategy sets out five themes, with input from a wide range of stakeholders to shape its structure, ranging from ward staff to senior leaders and diverse staff engagement groups. The five themes are as follows:

- 1. We want to work here** - MFT will be a great place to work
- 2. We look after each other** - we care for you, as you care for others
- 3. We are supported to be our best** - we care that you can develop your skills
- 4. We feel valued and heard** - we show you how important you are and hear what you have to say
- 5. We can shape the future** - our staff are at the forefront of shaping the future of care for our patients

The core principles of the strategy focus on staff and how a culture of inclusion and belonging can be fostered through collaboration and an open and transparent working environment. Through staff feeling represented and empowered to make decisions, the Trust aims to provide the best possible care through a motivated and engaged workforce.

The following sections are some examples of the work that was carried out in the past year to identify and respond to challenges staff with protected characteristics face in the workplace, and how various teams have come together to create a better place to work.



Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a national report that the Trust is required to publish annually. It consists of a series of indicators that aim to assist Trust's to ensure Black, Asian and Minority Ethnic staff have equal access to career opportunities and receive fair treatment in the workplace. You can find the Trust's most recent WRES report on our website, [click here](#).

In 2022 the Trust has continued to focus on increasing ethnic diversity at Agenda for Change (AfC) bands 8a and above. The 2021 WRES report indicated that the deliberate focus on improving the ethnic diversity of the AfC structure had shown positive results. This year's report shows further improvement in the number of Black, Asian and Ethnic Minority staff employed at band 8a and above; total of 45 more (206 compared to 161 in 2020/21) Black, Asian and Minority Ethnic staff members.

Whilst this is an improvement there is still work to be done to achieve an ethnically representative workforce at senior levels.

This work is brought together under the Removing the Barriers Programme. More detail about the Removing the Barriers Programme can be found on page 67.

According to the Trust's NHS National Staff Survey results, staff from Black, Asian, and Ethnic Minority backgrounds are disproportionately more likely to experience bullying, harassment, and abuse. As a result, the Trust has implemented a zero-tolerance bullying, harassment, and abuse strategy to address these findings. The plan also incorporates the Choose Kindness Campaign, designed to promote positive behaviours at all levels of the organisation. In addition, several Trust hospitals and services held listening events to engage with staff in response to staff survey findings.

During 2023 in addition to the WRES report the Trust will be exploring the production and publication of a Medical WRES report to ensure that staff in medical and dental roles also have equal access to career opportunities and receive fair treatment in the workplace.

Medical Workforce Race Equality Standard

Indicators for the medical workforce in terms of race equality standards were first published in July 2021 for NHS organisations to address inequalities that specifically cover the medical and dental workforce. This way, the Trust can target the specific issues and areas of action concerning the medical and dental workforce.

The 2022 report highlights the following statistics:

- 41.9% of the medical and dental workforce in NHS Trusts and CCGs in England are from a Black, Asian, or Minority Ethnic (BAME) background, compared to 14% BAME in the population.
- The number of BAME doctors has increased by 21.1% since 2017. Over the same period, the number of white doctors has increased by 2.4%, confirming the increasing diversity of the medical and dental workforce in the NHS.
- BAME doctors are:
 - Underrepresented in Consultant grade roles.
 - Overrepresented in other doctor grades and doctors in training.
 - Underrepresented in academic positions.
- BAME doctors reported a worse experience than their white colleagues when it comes to harassment, bullying, abuse and discrimination from staff.

- BAME doctors have worse exams outcomes and regulation issues (e.g., referrals to the GMC)

To tackle the highlighted issues, the report outlines several key areas of action, which include setting targets and timelines for reducing ethnic disparity in representation at consultant, clinical director and academic levels, narrowing the ethnicity gap in the appointment of consultants after shortlisting, and having senior officers in organisations include performance objectives for measurable delivery of diversity outcomes as part of appraisals, to name a few.

A Task and finish group has been established to review the areas for action and carry out duties such as gathering data to establish the Trust's baseline, Reviewing current Trust policies to identify areas of improvement and communicating the Trust's progress against the MWRES objectives.

The Task and Finish group will further update the progress of the action plan to the Group Workforce Strategy Quality Reference Group as well as the Group Equality, Diversity, and Human Rights Committee as appropriate.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific metrics which enable the Trust to compare the workplace and career experiences of disabled and non-disabled staff. We are required to annually publish a WDES report and action plan. You can find the Trust's most recent WDES report on our website, [click here](#).

In 2022 our WDES report showed that more disabled staff had declared their disability on our Electronic Staff Record (ESR); an increase from 3% to 4% of our overall workforce. This remains well below the Trust's results from the NHS National Staff Survey where the disability declaration level is 19%. The Trust remains committed to amplifying the voice of the Disabled workforce and continuing to engage with staff through the well-established Disabled Staff Engagement Group and the Diverse Ability Staff Network. These groups have already contributed to valuable work to creating a culture where disability declaration is positive, and it is clear that we need to build on this foundation in 2023.

The number of staff reporting that the Trust has made adequate adjustments to enable them to carry out their work has reduced in 2022; from 70% to 64%.

The Trust remains committed to ensuring that all staff who require reasonable adjustments receive these promptly, and the Reasonable Adjustments Task and Finish Group is leading on a solution that will be launched in 2023. You can find out more about this solution on page 65.

In addition, the Trust will continue to partner with ACAS to provide bespoke webinars to increase awareness and understanding of reasonable adjustments. This work will include developing resources and dedicated spaces on the staff intranet to support disabled staff.

According to the Trust's NHS National Staff Survey results, disabled staff are disproportionately more likely to experience bullying, harassment, and abuse. As a result, the Trust has implemented a zero-tolerance bullying, harassment, and abuse strategy to address these findings. The plan also incorporates the Choose Kindness Campaign, designed to promote positive behaviours at all levels of the organisation. In addition, several Trust hospitals and services held listening events to engage with staff in response to staff survey findings.

In 2023 the Trust will continue to monitor disabled staff experiences and provide solutions to improving the experience of our disabled workforce.

Gender Pay Gap Report

The Gender Pay Gap report is a statutory obligation as part of the Public Sector Equality Duty to ensure organisations monitor and evaluate plans to tackle differences in pay between men and women.

The Gender Pay Gap represents average differences in the pay between men and women in an organisation. By calculating the values between the mean (average) and the median (the mid-value of a range of values), we can determine our performance in closing the gender pay gap. By dividing the mean or median pay value for men by the value for women, a positive number indicates that men's average pay is more significant than women's, whereas a negative value indicates the opposite.

As a public sector organisation, the Trust is legally required to report on seven metrics, which are the following:

- Mean gender pay gap.
- Median gender pay gap.
- Mean bonus gender pay gap.
- Median bonus gender pay gap.
- The proportion of men in the organisation receiving a bonus payment.
- The proportion of women in the organisation receiving a bonus payment.
- The proportion of men and women in each quartile pay band.

The Agenda for Change pay bands result in little difference between the pay of men and women in the NHS. However, the Trust continues to monitor the gender pay gap while seeking to narrow the differences, particularly in analysing the process and impact of bonus pay and the Local Clinical Excellence Awards (LCEA), thus ensuring the awards are accessible and open to all senior medical and dental staff.

This year, the LCEA's open registration process has been stood down in agreement with NHS England as part of the COVID-19 Recovery Programme. The LCEA will return to its open registration system in 2023, which will provide an opportunity to compare this year's figures and determine the impact of the LCEA on bonus pay.

Staff Networks

The Trust recognises the importance of having a happy and supported workforce which in turn reflects upon the quality of the care provided. In keeping with this principle, we are committed to promoting a diverse and inclusive space through providing a framework for staff to form communities within our workforce. Our Staff Networks provide a place for staff to come together and address the diversity of causes and issues important to them.

The Trust currently has the following Staff Networks:

- Black, Asian, and Minority Ethnic (BAME) Staff Network
- Lesbian, Gay, Bisexual and Transgender (LGBT+) Staff Network
- Diverse Abilities Staff Network

The purpose of these Staff Networks is to provide a supportive peer group and a safe space for staff who share a protected characteristic to discuss their experiences and concerns. The Staff Networks also aid the Trust in gaining better understanding of the issues and inequalities faced by staff in the workplace, and they also provide support for the Trust in achieving its duty with regards to statutory obligations as outlined in the Equality Act 2010.

The Black, Asian & Minority Ethnic (BAME) Staff Network

The MFT Black, Asian & Minority Ethnic Staff Network is proud to join other Staff Networks and staff members in providing our colleagues with a safe space to form a community.

One of the Networks priorities is to make the dream of inclusion a reality in every phase of the working lives of the Trust's staff. We cannot afford to wait to evidence inclusion through policies, practice, verifiable outcomes, attraction, retention, and culture indicators in the workplace.

The Black, Asian & Minority Ethnic Staff Network supports several initiatives designed to tackled inequalities in the workplace, such as the Removing the Barriers Programme and the Be.Inclusive at MFT Campaign.

A member meeting was held earlier this year titled: "The progress of Workforce Race Equality Standard at MFT". It was evident from the meeting that there is more work needed to promote equality and inclusion in the workplace.

The Black, Asian & Minority Ethnic Staff Network are committed to doing our part in bringing Black, Asian and Minority Ethnic staff voices to forefront of the equality, diversity, and inclusion conversations being held both within the Trust and nationally.

NHS
Manchester University
NHS Foundation Trust

Black, Asian and Minority Ethnic Staff Network (BAME)

Together we can make a difference
How to join:
send an email with your full name and address to bame.staffnetwork@mft.nhs.uk

Our overall aims and objectives are to connect staff, so they can feel a sense of belonging, to enable staff to share their experiences to support and drive change for a representative and supported workforce

CONNECT:
Connect with other colleagues

SHARE:
Share our lived experience, knowledge and diverse ideas

DRIVE:
Together let's influence change

Why join the BAME staff network?

- We work collaboratively to support each other
- We proactively engage and build positive relationship with each other
- We are a safe space for our members
- We create a safe space where everyone is free to speak up
- We listen and treat each other with respect
- We help each other to develop our unique skills
- We use our gifts and resources to develop our members
- We represent the interest of all members with the Trust

The Diverse Abilities Staff Network

The staff Diverse Abilities Network aims to work closely with members and allies to promote common causes, tackle misconceptions, educate colleagues and raise awareness of diverse abilities across our workforce.

The Network brings together staff and allies with diverse abilities to meet and discuss their individual needs and share experiences of living and working with diverse abilities.

The Network's Committee promotes a sense of belonging through various resources and activities designed to bring together people with diverse needs. One example is the "Safe Space" monthly Teams meeting, a confidential space open to members and allies.

The Network also provides a "Buddy-Up" system, which introduces two members who can talk through 'What Matters to Me' in a confidential, mutually beneficial way.

The "Safe Space" also provides an opportunity to highlight individual concerns, compliments, or challenges, which can be raised through the network Chair anonymously raised at the Disability Engagement Group. This vital mechanism ensures the staff's Diverse Abilities Voice is heard and can inform the work of the Trust.

The Network has already given feedback to the Disability Staff Engagement Group on their views on 'What Matters to Me'. There is also a range of resources for staff with various disabilities, including a wiki on Neurodiversity.



The LGBTQ+ Staff Network

In 2022 the LGBTQ+ Staff Network has been able to focus on the main theme of creating a sense of community for LGBTQ+ staff.

Our focus is to refresh all our communications shared within the network using the skills of our members to create more interactive and appealing newsletters as well as enhance our virtual space on dedicated Microsoft Teams and Twitter channels.

To help prioritise workstreams, specific interest groups were created to help interested members use their expertise and passions to help to bring the work of the LGBTQ+ Staff Network to life.

A great example of this being the social group who have planned and hosted many social evenings throughout the year including a themed Eurovision Song Contest viewing party and a Halloween event. A key part of the success of such events has been to work with other networks that staff belong to, which saw a great attendance for the Eurovision party when members of a Greater Manchester Cycling Club 'Pride Out' joined the event.

We hope that during 2023/24 we will be able to add more variety to the events to cover the varied interests of all members throughout the Network.



LGBT+ Staff Network

Case Study - Widening Participation Team

The MFT Widening Participation Team aims to increase and diversify our workforce through targeted engagement with our local communities.

As one of the largest employers in the Manchester local authority, the Trust has a civic duty as an anchor organisation to support local organisations by developing a 'home grown' model that addresses short- and long-term recruitment challenges.

In support of the Trust and NHS people plans, we aim to tackle health inequalities and support health and wellbeing of our local population through addressing the social determinants of health, such as unemployment and low income, and support local people into good jobs, in line with the 'Building Back Fairer' Marmot report. Diversity and Inclusion is at the heart of the Widening Participation team, with efforts being made to provide equal opportunity to our diverse wider community.

The Widening Participation team aims to achieve these ambitious objectives through 3 main areas of activity:

- Insight
- Experience
- Employability

Insights and Experience

The COVID-19 pandemic had a long-lasting impact on health services, including our Widening Participation offer, which also impacted face to face Work Experience, having it suspended since March 2020 – two full financial years.

This year, we pivoted our offer to virtual and in-school/college delivery to still support aspiring healthcare students. In the efforts to expand virtual opportunities, we saw a 568% increase in virtual work-related learning placements and in-college work experience for 5th year medics in schools.

100% of learners who undertook a virtual placement and responded to our survey agreed or strongly agreed that they feel more confident and informed on their health and social care careers of choice, and out of 1257 total participants, 62% declared themselves as Black, Asian or Minority Ethnic, and 8% declared having a disability.

Employability

Our Pre-Employment Programme supports local unemployed people into jobs within the Trust. It is a nine-week programme consisting of four weeks college-based training at the Manchester College and a work placement that lasts for 30 hours a week for five weeks. We work with numerous referral partners to support learners in a variety of placements, including Nursing Assistants, Laboratory Assistants, and Pharmacy Assistants. This year, we saw an increase of 96 learners starting placement, representing a 770% increase. Out of those, 92% progressed to employment. 51% of participants were from areas which are within the top decile of the Indices of Multiple Deprivation. 90% of participants were from the top 4 deciles.

Kickstart is a flagship Department for Work and Pensions (DWP) programme launched in December 2020 to counter the impact of the pandemic on young people's employment prospects. The pandemic disproportionately affected young people's employment outcomes. The Kickstart scheme aimed to have employers create new six-month fixed term roles for 16–25-year-olds who are in receipt of universal credit and in return, DWP contributes to the young person's salary, employer contributions, and onboarding costs. From January 2021 to April 2022, we saw 53 young people supported. To date, 26 young people have completed their six-month contract. Out of those, 19 have remained in employment with the Trust, with 5 moving to a higher band, and 3 moving to bank work.

Supported Internships are employment-based study programmes for 16- to 24-year-olds with special educational needs and disabilities. The Trust now hosts circa 40 interns a year across NMGH, Trafford, Oxford Road, and Wythenshawe sites, making it one of the largest employer hosts in the country. Out of the 40 interns, 45% identified as Black, Asian or Minority Ethnic, aiding in our mission to provide equality of opportunity for students from diverse backgrounds. The September 2021-2022 cohort are the first in three years to undertake all their learning in their Trust classrooms and undertake hospital placements, with a predicted 50-60% of learners to gain paid employment at the end of the programme.

Veterans and Armed Services

The Widening Participation team is leading on activities designed to support The Armed Forces Community, including serving personnel, reservists, veterans, and their families. The Trust has received several accreditations in recognition for our commitment to our armed forces, such as the silver award for the Ministry of Defence (MoD) Employer Recognition Scheme (ERS), NHS Employers Step into Health (SiH) Pledge, and the Veterans Covenant Healthcare Alliance (VCHA). The Widening Participation Team continue to engage and build partnerships with numerous external partners and organisations in order to further develop our support to our Armed Forces.

What's Next for the Widening Participation team?

Despite its many achievements, The Widening Participation team strives to constantly improve opportunities for Greater Manchester's various communities. As part of this plan, we look towards developing a plan to tackle the main issues identified in 2022. Some of those actions involve:

- Continuing to grow the Careers Ambassador pool and their contribution to career engagement activity.
- Restart Face to face Work Experience programmes and improve processes in line with national best practice.
- Increase the number of local people supported into work via pre-employment programmes.
- Improve employment outcomes for people who come to the Trust via Supported Internships and increase work with Supported Employment providers.
- Review processes and documentations to ensure these are efficient, safe, and reflect continuous improvements made.

Objective 3: Take a Zero-Tolerance Approach to Bullying, Harassment and Abuse

Bullying and harassment in the workplace can have serious negative effects on the well-being of employees, which can lead to poor patient experience. It can lead to decreased productivity, increased absenteeism, and high turnover rates. The Trust is committed to creating a safe and respectful work environment for all employees. By taking steps to prevent and address bullying and harassment, improvements can be made to staff mental health and job satisfaction and create a more positive and inclusive work culture. The following are some of the initiatives led in 2022 to combat these issues.

The Choose Kindness campaign

Choosing kindness is not just important for fostering good relationships between colleagues, it is also crucial to delivering high quality care. Research has shown that bullying and harassment have significant impacts on clinical outcomes.

When facing bullying and harassment, staff reduce their quality of work by 38%, while 80% spend time worrying about the rudeness. And it can also impact on patients, as statistics show that 25% of staff who experience bullying, and harassment take out their frustrations on service users.

Additionally, the 2022 Workforce Race and Disability Equality Standard reports indicate that staff with protected characteristics face disproportionately more bullying and harassment than their peers.

For instance, in the last year, disabled staff experienced a percentage increase in experiencing harassment, bullying or abuse from patients or the public by 7%, compared to 5% for non-disabled staff. The figures for staff who identify as Black, Asian, or Minority Ethnic also saw a similar increase of 7%.

The action plan, “Choose Kindness; zero tolerance to workplace harassment and bullying”, has been developed through conversations over the period of a year at Trust-wide groups and in hospitals and managed clinical services, and by looking at research literature and examples of what other organizations are doing.

The plan includes actions to support staff who experience harassment and bullying and actions to help all team, including managers, to understand the behaviours to look out for and their response.



Choose Kindness

Zero tolerance to bullying, harassment & abuse



MFT Open Door

Part of the Choose Kindness campaign is the MFT Open Door system, a recognition platform which allows colleagues to send everyone a short survey that will give staff a chance to get involved and share their views. These surveys provide instant feedback and quick responses to teams' questions and conversations.

In 2022, the Choose Kindness campaign provided a range of resources, such as 'How to Handle Workplace Bullying, Harassment and Abuse resource pack', and sharing a range of support available across the trust. Additionally, the 'Kindness Pledge' has been introduced together with multiple resources to display in prominent positions. The pledge is designed to remind colleagues to choose kindness at work when possible. Resources are also available such as training sessions and workshops, including the Management Brilliance Portal, and through the MFT Policy Hub, including information on Dignity at work, raising concerns and whistleblowing, and a guide on how to handle bullying, harassment, and abuse.



Enact

The Trust has also partnered with Enact Solutions to deliver innovative training workshops for our staff. The virtual and live-stream seminars last 3 hours and are supported by a blend of highly skilled facilitation, dramatised scenes, multimedia filmed material and various experiential exercises.

The sessions aim to provide the skills for staff to start open, positive, and honest conversations with staff about problematic interpersonal behaviours at work. They are scheduled to run from October 2022 to March 2023.

Teams across the trust have been provided with a range of resources to help utilise the campaign. These include resources on how to be kind to oneself, the behaviours displayed in work, taking the Kindness Pledge to make kindness the norm in the workplace, and providing information on the benefits of kindness amongst colleagues.



Let's Talk About Race and Racism

The 'Let's Talk About Race and Racism' Workshops are two-hour-long facilitated sessions launched in March 2022 designed to create a shared understanding of the definitions and concepts of race and racism. They are an opportunity to provide a safe and supportive space for all staff to hold conversations with colleagues about the impacts of racism. Additionally, they support staff in understanding racial bias, inequalities, and the effects of racism by exploring lived experiences.

The racial inequality experienced by Black, Asian and Minority Ethnic staff is well evidenced. The discussions aim to raise awareness of these inequalities, promote reflection on the issues raised, and create a shared understanding of the experience of colleagues in the organisation and society as a whole.

So far, ten facilitators have been trained in the first course in March 2022. In 2023, we plan to increase the number of workshops offered and promote more facilitator recruitment to lead on these sessions.

Case Study – Clinical and Scientific Services Anti-bullying and Harassment

The MFT Antibullying and Harassment group, led by a Clinical and Scientific Services (CSS) representative, developed an engagement pack for Kindness Day and Antibullying and Harassment Week in November 2022. The information was designed to help teams hold conversations on what kindness looks like and how to develop a more positive culture.

The pack was distributed via the Trust intranet and utilised across several CSS teams to enable reflection on various topics. Some subjects included identifying incivility and discussing how individuals and teams can pledge to contribute to kinder cultures at work.

As a result, one team identified that certain uncivil behaviours had become more frequent over the last few years. The team leader held a session to explore the pressures that could lead to an uncivil culture and the impact on individuals, the team, and patients. The results enabled the team to pinpoint observed acts of incivility and consciously avoid such behaviours by making individual and team pledges to commit to a civil culture.



Freedom to Speak Up

The Freedom to Speak Up (FTSU) team at MFT provides an alternative route to staff who need to speak up about anything impacting patient safety or their experiences at work. Some topics can include bullying and harassment or concerns with inappropriate attitudes and behaviours.

FTSU supports a culture whereby speaking up is business as usual for all workers. Alongside the FTSU Guardian, staff can access a diverse FTSU champion network of more than 60 staff members who volunteer to raise awareness on speaking up. FTSU Champions or Guardians can be the first port of call for staff who need advice and support to speak up.

The team created multiple resources for staff and teams to better understand the importance of speaking up about experiences, and how senior leaders and managers can promote an effective Freedom to Speak Up culture. For instance, 'Speak Up' eLearning became mandatory training for all workers at the Trust in September 2021.

In November 2022, an updated Freedom to Speak Up Policy was launched to align with the National Policy for Freedom to Speak Up. The policy is designed to be inclusive and support resolution by managers where possible.

Freedom to Speak Up Month in October provided an opportunity to raise awareness of how much we the Trust values speaking. This year's theme was 'Freedom to Speak Up for Everyone', each week focusing on a different theme. Week three was about promoting inclusion and breaking down barriers so everybody feels safe to speak up and be heard. The Be.Inclusive Campaign and support from the Staff Networks were instrumental in promoting speaking up among our diverse workforce.

From April 2021 to March 2022, FTSU received 129 cases, with 36% including elements of bullying and harassment. Once raised to FTSU, staff are listened to and supported. In most cases, the support consists of signposting advice, which may include speaking with line managers, HR, or other teams. In some cases, the FTSU Guardian escalates these concerns on behalf of the staff member. The FTSU Guardian helps staff to facilitate the speaking up process where needed. In all cases, staff will receive well-being support and resources.

Hate Crime Reporting

Agreement had been made in 2020 that specifically identified departments/sites across MFT will join in rolling out hate crime reporting activity throughout that year but this was paused due to COVID. Proposals to restart this work were presented to MFT's Workforce Strategic Equality Group in October 2022, where it was agreed that the programme of engagement and working to rollout hate crime reporting processes across MFT would begin from January 2022.

An extensive and visible information campaign had been developed with striking and non 'traditional NHS' imagery being featured. There is both patient/visitor information and staff specific information available that states that hate crime or hate incidents towards staff, patients and visitors will not be tolerated at MFT hospitals. Improving reporting processes and data capture on hate crimes and hate incidents will also be undertaken across the organisation.

Objective 4: Work Towards Being a Disability Confident Lead Employer

The Disability Confident scheme is a government scheme that helps employers recruit and retain great people, and to:

- Challenge attitudes and increase understanding of disability.
- Draw from the widest possible pool of talent.
- Secure high-quality staff who are skilled, loyal, and hard working.
- Improve employee morale and commitment by demonstrating fair treatment.

The scheme also helps employees identify those employers who are committed to inclusion and diversity in the workplace. There are 3 levels: Disability Confident Committed (level 1), Disability Confident Employer (level 2), and Disability Confident Leader (level 3). The Trust is currently a Disability Confident Employer and work is in progress to achieve a Disability Confident Leader.

The Trust continues to recognise the huge talent disabled staff bring to the organisation and is committed to recruiting and retaining disabled people and ensuring that disabled staff are given opportunities to fulfil their potential and realise their aspirations. The Trust subscribes to the social model of disability recognising that people are disabled because of institutional and social barriers and works to remove these barriers.

In 2022 the Trust had continued to ensure that disabled staff are given a fair recruitment opportunity through the “Guaranteed Interview Scheme”, which guarantees an interview to disabled candidates who meet the essential criteria for the role.

This year, our Workforce Disability Equality Standard has identified various areas of improvement designed to reduce the barriers and negative experiences of disabled staff. Our Diverse Abilities Network and Disability Staff Engagement Group have contributed to an action plan to address these areas and the Disability Staff Engagement Group receives quarterly updates on progress.

Reasonable Adjustments Task and Finish Group

A key focus in improving the experience and retention of disabled staff has been the provision of reasonable adjustments. The Reasonable Adjustments Task and Finish Group have been working on creating a Trust-wide solution after consulting with disabled staff and finding that their experience of reasonable adjustments was inconsistent, and they felt that effective reasonable adjustments were the most important thing in retaining disabled staff.

The preferred solution was to create a digital reasonable adjustments profile that will sit on the employee's Empactis digital record so it can remain consistent if managers change or roles change but be flexible to meet the needs of disabled staff. To create the digital reasonable adjustments profile funding is required to make changes to Empactis, to enable this innovation the Reasonable Adjustments Task and Finish Group applied for the 2022 Workforce Disability Equality Standard (WDES) Innovation Fund; a national fund that looks to fund a handful of innovative work programmes in NHS organisations to improve the WDES metrics.

The Digital Reasonable Adjustments Profile was awarded funding in September 2022 and since then the Trust has been working to achieve the following by March 2023:

- Finalisation of the content of the Reasonable Adjustments Profile with a group of multidisciplinary professionals and disabled members of staff.
- Build of the Reasonable Adjustments Profile in the Empactis System.
- Pilot of the Reasonable Adjustments Profile with a range of managers and staff for feedback.
- Develop and sign-off a Reasonable Adjustments Policy with guidance on how to use the Reasonable Adjustments Profile.
- The launch of the Reasonable Adjustments Profile and Policy to all staff.
- Monitoring of the take up of the Reasonable Adjustments Profile.

In 2023, the Trust will also continue to partner with ACAS to deliver bespoke webinars to increase the awareness and understanding of reasonable adjustments to support the launch of the Reasonable Adjustments Profile.

Objective 5: Increase Ethnic Diversity at Board and Senior Management Levels

It is now well known that companies who have ethnically diverse executive and senior teams perform better in terms of [profits and efficiency](#). In the NHS it has been found that leadership bodies which are significantly unrepresentative of their local communities, such as NHS Trust Boards, will have more difficulty ensuring that care is genuinely patient centred – with resultant failings in the provision or quality of services to specific local communities that have particular health needs, including [Black, Asian and Minority Ethnic communities and patients](#).

With this in mind, the Trust is focused in ensuring that our workforce, and particularly our leadership is representative of our diverse communities. Reflecting on our Workforce Race Equality Standard (WRES) metrics when the Diversity Matters Strategy was being developed it was clear that our leadership had a significant underrepresentation of Black, Asian and Minority staff at Agenda for Change band 8a and above. This objective has sought over the lift of the Diversity Matters Strategy to address this underrepresentation, the focused action to achieve this being the Removing the Barriers Programme.





Removing the Barriers Programme

The Trust’s Removing the Barriers Programme comprises actions reduce under-representation of Black, Asian, and Minority Ethnic staff at bands 8a and above by addressing the systematic barriers to progression and empowering staff.

To achieve this aim, the Programme consists of the following Schemes:

- Diverse Recruitment Panels Scheme
- E3 Ring-Fenced Secondments Scheme
- Reciprocal Mentoring Scheme
- Talent and Development Scheme (new in 2022)

Autumn 2022 marks two years since the Removing the Barriers Programme was first launched and some progress has been seen in the overall percentage representation of Black, Asian and Minority Ethnic Staff in Agenda for Change (AfC) bands 8a and above, as shown in Table 1. However, this small increase does not yet achieve the aim of an ethnically representative workforce which would be a representation at each band of 21.75%.

To evaluate the first two years of the Removing the Barriers Programme a steering group will be convened in early 2023 to discuss the impact made so far, how to transition elements of the Schemes into business as usual, and ultimately how to go from good to great to achieve the Removing the Barriers Programme aim.

AfC Band	% BAME Staff (2018-2019)	% BAME Staff (2021-2022)	Difference
8a	9.36%	12.37%	+ 3.01%
8b	5.52%	6.34%	+ 0.82%
8c	4.20%	4.98%	+ 0.78%
8d	2.74%	5.71%	+ 2.97%
9	0.00%	0.00%	-0.00%
VSM	2.00%	5.06%	+3.06%

Table 1. Comparison of Workforce Race Equality Standard data over the time period of the Removing the Barriers Programme

Diverse Recruitment Panels Scheme

The Diverse Recruitment Panels Scheme aims to improve the equity of our interview and assessment centre processes by ensuring ethnic diversity on recruitment panels. In September 2020, the Trust introduced a mandatory requirement for all interviews and assessment centres for roles at Bands 8a and above to have at least one member from a Black, Asian, or Minority Ethnic background on the interview or assessment centre panel.

To facilitate this requirement the Trust invited Black, Asian and Minority Ethnic Staff to become part of a pool of people able to be requested to join interview and assessment centre panels. The model has worked well with current compliance with the mandatory requirement at 87%, and the feedback from both managers and Removing the Barriers members being positive. In 2023 we will be exploring the impact the introduction of this requirement has had on our Workforce Race Equality Standard indicator 2.



Case Study - Meet Aatar - Central Specimen Reception Manager



What Interested you about becoming a member of the Diverse Recruitment Panels Scheme?

"I wanted to take positive action and support the drive to move towards a more diverse workforce, reflective of the Manchester population. Prior to the scheme, I had never been interviewed by a panel member with a Black, Asian or Minority Ethnic background, so I wanted to change this for other people and hopefully this will help improve the interview experience as a whole"

What resources did you find useful in supporting you when you became a member of the scheme?

"An initial group meeting and presentation helped convey the background for the scheme, but also the expectations of the members. There was a lot of supporting material and helpful members meetings to discuss shared experiences, ask questions and provide feedback. The feedback forms after the initial interviews were particularly useful, as suggestions I made were taken on board to help improve the process going forward"

Why do you believe the Diverse Recruitment Panels Scheme is important?

"Having a diverse panel brings a range of ideas and lived experiences which has a positive impact on the recruitment process. Having a panel member of Black, Asian or Minority Ethnic background makes the interview process more inclusive and also helps demonstrate the commitment of the Trust to increase diversity amongst senior roles"

E3 Ring-Fenced Secondments Scheme

The E3 Ring-Fenced Secondments Scheme aims to address organisational barriers to Black, Asian and Minority Ethnic staff progression through three inter-related components of experience, exposure and education. E3 provides Black, Asian and Minority Ethnic staff the opportunity to gain experience, exposure and education through ring-fenced secondment opportunities.

In late 2021 a review of the E3 Ring-Fenced Secondments Scheme was undertaken as part of the year 1 Removing the Barriers Programme report and identified that the Trust was missing opportunities for E3 secondments which was delaying progress of the Programme’s aims.

After a period of significant engagement with stakeholders the E3 Expansion Pilot was designed and launched in November 2022 to address these findings. The E3 Expansion Pilot aims to increase the number of E3 Ring-Fenced Secondments offered to Removing the Barriers Programme members and will be evaluated against it’s aims in April 2023.

Whilst there is further that the Ring-Fenced Secondments Scheme can go, the members of staff who have been on an E3 secondment have fed back that the experience has been extremely valuable and has been instrumental in their career progression both within and outside the Trust.



Case Study – Meet Ann – Nurse Manager



What made you decide the E3 secondment was for you? How would you describe it to someone who is unsure?

"I saw the programme as a fantastic opportunity and was keen to gain further Exposure, Education and Experience, through an E3 Ring-Fenced Secondment opportunity. An E3 Ring-Fenced Secondment is a formal stretch assignment that enables members of staff to evidence their capabilities when applying for a senior leadership role in the future"

What experience have you gained from the E3 secondment?

"The experience I have gained during the E3 secondment has been phenomenal. I had the opportunity to oversee all wards in a completely different environment at the Nightingale. I gained broad new experiences such as setting up catering teams and training MOD staff on documentation they were not familiar with. The secondment has provided me with the understanding of the challenges Matrons face. I reported to more senior managers along with the Chief Nurse, and that coaching and guidance has supported my development massively. This will allow me to provide even better patient care and decision-making in my role."

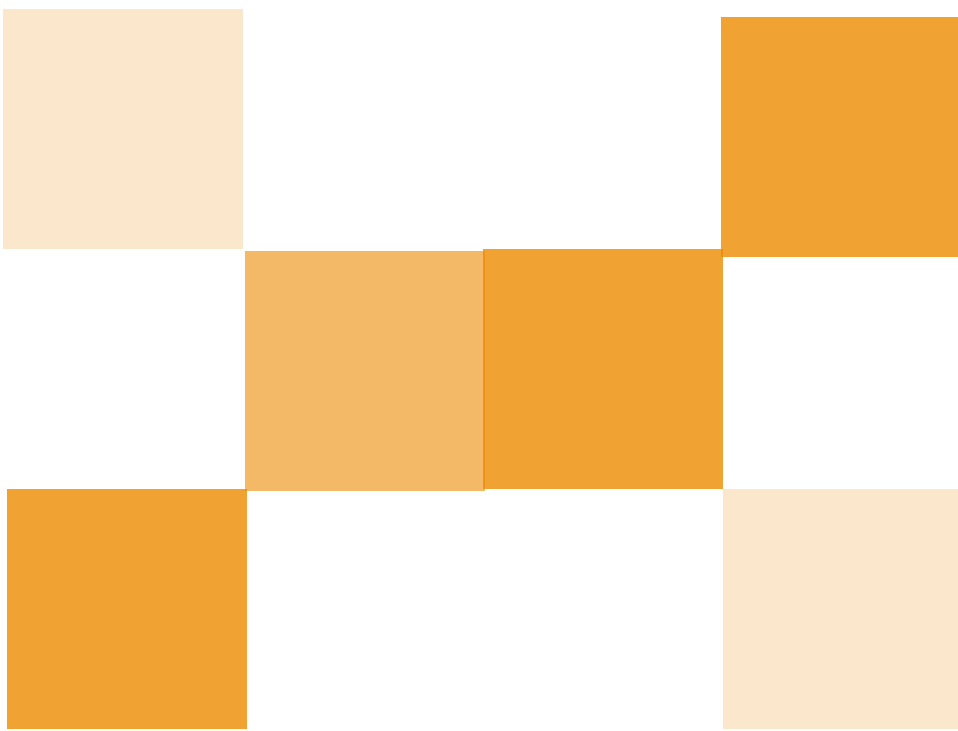
Why do you believe the E3 Ring-Fenced Secondment Scheme is important?

"Without the E3 secondment, I would not have gained as many opportunities to support my career progression. With the experience I have gained to date in my NHS career, along with the exposure, education and experience I have now gained as part of the E3 Ring-fenced Secondment, I am looking forward to applying for a substantive Matron post soon."

The Reciprocal Mentoring Scheme

The Reciprocal Mentoring Scheme pairs a senior leader at the Trust with a Removing the Barriers Programme member in a 12-month mentoring relationship. These relationships drive symbiotic learning that recognises the vital contribution of lived experiences and professional expertise to create a system that reflects our values. The following case studies share the experiences of two staff members involved in different reciprocal mentoring relationships.

The Reciprocal Mentoring Scheme is now seeing more relationships come to the end of their 12-month lifetime due to the maturity of the Scheme, and in 2023 will be focusing on monitoring outcome measures as well as beginning new mentoring relationships.



Case Study – Meet Doris – Advanced Clinical Practitioner



What interested you about becoming a member of the Reciprocal Mentoring Scheme?

"I saw the Reciprocal Mentoring Scheme as a powerful way to partner with senior leadership within the Trust and influence peer and decision-making at the board level. I feel this is a wonderful opportunity to share my lived experiences with a senior Trust member and in turns tap into their wealth of knowledge and experiences in order to further my career."

How do you feel the reciprocal mentoring partnership has supported you in your own professional development?

"Being matched to the most amazing mentor helped. I was able to talk freely about what is important to me, what my weak points were and even personal issues which might have affected my career. I received plenty of guidance and my mentor's lived experiences were important to understanding and observing board activities and the ways in which politics and power work at conscious and unconscious level. These interactions with my mentor have led to greater self-awareness and given me confidence in talking to and influencing my peers within my network"

How do you feel the scheme is supporting and embedding cultural diversity in the Trust?

"The scheme helps to build a partnership between ethnic minority staff members and senior leaders within the Trust, enabling collaborative working to change the system and make it more inclusive. This is done in reciprocal mentoring through the sharing of lived experiences, networking, and Shadowing"

Case Study – Reciprocal Mentoring Scheme Senior Leadership Team Testimony

Zara Pain HR Director shares her reflections from being part of the Reciprocal Mentoring Scheme and shares the benefits to becoming a reciprocal mentor.

“MFTs Reciprocal Mentoring Scheme has created an open and confidential dialogue on racial inequalities and has helped me to enhance my understanding of the potential cultural barriers faced by the Clinical and Scientific Services’ (CSS) Black, Asian and Minority Ethnic Staff. I have found reciprocal mentoring to be a mutually beneficial relationship where we learn from each other, and I have certainly grown both personally and professionally as a result. The mutuality of reciprocal mentoring breaks down barriers and prejudices, allowing for mentoring relationships to dispel hierarchical and racial biases.”



Section Four

Inclusive Leadership

Strategic Aim – Inclusive Leadership

Our third strategic aim is Inclusive Leadership. The Trust understands that inclusive leaders recognise and value the unique perspectives and experiences of all staff and create opportunities for all to contribute and succeed. This can foster a sense of belonging and engagement among team members and leads to increased creativity, innovation, and collaboration.

While there is a clear role for senior managers to deliver the Equality, Diversity and Human Rights agenda, the Trust also recognises the importance of every member of staff feeling empowered to practise inclusive leadership across the organisation and throughout all levels of decision-making.

Through inclusive leadership, the Trust aims to attract and retain a diverse workforce, which will ultimately benefit the quality of our care.



Inclusive Leadership Training

A core element of the Trust's People Plan is building an inclusive and diverse workforce which can only be achieved if the managers and leaders are trained to be equipped with the tools and skills to place diversity at the heart of their decision-making. Leadership is not just a title, it is the collection of the depth and breadth of the insight, perspective, communication skills and life experiences that encompass the individual, which is why the Trust's leadership strategy is closely tied to the core elements of the MFT People Plan.

The Trust's Leadership and Culture strategy outlines the approach to developing inclusive and compassionate leaders, and it covers three core principles:

Compassionate Leadership - The interaction between leaders and their team, where at the heart support and wellbeing is a central principle.

Inclusive Leadership - Where everyone regardless of role is seen as a valued contributor and are fully responsible for their contribution to success.

Staff Engagement - Creating an environment of trust, where all staff are empowered to drive improvement, thrive and operate at their best.

In essence, these principles underpin an organisational culture:

- Where everyone takes responsibility for ensuring high-quality, continually improving and compassionate care
- That is shared in teams and where there is a continual focus on the development of team working
- Where leaders work together across

boundaries prioritising patient care overall and not only in their area of responsibility

- That is consistent in its approach — characterised by authenticity, openness, curiosity, kindness, appreciation and above all compassion

The strategy is delivered through a range of measures and campaigns, including:

- Staff Survey questions around organisational culture
- CQC Key Lines of Enquiry
- Coaching support for Senior Leaders
- Line Manager frameworks
- Learning Circle Programme which supports line managers
- Self-guided learning for executives
- King's Fund Talent Programme - fostering real-time and practical models of theoretical implementation for Very Senior Managers and aspiring leaders and managers.
- Pearson Leadership Programmes for Newly Appointed Consultants Programme and Clinical Leaders
- MFT Academy, which provides a range of resources such as 'Line Managers as Coaches' courses.
- Reciprocal Mentoring scheme, part of the Removing the Barriers Programme

We are constantly updating the training and resources available to staff and leaders to provide a more inclusive and comprehensive training experience and to find areas of improvement within our current portfolio. The following sections are some examples of the measures we are taking to encourage leadership at all levels of the organisation and to prepare managers to lead with empathy and compassion.

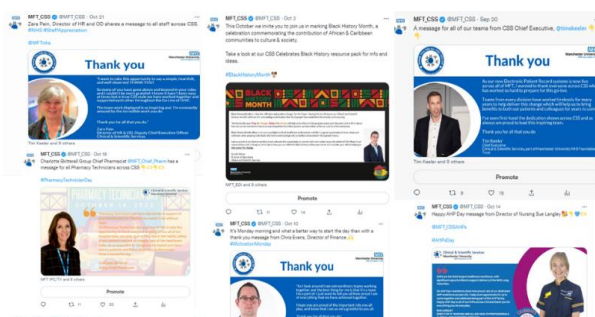
Case Study – Clinical and Scientific Services Inclusive Leadership

The Clinical and Scientific Services (CSS) is a Managed Clinical Service (MCS) with a hugely diverse workforce of nearly 5,000 staff including Allied Health Professionals, Doctors, Nurses, Radiographers, Pharmacists, Technicians, Healthcare and Biomedical Scientists, Engineers, and Administrative and Support colleagues working across every site in the Trust.

We take great pride in the diversity of our professions and workforce. That is why we recognise the value of each profession their role in supporting the treatment of our patients. CSS celebrates each profession on dedicated celebration days and encourage a sense of community across the board.

CSS is proud to have a diverse workforce, both in profession and cultures which brings a richness to the MCS. After reflecting on conversations with leaders throughout CSS, the team realised that additional training around inclusive leadership should be added to existing training, particularly sessions around leadership theory and leading through change.

In 2022 the team updated the training and engagement offers of both sessions to include inclusive communication models and preferences that international recruits have in how they are led. This has been piloted in two areas to assess impact and quality of training.



Leaders who have joined the updated sessions fed back that the training has helped them to understand their own behaviours and assess how they could engage with their teams in a more effective and inclusive way.

The team have realised that many of the leadership practices can be biased to UK/Western preferences and by looking at inclusive leadership practices they were able to update the training to better skill leaders throughout CSS.

CSS intends to continue to design all future training Leadership training with diversity and inclusion in mind.

Be.Inclusive at MFT

Be.Inclusive at MFT

All staff have a contribution to make for equality, diversity, and inclusion to flourish. Which is why the Trust has launched its Be.Inclusive at MFT Campaign as a call to action for all 28,000 staff to become Inclusionists and get involved in the Trust's inclusion journey. Be.Inclusive will help to create inclusive services and workplace environments by promoting a sense of belonging for staff and by meeting the diversity of our patients. The campaign was launched May 2022 to coincide with the Equality, Diversity and Human Rights Week, and it comprises of three inter-related workstreams Learn, Celebrate, and Inspire illustrated in the diagram below.

The campaign has been endorsed by NHS Employers, with Paul Deemer, Head of Diversity and Inclusion at NHS Employers providing a few words:

"NHS Employers are delighted to support and endorse the Be.Inclusive campaign at Manchester University NHS Foundation Trust. We know that diversity is a fact and inclusion is an act – and this campaign is a fantastic example of how each one of you can make a small – but collectively significant – difference to the working lives and health outcomes of your staff and patients."

Every single act, every single action is valuable. These actions together will build an inclusive culture where all colleagues and patients are welcomed and safe to be who they are.

To date, we have more than 1,500 colleagues signed up to be MFT Inclusionists – people dedicated to playing an active role in promoting inclusion. Below are three case studies submitted to the Be.Inclusive newsletter in 2022 showing how staff across the Trust are being leaders on equality, diversity and inclusion in their areas.



Case Study – Why Wearing the Badge Makes a Difference

The Genomic Nurse Lead for adults, shared a story of how one of our patients, whilst attending an appointment, felt welcome at our Trust.

The patient had noticed staff wearing the NHS rainbow badge and said it made him feel safe to disclose that he was accompanied by his same-sex partner. As badges and lanyards are visible, they're a simple but effective way to show patients that we're welcoming of their diverse care needs and to show all colleagues that we value them and embrace their diversity. It also reminds us that we all belong and have our place in the Trust.

Be.Inclusive encourages our staff to wear their lanyards and badges to show their support for equality, diversity and inclusion.



Figure 1 Karen Hawley, Freedom to Speak Up (FTSU) Guardian wearing her Be.Inclusive Badge, together with the FTSU lanyard and the NHS Rainbow Badge

Case Study – Saint Mary's MCS Newborn Intensive Care Unit

Being an Inclusionist is about promoting inclusion so that our staff feel they belong as their authentic selves. To date 115 members of staff from across Saint Mary's have signed up to support the campaign.

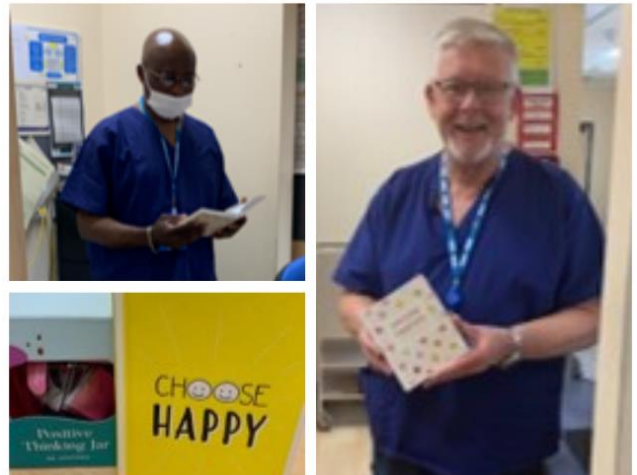
An example of good practice includes the Practice Education Team at the Newborn Intensive Care Unit (NICU) – Oxford Road Campus, have created a 'Where is home map' to show the diversity of the team working across the Newborn Services.



Case Study – ‘Thought of the Day’ at Morning Huddle

During the pandemic, Anita Taylor - Staff Nurse at Withington Community Hospital, discussed with her team, which expressed their need for positive news. She then brought to work a book of positive sayings with a 'Thought of the Day' to be read at each morning huddle.

Members of the team took turns reading 'thoughts' which led to positive feedback, including that it gave a positive start to the day and distracted from the worries colleagues might have brought into work. This small practice has allowed for some positive reinforcement at the beginning of the workday and led to colleagues finding comfort and a sense of belonging. Even small actions can have significant positive impacts on people when done with compassion and empathy.



Section Five

Celebrating Diversity

Celebrating Diversity at Manchester University Foundation Trust

In the past year, the Trust celebrated diversity through a range of events that brought communities together and helped foster a culture that embraces what makes everyone different. Through celebrations, the Trust strives to foster an inclusive culture enriched by the diversity of Greater Manchester’s communities and workforce. The following are some of the events and activities conducted during celebrations in 2022.



Ramadan

On Saturday 2nd of April, we celebrated the holy month of Ramadan with our colleagues.

During the holy month of Ramadan, which occurs on the ninth month of the lunar-based Islamic calendar, all Muslims are required to abstain from food and drink from dawn to dusk for 30 days.

Fasting, which is one of the five fundamentals of Islam, is a form of worship that is performed by the intentional abstinence from food, drink, smoking and sexual activity between dawn and sunset.

Fasting seeks to develop in one a sustained consciousness of God (Taqwa). By freeing one from preoccupation with physiological needs the heart and mind have greater freedom to reflect and meditate upon deeper spiritual matters, such as a person's relationship with the Creator and the creation.

This year, the Spiritual Care and Chaplaincy Team created multiple resources, including a guide to Ramadan and a patient and workforce guidance to aid colleagues throughout the celebration.



Manchester Pride 2022

In 2022 the LGBTQ+ Staff Network were able to represent Manchester University NHS Foundation Trust and the wider NHS at the Manchester Pride Parade.

Coordinating the entry for several Greater Manchester NHS Trusts it was a truly collaborative event working with colleagues from Networks throughout Manchester to celebrate LGBTQ+ staff and allies throughout the NHS.

The Trust was represented by over 60 colleagues who marched alongside around 200 wider NHS colleagues in Trust LGBTQ+ Staff Network t-shirts waving progress pride flags branded with the Trust logo thanks to further collaboration with corporate sponsors.

The LGBTQ+ Staff Network was delighted to win the 'Best in Public Sector' parade entry which reinforced the cheers and beautiful reactions the NHS received from the tens of thousands of people who lined Manchester's streets to watch this year's parade.

The LGBTQ+ Staff Network is already planning our 2023 entry and is exploring other pride events across Greater Manchester where the Trust can be represented.

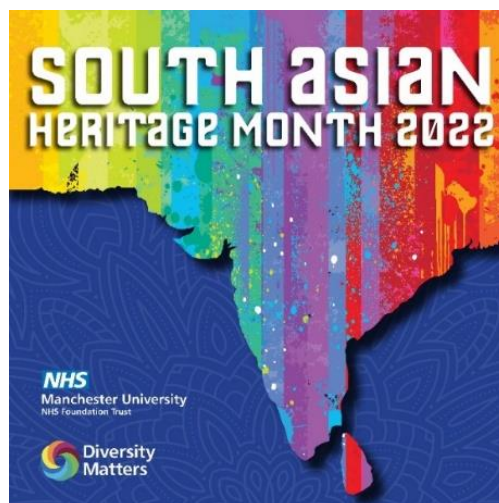


South Asian Heritage Month

In 2022, the Trust celebrated South Asian Heritage Month for the third year, with this year's theme being Journeys of Empire.

It was a chance to celebrate, acknowledge and learn about the incredible ways in which South Asian communities have helped to shape the UK.

The Black, Asian & Minority Ethnic Staff Network celebrated South Asian Heritage Month with a quiz night and shared communications to increase the awareness of the month amongst Trust staff.



East and Southeast Asian Heritage Month

This September marked the second East and Southeast Asian Heritage Month, and we wanted to celebrate the contributions that people from this region have made to the NHS and the UK.

Manchester is a super diverse city and has the greatest proportion of residents from East and Southeast Asia in the UK. We serve a lot of those residents at the Trust and many of our staff have strong connections by birth and/or heritage to East and Southeast Asia.

This year our Joint Group Medical Director, Toli Onon, was interviewed for our internal Trust newsletter about what East and Southeast Asian Heritage Month means to her.

Toli spoke about her family's journey from Inner Mongolia to America and finally settling in Leeds and finding a balance between integrating into British society and being proud of her heritage.

'People should value your identity for whatever it is you bring. And that's not just about ethnicity and race, that's about sexuality, about gender, about religion or being secular. We want to be part of a society where we really value people's diversity genuinely. It's great we are marking this day and I hope all people of East and Southeast Asian take pride in doing so'.



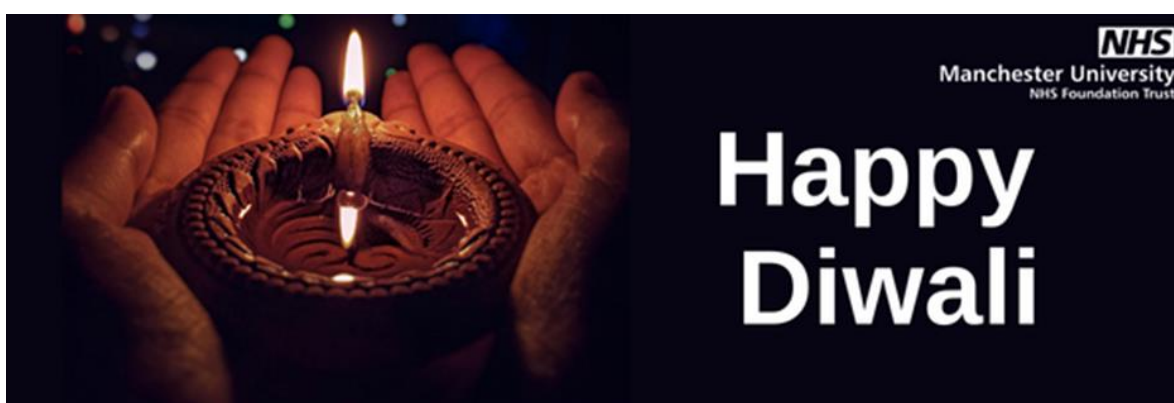
Diwali

Diwali is the biggest and one of the most important festivals in Hindu religion. It is also an important festival in both the Jain and Sikh religions. The festival represents the victory of light over darkness, knowledge over ignorance, good over evil, and hope over despair.

Diwali is celebrated for up to five days, but the main festival night of Diwali coincides with the darkest, new moon night of the Hindu Lunisolar month – Kartik. In the Gregorian calendar, this year Diwali fell on the 24th of October

People dress in their finest traditional clothes and may place decorations in their homes, light up diyas (lamps and candles). Family and friends get together, where sweets and vegetarian meals are prepared and shared. Performing prayers and religious rituals are also part of the celebrations. The appropriate way to express best wishes to Hindu, Sikh or Jain for Diwali is to say 'Shubh Deepawali'.

The Trust is working with the dharmic communities to ensure Diwali celebrations in 2023 are representative of our diverse communities.



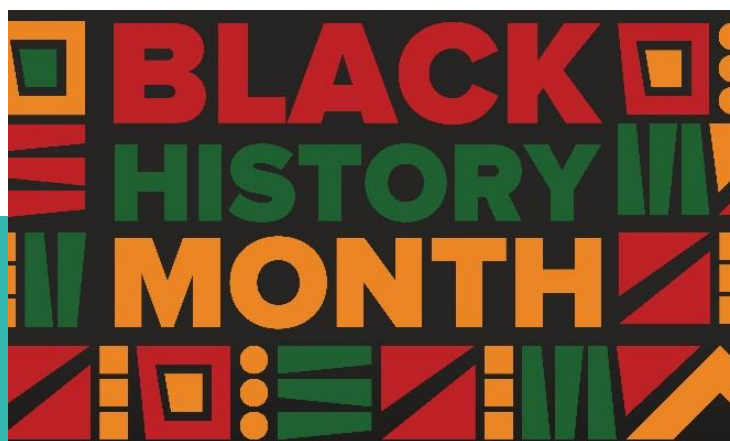
Black History Month

In October 2022, we celebrated Black History Month. This year the theme was Time for Change Action not words. Throughout October, the focus was set on the continued achievements and contributions of Black people to the UK and around the world. It was also a time for continued action to tackle racism, reclaim Black history and ensure that Black history is represented and celebrated all year round.

‘To get to know a better tomorrow, we can’t just focus on the past. We can acknowledge and learn from it, but to improve the future, we need action, not words. We need to come together to achieve a better world for everyone.’ - Black History Month Organisation, 2022

To celebrate this year the Black, Asian and Minority Ethnic Staff Network ran a programme of events in October including a forum on what Black History Month means in the NHS, a Lime Arts Studio Workshop, Cultural Day (This is me!) Exhibitions, a Black History Month quiz, and a Positive Actions Workshop was attended by Mayor of Greater Manchester Andy Burnham who spoke about the importance of an ethnically diverse workforce in Manchester.

To celebrate in the community colleagues across the LCO also put on an array of events across the city to celebrate Black History Month. These events included a display of African-Caribbean items such as beads, outfits and currency, staff stories and poem recitations, a discussion with the Freedom to Speak Up team on bullying and harassment, and a Black African History and Carnival virtual session.



Disability History Month

In 2022, from the 16th of November to the 16th of December we celebrated UK Disability History Month. It is a time to create a platform that focuses on the history of disabled people's struggle for equality and human rights, and to celebrate the contributions of disabled people to society.

For Disability History Month 2022, we celebrated our disabled colleagues and reflected on how far we have come regarding supporting disability in the workplace.

A resource pack was created and released to coincide with the start of the month. The resource pack contained information on Trust programmes related to workforce disability equality,

for example, the reasonable adjustments task & finish group, Diverse Abilities Network, and Disability Staff Engagement Group.

The resource pack also sought to increase awareness in general around workforce disability equality, sharing information on important topics such as the social model of disability and how to self-update demographic information on our Electronic Staff Record.

On Friday 3rd December 2022, MFT celebrated Purple Light Up Day during Disability History Month, with staff encouraged to wear something purple to show their support for our disabled colleagues. Hospital sites across the city were lit up in purple and members of the Disability Staff Engagement Group joined the Chairman, Kathy Cowell, for a photograph to mark the occasion.



Hanukkah

The 18th of December 2022 marked the beginning of the Jewish festival of Hanukkah (or Chanukah), which means “dedication”. It commemorates the miracle of light that occurred when Judah rededicated the Temple to the Hebrew God. This eight-day celebration involves the lighting of a Menorah (nine-candle candelabra) over eight days.

During this celebration, it became important to consider colleagues and patients who may be celebrating. Staff were encouraged to avoid scheduling evening appointments for outpatients and allowing inpatients to light an electric candle or attend the Menorah lighting ceremony. Managers were asked to be flexible with colleagues who wished to be at home in the evenings to light the candle.

“The truth is that Chanukah is relevant for everyone and even in the USA where state and religion are separate, the lighting of the Menorah is allowed in public places.

The reason for this, is because the Menorah represents the basic fight which we all have in our lives. The challenge of spirit over material, light over darkness, awareness that there is something deeper than our superficial awareness.

Sometimes we need to be reminded (which Chanukah helps us), that we have a very limited control in our lives and there is something hidden in the background directing things for our good.”

The Trust's Rabbi



Section Six

Governance

Celebrating Diversity at Manchester University Foundation Trust

The Trust's equality, diversity and human rights governance includes the Group Equality, Diversity and Human Rights Committee that reports to the Group Quality and Safety Committee. Each hospital, managed clinical service, community services, and corporate service has an equality, diversity and inclusion group that feed into the Group Equality, Diversity and Human Rights Committee. The local equality, diversity and inclusion groups are chaired by a member of the Senior Management Team and supported by local Equality and Diversity Coordinators.

A Health Inequalities Group has been established that reports to the Group Equality, Diversity and Human Rights Committee. The Health Inequalities Group leads the Trust's work to tackle health inequalities.

A Workforce Strategic Equality Group has been in place since the start of the COVID-19 Pandemic. The initial purpose of the Group was to ensure that the decisions about safeguarding and supporting staff during COVID-19 were informed by and co-produced with diverse staff groups. The Group's remit has widened to issues of workforce equality more broadly.

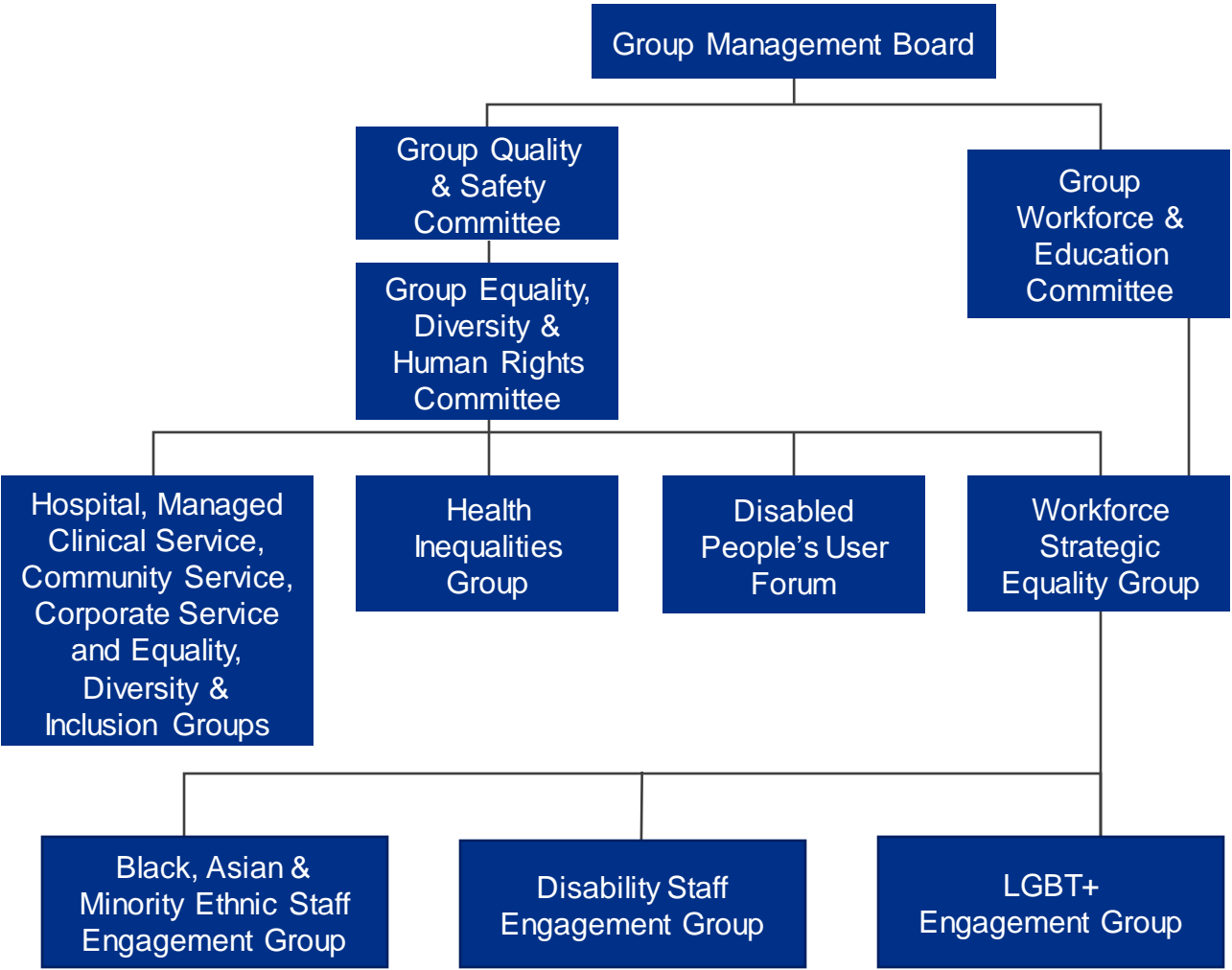
Staff Engagement Groups provide a mechanism for regularly hearing the lived experiences of staff to shape and inform workforce equality priorities and initiatives. The Groups offer a way of rapid design when needed and a way of understanding issues of concern and escalating issues. The Staff Networks sit on the Staff Engagement Groups providing linkages with Network members.

Our Disabled People's User Forum comprises current and past patients and members from the voluntary sector of and for disabled people. The Forum provides a mechanism for consulting with disabled people on service improvements and changes to understand the disability equality implications and ensure disability-inclusive environments and services.

Group Equality, Diversity and Human Rights Committee (GEDHRC)

The Trust’s governance structure shown below is built on the principle of leadership. A Group Equality, Diversity and Human Rights Committee (GEDHRC) leads on promoting the culture and positive conditions for equality, diversity, and human rights to flourish within the Trust.

The GEDHRC identifies and shares good practice from within and out with the Trust. It oversees the development and implementation of approaches that require group wide consistency and monitor progress. The GEDHRC provides assurance to the Group Quality and Safety Committee and through that Committee to the Board of Directors.



Meet the Equality, Diversity and Inclusion Team

The Group Equality, Diversity and Inclusion Team is responsible for leading on developing, delivering, and reviewing Diversity Matters, the Trust's equality, diversity, and inclusion strategy 2019-2023. The purpose of the Group Equality, Diversity and Inclusion Team is to build the knowledge and confidence of staff across the Trust to realise the Trust's aims of:

- Improved patient access, safety, and experience.
- A representative and supported workforce.
- Inclusive leadership.

The Team carries out its purpose as follows:

- Translates legislation and national advice, guidance and standards and legislation into policy and practice.
- Provides advice and assistance in response to enquiries.
- Provides advice and quality assurance about equality impact assessment.
- Runs programmes of work with hospitals, managed clinical services, and community services.
- Designs, commissions, and delivers training.
- Creates learning resources.
- Analyses the Trust's performance on service and workplace equality, diversity and inclusion and translates this into continuous improvement actions.
- Benchmarks with other Trusts and organisations to bring the best of practice into the Trust and share Trust best practice.
- Produces the Trust's statutory reports. You will find these reports on the Trust's website.
- Runs the Trust's Staff Engagement Group and supports staff networks, you will find information about these on the equality page of the staff intranet site.
- Runs the Trust's Disabled Peoples' User Forum.
- Supports Equality, Diversity, and Inclusion Groups in hospitals, managed clinical services and community services.
- Partners with organisations in Manchester. Greater Manchester and the North-West and beyond to work in systems.

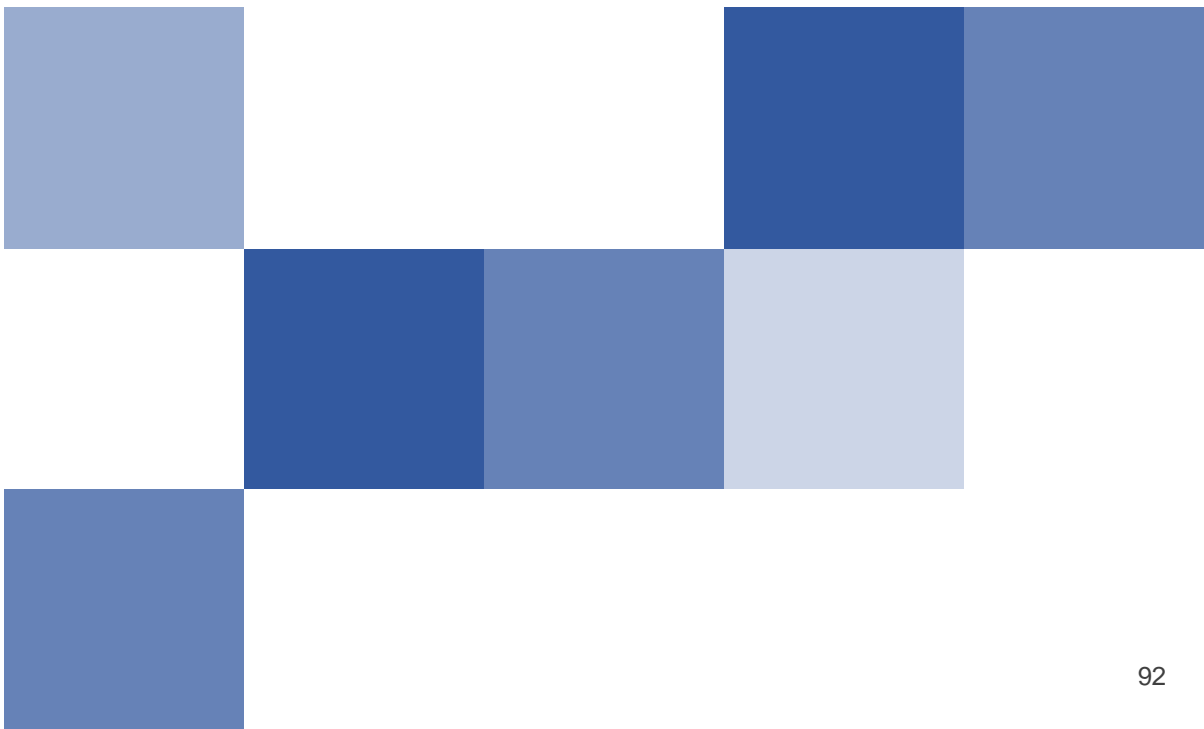
Conclusion

To deliver the Trust's equality, diversity and inclusion ambition, a four-year roadmap was developed as part of Diversity Matters. The roadmap is intended to identify the implications of the Strategy for the Trust's hospital and managed clinical services, community, and corporate services.

The Trust is on track to achieving its third year's actions outlined in the roadmap. However, more progress is needed in the following areas:

- tackling health inequalities including equality monitoring.
- increasing diversity in senior leadership.
- maintaining focus on tackling harassment, bullying and abuse.

The Trust is a fantastic organisation in a fantastic city, but that doesn't mean we can't do better — of course we can! But we can be proud of what we've accomplished in these challenging times and commit ourselves with humility to taking the next steps.



Annex 1

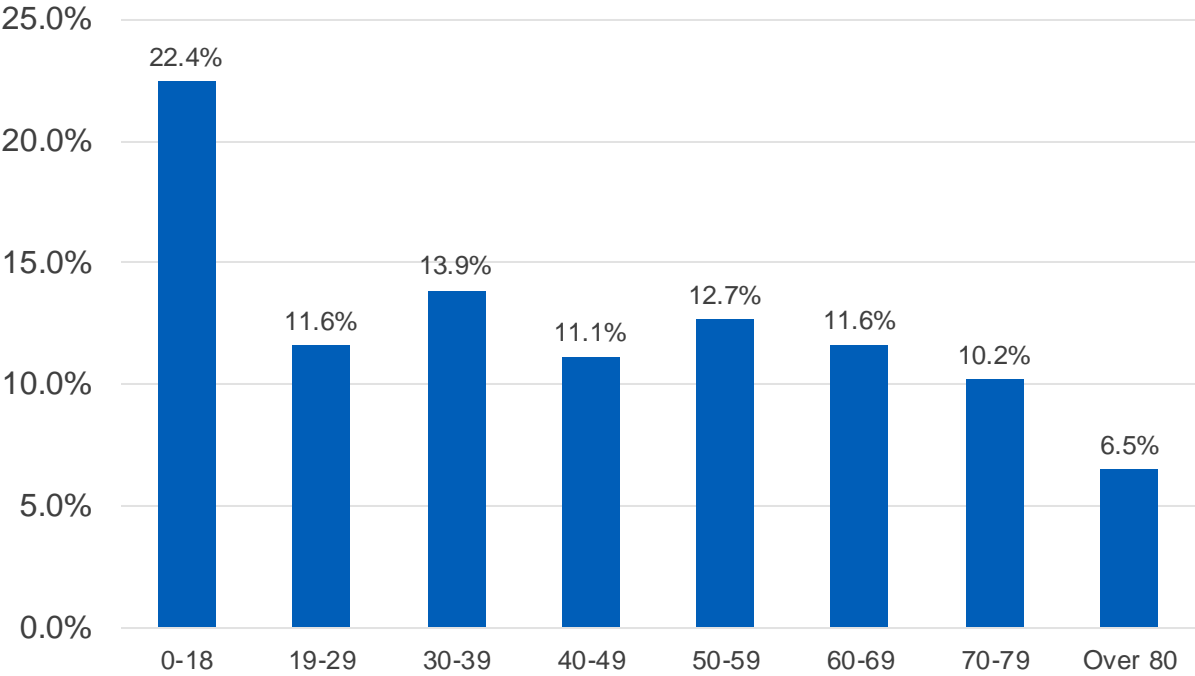
The Diversity of Our Patients

As a Trust, we recognise the diversity of the communities we serve, as everyone using our services has different needs and backgrounds. To provide safe and effective healthcare, we must continue to monitor demographic data to understand how the population changes over time.

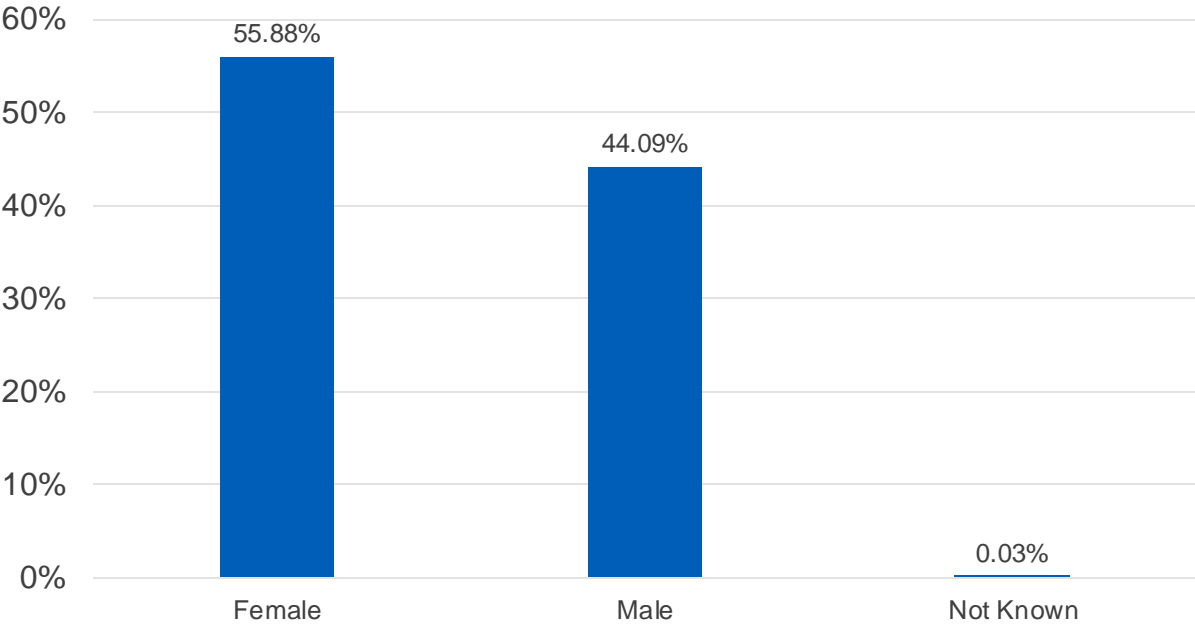
The following charts provide information detailing the diversity of our service users in 2022 by the protected characteristics currently collected across each of our sites.



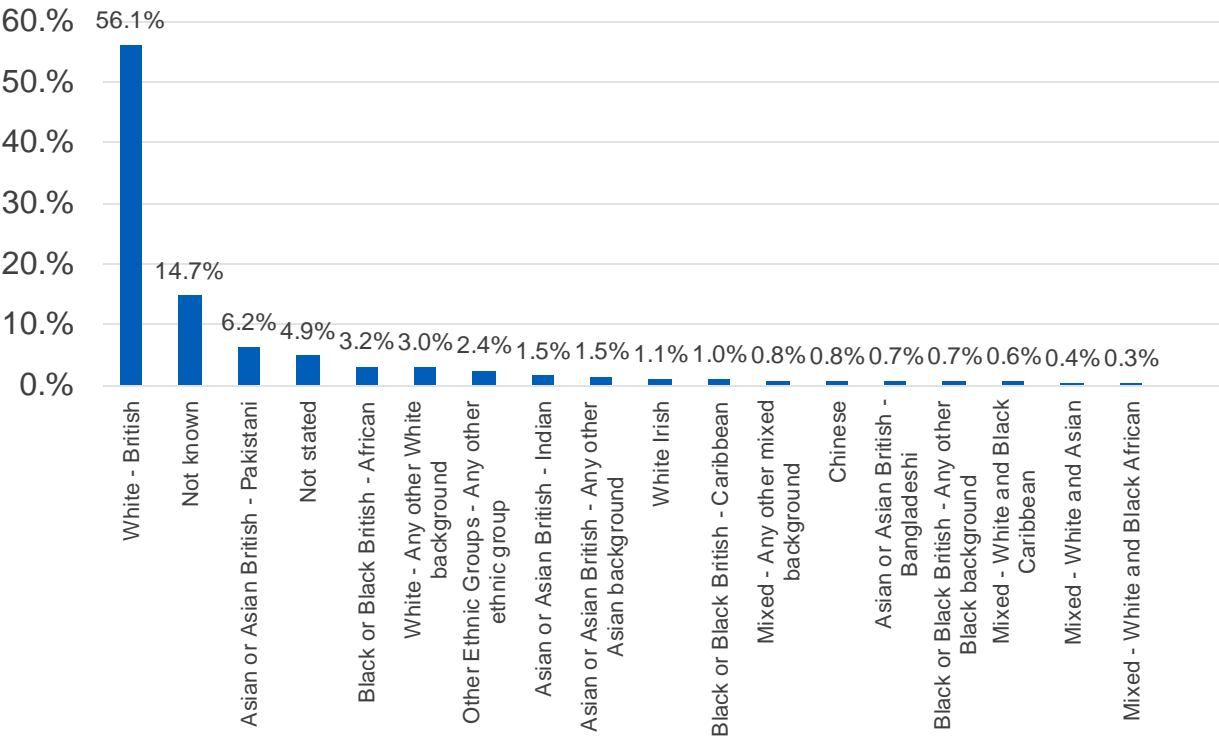
Age



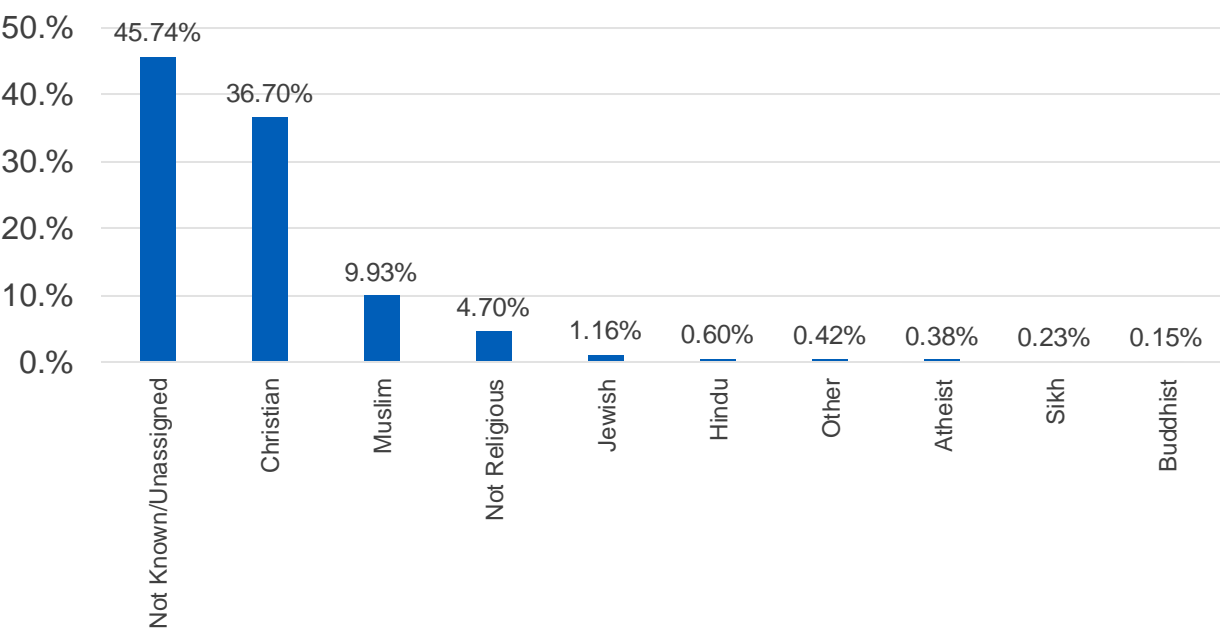
Sex



Ethnicity



Religion or Belief

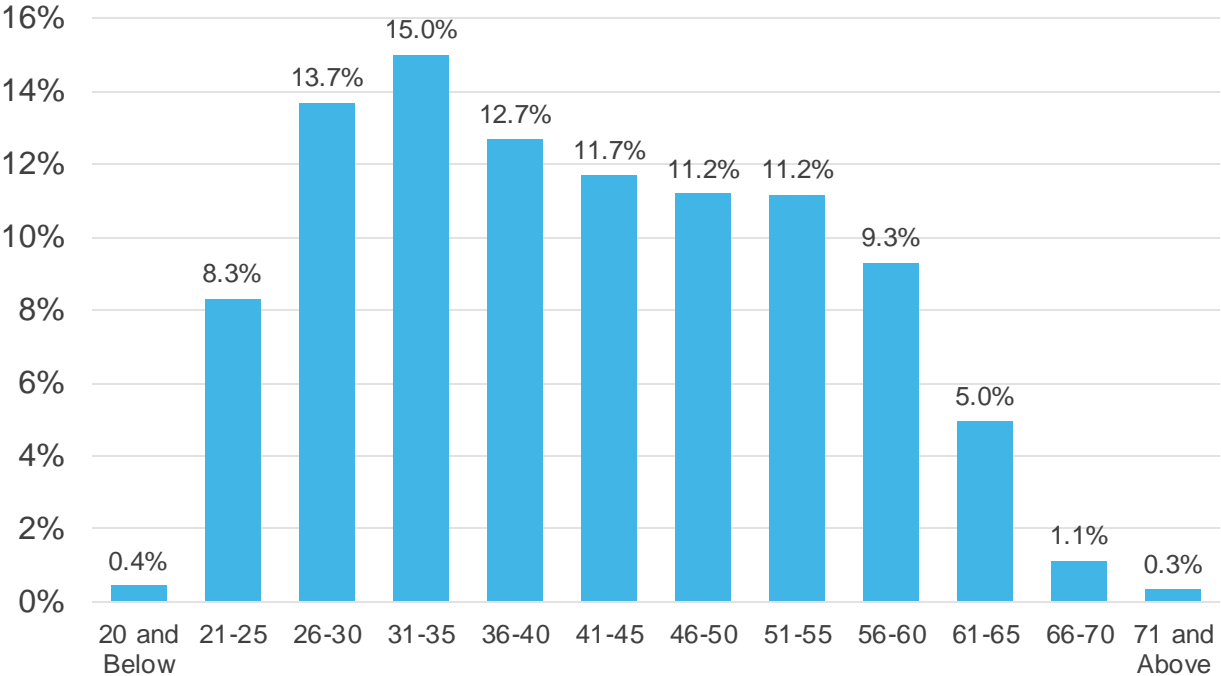


The Diversity of Our Staff

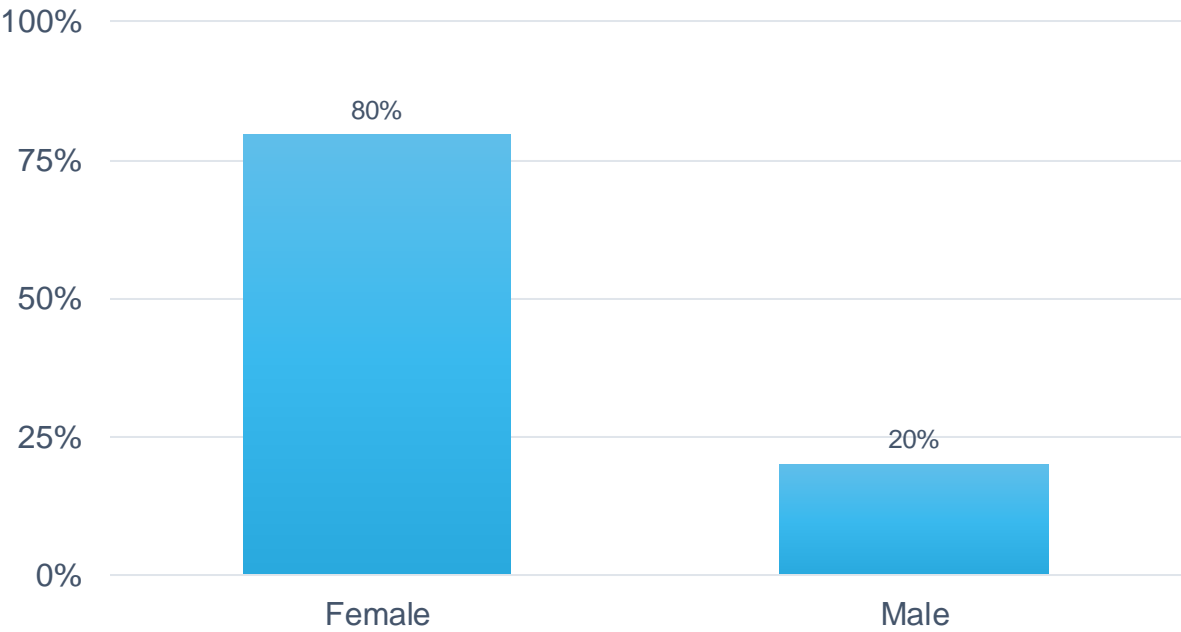
The Trust recognises the importance and benefits of a diverse workforce, and is committed to creating an inclusive, accessible, and fair workplace for all employees. The Trust values the contribution of all employees and recognises that diversity of experience, skills and knowledge supports the delivery of the best possible services. The following tables provide a demographic breakdown of the Trust’s workforce by protected characteristic in the past year.



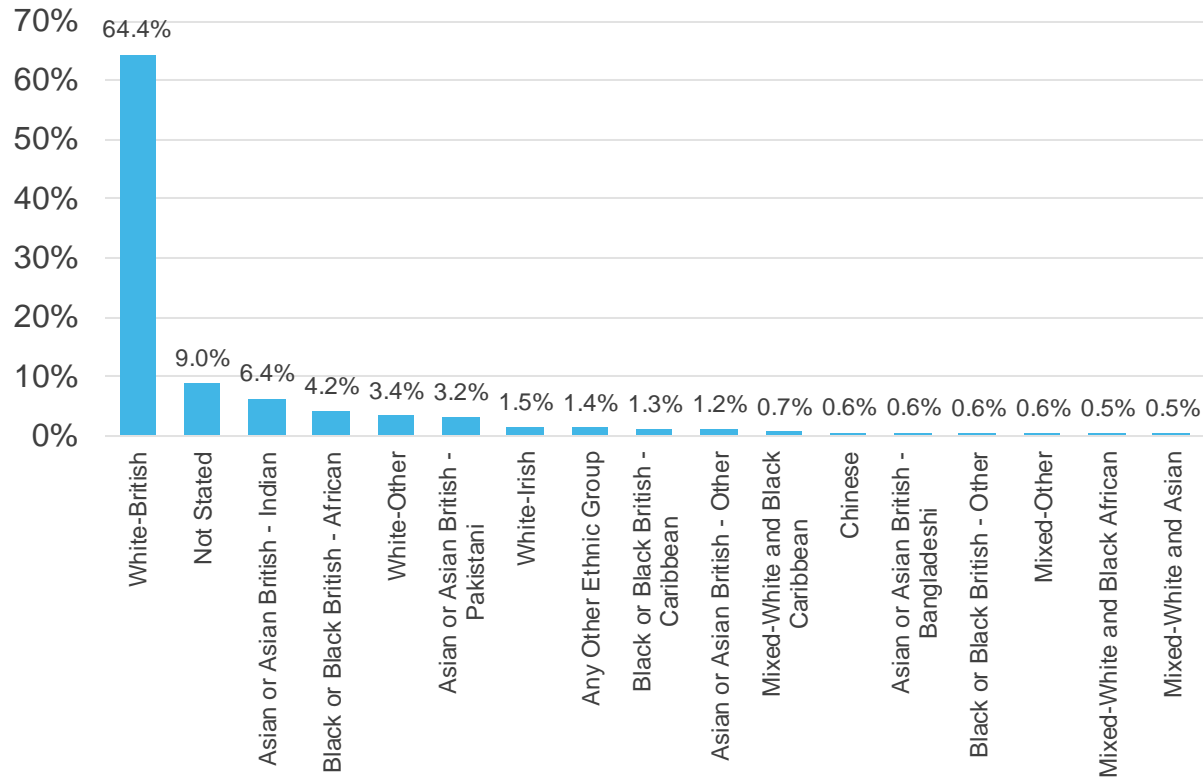
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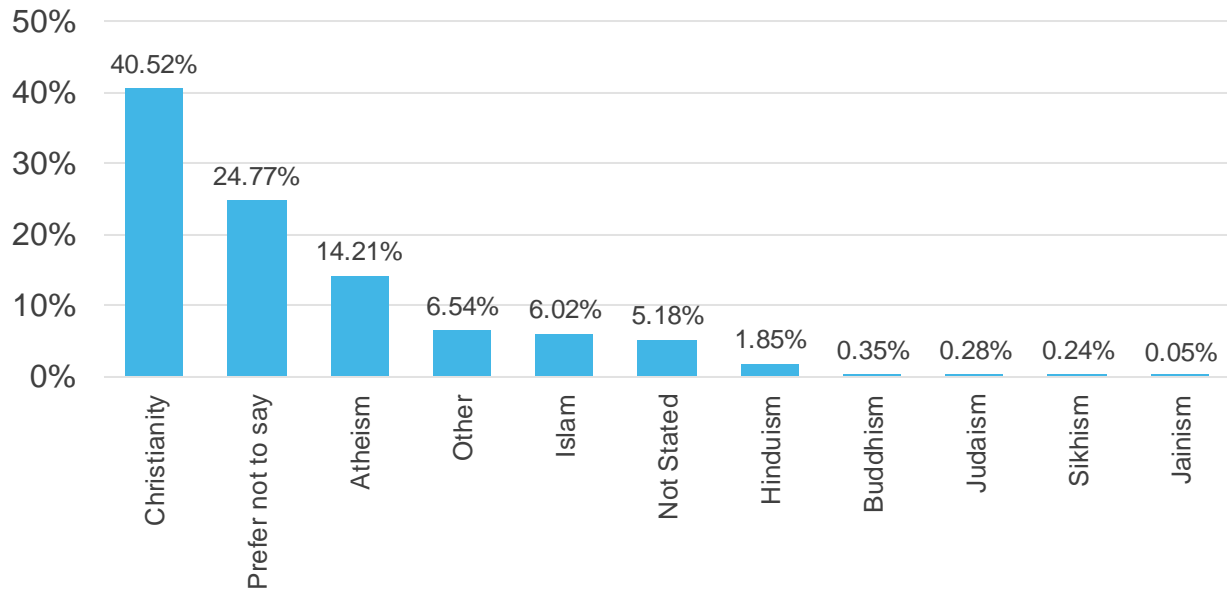
Sex



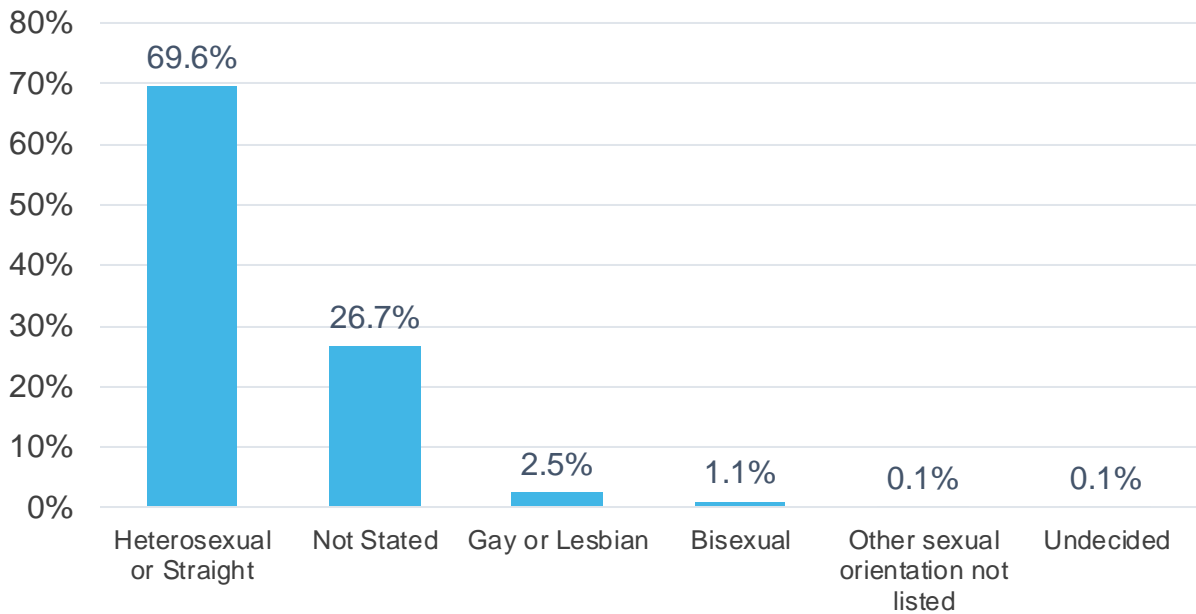
Ethnicity



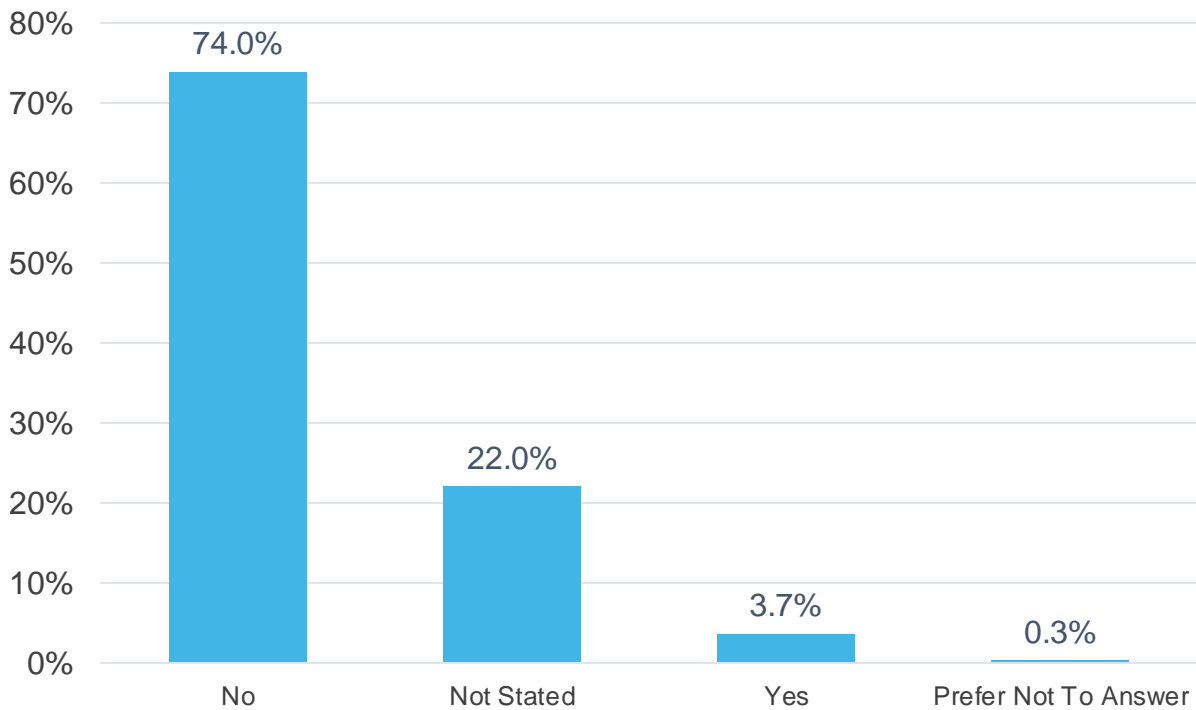
Religion or Belief



Sexual Orientation



Disability



Equality, Diversity & Inclusion at MFT

www.mft.nhs.uk/the-trust/equality-diversity-and-inclusion/

Healthwatch Trafford

www.healthwatchtrafford.co.uk

Healthwatch Manchester

www.healthwatchmanchester.co.uk

Equality and Human Rights Commission

www.equalityhumanrights.com

Government Equalities Office

www.gov.uk/government/organisations/government-equalities-office

NHS Employers Diversity and Inclusion

www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce

Manchester Health & Care Commissioning Equality Information

www.mhcc.nhs.uk/about-us/equality-diversity

Greater Manchester Health and Social Care Partnership

www.gmhsc.org.uk

NHS England Equality Hub

www.england.nhs.uk/about/equality/equality-hub

Gender Pay Gap

Each year the Trust continues to review its pay by gender to see if there is any difference in pay between men and women. The Trust's latest Gender Pay Gap Report can be found at: <https://mft.nhs.uk/the-trust/equality-diversity-and-inclusion/>

Work Race Equality Standard (WRES)

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS healthcare providers, through the NHS standard contract. The Trust publishes a WRES Report each year and use the data within the report to inform actions to advance the equality of opportunity for Black, Asian, and Minority Ethnic staff at the Trust. You can view the latest WRES Report at: <https://mft.nhs.uk/the-trust/equality-diversity-and-inclusion/>

Work Disability Equality Standard (WDES)

Implementation of the Workforce Disability Equality Standard (WDES) is a requirement of public sector organisation to report against a set of ten metrics to identify variation in the experience of Disabled employees. The Trust publishes its WDES Report each year and uses the data to inform a set of actions to improve inclusivity and accessibility.

You can view the latest WDES Report at: <https://mft.nhs.uk/the-trust/equality-diversity-and-inclusion/>

Please contact the Trust's Equality and Diversity Team with any enquiries about the Diversity Matters Strategy.

Email: Equality@mft.nhs.uk

ACAS – The Advisory, Conciliation and Arbitration Service

AIS – Accessible Information Standard

BAME – Black and Asian Minority Ethnic

CCG – Clinical Commissioning Groups

CPD – Continuing Professional Development

CQC – Care Quality Commission

CSS – Clinical and Scientific Services

DPUF – Disabled People’s User Forum

ED&I – Equality, Diversity, and Inclusion

EDHR – Equality, Diversity and Human Rights Week

EDS – Equality Delivery System

EqIA – Equality Impact Assessment

ESR – Electronic Staff Record

FTSU – Freedom to Speak Up

GEDHRC – Group Equality, Diversity and Human Rights Committee

GMC – General Medical Council

GPG – Gender Pay Gap

LCEA – Local Clinical Excellence Awards

LGBTQ+ - Lesbian, Gay, Bisexual, Trans, Queer + Community

MCS – Managed Clinical Service

MFT – Manchester University NHS Foundation Trust

MREH – Manchester Royal Eye Hospital

MRI – Manchester Royal Infirmary

NIHR – National Institute for Health and Care Research

RMCH – Royal Manchester Children’s Hospital

UDHM – University Dental Hospital of Manchester

WDES – Workforce Disability Equality Standard

WRES – Workforce Race Equality Standard

WTWA – Wythenshawe, Trafford, Withington, Altrincham hospitals

