NHS
Manchester University
NHS Foundation Trust

Diversity Matters

Manchester University NHS Foundation Trust's Equality, Diversity, Inclusion Strategy 2019-2023

Contents

Manchester University NHS Foundation Trust (MFT) would like to thank all patients, community partners and colleagues for their help in developing this Strategy. We received great feedback about what we were doing well, what we need to continue with or do more of and where we need to change or improve and how we might do that. Wherever possible we have built your views and ideas into the Strategy. We appreciate the time given and the contributions made.

Should you have an enquiry about the Strategy please contact **equality@mft.nhs.uk**

Section 1:
About Manchester University NHS Foundation Trust

Manchester University NHS Foundation Trust (the Trust) was established on 1st October 2017 following the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM) to become one of the largest Foundation Trusts in England.

The Trust is responsible for running nine hospitals, across six separate sites. The Trust also hosts the Manchester Local Care Organisation (MLCO) that brings together NHS community health and mental health services, primary and social care services in the city. The Trust provides a wide range of services from comprehensive local general hospital care, through to highly specialised regional and national services and community services.

The Trust's hospitals incorporate the following:

Manchester Royal Infirmary

Saint Mary's Hospital

Royal Manchester Children's Hospital

Manchester Royal Eye Hospital

University Dental Hospital of Manchester

Wythenshawe Hospital

Trafford General Hospital

Withington Community Hospital

Altrincham Hospital

Section 2: **Foreword**

We are delighted to introduce Manchester University NHS Foundation Trust's Equality, Diversity and Inclusion Strategy (2019-2023). The Strategy sets out our ambition to be the best place for patient quality and experience and the best place to work. It provides a framework for action focussing on three, interrelated aims which are:

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

We believe that the only way to consistently provide the highest possible level of care is through being truly inclusive, creating the right conditions for staff to flourish and for patients to receive the services that they need, in the way that they need them and in the right environment based on their individual needs.

We are proud of the progress made over the last four years, examples of which include:

- Provision of almost four and a half thousand in-person interpretations on average each year.
- All patient areas have undergone an access audit and access guides are available on the Trust's website.
- Onsite multi-faith centre and prayer room.
- Post-operative therapy services for gender reassignment patients.
- Working with carers as part of John's Campaign.
- Disability Confident Employer.
- The Trust won a partnership award with the Greater Manchester Caribbean and African Health Network.

The Trust recognises however that there is more that needs to be done. Whilst Board and senior manager leadership is key, it is leadership at all levels that will really achieve the aims. The Trust is therefore asking all staff to adopt and embrace the Strategy within their individual roles and workplaces.

Achieving the aims and objectives set out in this Strategy will also require joint working with communities and partners. On this basis we look forward to continuing to build on the positive working relationships with our community and statutory sector partners.

Thank you to everyone who has helped to prepare this Strategy and set out our ambition to be a leader in equality, diversity and inclusion.

Kathy Cowell OBE DL
Group Chairman

Sir Michael Deegan CBE
Group Chief Executive

Section 3: Executive summary

Equality, diversity and inclusion are key to achieving the Trust's vision of, 'excelling in quality, safety, patient experience, research, innovation and teaching; dedicated to improving the health and well-being for our diverse population.'

The Trust's ambition is to be regarded as the best place for patient safety, quality and experience and the best place to work.

The Trust is committed to the elimination of discrimination, to reducing health inequalities, promoting equality of opportunity and dignity and respect for all our patients, their families, carers and staff.

This Equality, Diversity and Inclusion Strategy 2019-2023 will focus on three aims:

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

The following pages, outline the Trust's equality and diversity objectives to deliver our aims.

Patients

Aim: Improved patient access, safety and experience.

Objectives:

- Understand the potential impacts of the decisions we make on patients, their families, carers and service users, by protected characteristics, and identify mitigating steps to reduce or remove adverse impacts.
- Identify any unwarranted variations in access, safety and experience of the Trust's services and develop plans to address these.
- Meet the information and communication needs of patients, their families, carers and service users with a disability, impairment or sensory loss by completing the implementation of the Accessible Information Standard (AIS).
- Ensure that people with learning disabilities, autism or both receive treatment, care and support which is safe and personalised and have the same access to services.
- Be the first Trust in the country to deliver Pride in Practice accreditation in partnership with the LGBT Foundation to better meet the needs of lesbian, gay, bi-sexual and transgender (LGBT) patients, their families, carers and service users and set the standard for the NHS hospital sector.
- Work with patients, their families, carers and service users to shape wayfinding and signage to make it easier to find their way journeying to and from hospitals and between hospitals and community services.

Staff

Aim: A representative and supported workforce.

Objectives:

- Understand the potential impacts of the decisions we make on staff, by protected characteristics, and identify mitigating steps to reduce or remove adverse impacts.
- Identify unwarranted variations in representation and experience that need to be improved and that resulting actions are identified and achieved.
- Take a zero tolerance approach to bullying, abuse and harassment in order to ensure that all staff feel safe at work.
- Deliver Disability Confident employer, recruiting, retaining and developing disabled staff.
- Harness the talents of all communities to provide high quality patient care, increased patient satisfaction and better patient safety particularly the ethnic diversity at Board and senior management levels.

Leadership

Aim: Inclusive leadership

Objectives:

- Board members and senior leaders champion equality and diversity and apply a consistently inclusive approach.

Section 4: The development process

The Strategy has been developed in consultation with patients and community organisations of and for the protected characteristics, staff, Boards and Committees.

The Strategy seeks to answer the following three questions:

1. Where are we now?
2. Where do we want to be?
3. How will we get there?

The Strategy focuses on the long term vision for equality, diversity and inclusion, while also highlighting our immediate short-term strategic priorities.

Design Process

Five key principles have guided the development of the Strategy as follows:

1. Be patient centric.
2. Be an employer of choice.
3. Be evidence based.
4. Be mainstreamed.
5. Be integrated, ambitious and realistic.

The Strategy has also been created to meet the Trust's legal requirements, NHS standards and contractual obligations on equality and diversity.

What Equality, Diversity and Inclusion mean to us

The Trust thought it was important to have a shared understanding of what equality, diversity and inclusion mean in order to develop this Strategy. This is what patients, community partners and staff said the terms mean to them.

EQUALITY

Treating people according to their needs.

DIVERSITY

People's abilities, beliefs, cultures, experiences, lifestyles, ideas and views are respected and are allowed to be heard.

INCLUSION

Taking an approach where we consider people, their diversity, their experiences, their preferences and their abilities. It is about healthcare that understands and meets people's diverse needs. And where staff can be themselves and feel that they can contribute their views, which are valued, and are able to perform to their full potential.

Section 5: Strategic context

There are a number of legal requirements, national standards and contractual obligations that the Trust must meet to eliminate discrimination, and advance equality and cohesion. The table below summaries these requirements and what they mean for the Trust. Annex 1 provides more detail about the requirements.

Strategic context	What does it mean for our equality, diversity and inclusion strategy?
Human Rights Act 1998	• Protecting human rights in clinical and organisational practice by adherence to the underlying core values of fairness, respect, equality, dignity and autonomy (FREDA). • Placing these core values at the heart of policy and planning. • Empowering staff with knowledge and skills to achieve a human rights-based approach. • Enabling meaningful involvement and participation of all key stakeholders. • Non-discrimination and attention to vulnerable groups.
Equality Act 2010	• Create a culture based upon positive attitudes towards welcoming the diversity of patients, their families and carers and the staff and meeting diverse needs. • Ensure the decisions the Trust makes have completed equality impact assessment. • Ensure that all staff understand their roles and responsibilities under the Trust's service and employment equality policies. • Develop and roll out a learning and development plan. • Embedding into daily practice. • Agree the focus for patient access equality monitoring and complete the roll out of service equality monitoring of access, safety and experience. • Create reports to monitor the application of the Trust's service and employment equality policies using service and staff equality monitoring data. • Hospitals/Managed Clinical Services/Corporate Services and Manchester Local Care Organisation build objectives and actions into business plans as part of their annual planning cycle to meet the general and specific equality duties under the Act. • Local, regional and national partnerships with communities and networks.

Strategic context	What does it mean for our equality, diversity and inclusion strategy?
Accessible Information Standard (AIS)	• Ensure that all our staff understand their roles and responsibilities in delivering the AIS. • Hospitals/Managed Clinical Services, Corporate Services and Manchester Local Care Organisation action plans embed the AIS into their relevant Standard Operating Procedures. • Hospitals/Managed Clinical Services, Corporate Services and Manchester Local Care Organisation use a communication passport to support people with accessible communication and/or information needs. • Patient Administration System (PAS) and Electronic Patient Record (EPR) systems to be compliant with the AIS and bespoke departmental systems have plans in place to be compliant with the AIS. • PAS letters project to enable the production of patient letters in people's preferred accessible formats. • Explore how to meet ad hoc British Sign Language interpretation needs. • Create resources on the learning hub to support delivery.
Gender Pay Gap	• Monitor our gender pay gap annually, publish our gender pay gap report by 31 March each year, and take action to address inequalities.
Equality Delivery System (EDS)	• Create a culture of continuous improvement on equality, diversity and inclusion. • Develop an integrated approach to EDS to review and rate equality performance and to set priorities and plans for improvement. • Build improvement actions into business plans as part of the annual planning cycle.
Sexual Orientation Monitoring Standard (SOM)	• Strengthen and develop our relationship with our lesbian, gay, bisexual and transgender (LGBT) patients, their families and carers and the understanding and confidence of all our staff to deliver inclusive services to LGBT patients. • Pilot Pride in Practice for acute hospital and community services and, following review, secure funding to roll out. • Roll out sexual orientation equality monitoring as part of the roll out of service equality monitoring.

Strategic context	What does it mean for our equality, diversity and inclusion strategy?
Workforce Race Equality Standard (WRES)	• Ensure we are an employer of choice that recruits and develops staff fairly so that talented people choose to join, remain and develop with us. • Finalise and roll out the Removing the Barriers Programme to create the culture and opportunities to work towards greater ethnic diversity at leadership levels. • Revise and relaunch a Trust wide approach to reducing the incidents of poor behaviour on patients, their families, carers and the staff. • Partner in Greater Manchester Workforce Race Equality Charter. • Group, Hospital, Managed Clinical Service, Corporate Services and Manchester Local Care Organisation level WRES objectives within workforce plans.
Workforce Disability Equality Standard (WDES)	• Ensure we are an employer of choice that recruits and develops staff fairly so that talented people choose to join, remain and develop with us. • Aim to be a Disability Confident Scheme Leader employer and explore doing that as a system with our health and social care partners in Manchester. • Hospital/Managed Clinical Service and Corporate Services level WDES reports as well as group level and objectives and plans within staff plans. • Partner in Manchester Disability Action Plan. • Group, Hospital, Managed Clinical Service, Corporate Services and Manchester Local Care Organisation level WDES objectives within workforce plans.
Manchester Health Care Commissioning (MHCC)	• In addition to evidencing compliance with the above legislation and standards, our contract with MHCC includes achieving Level 2 of Disability Confident with a supporting action plan to achieve Level 3, an inclusion page on our website, list of inclusion training and list of completed Equality Analysis.

Section 6: Who we serve

Within Greater Manchester, and between local authority areas in Greater Manchester there exists significant diversity. This section provides some statistics drawn from the Office of National Statistics Census 2011. More detailed information about the population is provided in Annex 2.

The average age of people in Manchester is 33 and in Trafford 39.

190 languages spoken in Manchester.

83% of people living in Manchester speak English.

94% of people living in Trafford speak English.

1 in 3 people are from a black and minority ethnic background in Manchester.

1 in 7 people are from a black and minority ethnic background in Trafford.

1 in 5 of the population has a disability or long term condition.

The proportion of Christians in Manchester has fallen from 62.4% to 48.7%, while the percentage of people with no religious affiliation increased from 16% to 25.4%.

71.6% of people living in Manchester were born in England.

85.8% of people living in Trafford were born in England.

Manchester has one of the top ten largest populations in the country identifying as lesbian, gay, bi-sexual and transgender; 6% to 8%.

The percentage of Muslims has increased from 9.1% to 15.8%. Manchester has the largest Jewish population in Britain outside of London.

50% of people in Manchester are female and 50% are male.

49% of people in Trafford are female and 51% are male.

Health Inequalities

Our health is influenced by a wide range of factors, known as wider determinants of health. Where protected characteristic groups experience differences in these wider determinants of health this can lead to health inequalities. The Trust's response to the Equality Act aims to lead to a healthier population by ensuring that people feel they have equal access to and quality of healthcare treatment.
This section provides some of the health inequalities drawn from the NHS Rightcare Equality and Health Inequalities packs for clinical commissioning groups. More detailed information about health inequalities is provided in Annex 3.

People with learning disabilities are 4 times as likely to die of preventable causes.[2]

Suicide is currently the biggest killer of men under 35 in the UK.[3]

The under 75 mortality rate from Cardiovascular Disease (CVD) is almost five times higher in the most deprived compared to the least deprived areas.[1]

African-Caribbean and Asian females over 65 have a higher risk of cervical cancer.[5]

Muslim people report worse health on average compared to other religious groups.[6]

South Asians are up to 6 times more likely to develop type 2 diabetes.[4]

It is becoming more common for children to develop type two diabetes.[8]

Older people report receiving poorer levels of care than younger people with the same conditions.[9]

Lesbian and bisexual women are twice as likely to have never had a cervical smear test, compared with women in general.[7]

Section 7: Where we are now

Patients

The Trust has a long and strong history of providing personalised care that meets the individual needs of our diverse patients, their families, carers and service users. The Trust carries out an annual self-assessment that highlights good practice, some of which is illustrated in the diagram below.

These examples demonstrate that people's health needs are being assessed and met in appropriate and effective ways.

However, there are gaps in the information the Trust collates about our patients by protected characteristic. The table below sets out a risk assessment of not having that information:

Risk Assessment				
Risk	**Likelihood**	**Impact**	**Risk rate**	**Mitigation**
Gaps in patient information by protected characteristics may result in unidentified differential outcomes for patients.	Moderate: Whilst the Trust endeavours to meet the individual needs of our diverse patients, national studies and patients of the Trust highlight differential outcomes for groups by protected characteristics.	The Trust's clinical safety data evidences that critical incidents are rare. However, the impact when a critical incident occurs can be severe.	9	The Trust will roll out service equality monitoring and reporting as a priority.

Feedback from patients and Community Partners

The Trust held a workshop for our community partners of and for the protected characteristics and invited the Disabled People's User Forum and Youth Forum to say what mattered to them for the next four years equality, diversity and inclusion Strategy. The key priorities were as follows.

- Meeting patients' individual communication needs.
- Meeting patients' individual information needs.
- Flexibility of Trust processes in order to meet patients' individual needs, for example, pre-visit appointments would make some patients feel less anxious.
- Raising staff awareness particularly around, though not restricted to, the social model of disability, religions and beliefs, transgender issues and engagement with carers.
- Improving wayfinding and the built environment to make it easier to get around the Trust.
- Improving the Trust's website so that it is more accessible to all.

Staff

The Trust wants to become an employer of choice that recruits and develops staff fairly, taking appropriate positive action wherever necessary, so that talented people choose to join, remain and develop with the Trust. Patients are more likely to receive the services they need if staff are not only competent but drawn representatively from the population served. Our statistics are encouraging. For example, almost 20% of our staff are from black and minority ethnic (BME) backgrounds, in line with the working population of Greater Manchester, and there has been an increase in the percentage of BME staff in the top seven (AfC) pay bands over the last three years apart from Band 8a and Band 8d. Although the percentage of the male staff is disproportionately low, it is more reflective of the percentage of males within the NHS at 23%. The Trust has implemented a number of initiatives aimed at creating a more representative and safe workplace illustrated in the diagram opposite.

However, there is much to do.

- There are not enough people from BME communities in senior management.
- The proportion of males in the workforce is not representative of the population and there is disparity in the outcomes of recruitment by gender.
- Few staff identify as having a disability compared to the working population with a disability and few staff identify their sexual orientation.
- In the Staff Survey 2018, some groups of staff by protected characteristics reported experiencing higher levels of discrimination, harassment and bullying.

Staff, Staff Networks and Staff Side attended a workshop to discuss workforce equality, diversity and inclusion priorities. The outcomes of the workshop were shared for consultation throughout the Trust.

The key priorities were as follows.

- Promote the benefits of a diverse workforce.
- Attract more diverse applicants.
- Create opportunities for progression.
- Improve representation of diversity at senior levels.
- More support around reasonable adjustment.
- Expand work experience.
- Address poor behaviours.
- Further improve work-life balance and support to part-time staff, overseas staff and staff who are carers.
- Training on equality and diversity and supporting staff to understand the local multicultural context.
- A consistent approach across the Trust.

Section 8: Where we want to be

Our vision is, "to improve the health and quality of life of our diverse population."

Our equality, diversity and inclusion ambition is to be regarded as the best place for patient safety, quality and experience and the best place to work.

Equality, diversity and inclusion aims and objectives 2019-2023	
Patients	
Aims	**Improved patient access, safety and experience.** The Trust will create a culture of care based on positive attitudes towards welcoming the diversity of patients, their families, carers and service users and meeting diverse needs. The Trust will be an organisation that continually improves by embedding inclusion principles and standards into every day practice and placing them at the heart of policy and planning.
Objectives	• Understand the potential impacts of the decisions we make on patients, their families, carers and service users, by protected characteristics, and identify mitigating steps to reduce or remove adverse impacts. • Identify any unwarranted variations in access, safety and experience of the Trust's services and develop plans to address these. • Meet the information and communication needs of patients, their families, carers and service users with a disability, impairment or sensory loss by completing the implementation of the Accessible Information Standard (AIS). • Ensure that people with learning disabilities, autism or both receive treatment, care and support which is safe and personalised and have the same access to services. • Be the first Trust in the country to deliver Pride in Practice accreditation in partnership with the LGBT Foundation to better meet the needs to LGBT patients, their families, carers and service users and set the standard for the NHS hospital sector. • Work with patients, their families, carers and service users to shape wayfinding and signage to make it easier to find their way journeying to and from hospitals and between hospitals and community services.

Equality, diversity and inclusion aims and objectives 2019-2023

Patients

How we will achieve our objectives	• Patient policies, procedures, guidelines, business cases, clinical strategies, service reviews, tenders or other key decisions will be equality impact assessed. • Improve the quality of the protected characteristic data collected starting by establishing a baseline of service equality monitoring focusing on: - Did Not Attend and Cancellations. - Incidents. - Friends and family test, what matters to me local patient surveys and complaints. • Design the Accessible Information Standard (AIS) into all procedures and systems ensuring staff understand their roles and responsibilities in delivering the AIS. • Implement the Learning Disability Improvement Standards for NHS Trusts. • Pride in Practice pilots undertaken and evaluation completed by 2020 and plans are in place to roll out the programme across the Trust. • Have in place a Wayfinding Strategy shaped by engaging with the diverse patients, their families, carers and services users.
The results we are aiming for	• Everyone who needs to can readily access 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.

Equality, diversity and inclusion aims and objectives 2019-2023

Staff

Aims	**A representative and supported workforce.** The Trust will be an employer of choice that recruits and develops staff fairly, taking appropriate action whenever necessary, so that talented people choose to join, remain and develop within the Trust. Strong equality, diversity and inclusion at all levels will underpin consistently good patient care across all services.
Objectives	We will: • Understand the potential impacts of the decisions we make on staff, by protected characteristics, and identify mitigating steps to reduce or remove adverse impacts. • Identify unwarranted variations in representation and experience that need to be improved and that resulting actions are identified and achieved. • Take a zero tolerance approach to bullying, abuse and harassment in order to ensure that all staff feel safe at work. • Deliver Disability Confident employer, recruiting, retaining and developing disabled staff. • Harness the talents of all communities to provide high quality patient care, increased patient satisfaction and better patient safety particularly the ethnic diversity at Board and senior management levels.
How we will achieve our objectives	• Staff policies, procedures, guidelines, reorganisations or other key decisions will be equality impact assessed. • Improve the quality of the staff protected characteristic data collected starting by encouraging staff to update their records. • Revise and relaunch Trust wide approach to reducing the incident and impact of poor behaviour on patients, their families and carers and staff. • Work towards becoming a Disability Confident Leader and work with health and social care partners to improve the outcomes for people across Greater Manchester. • Implement a Removing the Barriers programme to work towards increasing the representation of black and minority ethnic (BME) staff in (Agenda for Change) 8a-d and 9, Very Senior Managers and the Board.
The results we are aiming for	• When at work, staff are free from abuse, harassment, bullying and physical violence from any source. • Staff believe the Trust provides equal opportunities for career progression and promotion. • Staff recommend the Trust as a place to work and receive treatment. • Greater diversity in our senior management and leadership structures.

Equality, diversity and inclusion aims and objectives 2019-2023

Leadership

Aims	**Inclusive Leadership.** The Trust will be recognised as a vanguard for equality, diversity and inclusion creating organisational and system wide changes to improve equality outcomes for patients their families and carers, service users and staff.
Objectives	• Board members and senior leaders champion equality and diversity and apply a consistently inclusive approach.
How we will achieve our objectives	• Board members and senior leaders routinely talk about and engage their staff on issues of equality, diversity and inclusion and communicate the benefits. • Board members and senior leaders will understand the equality impacts of their decisions and that decisions will advance equality and cohesion rather than adversely affect sections of the population by protected characteristics. • Board members and senior leaders act as champions and change agents for equality, diversity and inclusion positioning the objectives at the heart of their local delivery plans. • Board members and senior leaders are mentors as part of positive action programmes. • Governance for equality, diversity and inclusion in place for Hospitals/ Managed Clinical Services, Corporate Services and Manchester Local Care Organisation. • Equality, diversity and inclusion objectives will be integrated into business plans. • Inclusive leadership competencies are integrated into the Trust's Leadership Competency Framework and used in recruitment and appraisal. • 'Inclusive Leadership' training is rolled out at Board level. • Unconscious bias recruitment training is rolled out.
The results we are aiming for	• Board members and senior leaders routinely demonstrate their commitment to equality, diversity and inclusion. • Board and Committee papers will identify equality-related impacts and how they are mitigated or managed.

Section 9: How we will get there

Delivery – Four Year Roadmap

In order to deliver the Trust's equality, diversity and inclusion ambition, aims and objectives, a high level road map has been developed for the next four years. The road map is intended to identify the implications of the Strategy for the Trust's hospital and managed clinical services.

Roadmap		
Patients		
2019-2021	**2021-2022**	**2022-2023**
• Put in place infrastructure for service equality monitoring and roll out monitoring in Outpatients. • Accessible Information Standard codes into PAS system. Procure supplier of Accessible Information. Pilot Communications Passport. Staff training and implementation of action plans. • Trust wide plans against the NHS Learning Disability Improvement Standards. • Implement new accessible spine and updated maps at Oxford Road Campus. • Pride in Practice pilots completed and evaluated, and model accredited.	• Put in place infrastructure for service equality monitoring and roll out monitoring in Outpatients. • Accessible Information Standard codes into PAS system. Procure supplier of Accessible Information. Pilot Communications Passport. Staff training and implementation of action plans. • Trust wide plans against the NHS Learning Disability Improvement Standards. • Implement new accessible spine and updated maps at Oxford Road Campus. • Pride in Practice pilots completed and evaluated, and model accredited.	• Put in place infrastructure for service equality monitoring and roll out monitoring in Outpatients. • Accessible Information Standard codes into PAS system. Procure supplier of Accessible Information. Pilot Communications Passport. Staff training and implementation of action plans. • Trust wide plans against the NHS Learning Disability Improvement Standards. • Implement new accessible spine and updated maps at Oxford Road Campus. • Pride in Practice pilots completed and evaluated, and model accredited.

Roadmap

Workforce

2019-2021	2021-2022	2022-2023
• ESR campaign to increase self-reporting of protected characteristics. • Revise and Relaunch a Trust wide approach to reducing the incident and impact of poor behaviour on patients and staff. • Put in place infrastructure for Removing the Barriers programme and pilot. • Hospitals, managed clinical services, corporate and community services Workforce Race Equality Standard action plans. • Staff networks integrated across sites for single hospital service BME and LGBT networks and establish disability network.	• Evaluate impact of the campaign whether further action needed. • Design and pilot culture audit to understand how culture and values impact workplace behaviours. • Roll out of Removing the barriers programme. • Evaluation of impact of actions and learning used to spread good practice. • Disability Scheme Level 3 audit and improvement plans. • Staff networks integrated across sites for single hospital service BME and LGBT networks and establish disability network.	• Evaluate impact of the campaign whether further action needed. • Roll out cultural audits to facilitate cultural change. • Evaluate the Removing the Barriers programme. • Link across locally, regionally and nationally to learn from and adopt good practice and work collaboratively. • Disability Scheme Level 3 audit and improvement plan. • Evaluate impact of networks and review current models in light of evaluation and learning from outside the Trust.

Roadmap

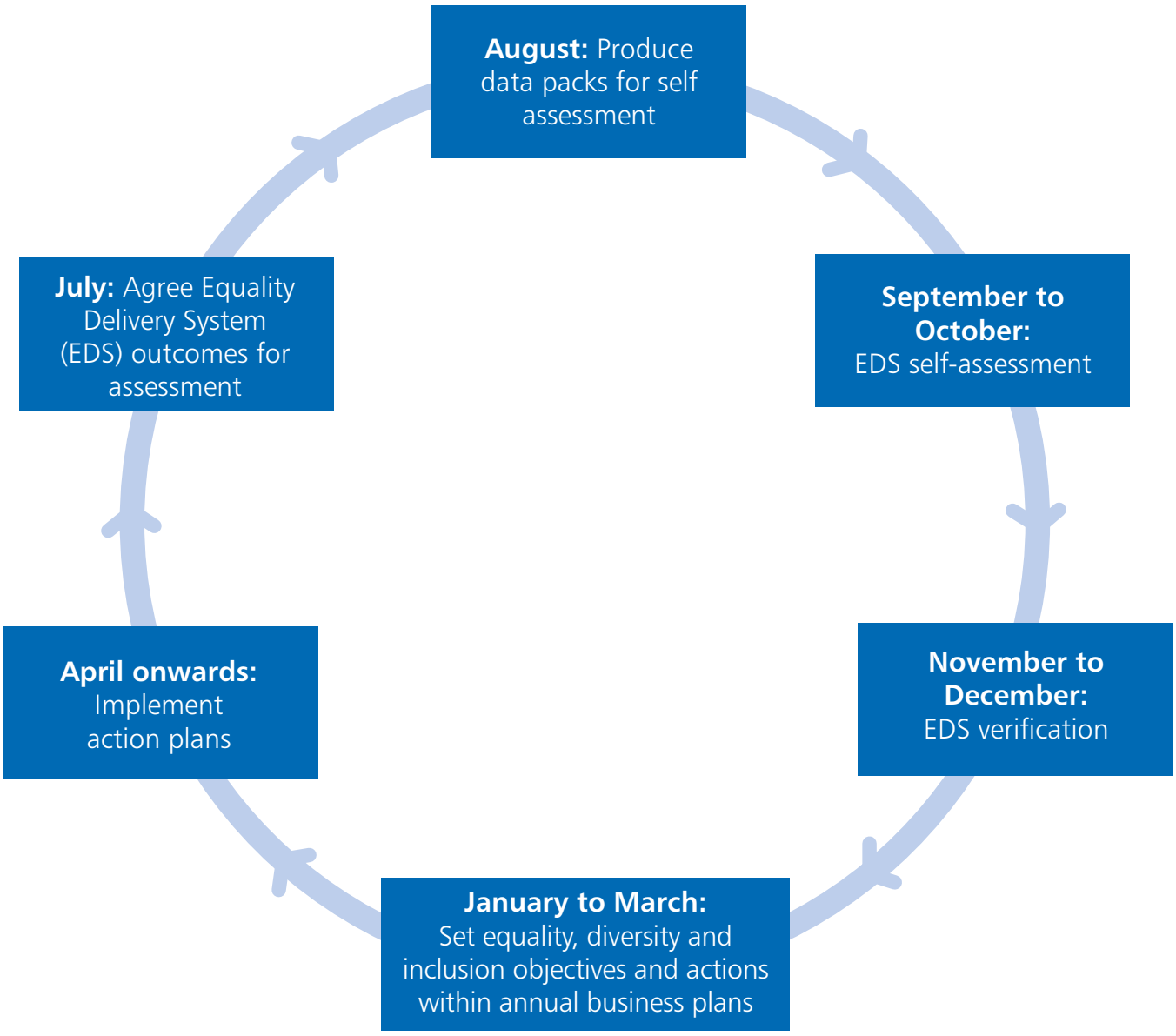
Leadership

2019-2021	2021-2022	2022-2023
• Pilot Inclusive Leadership training and roll out to Boards and Very Senior Managers. • Include an inclusion standard within our performance and capability frameworks. • Embed single hospital service approach to equality impact assessment across the Trust. • Embed equality and diversity objectives into all business plans.	• Inclusive Leadership training rolled out to bands 8 to 9. • Integrate inclusion standard career pathways, selection and performance management. • Embed equality impact assessment into hospital, managed clinical service, community and corporate services governance. ion standard career pathways, selection and performance management. • Embed equality and diversity objectives into all business plans.	• Inclusive Leadership training rolled out to ands 5, 6 and 7. • Integrate inclusion standard career pathways, selection and performance management. • Build equality impact assessment into performance report. • Embed equality and diversity objectives into all business plans.

Planning and Reviewing

The Strategy provides a leadership framework for describing our ambitions and priorities.
It is important that patients, the public, staff and volunteers feel a sense of reality and connection with what the Trust is striving to achieve.

Each Hospital/Managed Clinical Service, Corporate Service and Manchester Local Care Organisation will be asked to set objectives as part of their annual planning cycle drawing on their performance against the equality delivery system. It is suggested that objectives are agreed and monitored by their Equality, Diversity and Human Rights Groups. Patient access and experience and staff data will be available annually to inform the planning process as set out below.



Roles and Responsibilities

Boards and Senior Leadership Teams will:

- Ensure that equality, diversity and inclusion are at the heart of the organisation and everything it does.
- Ensure that everyone in their hospital, managed clinical service, community services corporate services understands what the Strategy means for them and communicate the of benefits of equality, diversity and inclusion.
- Act as agents for change by positioning equality, diversity and inclusion at the heart of their local delivery plans.
- Ensure assessment of the impact of policies and practices upon those with protected characteristics, and act accordingly upon the results.

Managers will:

- Communicate the benefits of equality, diversity and inclusion and ensure that all staff for which they are responsible are made aware of their responsibilities under, and have access to, Trust equality policies.
- Ensure that they lead by example, demonstrating behaviours conducive to a culture which promotes equality, diversity and inclusion.
- Ensure the application of agreed Trust initiatives.
- Ensure that they are fully aware of and comply with their responsibilities under the Equality Act 2010, national standards and Trust equality policies and procedure.
- Ensure the application of reasonable adjustment for patients, their families, carers, services users, staff and job applicants.
- Ensure that they participate in training provided on equality, diversity and inclusion including inclusive leadership and that they ensure that all staff for whom they are responsible similarly participates in training.

Staff will:

All staff have a responsibility within the Strategy for ensuring we achieve our aims and objectives of making the Trust the best place for patient safety, quality and experience and the best place to work. To do this staff will:

- Ensure that they are aware of their responsibilities under the Trust's equality policies, and that they seek further guidance if unclear.

- Comply with such responsibilities, including demonstrating behaviours conducive to a culture which promotes equality, diversity and inclusion.
- Raise concerns with the appropriate manager, where they perceive others not to be demonstrating such behaviours or otherwise not complying with their responsibilities under the local policy.
- Take responsibility for ensuring that they participate in training provided.

The Group Equality and Diversity Team will:

- Build the capacity and capability of the Trust to deliver its strategic equality, diversity and inclusion objectives.
- Provide managers with advice and support on implementation of the Strategy.
- Provide information, metrics, tools and resources to enable our managers and leaders (within clinical service units and groups function) to feel informed and skilled in supporting and promoting equality, diversity and inclusion.
- Develop training on the Strategy.
- Identify, share and celebrate good practice.
- Provide assurance to the Trust on progress against its strategic equality, diversity and inclusion objectives.

How we will measure and oversee progress

The Strategy will be underpinned by a reporting framework. The delivery of the Strategy will be overseen by the Group Equality, Diversity and Human Rights Committee. The Committee is responsible for recommending the strategic direction to the MFT Group Board and for championing and monitoring its delivery. This Committee has a membership of hospitals', managed clinical services, community and corporate services' leads, staff network representatives and staff side representatives. The Group will review progress against the strategic equality, diversity and inclusion objectives. The Committee will also report on progress as part of the Trust's Annual Report.

Each hospital, managed clinical services, community services and corporate services has an equality, diversity and human rights group, which meets quarterly. They will ensure that equality objectives are set and monitored and will report to their Senior Leadership Teams and to the Group Equality, Diversity and Human Rights Committee on progress.

Our Staff Diversity Networks and Patient Fora are important to ensuring we hear directly from patients and staff about how we are doing and will continue to be an integral part of our Strategy.

Learning and Development

To support the successful implementation of this Strategy, we will add to the above activity by undertaking needs assessment against the competencies needed to implement the Strategy and use the results of the needs assessment to embed learning into mainstream training courses and team meeting events.

Annex 1: Strategic context in more detail

This section describes the following:

1. **Legal requirements**
2. **National Standards**
3. **Contractual obligations**

Legal Requirements

Human Rights Act 1998

The Human Rights Act aims to give further effect in UK law to the rights contained in the European Convention of Human Rights. In particular, public authorities have a duty under the Act not to act incompatibly with rights under the European Convention of Human Rights (ECHR).

Equality Act 2010

The Equality Act 2010 outlaws discrimination based on access to goods and services as well as employment, on the basis of the protected characteristics.

In addition, the Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to:

- Eliminate discrimination, harassment, and victimisation.
- Advance equality of opportunity.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- Specific duties require us to:
- Publish information to demonstrate compliance with the PSED annually.
- Prepare and publish equality objectives at least every four years.

NHS Accessible Information Standard

The NHS Accessible Information Standard (AIS) was introduced in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand and that their communication needs are met. It is now the law for the NHS and adult social care services to comply with AIS.

Gender Pay Gap

The Gender Pay Gap regulations were introduced in 2018. All employers with 250 or more employees are required to comply with reporting and action planning each year on seven metrics. This covers: 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 the organisation receiving a bonus payment; the proportion of men and women in each quartile pay band.

National Standards

Equality Delivery System

The NHS Equality Delivery System (EDS) is a set of outcomes grouped under goals to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS. Trusts are required to carry out annual assessment of their performance against some or all of the outcomes and report the results. The EDS is currently being reviewed and EDS3 will be published in 2019.

NHS Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was introduced in 2014/2015 and included in the NHS Standard Contract for NHS Providers in 2015/2016. It comprises of nine metrics covering staff diversity, black and minority ethnic (BME) recruitment relative likelihoods, career development, disciplinary, responses to the national staff survey on equal opportunities, in career development, experiences of harassment, bullying and diversity.

Sexual Orientation Monitoring Standard

The NHS Sexual Orientation Monitoring Standard (SOM) was introduced in 2017. The SOM provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years and above to better identify health risks and will help support targeted preventative and early intervention work to address the health inequalities for people who are Lesbian, Gay or Bisexual.

The NHS Workforce Disability Equality Standard

NHS England is introducing the Staff Disability Equality Standard (WDES) in 2019. It will comprise a set of metrics that will enable us to compare the experiences of our disabled and non-disabled staff, to develop an action plan, and to demonstrate that all NHS Trusts will be required to comply with reporting and action planning each year.

Contractual Obligations

Manchester Health Care Commissioning

Manchester Health Care Commissioning (MHCC) is the single commissioning body responsible for all health and care commissioning in Manchester. MFT hold a contract with MHCC to provide acute health services that includes the following specific equality metrics.

Annex 2: Who we serve in more detail

This annex outlines the distribution for populations within Manchester and Trafford for several of the established protected characteristics and compares these populations to Greater Manchester, North West and England and Wales averages including:

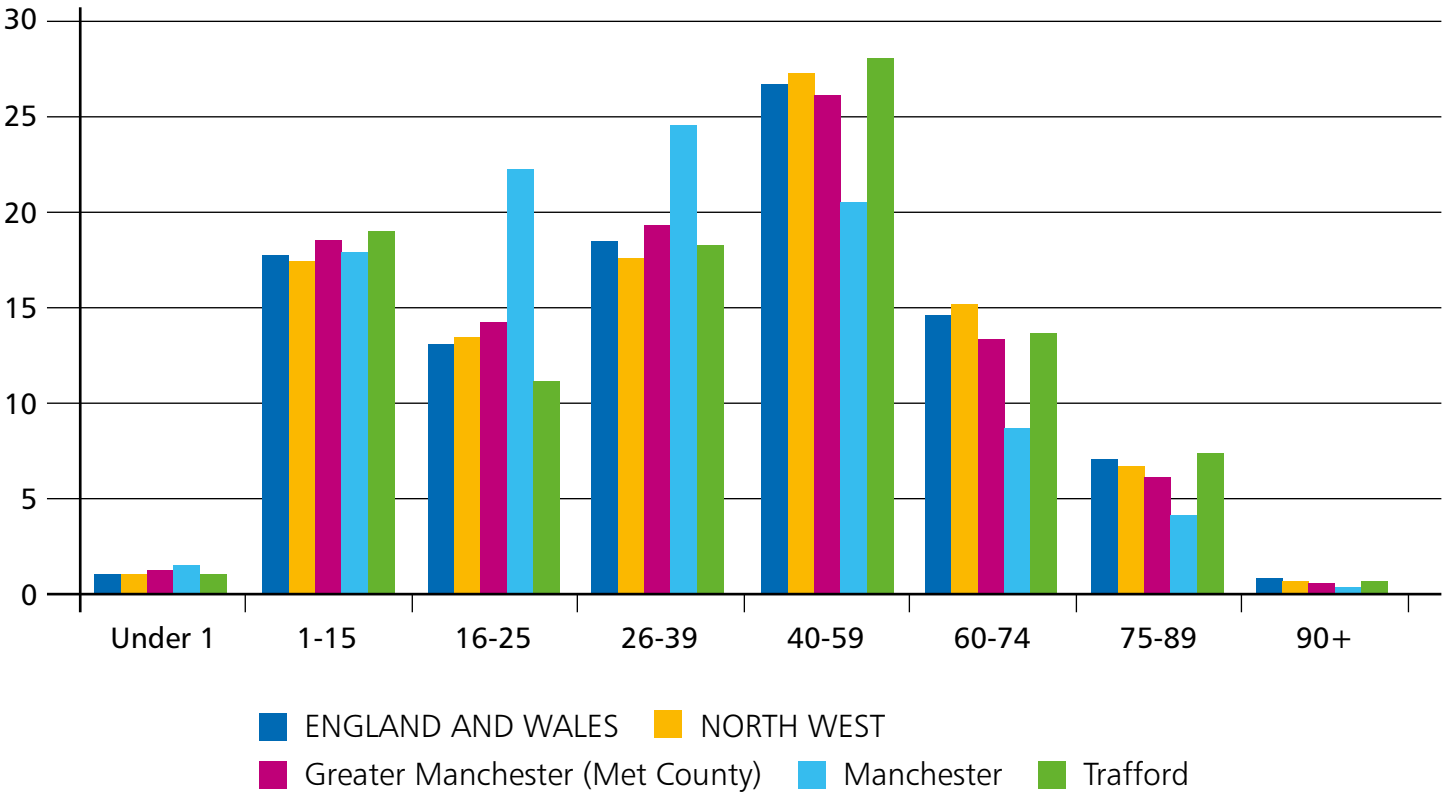
- Age
- Disability
- Gender
- Ethnicity
- Religion
- Sexual Orientation

Data is presented for both Manchester and Trafford based on the political boundaries of each Authority. The data provides the latest information across populations.

Age

The age range across the Trust's sites varies with a younger more mobile population in Manchester (City) and high levels of deprivation affecting older people, and an older age profile in Altrincham, Trafford and Wythenshawe.

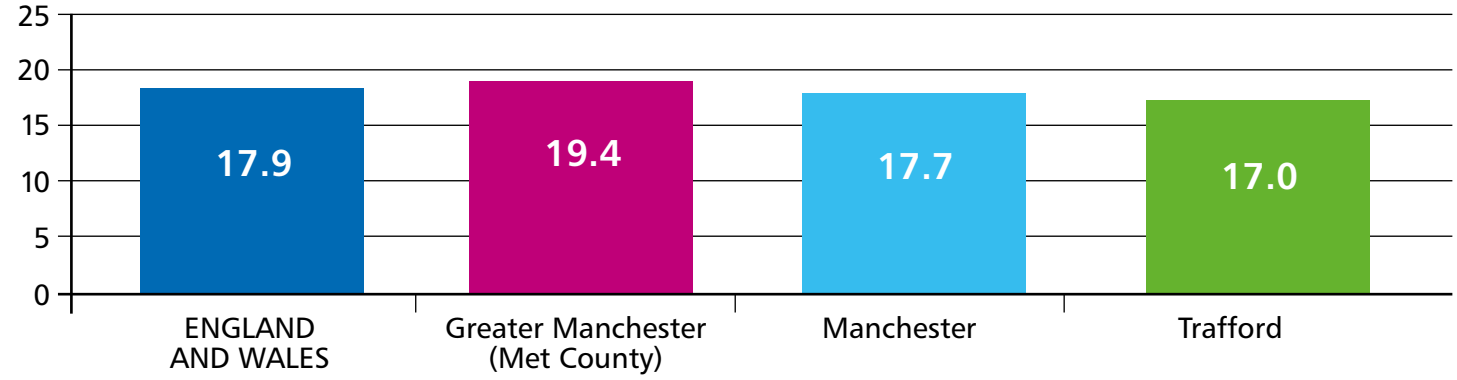
Comparison of age distribution across England and Wales, Greater Manchester (Met County), Manchester (City) and Trafford (MBC) (Census 2011)



Disability

There is little significant difference between Manchester, Trafford and regional and national patterns, all of which approximate to previously quoted averages of 20% of the population.

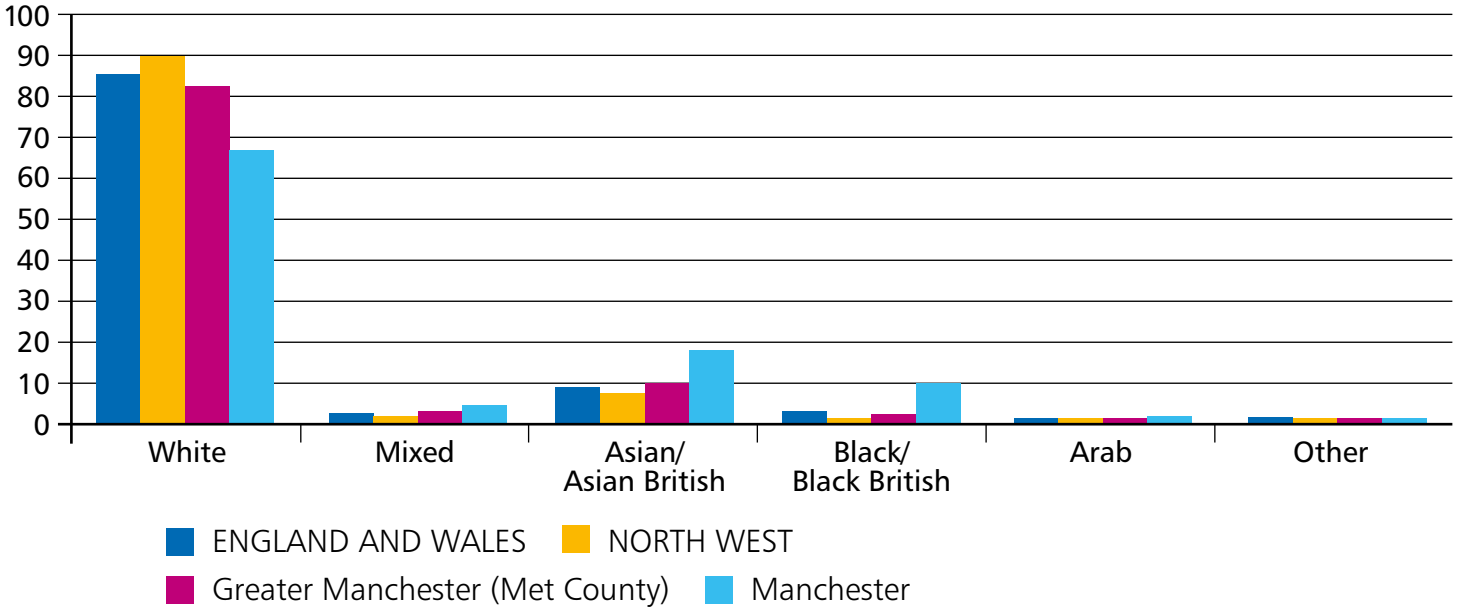
% of residents with a disability or long term health condition which limits day-to-day activities (Census 2011)



Ethnicity

The White population of Manchester (City) is significantly lower than County, region or Country wide averages. There are larger population numbers of each of the minority ethnic populations in Manchester than regional or national figures. Conversely, the Black and minority ethnic populations form a larger section of the population in Manchester. The ethnicity figures for Trafford show that Trafford has a lower level of ethnic diversity, much closer to the North West average.

Comparison of ethnicity demographics across the region compared to Manchester (City Council) (Census 2011)



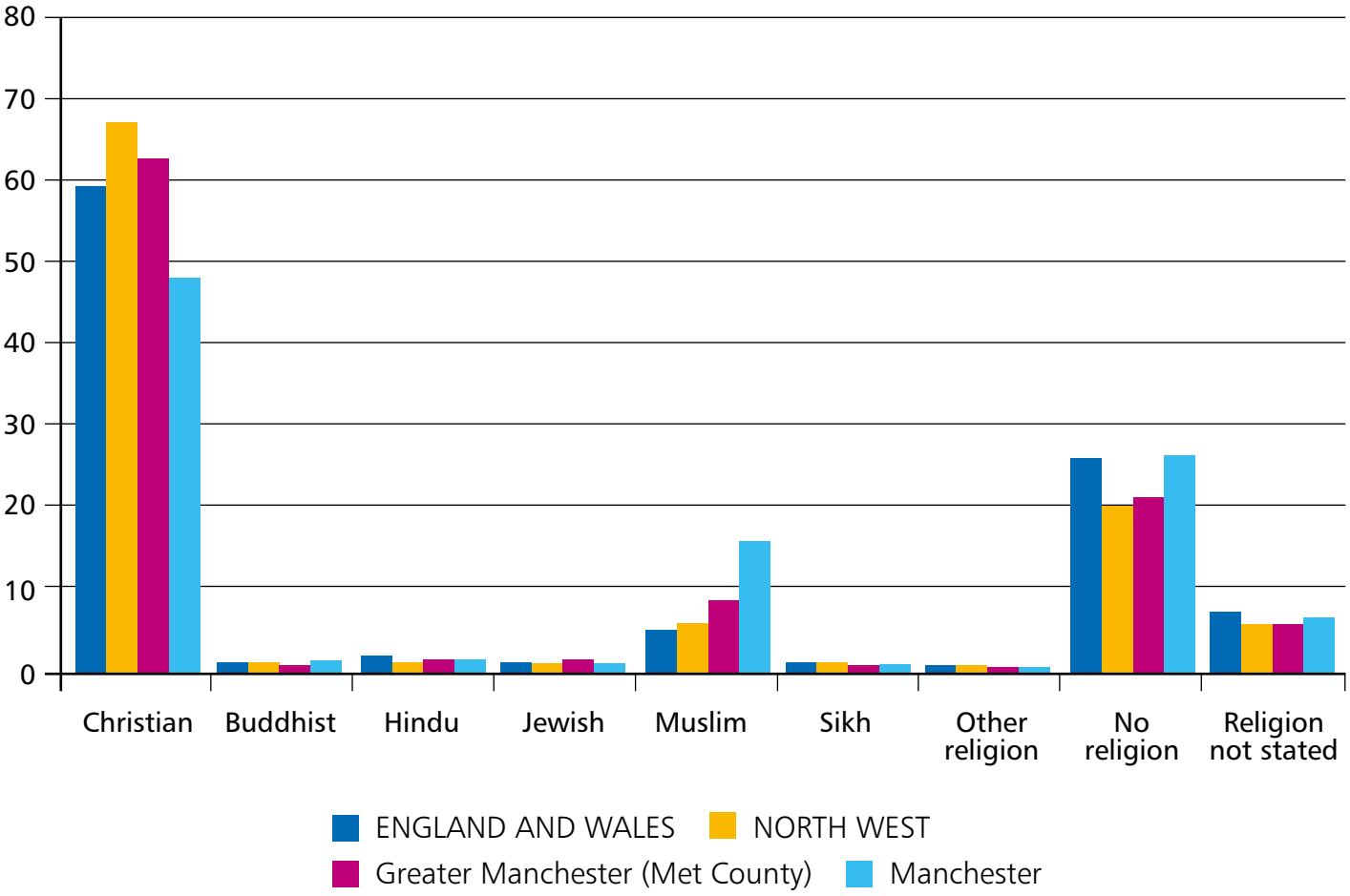
Sex

Trafford has a higher female population in line with national and regional profiles. However Manchester (City) figures show a slightly higher male population in contrast to these trends.

Comparison of gender profiles of England and Wales, North West,Greater Manchester, Manchester and Trafford (Census 2011)

Religion

The religion demographics for Manchester and Greater Manchester do not follow national trends. Across Greater Manchester there is a larger Muslim population than the national average, and in Manchester (City), this number is higher still. Although the Christian population is the largest group in Manchester, its size is much smaller than regional or national averages. Trafford has a larger Christian population than the England and Wales average but lower than the population for the North West.



Sexual Orientation

The estimated lesbian, gay, bi-sexual and transgender population across greater Manchester is between 6% and 8%. Manchester has a thriving lesbian, gay, bi-sexual and transgender community and feature in the top 10 local authorities with the largest populations who identify as gay or lesbian.

Annex 3: Health inequalities in more detail

This section provides a summary of some of the health inequalities by protected characteristics.

Age

Transitions between child and adult health and care services can be a factor in the experience of care for young people. The age of transition from 'child' to 'adult' status varies across services locally and nationally. Services for care leavers and persons with learning disabilities continue until the age of 25, whilst adult services for substance misuse start at age 19, and mental health at age 18. This staggered movement to adult services itself can be seen as a potential risk factor. Thresholds for service eligibility can vary between child and adult services as well meaning that in some cases support may be discontinued.

Healthy life expectancy in Manchester is 56.1 years for males, and 54.4 years for females, indicating that poor health is likely to begin well before retirement for Manchester residents and most people over 65 live with a long term condition and most people over 75 live with two or more. National studies find older report receiving poorer levels of care than younger people with the same conditions and report uncertainty, lack of confidence and lack of support on discharge from hospital.

Disability

Approximately 1 in 4 people in the UK will experience a mental health problem each year. Research suggests that approximately 1 in 8 adults with a mental health problem are currently receiving treatment. Medication is reported as the most common type of treatment for a mental health problem.

Disabled people can experience significant health inequalities. People with learning disabilities are four times more likely to die of preventable causes. They are also more likely to have hearing loss and sight loss, are at higher risk of diabetes and mental health problems, and have a higher prevalence of dementia.

The life expectancy of people with learning disability, autism and Down's syndrome, on average, is up to twenty years less than the general population, their risk of dying from heart-related diseases is three times higher, and the odds are even greater with respiratory diseases such as pneumonia.

Deaf people are twice as likely to have undiagnosed high blood pressure as hearing people. They are also more likely to have undiagnosed diabetes, high cholesterol and cardiovascular disease.

Sight loss affects people of all ages, but as we get older we are increasingly likely to experience sight loss. One in five people aged 75 and over are living with sight loss; one in two people aged 90 and over are living with sight loss. Read our latest evidence based review about people in later life. Nearly two-thirds of people living with sight loss are women. People from black and minority ethnic communities are at greater risk of some of the leading causes of sight loss. Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

Gender

The Public Health England, Health Profile for England, report on the state of the nation's health found that whilst life expectancy between the sexes continues to converge, it could take decades before men live as long as women. However, the report also found that the average woman spends nearly a quarter of her life in poor health compared to a fifth for men.

Other studies indicate that conditions that are likely to be more prevalent in women than men include asthma, autoimmune disorders and self-reported prevalence for anxiety and depression. Conditions that are more likely to be prevalent in men than women include autistic spectrum disorder, chronic liver disease, chronic obstructive pulmonary disease though mortality rates from COPD, stroke however, death from stroke is more common for women than men.

Gender Reassignment

Transgender people are more likely than others to experience mental distress, social isolation and social exclusion. Discrimination can be one of the main issues that can impact on the mental health of transgender people, with approximately three quarters having experience some form of harassment in public.

The largest ever UK survey of transgender people, Transgender Mental Health Study (McNeil 2012), found extremely high levels of previous or current self-reported depression (88%), stress (80%) and anxiety (75%) in transgender people. The transgender population is also more likely to be affected by social isolation and depression.

Pregnancy and Maternity

Pregnancy is a normal physiological process, but it increases specific susceptibilities and risks. Black women in Britain are five times more likely to die as a result of complications in pregnancy than white women. And the risk is increasing year on year. It is estimated up to 1 in 7 mothers will experience a mental health problem during pregnancy or postnatally. Antenatal maternal stress and poor maternal health are more prevalent in more disadvantaged socio-economic groups. Women with complex social problems, including mental health problems, report discrimination and judgemental behaviour from healthcare staff, which impacts on their on-going engagement with services.

Ethnicity

The 2011 Census included two measures of health: limiting long-term illness (LLTI) and general self-reported health. Men from the White Gypsy or Irish Traveller, Mixed White-Black Caribbean, White Irish and Black Caribbean groups had higher rates of reported limiting long term illness than White British men. In contrast, Bangladeshi, Arab and Pakistani men reported lower rates of limiting long-term illness than White British men.

White British women had similar rates of illness as White British men. White Gypsy or Irish Traveller women had the highest rates of limiting long term illness, almost twice that of White British women. Pakistani and Bangladeshi women also had worse health than the White British group.
In contrast, Chinese, Other White and Black African women had lower rates of limiting long-term illness than White British women.

The British Heart Foundation report the prevalence of cardiovascular disease does not vary considerably by ethnic group for females, and in men, rates were highest in Irish and White British and lowest in Black African men. Black Caribbean, Indian, Bangladeshi and Pakistani men have a considerably higher prevalence of diabetes than the overall population. Cancer research UK report higher mortality rates in White British groups, although survival rates for breast cancer are lower in Asian and Black ethnic groups.

Risk factors also vary across different ethnic groups. Smoking is most prevalent in Bangladeshi men, and binge drinking is much lower across ethnic minority groups.

Sexual Orientation

Despite similar levels of social support and quality of physical health, gay men and lesbians report more psychological distress than heterosexuals. Depression is twice as likely and anxiety 1.5 times more likely in lesbian, gay and bisexual individuals than in heterosexual individuals. Prevalence of suicidal attempts in lesbian, gay and bisexual people are twice as high as in heterosexual people. High levels of social isolation have also been reported among lesbian, gay and bisexual people. Risk factors such as smoking and alcohol and substance misuse are more common in the lesbian, gay and bisexual population than in the heterosexual population, with alcohol dependence is more than twice as likely and drug dependence almost three times as likely. There is some evidence there are high levels of homelessness among lesbian, gay and bisexual young people.

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