



EQUALITY & DIVERSITY ANNUAL REPORT 2016



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INTRODUCTION

Mid Cheshire Hospitals NHS Foundation Trust manages Leighton Hospital in Crewe, the Victoria Infirmary in Northwich and Elmhurst Intermediate Care Centre in Winsford. The Trust was originally established as an NHS trust in April 1991 and became a Foundation Trust in April 2008.

A range of services, including A&E, maternity, outpatients, therapies and children's health, are provided for people predominantly from the Crewe, Nantwich, Congleton, Middlewich and Northwich areas, although patients from other areas are also cared for.

Mission

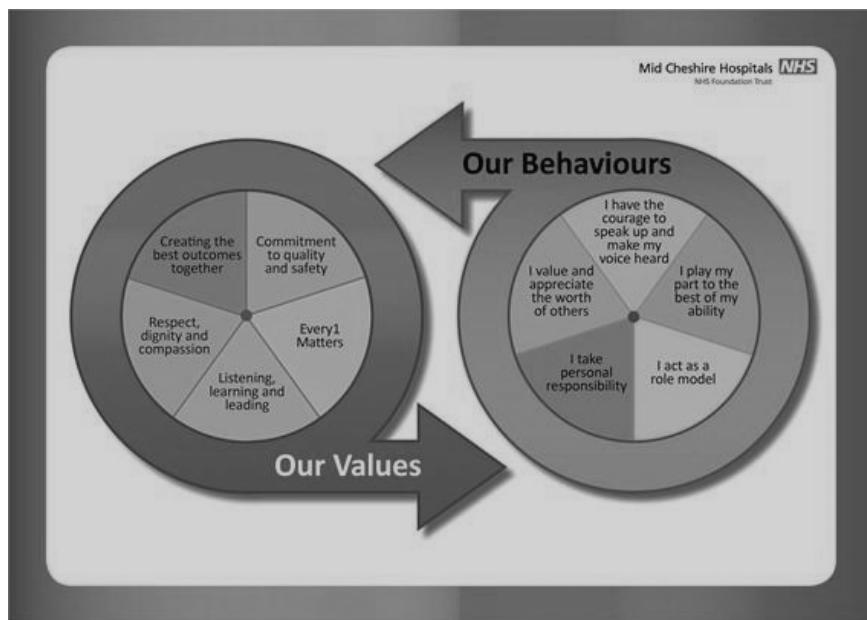
To be a provider that

- delivers high quality, safe, cost-effective and sustainable healthcare services
- provides a working environment that is underpinned by values and behaviours
- is committed to patient-centred care
- treats staff and patients with dignity and respect

Mid Cheshire Hospitals NHS Foundation Trust is committed to creating and sustaining a working environment in which all of our staff feel respected and valued, and are encouraged to thrive and reach their potential. We believe that in doing so we provide the best possible setting for the provision of excellent care for our patients.

This is the Trust's 6th annual report on Equality and Diversity. As well as meeting our obligation as an NHS Trust to publish equality monitoring data in relation to our staff and service users, the report gives detail on the work being undertaken by the Trust to eliminate discrimination, promote equality of opportunity and achieve the Trust's equality objectives.





Equality and Diversity at Mid Cheshire Hospitals NHS Foundation Trust is led and monitored by the Equality and Diversity Group which meets quarterly. The terms of reference of the group have been revised in 2016 with membership widened to look to include a greater representation across the Trust.



Mid Cheshire Hospitals NHS Foundation Trust

Equality Objectives 2012 - 2016

The Trust's overarching equality Objectives, set in 2012, are as follows:-

By working with others, to improve indicators of health in the local community whilst reducing indicators of health inequalities.

By working with employees and trade unions to improve levels of staff satisfaction in the Trust whilst reducing indicators of inequality in staff satisfaction.

Supporting objectives:

1. To reduce differences in staff satisfaction between staff with long term conditions, health problems or disabilities and staff without long term conditions, health problems or disabilities by at least 1.5%. By 6 April 2015.
2. To reduce gaps in equality information and data – by 1% year on year for patient data and 2.5% for staff data. By 6 April 2014.
3. To commence analysis of patient satisfaction by age, ethnicity, gender, sexual orientation. For 2012/13 financial year and beyond.
4. To develop indicators of patient experience (e.g. Did not attend appointment, Length of stay, readmission, mortality) linked to post code as proxy for deprivation by March 2013.



1. To reduce differences in staff satisfaction between staff with long term conditions, health problems or disabilities and staff without long term conditions, health problems or disabilities by at least 1.5% by 6 April 2015.

The annual staff survey gives an overall indication of staff engagement. This figure for 2012 stood at 3.43 for staff with disabilities and 3.65 for those without therefore the pledge was made to reduce this gap in overall satisfaction.

The results of the 2015 survey showed that despite some disparity between the ratings for respondents with a disability and respondents without, engagement levels have improved overall year on year and a reduction has been made to the gap in satisfaction levels compared to the previous year.

Overall staff engagement figures (scores out of 5)

	Disabled	Non-disabled	Gap
2012	3.55	3.74	0.19
2013	3.65	3.78	0.13
2014	3.72	3.88	0.16
2015	3.78	3.91	0.13

The figures for 2015 show a rating of 3.78 for disabled staff, and 3.91 for staff without a disability. Compared to 2012 there has been an overall reduction of

2. To reduce gaps in equality information and data – by 1% year on year for patient data and 2.5% for staff data. By 6 April 2014.

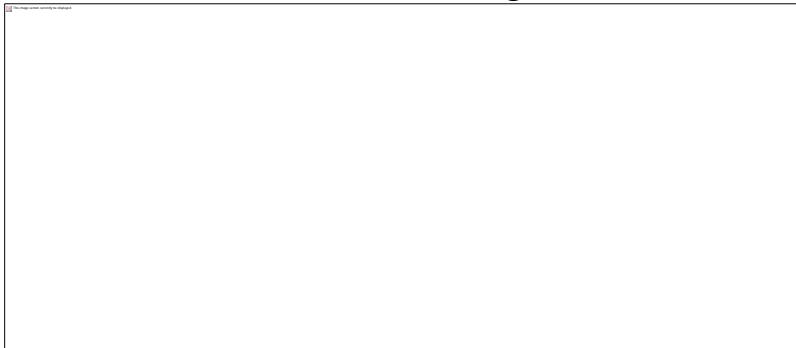
3. To commence analysis of patient satisfaction by age, ethnicity, gender, sexual orientation. For 2012/13 financial year and beyond.

The Trust undertakes a programme of local and national patient surveys, each of which requires equality monitoring data.



Friends and Family Test : Patient Element

The NHS Friends and Family Test was created to help service providers understand whether our patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to share their views after receiving care or treatment across the NHS.



One of the key benefits of the Friends and Family Test is that patients can give their feedback in near real time and the results are available to staff more quickly than traditional feedback methods. This enables staff to take swift and appropriate action should any areas of poor experience be identified. The results of the FFT are published on www.nhs.uk so that patients and members of the public can see how their local services are viewed by those who have used them. The results can provide a broad measure of patient experience that can be used alongside other data to inform patient choice.

The Friends and Family Test is completed on the adult wards, the emergency department, assessment areas, maternity services, community services, outpatients, day case units and children's services. Every patient that receives treatment in those areas can give feedback about the quality of care they have received.

Responses are anonymous and patients are asked to complete a survey card which can be handed to a member of staff or posted into a confidential post box. Patients attending the emergency department and in some outpatient areas can choose to complete the survey on a touch screen kiosk which has a multi-language option.

PHOTO?

How are the results calculated?

The responses from all patients are used to calculate the percentage of patients that would recommend the service ("extreme likely" and "likely"). Patients are also invited to comment on the reason for the answer they give.

Trust results



In 2016/2017 nearly 22,000 patients have responded to the Friends and Family Test, with 93% of patients indicating that they are likely to recommend services or treatment to their friends or family.

Forward View 2016 - 2020

**Mid Cheshire Hospitals NHS Foundation Trust
Equality Objectives 2016 – 2020**

The Trust's overarching equality Objectives, set in 2016, are as follows:-



1. To make our information and services accessible to the people we serve.
2. To increase support for LGBT staff.
3. To encourage the recruitment conversion and progression rates of black, Asian and minority ethnic (BME) staff.
4. To work with partners to identify and implement methods of raising awareness of modern exploitation issues (e.g. forced marriage, female genital mutilation (FGM), human trafficking, modern slavery and child sex exploitation).

Work is already underway to achieve these objectives as detailed below.

FORWARD VIEW 2016 – 2020

KEY DEVELOPMENTS

To make our information and services accessible to the people we serve

The Trust has implemented the Accessible Information Standard. A launch event was held which involved local groups e.g. Guide Dogs for the Blind, IRIS, and Deafness Support to increase staff awareness of the issues that patients face. This was well attended and involved lots of practical examples to bring the subject to life. A guide has also been produced to assist staff as a reference tool for how to meet the standard and to raise awareness of providing accessible information. The guide is available to staff on the Trust Intranet.



The Accessible Information Standard requires us to meet the communication needs of patients with a disability or sensory loss. This means we must provide information to patients, service users, carers and parents in formats which they can understand, and support to communicate if they need it.



Meeting the communication needs of our patients or service users (and their carers or parents).

Further details, contact the Patient Information Co-ordinator: ext 3104.



<http://www.247accessibility.co.uk/accessible-communications.aspx>

To increase support for LGBT staff.

Contacts were made with local LGBT support group Body Positive, who provided us with materials for a stand and a rainbow flag to fly on 17 May (International day against homophobia, transphobia & bi-phobia). Further links will be forged in 2017.

To encourage the recruitment conversion and progression rates of black, Asian and minority ethnic (BME) staff.

The Trust have revised the recruitment and selection training to include sections which discuss recruitment conversion and includes equality and diversity & employment law information but more importantly have strengthened and developed the sections on bias and how to mitigate this as part of a campaign.

The course now focuses on values based recruiting, the importance of using diverse panels, being aware of one's own preferences and factoring in the halo and horns effect to highlight the importance of considering an individual's skills, aptitude, qualities and organisational fit for a role over their other factors.

- Equality Delivery System



The equality delivery system is a tool available to all NHS organisations to enable them to assess and grade their equality performance and to respond to the requirements of the public sector equality duty. Our assessment was completed in June 2016 and presented to Healthwatch. The report is available on the Trust website.

- Race Equality Standard

The workforce Race equality Standard became a mandatory requirement embedded within the NHS contract on 15 April 2015 with the purpose of ensuring collective analysis and use of workforce data to address the under-representation of black, Asian and minority ethnic employees. Our initial assessment report was completed and ratified in 2015. Trusts were expected to upload employment data relating to race equality to NHS England by 1st August 2016, and this was duly carried out.

Raising Awareness of Modern Exploitation Issues

- Child Sex Exploitation

The Trust offers training to front line staff in identifying the risk of child sex exploitation and the escalation process. An operational group has been set up to look at those at risk of exploitation and how those at risk can be protected. The information is shared between the relevant agencies in order to develop immediate action plans where required. Risk markers have been set up in patient medical records to identify those patients at risk. These markers are reviewed on a monthly basis.

- Modern Slavery and Human Trafficking

Modern Slavery and Human Trafficking are covered in the Trust Safeguarding training for front line staff to raise awareness for Trust employees. It has been recognised that further work needs to be done to raise awareness and the Cheshire safeguarding strategic group has



recommended that there needs to be greater awareness in these areas and additional training resources are to be made available for front line staff. The Trust has recently appointed a dedicated Domestic Abuse Advisor. Domestic abuse is covered in the Trust safeguarding training where staff in areas such as Accident and Emergency and Women's and Children's departments is trained to identify patients who may be at risk.

- Female Genital Mutilation (FGM)

Since 2014 the Trust have reported on a monthly basis the number of FGM incidents which are submitted to NHS England. Where females under the age of 18 are identified as being at risk of FGM or there is evidence that FGM has taken place, a safeguarding process is instigated. FGM is covered in the Trust safeguarding training in levels 1 to 3, which includes a specific training session in level 3 for keyworkers.



Monitoring Data

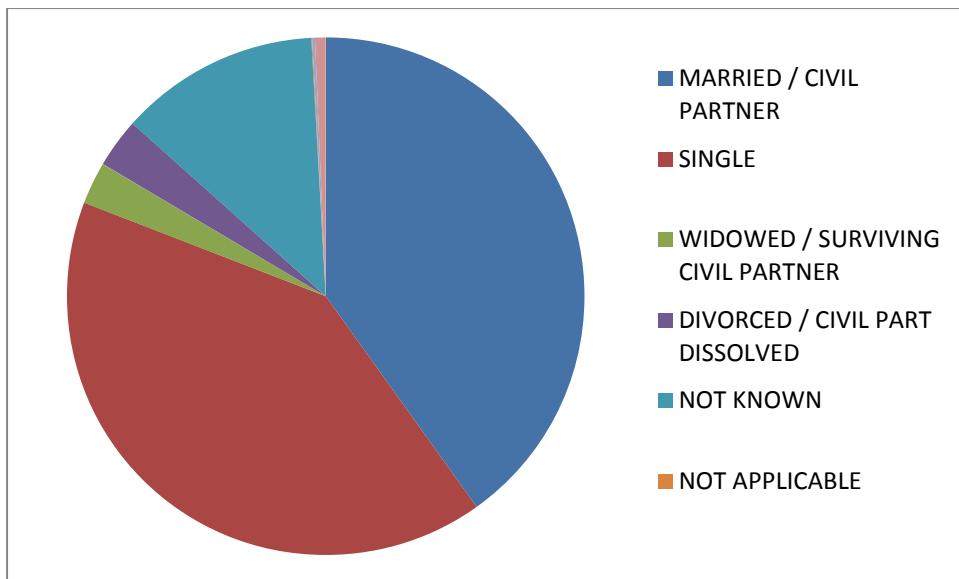
PATIENT PROFILE

Patient Gender

Male	62481	46.54%	
Female	71758	53.46%	
Unknown	1	0.00%	

Marital Status





Patient Ethnicity

WHITE - BRITISH	111495
WHITE - ANY OTHER BACKGROUND	2725
OTHER - ANY OTHER	541
OTHER - CHINESE	191
MIXED - WHITE AND ASIAN	145
MIXED - WHITE/BLACK CARIBBEAN	184
NOT STATED	672
WHITE - IRISH	278
MIXED - ANY OTHER	238
MIXED - WHITE/BLACK AFRICAN	82
ASIAN - INDIAN	291
ASIAN - ANY OTHER BACKGROUND	312
ASIAN - BANGLADESHI	131
BLACK - ANY OTHER BACKGROUND	109
BLACK - CARIBBEAN	94
ASIAN - PAKISTANI	94
BLACK - AFRICAN	138
No Data Inputted	16520

Patient Religion

Number of patients by Religion		
CHURCH OF ENGLAND	64470	48.03%
NONE	18285	13.62%



ORTHODOX	115	0.09%
ROMAN CATHOLIC	10436	7.77%
NOT KNOWN	29893	22.27%
METHODIST	2704	2.01%
NON CONFORMIST	2297	1.71%
OTHER	3663	2.73%
PENTECOSTAL	82	0.06%
SALVATION ARMY	68	0.05%
CHURCH OF SCOTLAND	233	0.17%
JEHOVAHS WITNESS	282	0.21%
BAPTIST	228	0.17%
PLYMOUTH BRETHREN	13	0.01%
UNITED REFORM CHURCH	98	0.07%
CHURCH OF GOD	8	0.01%
CHURCH OF WALES	19	0.01%
MUSLIM	479	0.36%
BUDDHIST	86	0.06%
MORMON	49	0.04%
PRESBYTERIAN	53	0.04%
CHRISTADELPHIAN	32	0.02%
SIKH	49	0.04%
CHURCH OF IRELAND	9	0.01%
HINDU	142	0.11%
ARMENIAN CATHOLIC	10	0.01%
JEWISH	44	0.03%
OTHER FREE CHURCH	12	0.01%
QUAKER	16	0.01%
CHRISTIAN SCIENTIST	12	0.01%
UNITARIAN	9	0.01%
RASTAFARIAN	1	0.00%
Not captured	343	0.26%



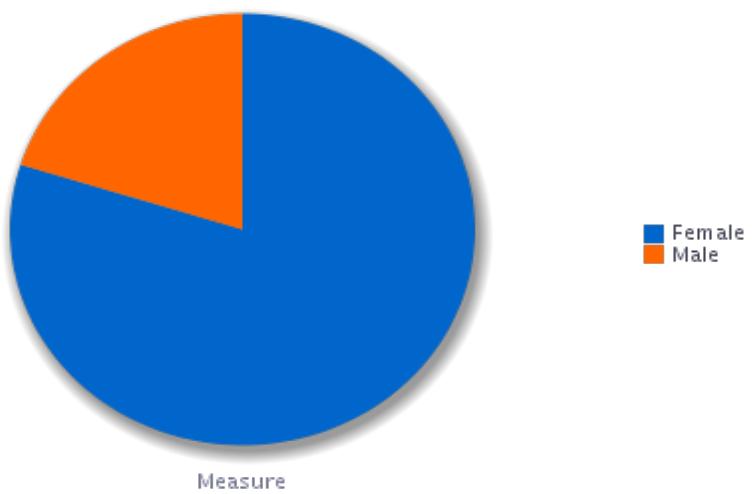
Gender	Headcount	%	FTE	STAFF PROFILE
Female	3,027	79.8	2473.47	
Male	764	20.2	682.97	

LE

Gender



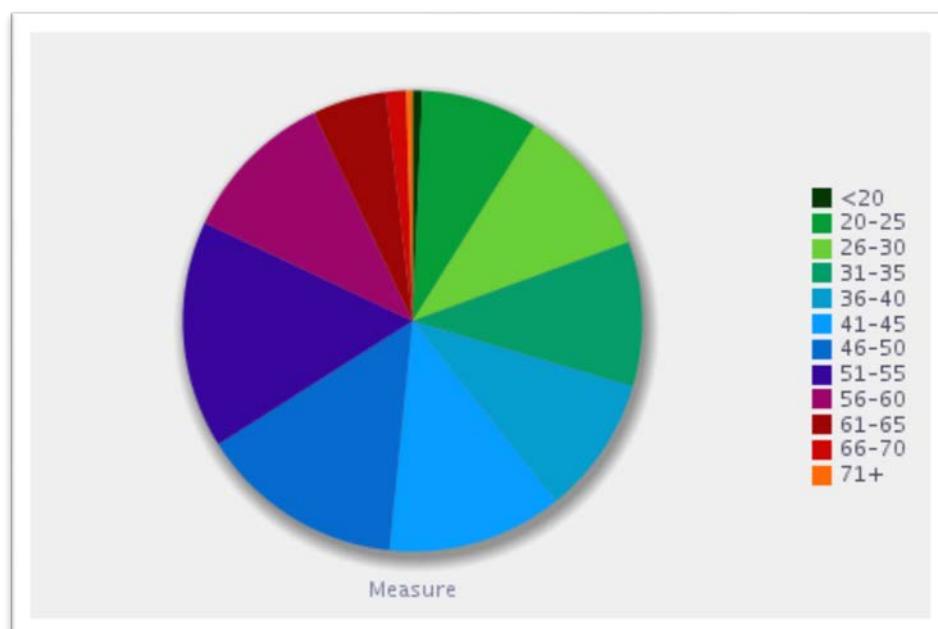
Grand Total	3,791	100	3156.43
Age	Headcount	%	FTE



Age



Band			
<20	26	0.69	13.37
20-25	312	8.23	285.08
26-30	399	10.52	345.27
31-35	385	10.16	324.31
36-40	367	9.68	303.88
41-45	468	12.35	394.57
46-50	546	14.40	464.79
51-55	606	15.99	510.60
56-60	414	10.92	326.94
61-65	197	5.20	149.66
66-70	54	1.42	29.74
71+	17	0.45	8.20
Total	3,791	100	3156.43

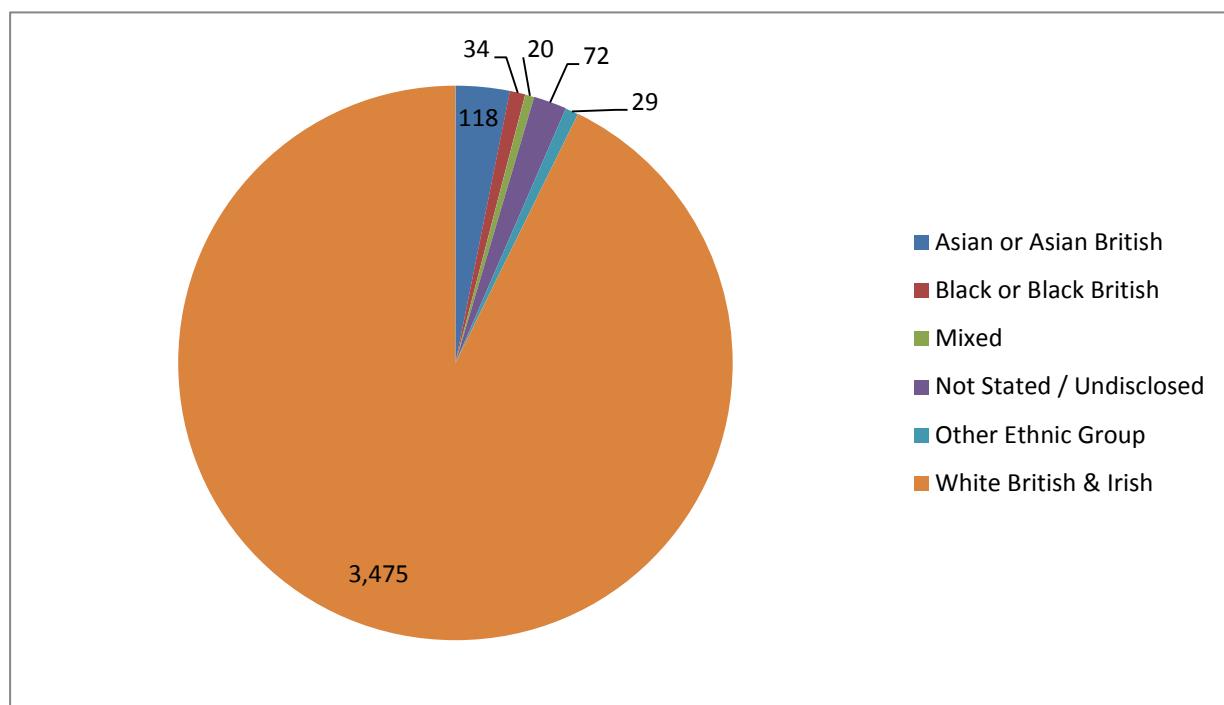


Ethnicity	Headcount	%	FTE
Asian or Asian British	118	3.15	111.08
Black or Black British	34	0.91	32.65
Mixed	20	0.53	17.68
Not Stated / Undisclosed	72	1.92	66.14



Other Ethnic Group	29	0.77	27.50
White British & Irish	3,475	92.72	2,906.51
Grand Total	3,748	100	3161.56

Ethnicity

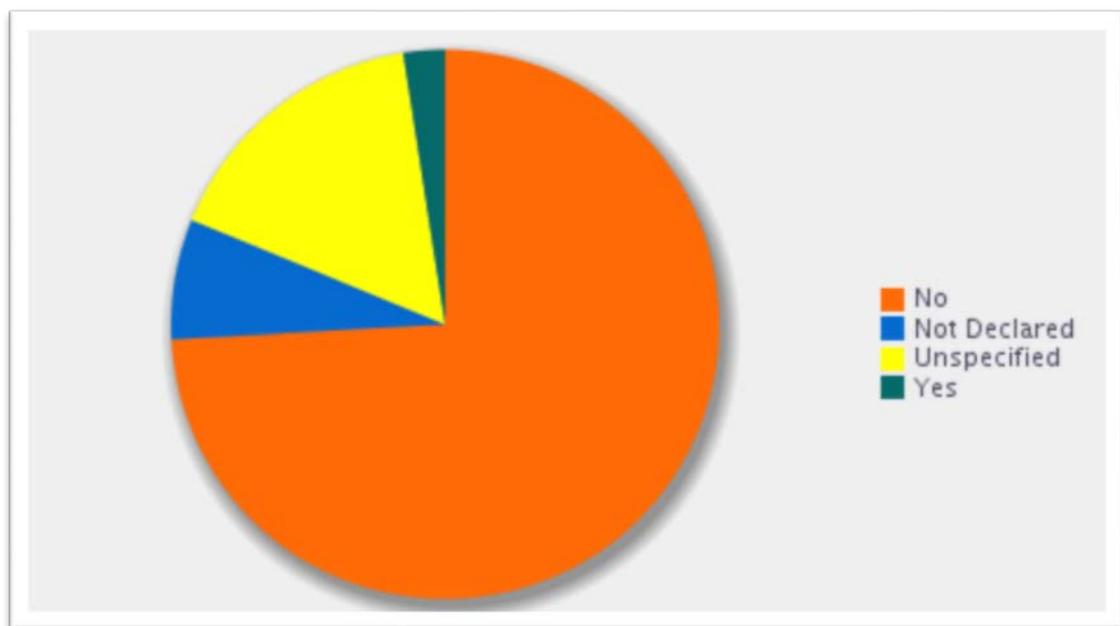


Disability

Disability Flag	Headcount	%	FTE
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No	2,812	74.2	2,340.07
Not Declared	267	7.00	221.47
Unspecified	619	16.3	519.09
Yes	93	2.5	75.81
Grand Total	3,791	100	3156.43

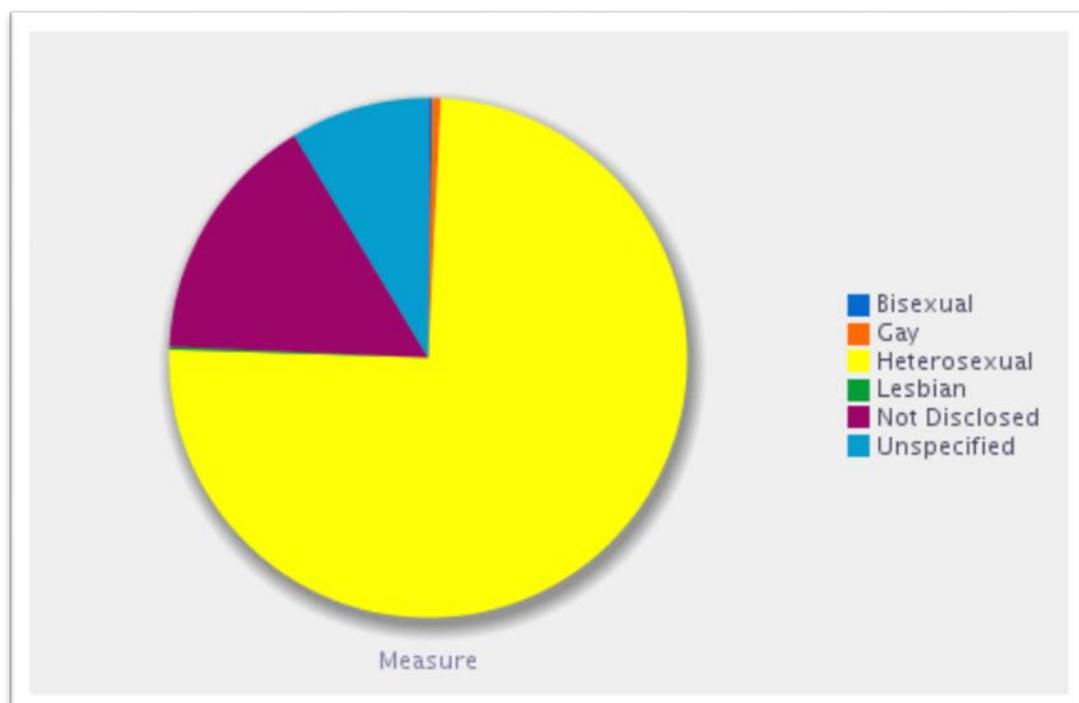


Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	10	0.26	8.72



Gay	20	0.53	17.33
Heterosexual	2,832	74.70	2,364.55
Lesbian	7	0.18	6.76
Not Disclosed	594	15.67	489.68
Unspecified	328	8.65	269.39
Grand Total	3748	100	3161.56



Religion

Religious Belief	Headcount	%	FTE
Atheism	242	6.38	210.03
Buddhism	5	0.13	3.60
Christianity	2,157	56.90	1,786.33
Hinduism	26	0.69	24.91
Islam	45	1.19	41.40
Judaism	1	0.03	0.20
Not Disclosed	713	18.81	584.74
Other	278	7.33	236.61
Sikhism	5	0.13	5.00
Unspecified	318	8.39	262.60
Grand Total	3,791	100	3156.43

