

# Mid Cheshire Hospitals NHS Foundation Trust



# Equality & Diversity Annual Report 2020

## Introduction

Equality, Diversity and Inclusion are key to delivering the Trust's vision of 'delivering excellence in healthcare through innovation and collaboration'.

The Trust is continually progressing on its journey from a 'Good' to 'Outstanding' CQC rating.

The Trust is committed to providing excellent services for the community and to be an excellent employer. This is only possible if we take full account of the diversity of our local population and our workforce. We need to attract talent from a wide range of backgrounds if we are to meet the needs of a modern and diverse NHS. We strive to provide services that are appropriate and easily accessible for all. As an employer we consider the needs of individual members of staff and strive to meet those needs. We seek and listen to the views of patients and their families and of our workforce and their representatives. We also involve other organisations whether from the public, private or voluntary sector.

In order to deliver our ambition we know we need to:

- Continue to increase the representation of currently under-represented groups at all levels across the Trust.
- Focus on inclusion to build our culture and reputation as a place that attracts, develops, retains and fully engages all the diverse talent across our organisation.

To do this, we will:

- Use all the information available to us to understand the needs of our staff, patients, service users, carers and local population.
- Identify actions which will address inequality and implement.
- Monitor and evaluate who uses our services, seek patient and staff feedback and measure our outcomes, continually seeking improvement.
- Learn from what we do – both when we do well and when we can improve.

The delivery of the above will be monitored quarterly by the Trust's Equality, Diversity and Inclusion Group.

It is the policy of the Trust that no one will be discriminated against on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.



## Trust vision, values and behaviours

Our vision, values and behaviours have been developed through engagement with teams from across the organisation, including our governors, stakeholders and the wider community. We seek to continually embed these, ensuring we have a culture that drives high quality, well led services organisation-wide in support of our journey from 'Good' to 'Outstanding'.



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 9th annual report on Equality and Diversity. This annual report is intended to highlight our successes during the last twelve months, our performance in relation to our statutory, mandatory and regulatory requirements, and our commitment to continue the journey of improvement in relation to equality, diversity and inclusion for all patients, service users and staff in the future.

## National Context

The key areas of statutory, mandatory and regulatory obligations are set out below:

### The Equality Act 2010 and the Public Sector Equality Duty (PSED)

When the Equality Act 2010 came into force, previous anti-discrimination legislation was replaced by a single Act. The Act provides NHS organisations with a framework and opportunities to work towards ensuring that all forms of discrimination are eliminated.

The Public Sector Equality Duty (PSED) is an intrinsic part of the Equality Act

(Section 149), applies to public sector bodies, including the NHS, and others who undertake public functions, and requires these organisations to publish information to evidence compliance with the PSED. The information, which also includes equality objectives, must show that the organisation has due regard to the requirement to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not;
- Foster good relations between people who share a protected characteristic and people who do not share it

These are often referred to as the three main aims of the Public Sector Equality Duty (PSED) and apply to the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in regards to the first aim – eliminating discrimination and harassment)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex

### **Consultation and involvement of staff and service users**

Mid Cheshire Hospitals NHS Foundation Trust is committed to ensuring that staff and service users are involved in shaping the equality and diversity work stream and have opportunities to influence health service planning and delivery. Only by working in partnership with patients, carers, community organisations and staff can we develop services that are efficient and meet local need.

### **Equality Monitoring**

Good quality data is what underpins all equality and diversity work to enable us to identify priorities and measure our effectiveness. The Trust recognises that the data collection process for both staff and patients' needs to be improved in order for us to fully understand who is using our services and our staff's needs. We will formulate actions to improve the capture of data, especially with regards to protected characteristics.

### **Equality Analysis**

By undertaking equality impact assessments across all our services and Trust policies, we are committing to ensuring that our policies, strategies, functions and services we deliver endeavour not to lead to any unfavourable effects on different people and help to identify any action in order to promote equality of opportunity and access.

### **Mid Cheshire Hospitals NHS Foundation Trust is a Disability Confident Employer**

The Trust has been awarded the second of three levels in the Government's Disability Confident Scheme. This recognises the work that we are doing in helping to recruit and



retain disabled people within employment. Work remains ongoing to improve the experiences our disabled staff. A disability focus group has taken place to gain an insight as to staff experiences whilst at work and the findings from the session will be reviewed for further actions.

## **Equality Governance Framework**

The Equality, Diversity and inclusion Group meets on a quarterly basis to discuss and promote new ways of working, identify areas for improvement and share and monitor progress. The forum is fully embedded within the organisation's governance framework and provides assurance in relation to equality, diversity and inclusion to the Trust Board.

The Equality, Diversity and Inclusion Group reports its activities to the Executive Workforce Assurance Group, which in turn reports to Transformation and People Committee, prior to escalation where appropriate to Trust Board.

From April 2020 the Equality, Diversity and inclusion Group will report directly to the Transformation and People Committee.

## **Impact of COVID-19**

New measures were introduced on 23<sup>rd</sup> March 2020 to put the UK in a state of lockdown. The lockdown measures were introduced in an effort to slow the rate of infection of coronavirus in the country. Due to the required response to the pandemic from the NHS, a number of activities have been suspended.

Due to the Coronavirus outbreak, the Government Equalities Office and the Equality and Human Rights Commission confirmed on 24th March 2020, that the enforcement of the gender pay gap deadline for the reporting year 2019/20 had been suspended. This decision meant that there was no expectation on employers to report their data. The Trust has however undertaken the gender pay reporting as usual and the results have been published.

Whilst the national measures have not affected equality, diversity and inclusion during the 2019/20 reporting period, it is expected to have some level of impact for the upcoming financial year.

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) have been suspended for summer 2020. Cheshire East Council have also advised that Pride in Park will not be taking place in June 2020.

The Trust have also made the decision to postpone undertaking a stakeholder event for completion of the Equality Delivery System (EDS2) and the Trust wide service equality impact assessment review. The undertaking of both activities will remain under review throughout the year with a view to these being completed in later part of the financial year.

Equality, Diversity and Inclusion continues to remain high on the agenda at the Trust during the pandemic and work will continue to support our staff during these unprecedented times.

## **Annual Report of the Equality, Diversity and Inclusion Group**

This report provides an annual review of the Equality, Diversity and Inclusion Group meetings during the period 1st April 2019 – 31st March 2020.

In line with the Trust's approach to effective governance, this report looks to provide assurance that the group is fulfilling its responsibilities as set out in the terms of reference.

### **Responsibilities of the group**

The group's terms of reference set out the primary role and responsibilities of the committee and state:

*The group is responsible for providing information and assurances to the Board of Directors of the Mid Cheshire Hospitals NHS Foundation Trust that it is safely managing all issues relating to equality, diversity, inclusion and human rights.*

### **Membership**

The terms of reference identify the formal members of the group who are required to attend the meetings as follows:

Director of Workforce and Organisational Development (Chair)

HR Manager Employee Relations and Equality and Diversity (Deputy Chair)

Head of HR

One nominee of the staff side of the Joint Consultation and Negotiation Committee.

Dignity Matron

Patient Experience Manager

Recruitment Manager

External Stakeholder Group nominees as agreed by the Chair.

One senior manager from each division.

Staff representative

Nominated leads of equality action plans if not already covered by above.

In summary

- 2 members achieved 100% attendance
- 4 members achieved 67% attendance
- 1 member achieved 50% attendance
- 2 members achieved 33% attendance
- 6 members were unable to attend any of the meetings

### **Meetings**

The group met on three occasions during April 2019 – March 2020. Meeting dates were scheduled as follows:

Thursday 27<sup>th</sup> June 2019

Wednesday 25<sup>th</sup> September 2019

Thursday 19<sup>th</sup> December 2019 – meeting cancelled

Thursday 19<sup>th</sup> March 2020

The minutes of each group meeting are held by the Trust HR Department.

All meetings were quorate with the exception of the 19th March 2020 meeting therefore actions were rolled over to the next meeting and items submitted for group consideration were for information only.

### **Compliance with the Terms of Reference**

The Group were compliant with their terms of reference as evidenced below:

- All meetings were chaired by either the Chair or the Deputy Chair
- The March 2020 meeting was not quorate therefore no decisions/agreements were made and items were presented for information only. All remaining meetings were quorate as set out in the terms of reference.
- The approved minutes of each group meeting during the 2019/20 financial year were presented to the Executive Workforce Assurance Group with the exception of the March 2020 minutes which are to be presented to the Transformation and People Committee following the change in the Group reporting arrangements.
- The Terms of Reference were reviewed and updated.
- Notice of each meeting, including an agenda and supporting papers were forwarded to each member of the committee not less than five working days before the date of each meeting.

The exception to this is that the Group did not meet four times within the year due to the December meeting being cancelled due to unforeseen circumstances.

### **Group Progress**

The group undertook the following activity during the 2019/20 period:

- Agreed the final submission of the EDS2 (Equality Delivery System) and development of associated actions
- Agreed the final submission of the Workforce Race Equality Scheme (WRES) and development of associated actions
- Agreed the final submission of the Workforce Disability Equality Scheme (WDES) and development of associated actions
- Completed an Equality and Diversity Annual Report
- Produced and agreed the Trust Gender Pay Gap report and submission
- Supported with the delivery of the Human Library event

In addition to the above, the group also received additional reports, data and information in order to progress the aim of monitoring the strategic and operational systems and processes which ensure the delivery of equality, diversity and human rights of the Trust which included:

- Review of all equality and diversity related patient complaints.
- Interpreter Usage by Language reporting
- Patient Ethnicity Monitoring
- Recruitment Data analysis
- Interpretation Policy Audit
- Review of staff survey results by protected characteristic

### **Statement from the Deputy Chair of the Group**

‘As the Deputy Chair of the Equality, Diversity and Inclusion Group, I can confirm that for the period April 2019 to the end of March 2020 no major issues have arisen that were not addressed through routine escalation to EWAG and internal governance procedures.’

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations in assessing and grading their equality performance each year. The EDS2 toolkit is structured around 4 Goals:

Goal 1 Better health outcomes for all

Goal 2 Improved patient access and experience

Goal 3 Empowered engaged and included staff.

Goal 4 Inclusive leadership at all levels.

There are a set of 18 outcomes against these four goals. These range from service quality to how staff are managed in the Trust.

The Trust uses the Equality Delivery System as an opportunity to look at how well we are doing to eliminate discrimination and make plans to improve equality in Mid Cheshire. The use of EDS2 and the use of evidence and insight to assess and grade our equality performance helps us to respond to the specific duties of the Public Sector Equality Duty.

The decision was made by the Equality, Diversity and Inclusion Group to review the outcomes of 2 goals, one patient focused and one staff focused, rather than to complete a full review of all 4 goals. This decision was made to allow concentration on specific areas to identify any improvements made.

In order to assess performance against the indicators, information has been gathered from patient surveys, patient stories, feedback from NHS Choices, NHS National Staff Survey and outcomes from equality schemes, e.g. Workforce Race Equality Standard (WRES).

Grading for each of the goals was undertaken at an EDS2 Stakeholder Grading workshop held on 1st April 2019. The event was attended by external and internal stakeholders. The information was then shared with Health Watch in June 2019.

The following sections show how we believe we have performed against each of the outcomes and as ratified by the stakeholder group.

Goal	No	Description of Outcome	Level
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
	2.3	People report positive experiences of the NHS	Achieving
	2.4	People's complaints about services are handed respectfully and efficiently	



			Achieving
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
	3.2	The NHS is committed to equal value and expects employers to use equal pay audits to fulfil their legal obligations	Achieving
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Achieving

### **Workforce Race Equality Standard (WRES)**

The NHS Equality and Diversity Council have agreed action to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. NHS Trusts are expected to show progress against a number of indicators of workforce equality which include recruitment opportunities, likelihood of entering the disciplinary process and accessing non-mandatory training.

The Trust has undertaken WRES since 2015. The most recent WRES report was completed in July 2019 and the findings are available to view on the Trust website. The report highlighted areas where further improvement is required to improve the experience of BAME staff and an action plan has been developed to address these matters which will be monitored by the Trust Equality, Diversity and Inclusion Group.

### **Workforce Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used to develop local action plans, and enable the Trust to demonstrate progress against the indicators of disability equality.

The WDES which came into force on 1st April 2019 is mandated through the NHS Standard Contract. The Trust completed the first WDES report in summer 2019. The report evidenced that in some cases disabled staff experience a poorer experience at work in some areas than non-disabled staff. An action plan has been drafted to address the concerns identified which will be regularly monitored and reviewed by the Equality, Diversity and Inclusion Group.

## Gender Pay Gap Reporting

Gender pay gap legislation was introduced in April 2017 which requires all organisations with 250 or more employees to publish their gender pay gap annually from 31 March 2017.

The gender pay gap shows the average difference in the average pay between men and women. Gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

The Trust completed their third gender pay gap report in January 2020 using a snapshot date of 31<sup>st</sup> March 2019.

As at 31st March 2019 the gender make up of Mid Cheshire Hospitals NHS Foundation Trust consisted of 80% female and 20% male, the same as seen in previous reporting periods.

The results from the Gender Pay Gap report as follows:

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.0413	14.3784
Female	14.9976	12.9018
Difference	4.0437	1.4767
Pay Gap %	21.2366	10.2699

Quartile	Female	Male	Female %	Male %
1	943.00	213.00	81.57	18.43
2	994.00	168.00	85.54	14.46
3	974.00	184.00	84.11	15.89
4	882.00	280.00	75.90	24.10

The above shows that the current gap between male and female average hourly pay rates is £4.04 less for females, a difference of just over 21%. When comparing the median hourly rate the gap decreases with a difference of 10% (lower for females) or £1.48.

## Bonus Pay

As an NHS organisation the only pay elements that fall under the bonus criteria are Clinical Excellence Awards (CEA's) which are only applicable to certain groups of medical staff.

The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high-quality care to patients and to the continuous improvement of NHS services. The information shows that there is a 3.17% bonus gap for average pay bonus payments between males and females.

Considering that around only a fifth of the Trust workforce are male, a higher proportion of the male workforce receive bonus payments in comparison to their female counterparts (4.09% of males compared to 0.21% of females). There is a greater distribution of male employees on the Medical and Dental contract than females. This is not unusual as this depicts a trend that is usually reflected across the NHS nationally.

Whilst a gender pay gap has been identified, when comparing the figures to our previous reporting periods we can see that the gap has closed year on year from 25.9% in 2017, 23.66% in 2018 down to 21.24% in 2019. This represents a 4.66% improvement over a 2 year period from March 2017 to March 2019.

The data illustrates that, whilst the equal pay audit has revealed some variation in the pay received between men and woman, initial analysis of available information does not find it as attributable to any form of discriminatory pay practice.

The gender pay gap will continue to be monitored via the Equality, Diversity and Inclusion Group and further detailed analysis exploring the results and a corresponding action plan will be developed over the coming months.

The Trust will continue to publish gender pay gap reports on an annual basis.

### **Trust response to the requirements of the Modern Slavery Act 2015**

We are aware of our responsibilities towards patients, service users, employees and the local community and expect all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Any identified concerns would be escalated as part of the organisational safeguarding process and in conjunction with partner agencies, such as the Local Authority and Police.

We operate a number of internal policies and processes to ensure that we are conducting business in an ethical and transparent manner. These include:

- Recruitment policy – we operate a robust recruitment policy which includes conducting employment checks for all directly employed staff and staff employed on our temporary staffing Bank. This adheres to the national NHS Employment Check Standards which includes Identity and Right to Work checks, suitable references, Disclosure and Barring checks and Occupational Health clearance. Additionally, Trust Directors are against the Fit and Proper Person Regulations to ensure they are compliant with this prior to taking up their positions. Where agencies are used, these are via the approved frameworks who are audited to provide assurance that pre-employment clearance has been obtained, to safeguard against human trafficking or individuals being forced to work against their will.
- Equal opportunities – we have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include

fair pay rates and terms and conditions and access to training and development opportunities.

- Training – reference is currently made to slavery and modern trafficking within the organisations Mandatory Safeguarding Children training programme.
- Safeguarding policies – audits are undertaken for safeguarding referrals. In addition, we adhere to the policies in our safeguarding policies and provide clear guidance so that our employees are clear on how to raise safeguarding concerns.
- Whistleblowing policy – we operate a whistleblowing policy so that employees are aware that they can raise concerns without fear of reprisals. Additionally, we give our employees a platform to raise concerns about poor working practices via the Trust Grievance, Complaints and Disputes (staff) incorporating Dignity at Work policy and procedure.
- Standards of business conduct – this explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

**We will:**

- Aim to include modern slavery conditions or criteria in specification and tender documents wherever possible
- Evaluate tenders based on modern slavery commitments
- Not award contracts where suppliers do not demonstrate their commitment to ensuring slavery and human trafficking are not taking place in their own business or supply chains
- Expect supply chain/framework providers to demonstrate compliance with their obligations in their processes
- Ensure that employees liaise with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisations modern slavery and human trafficking statement.

**Staff Survey 2019**

The Trust undertakes the Staff Survey on an annual basis to capture and report on the experiences of staff with a protected characteristic and ensuring that the Trust are acting in a fair way and acting on any issues identified.

The below table show the staff survey results by equality strand.

### Staff Survey Workforce Race Equality Questions

Staff Survey Workforce Race Equality Questions	2019 %
% of staff who have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White 23.2% BAME 28.4%
% of staff who have experienced harassment, bullying or abuse from colleagues in the last 12 months	White 22.2% BAME 22.4%
% of staff believing that the Trust provides equal opportunities for career progression and promotion	White 89.4% BAME 68.2%
In the last 12 months have you personally experienced discrimination at work from your manager/supervisor or colleagues?	White 4.4% BAME 16.2%

### Staff Survey Workforce Disability Equality Questions

Staff Survey Workforce Disability Equality Questions	2019 %
% of staff who have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Disabled 30.4% Non-disabled 21.8%



% of staff who have experienced harassment, bullying or abuse from their manager in the last 12 months	Disabled 15.1% Non-disabled 9.2%
% of staff who have experienced harassment, bullying or abuse from colleagues in the last 12 months	Disabled 27.6% Non-disabled 14.5%
% of staff believing that the Trust provides equal opportunities for career progression and promotion	Disabled 79.8% Non-disabled 90.3%
% of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled 28.1% Non-disabled 18.4%

The above results show a poorer experience for Black and Minority Ethnic (BAME) and disabled staff compared to their white or non-disabled counterparts. Work is currently underway to review the findings in further detail by way of divisional action plans to assist in improving the workplace experience for BAME and disabled staff.

### 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).

## **Equality and Diversity Highlights**

### **Objective 1 - To make our information and services accessible to the people we serve.**

#### **Interpreting and Translation Services**

Effective communication is key to building any human relationship, whether in a social or professional context. One of the main aims of the Trust is to ensure that all our services are equitable and fair in terms of accessibility. The Trust ensures increased access to its services and to promote social inclusion, which will improve patient care. The Trust uses interpretation and translation services to ensure that people whose first language is not English and those with sensory difficulties have access to support to enable them to make informed choices about their healthcare.

The Trust has adequate support mechanisms for patients who have additional needs in terms of communication. The Trust caters where appropriate, for their guardians and carers, who do not speak sufficient English to effectively communicate.

#### **Accessible Information Standard**

NHS England introduced the Accessible Information Standard (the Standard) into the NHS Contract and made the Standard mandatory for all NHS and Adult Social Care providers. Under the Accessible Information Standard disabled people who are our patients, service users and their carers and parents must have access to information that they can understand and any communication support they need. This includes making sure that people get information in different formats if they need it, such as large print, Braille, embossed, easy read, via email and visual/British Sign Language (BSL) etc.

#### **Spiritual Care**

The Trust recognises respects and promotes the personal beliefs and religious practices of our patients, their families and staff we serve. There is wide recognition within the NHS of the benefit to patients' recovery when we consider them as a 'whole person', body, mind and soul.

The importance of providing chaplaincy and spiritual care is also reflected within the 2010 Equality Act, which states religion and belief as a protected characteristic, and requires organisations under the Equality Duty to consider religion or belief – including lack of belief – in the provision of its services, where appropriate.

The Chaplaincy service provides pastoral and spiritual care to patient, families and staff. The service strives to match patients with a chaplain of their own religion, and when that is not possible the chaplains are trained to support each person from within that person's own religious tradition or belief system. The Chaplains will also attend to patients and families of no religion to provide spiritual and emotional support.

## Objective 2 - To increase support for LGBT staff

### Pride in the Park 2019

The Trust took part in Crewe Pride in Park in June 2019. The event took place at Queens Park on the hottest day of the year. The event saw a host of entertainment and activities in celebration and support of the LGBTQ+ community.

Trust staff from the recruitment team hosted an information stand to showcase the Trust with activities available for children and several staff took part in the parade through the park to show their commitment to the LGBT agenda.



## Rainbow flag

As part of LGBT+ History Month in February 2020 the rainbow flag was flying at Leighton Hospital, as an outward symbol of support.



## Rainbow Badge Scheme

The Trust launched the Rainbow Badge scheme in January 2020. The badges are just one way to show that the Trust is an open, non-judgmental and inclusive place for people that identify as LGBT+.

LGBT+ stands for lesbian, gay, bisexual, transgender and the + simply means that we are inclusive of all identities, regardless of how people define themselves.

NHS staff having an increased awareness of the issues surrounding LGBT+ people when accessing healthcare can make significant differences to LGBT+ people's experience, and, in turn on their physical and mental health. Simple visible symbols, such as the Rainbow Badge, can make a big difference for those unsure of both themselves, and of the reception they will receive if they disclose their sexuality and/or gender identity.

Trust staff were asked to sign a pledge as to why they wanted to wear the rainbow badge to evidence their commitment and support to the LGBT+ community. Over 1000 Trust staff signed a pledge within the first week of the launch.

To support the launch of the Rainbow Badge scheme, Body Positive Cheshire and North Wales visited Leighton Hospital to talk to staff, patients and visitors about the services they offer, including support for LGBT people in Cheshire.

For more information about Body Positive Cheshire and North Wales visit their website [www.bpcnw.co.uk](http://www.bpcnw.co.uk)



Pictured above: The Trust Executives signing up to the Rainbow Badge Scheme.

### **Rainbow Wall**

The rainbow wall was unveiled during LGBT+ History Month in February 2020. The rainbow wall is located in the main entrance at Leighton Hospital and is just one of the ways that we are continuing to show our support for the LGBT+ community.





Pictured above: The HR team along with representation from Body Positive

## Senior Manager Blog

Chris Oliver, Chief Operating Officer at the Trust wrote a reflective blog during LGBT+ History Month entitled 'Inclusion and being a gay senior leader in the NHS'.

The blog was shared to all staff across the Trust, in addition to being available on the NHS Employers website.



The full article can be found via <https://www.nhsemployers.org/blog/2020/02/being-an-lgbt-leader-in-the-nhs>

**Objective 3 – To encourage the recruitment conversion and progression rates of black, Asian and minority ethnic (BME) staff.**

## International Nurse Recruitment Programme

The Trust has seen 51 nurses from overseas join the Trust since October 2019, predominantly from Nigeria, Ghana and India with further recruitment drives underway throughout 2020. All of the nurses recruited have been allocated to Medicine and Emergency Care, ITU or Surgical wards.

Each cohort has been through a bespoke induction programme which includes not only the usual statutory and mandatory training, but also additional components designed to help them transition to a UK hospital. The OSCE is the educational aspect of the international nurse programme which assesses the competence against the UK NMC criteria with support

provided by the Trust's Practice Education Facilitator's. Many of the nurses have now passed their OSCE with others waiting for results.

The Trust also secured purpose built accommodation for the nurses locally with good transport links, access to leisure facilities and access to facilities which support learning.



**Objective 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).**

The Trust conducts mandatory training to organisational staff in identifying the risk of child sex exploitation and the escalation process. MCHFT is part of a multi-agency operational group that assesses those at risk of exploitation and how those at risk can be better protected. Agency information is shared between the relevant agencies in order to develop immediate action plans where required. Risk markers are also used on the electronic patient records to alert staff those patients at risk. These markers are reviewed on a monthly basis.

Modern Slavery and Human Trafficking are also covered in the Trust Safeguarding training to raise awareness for Trust employees.

Domestic abuse is covered in all mandatory Trust safeguarding training and in detail for staff in areas such as Emergency Care, CCICP and Women's and Children's Divisions. The use of risk markers on the electronic patient record also identifies additional risk or vulnerability.

The Trust report on a monthly basis the number of FGM incidents which are submitted to the CCG and NHS England. Where females 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.

## Equality, Diversity and Inclusion Strategy 2020-2024

The strategy and the objectives for 2020-2024 have been developed based on outcomes from equality standard reporting and consultation with key stakeholders. The strategy focuses on the long term vision for equality, diversity and inclusion, while also highlighting our immediate short term strategic priorities. The strategy has also been created to meet the Trust's legal requirements, NHS standards and contractual obligations on equality, diversity and inclusion.

## Our Equality, Diversity and Inclusion objectives 2020-2024

Objective
<b>To improve disabled and BAME staff representation, experience and employment opportunities</b> The Trust will be an employer of choice that recruits and develops staff fairly, taking appropriate action wherever 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.
How we will achieve our objectives
<ul style="list-style-type: none"> <li>• Introduction of an active staff network</li> <li>• Utilisation and sharing of staff stories</li> <li>• Increased support for managers in supporting staff with disabilities</li> <li>• Engage and work with local community groups to encourage BAME candidates to consider employment with the Trust</li> <li>• Support BAME staff to undertake national/regional development programmes aimed at BAME staff</li> <li>• Introduce reverse mentoring</li> <li>• Make it easy for staff to record their diversity information and encourage them to do so</li> <li>• Make better use of technology and social media to reach and attract potential candidates to encourage applicants from underrepresented groups to apply</li> </ul>
The results we are aiming for
<ul style="list-style-type: none"> <li>• When at work, staff are free from abuse, harassment, bullying and physical violence from any source</li> <li>• Staff recommend the Trust as a place to work</li> <li>• Greater diversity in our management and leadership structures</li> <li>• Increased staff self-reporting disabilities</li> </ul>

Objective
<b>Take steps to address the uneven distribution of gender composition in the workplace</b> The Trust will be an employer of choice that recruits and develops staff fairly, taking appropriate action wherever 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.
How we will achieve our objectives
<ul style="list-style-type: none"> <li>• Promotion of and increased visibility of males in female dominated roles via use of</li> </ul>

social media, staff stories and promotional materials

- Embracing flexible working in senior roles
- Focus on gender bias in recruitment training
- Continue our work to address the gender pay gap

#### **The results we are aiming for**

- Staff recommend the Trust as a place to work
- Greater diversity in our management and leadership structures

#### **Objective**

##### **To ensure our information and services are beneficial and accessible to the people we serve**

The Trust will create a culture of care based on positive attitudes towards welcoming the diversity of patients, service users, their carers and families meeting their diverse needs. The Trust will continually improve by embedding equality principles and standards into everyday practice.

##### **How we will achieve our objectives**

- Undertake patient surveys and user groups to seek feedback
- Attendance at local events to increase our profile in the local community
- Undertake stakeholder events to gain feedback on our services
- Ensure that patient policies, procedures, guidelines, business cases, service reviews, tenders or other key decisions are equality impact assessed.
- Improve the quality of the protected characteristics data collected

#### **The results we are aiming for**

- People report positive experiences of Trust services
- 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

#### **Objective**

##### **To improve the experience of LGBT staff and patients**

We aim to be an employer of choice that recruits and develops staff fairly, taking appropriate action wherever 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. The Trust will create a culture of care based on positive attitudes towards welcoming the diversity of patients, service users, their carers and families meeting their diverse needs. The Trust will continually improve by embedding equality principles and standards into everyday practice.

##### **How we will achieve our objectives**

- Implementation of the Rainbow Badge scheme
- Attendance at local Pride events
- Introduction of an active staff network
- Implementation of the Sexual Orientation Monitoring Standard (SOM)

#### **The results we are aiming for**

- Everyone who needs to can readily access Trust services
- Individual people's health, care and employment needs are met
- Increased staff self-reporting
- Positive feedback from patients and service users



We will implement this strategy by working with corporate and divisional/CCCIP service leads to ensure that the equality, diversity and inclusion agenda is delivered across the Trust.

Work against implementing the strategy and delivery against the objectives will be monitored via the equality, diversity and inclusion overarching action plan at the Equality, Diversity and Inclusion Group and will publish evidence of progress against the strategy and objectives in the equality, diversity and inclusion annual report

We are committed to ensuring that this Strategy is not seen as being separate, but is clearly linked with existing policies and business plans, so that it can successfully act as a lever for change and service improvement. The expectation is that all service leads and managers will be familiar with this strategy and ensure equality considerations are an integral part of the Trust's business including: policy development; service redesign and development; service delivery; staff recruitment and retention; professional development and staff training; and procurement and commissioning of any goods and services.



The Human Library is an international movement which was founded in 2000 as the “Menneskebiblioteket” for the Roskilde Festival in Copenhagen, by Ronni & Danylt Abergel. The premise of the event is that, instead of lending books on a topic, you lend real people with lived experience. Often people are there to discuss difficult and often challenging topic, to challenge the stereotypes and stigmas in society. This supports the Trust in improving the care we give to our patients, improves equality and diversity in recruitment and aids personal development by challenging own biases.

MCHFT has been working with local partnership to run a second Human Library event on the 19th June 2019. The event built on a trial run the





previous year where for the day we offer to lend people as living books to share their experiences of discrimination, prejudice and misunderstanding. The event is licenced by The Human Library Organization (<https://humanlibrary.org/>), which invites people to “unjudged someone”.

On the day our visiting ‘readers’ browsed the catalogue, registered at the enquiry desk and were introduced to their book for a 20 minute conversation. Evaluative surveys were collected from the ‘readers’ and books.



We had 5 book titles on offer:-

- Blind
- Mixed Race Marriage
- OCD
- Parent of Trans
- Prisoner

We had 28 people check out our volunteer books (5 groups readings and 19 for 1:1 conversations). This is a 57% increase in uptake that previous year with 3 less book titles. 22 evaluations forms were returned. 95% (21 people) thought it was an excellent experience 5% (1 person, thought it was very good). 95% strongly agreed it was a good way to challenge discrimination, 5% agreed it did. All books strongly agreed it was a good way to

challenge discrimination.

Feedback received from the event:

*“Great way to talk through issues and ask the questions you’re sometimes not sure you can ask. The best E+D training you can give people!!!”*

*“Not to judge a book by its cover. So interesting - makes you realise people are more than just a label.”*

*“Listening to others stories and to readers experiences have once again broadened my own knowledge”*

*“I feel that things like this are really important. I wish MPs would come to it!”*

*“It was well managed and felt it was a good experience all round”*

This year the committee has also been approached to share learning of running the events by East Cheshire NHS Trust, Staffordshire University and Thorncross Prison. In the future we plan to build on this and improve on local networks.

We had 28 people checked out books (5 groups readings and 19 1:1 basis). This is a 57% increase in uptake that previous year with 3 less book titles. 22 evaluations forms were returned. 95% (21 people) thought it was an excellent experience 5% (1 person, thought it was very good). 95% strongly agreed it was a good way to challenge discrimination, 5% agreed it did.

### **Menopause Task and Finish Group**

The Trust launched a Menopause Task and Finish Group to support staff (both male and female) to understand the changes which occur during this time and how to access support. Given that 80% of our workforce is female, it was agreed that this was a proactive step.

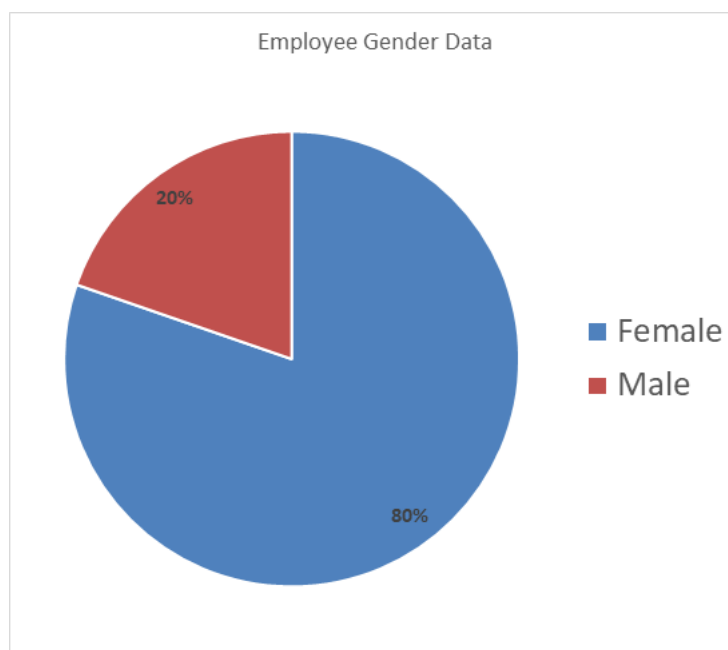
The group has drafted an information leaflet with support from the Jet Library team, arranged a Menopause Café which took place on 08 October 2019 giving staff the opportunity to talk openly about their experiences, and has arranged a provision of “emergency boxes” for wards and departments.

## Staff and Patient Profiles



## Employee Data

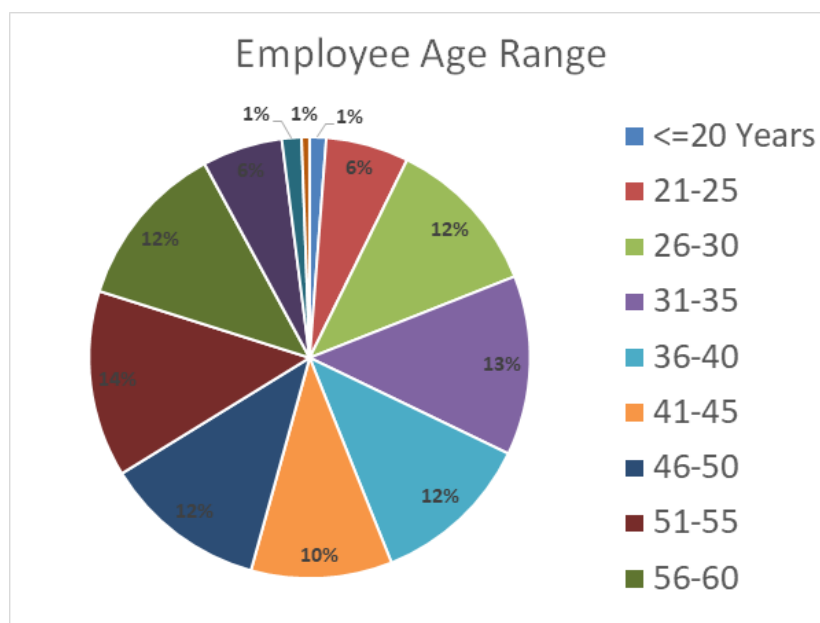
### Gender



80% of the Trust workforce is female, which has remained relatively static compared to previous years. The above data for the Trust is representative of the NHS workforce nationally, where 77% are female and 23% are male.

<https://www.nhsemployers.org/-/media/Employers/Documents/Plan/DIVERSITY-AND-INCLUSION/EQW19/Gender-in-the-NHS-infographic.pdf>

## Employee Age



The above data shows that the largest proportion of employees within Mid Cheshire NHS Trust are aged between 51-55 closely followed by age ranges 31- 35 and 26-30.

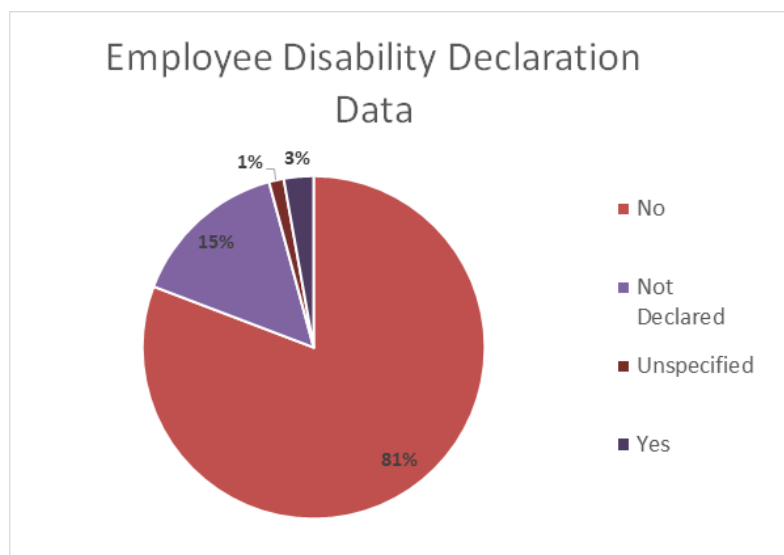
The age breakdown of the NHS workforce nationally is listed below for comparison.

- **Under 25 - 6%**
- **25 to 34 - 23%**
- **35 to 44 - 24%**
- **45 to 54 - 28%**
- **55 to 64 - 18%**
- **65 and over – 2%**

<https://www.nhsemployers.org/-/media/Employers/Documents/Plan/DIVERSITY-AND-INCLUSION/EQW19/Age-in-the-NHS-infographic.pdf>

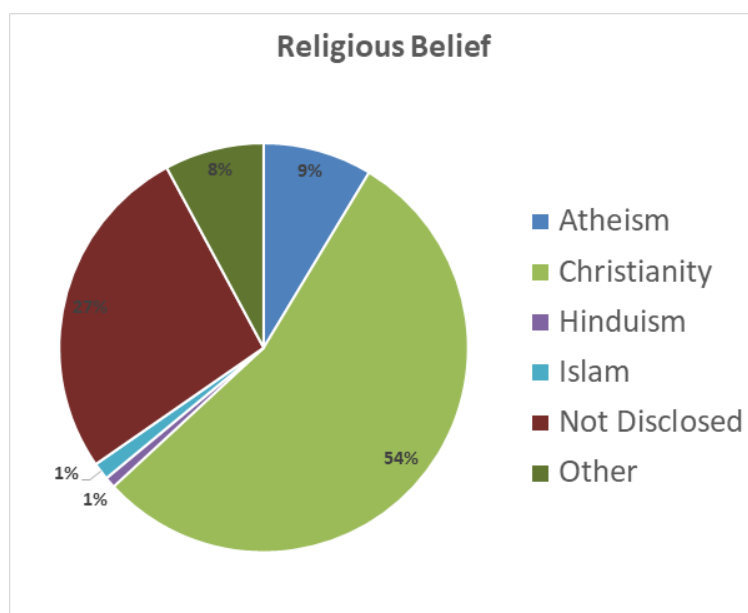


## Employee Disability



The above data indicates that 81% of employees have stated they have no disability. There are a large proportion of employees who have not reported a disability, this may indicate the number of employees who are disabled may be higher. Work is on-going to explore reasons why staff choose not to report disabilities.

## Employee Religion



The above data shows the breakdown of religious beliefs for employees within the Trust. The Trust is proud to provide facilities for its employees and patients to support their religious beliefs. These facilities include the Trust's Mosque, Chapel and Prayer Room.

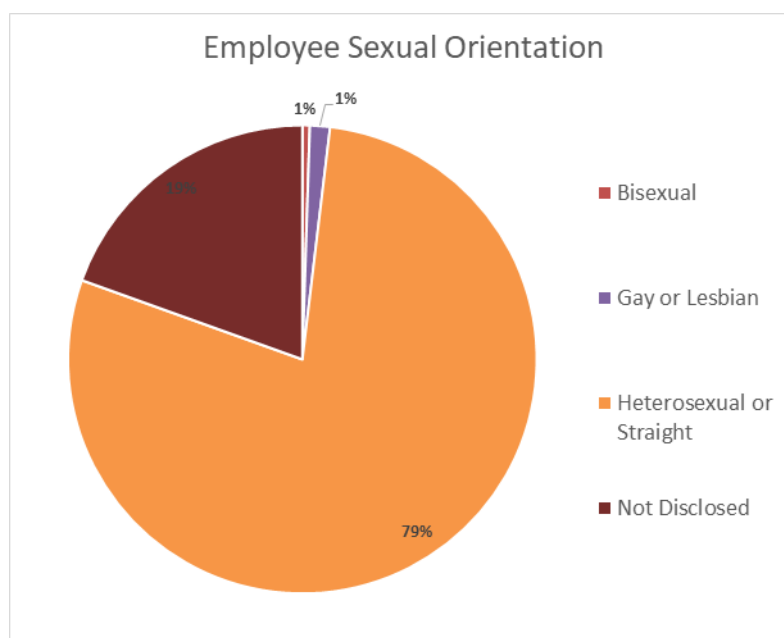
## Employee Ethnicity

Ethnic Group	Headcount	%
A White - British	4,706	82.71%
Z Not Stated	160	2.81%
H Asian or Asian British - Indian	156	2.74%
C White - Any other White background	142	2.50%
Unspecified	105	1.85%
N Black or Black British - African	85	1.49%
J Asian or Asian British - Pakistani	43	0.76%
L Asian or Asian British - Any other Asian background	40	0.70%
B White - Irish	38	0.67%
S Any Other Ethnic Group	21	0.37%
F Mixed - White & Asian	20	0.35%
CY White Other European	19	0.33%
R Chinese	19	0.33%
D Mixed - White & Black Caribbean	17	0.30%
E Mixed - White & Black African	15	0.26%
M Black or Black British - Caribbean	15	0.26%
PC Black Nigerian	13	0.23%
K Asian or Asian British - Bangladeshi	12	0.21%
CP White Polish	10	0.18%
G Mixed - Any other mixed background	10	0.18%
GF Mixed - Other/Unspecified	33	0.58%
White Other/Unspecified	11	0.19%
<b>Grand Total</b>	<b>5,690</b>	<b>100.00%</b>

In the UK 87% of people are White, and 13% belong to a Black, Asian, Mixed or Other ethnic group, according to the combined 2011 censuses for England and Wales, Scotland, and Northern Ireland.

<https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest>

## Employee Sexual Orientation



The above data shows the Trusts Employee Sexual Orientation with 79% of staff identifying as heterosexual or straight. 10% of Trust staff have opted not to disclose their sexuality.

In comparison the proportion of the UK population aged 16 years and over identifying as heterosexual or straight decreased from 95.3% in 2014 to 94.6% in 2018.

The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

## Patient Data

The following data is a count of all patients who attended either as an inpatient and out patient between 01/04/2019 and 31/03/2020. Each shows a distinct patient attendance within the relevant list, i.e. a patient would only appear once in Inpatients but could also appear once in the Outpatient list.

It is noted that at present the Trust do not fully record patient sexual orientation or disability.

Age Band	Inpatient	"% of Total Inpatients"	Outpatient	"% of Total Outpatients"	Grand Total	% of Overall Total
<=20 Years	7780	14.98%	19437	17.32%	27217	16.58%
21-25	1987	3.83%	3862	3.44%	5849	3.56%
26-30	2787	5.37%	5632	5.02%	8419	5.13%
31-35	2813	5.42%	5966	5.32%	8779	5.35%
36-40	2376	4.57%	5475	4.88%	7851	4.78%
41-45	1958	3.77%	4939	4.40%	6897	4.20%
46-50	2510	4.83%	6370	5.68%	8880	5.41%
51-55	3514	6.77%	7953	7.09%	11467	6.99%
56-60	4441	8.55%	8191	7.30%	12632	7.70%
61-65	3259	6.27%	7892	7.03%	11151	6.79%
66-70	3550	6.84%	8424	7.51%	11974	7.29%
>=71 Years	14960	28.80%	28073	25.02%	43033	26.22%
Not Known	2	0.00%	0	0.00%	2	0.00%
Grand Total	51937	100.00%	112214	100.00%	164151	100.00%

I

Religion	Inpatient	"% of Total Inpatients"	Outpatient	"% of Total Outpatients"	Grand Total	% of Overall Total
ARMENIAN CATHOLIC	15	0.03%	35	0.03%	50	0.03%
BAPTIST	96	0.18%	207	0.18%	303	0.18%
BUDDHIST	32	0.06%	72	0.06%	104	0.06%
CHRISTADELPHIAN	26	0.05%	48	0.04%	74	0.05%
CHRISTIAN SCIENTIST	108	0.21%	196	0.17%	304	0.19%
CHURCH OF ENGLAND	24266	46.72%	50786	45.26%	75052	45.72%
CHURCH OF GOD	1	0.00%	1	0.00%	2	0.00%
CHURCH OF IRELAND	4	0.01%	13	0.01%	17	0.01%
CHURCH OF SCOTLAND	2	0.00%	9	0.01%	11	0.01%
CHURCH OF WALES	7	0.01%	22	0.02%	29	0.02%
HINDU	61	0.12%	136	0.12%	197	0.12%
JEHOVAHS WITNESS	110	0.21%	250	0.22%	360	0.22%
JEWISH	9	0.02%	30	0.03%	39	0.02%
METHODIST	1049	2.02%	2087	1.86%	3136	1.91%
MORMON	26	0.05%	35	0.03%	61	0.04%
MUSLIM	195	0.38%	415	0.37%	610	0.37%
NON CONFORMIST	613	1.18%	1533	1.37%	2146	1.31%
NONE	7462	14.37%	15923	14.19%	23385	14.25%
NOT KNOWN	12311	23.70%	28563	25.45%	40874	24.90%
ORTHODOX	91	0.18%	141	0.13%	232	0.14%
OTHER	1382	2.66%	3072	2.74%	4454	2.71%
OTHER FREE CHURCH	6	0.01%	14	0.01%	20	0.01%
PENTECOSTAL	39	0.08%	73	0.07%	112	0.07%
PLYMOUTH BRETHREN	4	0.01%	9	0.01%	13	0.01%
PRESBYTERIAN	21	0.04%	41	0.04%	62	0.04%
QUAKER	5	0.01%	14	0.01%	19	0.01%
ROMAN CATHOLIC	3912	7.53%	8314	7.41%	12226	7.45%
SALVATION ARMY	31	0.06%	51	0.05%	82	0.05%



SIKH	14	0.03%	31	0.03%	45	0.03%
UNITARIAN	5	0.01%	13	0.01%	18	0.01%
UNITED REFORM CHURCH	34	0.07%	80	0.07%	114	0.07%
Grand Total	51937	100.00%	112214	100.00%	164151	100.00%

Gender	Inpatient	"% of Total Inpatients"	Outpatient	"% of Total Outpatients"	Grand Total	% of Overall Total
FEMALE	28840	55.53%	62140	55.38%	90980	55.42%
MALE	23097	44.47%	50072	44.62%	73169	44.57%
UNKNOWN/NOT STATED/OTHER	0	0.00%	1	0.00%	1	0.00%
Grand Total	51937	100.00%	112214	100.00%	164151	100.00%

Ethnicity	Inpatient	"% of Total Inpatients"	Outpatient	"% of Total Outpatients"	Grand Total	% of Overall Total
ASIAN - ANY OTHER BACKGROUND	180	0.35%	387	0.34%	567	0.35%
ASIAN - BANGLADESHI	58	0.11%	122	0.11%	180	0.11%
ASIAN - INDIAN	135	0.26%	305	0.27%	440	0.27%
ASIAN - PAKISTANI	40	0.08%	95	0.08%	135	0.08%
BLACK - AFRICAN	64	0.12%	130	0.12%	194	0.12%
BLACK - ANY OTHER BACKGROUND	73	0.14%	118	0.11%	191	0.12%
BLACK - CARIBBEAN	51	0.10%	114	0.10%	165	0.10%
MIXED - ANY OTHER	142	0.27%	256	0.23%	398	0.24%

MIXED - WHITE AND ASIAN	59	0.11%	123	0.11%	182	0.11%
MIXED - WHITE/BLACK AFRICAN	29	0.06%	81	0.07%	110	0.07%
MIXED - WHITE/BLACK CARIBBEAN	88	0.17%	143	0.13%	231	0.14%
NOT STATED	4890	9.42%	13190	11.75%	18080	11.01%
OTHER - ANY OTHER	246	0.47%	477	0.43%	723	0.44%
OTHER - CHINESE	65	0.13%	200	0.18%	265	0.16%
WHITE - ANY OTHER BACKGROUND	1390	2.68%	2778	2.48%	4168	2.54%
WHITE - BRITISH	44317	85.33%	93458	83.29%	137775	83.93%
WHITE - IRISH	110	0.21%	237	0.21%	347	0.21%
Grand Total	51937	100.00%	112214	100.00%	164151	100.00%

### Further information

[www.mccht.nhs.uk](http://www.mccht.nhs.uk)

If you would like this document in an alternative format or have any queries, please contact the Equality, Diversity and Inclusion Lead on 01270 273712.