

North Bristol NHS Trust Equality Objectives 2017- 2021

1. Introduction

North Bristol NHS Trust (the Trust) draft equality objectives for 2017-2021 contained within this paper have been developed against the four main goals of the Equality Delivery System 2 (EDS2), as outlined below:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. The main purpose of the EDS was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the revised and updated EDS (EDS2), NHS organisations can also be helped to deliver on the Public Sector Equality Duty. Implementation of EDS2 is a requirement on both NHS commissioners and NHS provider organisations.

In addition to the main goals of EDS2, the draft equality objectives are framed against supporting the delivery of the Trust values and strategic themes and objectives for 2017/18, the review of Trust position against the Workforce Race Equality Standard (WRES) and the review of progress against the equality and diversity agenda against HealthWatch recommendations, action plans for the Black and Minority Ethnic Staff Career Development Group and the Disabled Staff Development Group, the Trust Staff Equality Group and the Trust Equality and Diversity Committee

A high level summary of how the Trust strategic themes map against the EDS2 goals and how the Trust proposes to demonstrate progress against the goal is outlined below.

EDS2 Goal	Trust strategic theme	How we will demonstrate the EDS goal
<ul style="list-style-type: none"> • Better health outcomes 	<ul style="list-style-type: none"> – Change how we deliver services – Enhance patient care through research – Maximise the use of technology – Play our part in delivering a successful health and care system 	<ul style="list-style-type: none"> – Improve patients access to care by meeting the 95% 4 hour target for emergency care, the national cancer targets and elective waiting time trajectories – Make better use of our estate to help reduce the cost of care – Deliver the financial plan to achieve an improved year end deficit – Information for decision making (from data entry to reporting) is agreed to be high quality and accessible by users – The number of patients taking part in clinical trials is maintained or increased. – An increased proportion of Trust documents (clinical and non-clinical) are managed electronically – Bring the EDS into the heart of our business planning process for patient services – High quality efficient service model for North Somerset hospital care, urgent care, stroke, orthopaedics and pathology are agreed with partners – Our contribution to restore financial balance to the BNSSG health system has been agreed with our partners.
<ul style="list-style-type: none"> • Improved patient access and experience 	<ul style="list-style-type: none"> – Be one of the safest trusts in the UK – Treat patients as partners in their care 	<ul style="list-style-type: none"> – Meet the CQC good standard for safe care as a minimum in all areas – 80% of staff recommend us as a place for care for friends and relatives in the staff Friends and Family Test – 95% of patients recommend us for care and treatment in the inpatient Friends and Family Test – Agree and deliver a data quality improvement plan – Use data from a range of sources, such as patient feedback and stories to show that we are making improvements

EDS2 Goal	Trust strategic theme	How we will demonstrate the EDS goal
<ul style="list-style-type: none"> A representative and supported workforce 	<ul style="list-style-type: none"> Create an exceptional workforce for the future 	<ul style="list-style-type: none"> Increased staff engagement scores in the staff survey (from 3.71 to 3.81) Improve scores achieved in the staff survey in the health and wellbeing categories to be better than average for all Trusts Use data from a range of sources like staff feedback and stories to show how we are making improvements Bring the EDS into the heart of our business planning process for changes affecting staff
<ul style="list-style-type: none"> Inclusive leadership 	<ul style="list-style-type: none"> Devolve decision making and empower frontline staff to lead 	<ul style="list-style-type: none"> Identify diversity champions to promote equality and diversity within and beyond the Trust Planned programme of development support to senior management teams of Divisions delivered, incorporating the EDS Parameters for devolved decisions are defined and understood Identify and address the systemic issues that perpetuate inequalities

2. Current position

Organisations are assessed against EDS2 against one of the following categories:

- Undeveloped if there is no evidence one way or another for any protected group of how people fare or ...
- Undeveloped if evidence shows that the majority of people in only two or less protected groups fare well
- Developing if evidence shows that the majority of people in three to five protected groups fare well
- Achieving if evidence shows that the majority of people in six to eight protected groups fare well
- Excelling if evidence shows that the majority of people in all nine protected groups fare well

To determine their level of achievement, organisations need to demonstrate how needs are met for each protected characteristic group under EDS2.

The Trust conducted an initial self-assessment on this basis the outcome of which was confirmed by the Trust Equality and Diversity Committee. HealthWatch then assessed the Trust via relevant equality reports and through clarification discussions with the Trust.

The Trust is currently assessed overall as: Achieving.

The assessment demonstrated that many adjustments have been made to meet the needs of people with dementia and people with acute kidney Injury. However, it identified that there is no evidence that these adaptations have been made for other equalities groups or in other specialised services. In addition, adjustments have been made for some groups with protected characteristics but there is no mention of others. The adaptations offered do not apply across all services but are specific to certain teams and services.

EDS2 states: “Patient engagement is conducted in various ways”. The Trust assessment identified that specific examples describing how this engagement has led to adaptations to service delivery is required and needs to demonstrate how the Trust ‘hear the voices’ of those engaged with or identify how meaningful and effective this engagement was.

This assessment provided the focus for the Trust to develop its equality objectives to progress from Achieving to Excelling.

3. Draft equality objectives 2017-2020

This section contains the Trust draft equality objectives for 2017-20, as agreed by the Equality Committee. Evidence of progress against each action will be included in the next EDS2 assessment.

EDS2 objective	How we will achieve this	Lead
Better health outcomes		
1.2 Individual people’s health needs are assessed, and met in appropriate ways	NBT to look at how to work more closely with HealthWatch, consider their attending participation groups. Lorenzo to record patient equality monitoring information and be adapted, so that NBT staff can easily identify/have flagged patients’ communication and support needs.	Patient Experience Lead Informatics

	<p>The Trust to review how it meets the requirements of Accessible Information Standard (AIS) and impalement changes, as appropriate.</p> <p>To improve support for blind patients:</p> <ul style="list-style-type: none"> • The NBT Move Makers in the Brunel Building to stand close to the front entrance to be offered support to sign in; to find the buggy service on entry to the Brunel building. • Review of Trust information to indicate different formats that have been/need to be produced e.g. braille, audio, easy read etc. • Consider providing an app for blind patients and how this is shared with other equalities groups who may benefit, e.g. patients with learning disabilities, mental ill health and English as a second language <p>Make the complaints leaflet available on NBT website.</p> <p>To improve access for deaf patients:</p> <ul style="list-style-type: none"> • To offer appropriate BSL interpreters • Make adjustment to the car park intercom as replies cannot be heard; • Provide deaf awareness training for all front line staff. <p>Provide a card or passport stating “I need help” (similar to First Bus’s Better Journey Card.)</p> <p>Implement Connecting Care</p>	<p>Director of Communications</p> <p>Director of Nursing</p> <p>Director of Communications</p> <p>Director of Nursing & Quality</p> <p>Director of Nursing & Quality</p> <p>Director of Nursing & Quality</p>
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<p>1.3 Transition from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p>	<p>Review how transition between services for patients with poor mental health and for young people moving to adult services can be improved and implement changes as appropriate.</p> <p>Improve Integrated Discharge Service Information, including WellAware, so all patients can proactively support their own recovery and wellbeing when discharged or transitioning between services and have access to self-care and support groups specific to their health needs</p> <p>Signpost patients who complain about transition onto HealthWatch and NHS Advocacy at the Care Forum.</p>	<p>Director of Nursing & Quality</p> <p>Director of Nursing & Quality</p> <p>Patient Experience Lead</p>
<p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<p>Evidence to be provided to show that NBT tests processes are in place to ensure patient safety, to assess whether these systems are working and whether these systems are improving patient safety.</p> <p>Review how access can be improved to the complaints service for protected characteristic groups, including the use of Lorenzo to make this easier to identify complaints from these groups and monitor outcomes.</p> <p>Provide patient stories to show how complaints have been resolved and the learning from these.</p> <p>Promote Red/yellow card system. Where a patient's unruly behaviour may be the result of poor mental health, autistic anxiety, addiction, or cultural differences of BME communities, there needs to be a formal procedure introduced to protect these groups</p>	<p>Director of Nursing & Quality</p>

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	NBT is not responsible for vaccination and screening; GP surgeries organise this. Include information about the vaccination programme offered to NBT staff	Director of Nursing & Quality
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EDS2 objective	How we will achieve this	Lead
Section 2: Improve 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 health grounds	<p>Develop understanding and meet the different needs and experiences of our patients. Move Maker volunteers stand close to the entrance of Brunel to support these patients to access their appointments</p> <p>Improve access for blind and partially sighted people to NBT services - set up an 'Appointment Buddy' role to support blind people, people with learning disabilities and wheelchair users to access the hospital more readily</p> <p>Improve access for wheelchair users in Brunel building, with porters/other relevant staff given training to push patients' wheelchairs</p> <p>Work with HealthWatch to develop a better system of gathering information about patients' needs from GPs before admission</p> <p>Include information about the on-site nursery and the taxis that bring older, more vulnerable patients up to the check in desk in the report</p>	<p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Director of Facilities</p>

	<p>Consider providing an accessible downloadable guide to Southmead Hospital for blind people (see also 1.2) This tool may also be relevant to be shared with other equalities groups e.g. people with learning disabilities and people with English as a second language</p> <p>Create a plan to support homeless people through A&E, including how delays to discharge of homeless people from A&E can be achieved when they have no fixed address</p>	<p>Director of Communications</p> <p>Head of Nursing: Medicine</p>
<p>2.2 People are informed and supported to be as involved as they wish to be in decisions about their care</p>	<p>Review how more support and involvement for LGBT+ patients and increased carer engagement work can be achieved.</p> <p>Consider how more proactive involvement for patients in service design can be achieved – over and above service evaluation and development</p> <p>Patient diary – next EDS2 report to include statistics about how many patients are offered this</p> <p>“This is Me” extended and train Move Makers to use this tool with blind and deaf patients, PWL, mental health issues and patients who have English as second language</p>	<p>Director of Nursing & Quality</p>
<p>2.3 People report positive experiences of the NHS</p>	<p>Provide information about partnership work done with HealthWatch Bristol and HealthWatch South Gloucestershire in EDS2 report</p> <p>Establish action plan to tackle areas of concerns that HealthWatch gathered from patients, visitors and staff</p>	<p>Patient Experience Lead</p> <p>Patient Experience Lead</p>

	<p>Friends and Family Tests: Priority - capture patients' equalities demographics in new system as before and use this data to compare protected characteristic groups' experiences. Devise an action plan to improve the experience of groups who do not report satisfaction with their care</p>	<p>Patient Experience Lead</p>
<p>2.4 People's complaints about services are handled respectfully and efficiently</p>	<p>Provide evidence of equality background of complainants in EDS2 report. Use this monitoring to indicate how improvements could be made</p> <p>Amend process to encourage people with different equality characteristics to use the complaint service, with additional support to be given to disadvantaged groups to make a complaint</p> <p>Complaints from equalities groups to be actively sought – extend Volunteer role to include 'Complaints Buddies'</p> <p>Patient Experience Team to steer equalities groups through the complaints procedure and work with HealthWatch/NHS Complaints Advocacy</p> <p>Complaints leaflets to be available in easy read to support patients with English as a second language, PWLD and those with mental health issues</p> <p>Review of complaints forms to determine whether nature of the complaint could be clearer i.e. discrimination or access complaint Confidential summary of all complaints regarding equalities to be forwarded to the E&D manager</p>	<p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Patient Experience Lead</p> <p>Director of Communications</p> <p>Patient Experience Lead</p>

EDS2 objective	How we will achieve this	Lead
3. A representative and supported workforce		
<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p>	<p>Improve access to online forms as this is considered a significant barrier for disabled people and those with English as a second language</p> <p>Review equality monitoring during recruitment to use data to improve processes and access. Ensure equality information is completely separate and anonymous from completed application forms</p> <p>Black and Minority Ethnic and Disabled Staff:</p> <ul style="list-style-type: none"> • Consider how to increase the percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce • Consider how to increase opportunities for career progression or promotion • Introduce preparation training/mentoring for BME/disability staff on recruitment and selection • Introduce training for managers on inclusive/non-discriminatory selection with focus on BME/Disability to reduce bias in recruitment • Introduce BME/disability staff observing recruitment and selection process to make recommendations for improvement • Introduce BME/disability staff to be part of appointment panels at Band 8 and above. • Review relevant monitoring data to identify barriers and improvements to the likelihood of BME staff being appointed from shortlisted/appointed compared to that of white staff 	<p>Head of Resourcing</p> <p>Head of Resourcing</p> <p>Workforce Committee</p> <p>Workforce Committee</p> <p>Head of Resourcing</p>

<p>3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p>	<p>Consider how apprenticeships can be used to increase opportunity for protected characteristic groups.</p>	<p>Widening Participation and Non-Medical Clinical Education Manager</p>
<p>3.3 Training and development opportunities are taken up and positively evaluated by staff</p>	<p>Review information on take up of training and development opportunities and the evaluation by all staff to review whether more can be done to improve access</p> <p>Show evidence of relevant training i.e. Carers Awareness, Mental Health, Autism</p> <p>Review access requirements requested on forms to see whether more can be done to improve access</p> <p>Consider methods to seek staff views on their experience of career opportunities and explore mechanism for improvement and how staff can gain insight into other roles e.g. secondments and shadowing opportunities for BME staff</p> <p>Use staff FFT and the annual staff survey to explore opportunities to reduce the risk of experiencing of discrimination at work from managers/team leader or other colleagues</p> <p>Establish equality monitoring for the F&F Test for staff</p>	<p>Patient Safety, Quality Clinical Skills and Resuscitation Educational Lead</p> <p>Patient Safety, Quality Clinical Skills and Resuscitation Educational Lead</p> <p>Patient Safety, Quality Clinical Skills and Resuscitation Educational Lead</p> <p>Equality and Diversity Lead</p> <p>Head of People Strategy</p>

<p>3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source</p>	<p>Promote harassment and bullying advice line, particularly amongst equalities groups</p> <p>Consider adding harassment and bullying or other equality related topics as a standing agenda at all staff briefings</p> <p>Consider mechanisms to reduce percentage of staff experiencing harassment, bullying or abuse from patients/staff and how to encourage staff to report instances. In areas where harassment is identified to be offered staff training, counselling and mediation</p> <p>Arrange an open session with Chair of BME Group to discuss harassment and bullying</p> <p>Mental Health and LGBT+ staff groups to be set up.</p>	<p>Equality and Diversity Lead</p> <p>Director of Communications</p> <p>Equality and Diversity Lead/HRBPs</p> <p>Chair of BME Group</p> <p>Equality and Diversity Lead</p>
<p>3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p>	<p>Consider how to increase flexible working options for staff with physical disabilities, older staff, poor mental health, caring responsibilities and from single parents, incorporate reasonable adjustments for disabled staff</p> <p>Review access to public transport for staff doing 12 hour shifts and consider improvement</p>	<p>Equality and Diversity Lead/Head of Workforce Strategy</p> <p>Director of Facilities</p>

<p>3.6 Staff report positive experiences of their membership of the workforce</p>	<p>Board to agree equality objectives</p> <p>Consider methods for improving equality monitoring for staff</p> <p>Consider introducing equality & diversity as part of management objective setting</p> <p>Review the inclusion of equality monitoring in the Staff Family and Friends Test</p> <p>Consider introduce a code of conduct that sets out clearly the principles of Respect and Dignity. See Bristol City Council policy for reference.</p> <p>Develop Disability Confident status</p>	<p>Company Secretary</p> <p>Head of People & Development</p> <p>Head of People Strategy</p> <p>Head of People Strategy</p> <p>Equality and Diversity Lead</p> <p>Equality and Diversity Lead</p>
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EDS2 objective	How we will achieve this	Lead
4. Inclusive leadership		
<p>4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p>	<p>Increase senior leaders engagement in equality work Board and Senior Executives to be supported to understand the different life experiences of different equalities groups.</p> <p>Senior leaders to take on responsibility for building equality into all strategic and budgetary planning</p> <p>Board Equality Champions to be more engaged with the equality agenda</p>	<p>Company Secretary</p> <p>Company Secretary</p> <p>Company Secretary</p>

	<p>Board to consider how they can become broadly representative of the population they serve</p> <p>Equality training to be delivered for Board</p>	<p>Company Secretary</p> <p>Company Secretary</p>
<p>4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p>	<p>Identify equality-related impacts including risks, and determine how these risks are to be managed in relation to papers for Trust Board and other major Committees</p> <p>Consider including equality as a standing agenda item at all strategic meetings</p> <p>Consider each paper presented to the Board having a checklist/table to identify what impact strategic decisions will have on each equalities group, and that this risk is considered from the perspective of patients, visitors and staff.</p>	<p>Company Secretary</p> <p>Company Secretary</p> <p>Company Secretary</p>
<p>4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<p>Processes to be reviewed, for example, line managers to demonstrate this in their role as part of their yearly appraisal.</p> <p>Valued manager and other training to include disability issues</p> <p>Increase deaf, disability and autisms awareness training for managers</p> <p>Provide information on how well the Respect and Dignity statement has worked in Facilities</p> <p>Sign up to Bristol Council Deaf Charter</p>	<p>Head of People Strategy</p> <p>Patient Safety, Quality Clinical Skills and Resuscitation Educational Lead</p> <p>Director of Facilities</p> <p>Equality and Diversity Lead</p>