

**North Bristol NHS Trust**  
**Annual Equality Report**

**2016 - 2017**



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## Introduction

North Bristol NHS Trust (NBT) continues to work towards meeting the legal requirements set out under the Public Sector Equality Duties of the Equality Act 2010. This report is compiled annually from information provided by different departments on the work they've undertaken during the year and shows some of the innovative activities that demonstrate how the Trust is meeting its legal obligations. NBT is keen to work towards eliminating discrimination, promoting equality and advance positive relationships between people with protected characteristics and those without them.

It is important to note that work has been carried out to promote equality and to ensure that discrimination does not happen over a number of years. This report shows the work for the financial year 2016-2017 and gives evidence of how the Trust has met the requirements of the PSED and its achievements.

2016-2017 was particularly difficult as the Trust was in Special Financial Measures and this was the main focus for all staff throughout the year.

We saw a significant increase in the number of patients we cared for last year across the whole Trust. There were 6328 births and over 60,000 emergency inpatient admissions. We treated over 45,000 inpatients, carried out over 40,000 elective operations and treated 1,168 major trauma cases. During the year we carried out 478,028 imaging examinations.

The Trust Annual Performance Report 2016-2017 notes that mortality ratios for the Trust have remained consistently lower than the nationally expected rate of deaths for a hospital of its size and activity. Findings from the Michael West research make it clear that cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public - provide the ideal environment within which to care for the health of the nation. When we care for staff, they can fulfil their calling of providing outstanding professional care for patients. He made the link between such a supportive culture and low mortality rates.

It should be noted that the Trust aims to create that supportive culture which includes engagement with patients and staff and promoting respect and dignity for all. NBT continues to build on previous work throughout the organisation and this covers all of the protected characteristics. Some departments like HR and Development cover them all and include them in all policies; others work on specific areas of equality.

## Public Sector Equality Duty (PSED)

The Equality Duty supports good management and helps the NHS to deliver the equality objectives for public services. The Trust must meet the duty which has two parts:

### General Duty

This has three aims and the Trust must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct
- Advance equality of opportunity
- Foster good relations

“Due Regard” means - consciously thinking about the three aims of the general duty as part of the process to decision making.

The Trust must do this by:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Meeting the needs of people with protected characteristics;
- Tackling prejudice and promoting understanding between people who share a protected characteristic and others;

### Specific Duty

To assist public authorities in the better performance of the Equality Duty, the government approved the Equality Act 2010 (Specific Duties) Regulations 2011. These regulations promote the better performance of the equality duty by requiring public authorities to publish:

- Equality objectives, at least every four years
- Information to demonstrate compliance with the equality duty, annually by the end of January.

This needs to include, in particular, information relating to employees and others affected by the policies and practices of NBT, such as service users.

Publishing this information is intended to ensure that public authorities are transparent about their performance on equality and that they will be held to account by the people they serve. This transparency is to drive the better performance of the equality duty without burdening public authorities with unnecessary bureaucratic processes, or the production of superfluous documents. Public authorities will have flexibility in deciding what information to publish.

## Protected characteristics

Protected characteristics are the grounds upon which discrimination is unlawful. The protected characteristics under the Equality Act 2010 are:

- race
- sex
- disability
- gender reassignment
- sexual orientation
- religion or belief (including lack of belief)
- age
- marriage and civil partnership
- pregnancy and maternity

As in previous disability equality legislation, it is permissible to treat a disabled person more favourably than a non-disabled person. It remains lawful to make reasonable adjustments in relation to employment and the delivery of services to ensure that there is true equality of opportunity for disabled people.

The protected characteristics are covered by the PSED with the exception of Marriage and Civil Partnership.

## Equality Delivery System

In 2012 there was a change from the Equality Scheme and the Trust signed up to the Equality Delivery System to deliver our equality remit under the PSED. This covers all the protected characteristics. The Trust was working on these: race, gender, disability, sexual orientation, gender identity, religion or belief and age under the previous equality scheme before the law required this.

The Equality Delivery System (EDS) is designed for the NHS by the NHS to fit into the new NHS structure. It is intended to help NHS organisations improve their performance, reduce health inequalities and be assured of progress. It is a framework designed to help us improve equality performance and embed equality into our mainstream business so that we can provide a better service that meets the requirements of people from diverse communities. It was refreshed and renamed as EDS2 in late 2013; training was carried out for managers on this information added to the intranet.

By using the EDS we will be able to meet the requirements of the Equality Act 2010 and be better placed to meet the registration requirements of the Care Quality

Commission (CQC) and other external auditing bodies. NHS England declared made that the EDS become mandatory as of April 2015 for all health care providers.

The Equality Delivery System 2 has four broad objectives for 2012-2016, although each of these objectives is defined further the overall aims are:

- Better health outcomes (for patients)
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

In line with the legislative requirements information about activities undertaken by NBT was gathered in 2011 to demonstrate how we met the public sector equality duty. This contained examples of the equality information we have and some of the steps we took to have due regard to the general duty. The Trust objectives for 2012 – 2016 were agreed as:

- To mainstream the EDS into the business planning process regarding service delivery for patients and staff.
- To increase equality monitoring data and recording of the impact of the EDS2 objectives for patients and staff.

## **NHS Contract**

The NHS Standard Contract is mandated by NHS England for use by NHS commissioners to contract for all healthcare services other than primary care. This prohibits discrimination on the basis of the nine protected characteristics set out in the Equality Act 2010 and is a mutual obligation on the commissioner and on the provider. Service Condition 13 relates specifically to ‘Equality of Access and Equality and Non-Discrimination.’

This means that the Trust must:

Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s. 13G and s.14T);

Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved (s13N and s.14Z1);

## **Workforce Race Equality Standard**

The Workforce Race Equality Standard (WRES) is intended to ensure that employees in the NHS, from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Its aim is to improve the experience, treatment and career progression of BME staff, to close any inequality gaps and ensure that the leadership of NHS organisations better reflects the communities we serve.

NHS England designated this as mandatory in 2015 and it is also covered by the NHS Contract.

## **What we must do**

It is a legal requirement to meet the Public Sector Equality Duty (PSED) as set out above and this requires the Trust to publish progress annually. The objectives of the Equality Delivery System and the Workforce Race Equality Standard underpin the PSED, link with the Human Rights Act (1998) and the NHS constitution.

### **Executive Summary**

North Bristol NHS Trust (NBT) continues to work towards meeting our legal obligations under the Public Sector Equality Duty. It is found that the equality agenda is increasingly mainstreamed and once again the Trust has demonstrated high standards, building on its positive reputation over the last year. This work was externally assessed and found to have improved its rating to the grade of “achieving” under the Equality Delivery System. External analysis of this showed achieving rates as:

North Bristol Trust 60%  
University Hospitals Bristol = 25%  
Royal United Hospital = 15%

It should be noted that the trust has built a sound basis and mainstreamed equality over the past few years. The Trust continues to provide services for patients and staff irrespective of their equality background, whilst taking care to put patients first and consider their particular needs in line with their protected characteristic. Our achievements include meeting a number of the objectives set out in the Equality Delivery System, Workforce Race Equality Standard (WRES) external analysis shows that NBT achieved higher results than anyone else in 3 of 4 key performance indicators, Disability Confident Employer awarded at Level 2 and the Staff Attitude Survey (SAS) key improvement showed staff feel that NBT provides equal opportunities for career progression or promotion and the rating increase for the quality of non-mandatory training, learning or development.

The overall star rating of North Bristol NHS Trust on the NHS Choices Website increased from 3½ to 4 stars. The Trust performed well in the 3<sup>rd</sup> National Audit of Dementia in our assessment of patients achieving a score that placed us 7<sup>th</sup> out of 199 participating hospitals. The National Cancer Patient Experience Survey 2016 results showed NBT scored 6 questions above the expected range and 2 below. This

is a much marked improvement on the 2015 survey. The Macmillan Wellbeing Centre was awarded excellent in a Macmillan quality cancer environment award.

Trust policies continue to cover all the relevant protected characteristics, which are also contained within all employment policies. Action plans are in place to deliver our objectives The Trust has a positive reputation for its equality work, it is often asked for advice by other NHS Trusts, CCGs and other public and private sector organisations.

### **Next Steps**

The outcomes of the work carried out in 2016 are used as supporting evidence to assess our grading under the EDS2 which was assessed by HealthWatch as “achieving” and the focus in 2017 is to continue to build on the work undertaken so far and move from green (achieving) rate to mauve (excellent) to show that the 9 protected characteristics are addressed at all times, that health inequalities are being tackled for all disadvantaged groups and good engagement with patients, carers, communities and staff is rolled out across the Trust. Community interest groups will be consulted on which areas should be focussed on as set out under EDS2.

### **Progress**

### **Meeting the Equality Delivery System**

Further evidence was provided from across the Trust to demonstrate actions relating to their equality work. Therefore, after consultation with HealthWatch North Bristol NHS Trust moved up to the EDS2 grade of “achieving” (green) overall for the financial year 2015-2016. Some areas received an “excellent” (mauve) rating like Recruitment, Human Resources and Learning and Development. HealthWatch have stated that with more evidence relating to the protected characteristics NBT should improve many of the grades.

It is fair to say that some protected characteristics are focused on by some departments rather than the 7 relevant ones, but no department warrants a red or “undeveloped” rating. The quality of the work undertaken improves year on year and this demonstrates how this work supports the Public Sector Equality Duty and improves our services to patients and staff.

To view previous Equality Delivery System reports please check this link:

<https://www.nbt.nhs.uk/about-us/our-standards/equality-diversity/equality-delivery-system>

## **Equality Work overview 2009 – 2016**

Work at NBT is led by the Equality and Diversity Manager in partnership with departments internally and externally. Below is a set of highlights of the equality work over the past 7 years.

North Bristol Trust Main Equality Work 2009 – 2016							
2009	2010	2011	2012	2013	2014	2015	2016
Equality Scheme report, consulted on and published	Race, Disability/Gender schemes merged. LGBT, R&B, Age added. Action Plan done	Exec member takes up Disability Champion role (mental health)	EDS introduced. Grade “Achieving.” Equality objectives set for next 4 years	Corporate Equality Champions identified for Race, LGBT and Gender	Complaint Consultant Homophobic	Board member appointed as Equality champion for religion and belief	Board signs to UWE Diversity advantage pilot project – to support a BME mentee onto NHS boards
Recruitment Process reviewed	Annual Statistics Report compiled/published	Consultation BPAC/BME groups new hospital	Senior manager takes up Disability Champion role (physical disability)	BME career dev group set up. Offered senior level mentors	Board members Equality champions, race, disability, sex.	Guidelines consulted on Rel and Belief and launched in Facilities	EDS2 assessed as “Achieving” by HealthWatch
Eq monitoring job applicants, race, disability, gender, sexual orientation, religion/belief & age	‘Seldom Heard’ research/ report with “Hard to Reach” patient groups produced, impact on action plans for NHS and councils	LGBT Charter of 10 Standards approved by Board/published on intranet	Mindful Employer charter – Re-awarded.	Charter 10 standards for Trans people approved. Guidelines to support staff who transition produced for key staff	Consultant became LGBT champion	Board members received training from the Director of the Workforce Race Equality Standard department at NHS England	Chief Executive attends BME staff group. Exec member and Disability champion attends Disability Staff Career Group meetings

North Bristol Trust Main Equality Work 2009 – 2016							
2009	2010	2011	2012	2013	2014	2015	2016
New H&B policy and Helpline established	Review PWLD Shaped action planning process	Dedicated liaison Officer for Gypsy Travelling Communities	Gypsy/Roma/Traveller various positive health initiatives	Two Ticks scheme reviewed and re-awarded	Two Ticks scheme reviewed and re-awarded	Workforce Race Equality Standard best results in 3 of 4 categories, perform well in others	Involvement in West of England LGBT+ and Bristol Race Manifesto
Consultation on access for patients	EQ events marked BME, LGBT HM, IWD, WAD, IDDP, Chinese New Year. Ramadan fact sheet produced.	Disability history month marked	H&B service feedback shows positive experiences, but low usage	Lord Mayor of Bristol, Leader of Bristol Council Labour group at LGBT HM & IWD	Promoted NBT for LGBT patients/staff on Ujima	Recruited/trained more volunteers for H&B helpline	Disability Confident award. Level 2

## Meeting the Workforce Race Equality Standard (WRES)

The WRES requires organisations to demonstrate progress against nine indicators of workforce race equality. The indicators focus upon Board level representation and differences between the experience and treatment of BME and White staff in the NHS. It became mandatory for health providers to complete the template and provide an action plan from April 2015 and it is also covered by the NHS Contract.

The returns for 2016 have been submitted and will be analysed by the NHS who looked at some of the indicators. NBT's performance was extremely strong in the first WRES. The NHS analysis shows that NBT achieved higher results than anyone else in 3 of 4 KPIs not just in Bristol, North Somerset and South Gloucestershire (BNSSG) but across the South West region and the NHS as a whole.

The action plan is devised by the Black and Minority Ethnic Staff Career Development Group and is considered by the Equality and Diversity Committee with the WRES submission which is sent to the Workforce Committee who recommend it to the Trust Board for approval. It is published on the NBT website and internally on the Equality webpage. It may be viewed here:

<https://www.nbt.nhs.uk/about-us/our-standards/equality-diversity/workforce-race-equality-standard>

**Career development project for BME staff** - An action plan was drawn up in consultation and agreed for 2015. Initiatives to support BME staff include:

- Promote secondment opportunities to group members
- Equality included in other training e.g. Recruitment and Retention for managers, Consultants updates
- Celebrating different cultures to raise awareness throughout the Trust – Vaisakhi Day/Rainbow Faith Days
- Traineeships – offered through Job Centre plus

## Outcomes

- 1 member secured a place on the Stepping Up programme (Leadership Academy)
- Staff group growing – 15 members joined in 2016
- Black and Minority Ethnic Staff Career Development Group meetings attended by Chief Executive
- Workforce Race Equality Standard (WRES) results submitted
- Items identified and added to action plan (WRES)
- Black History Month in 2016 - celebrated with exhibition and profiling BME staff
- H&B – Confidential helpline service numbers were low with 11% BME related issues which is comparable with the percentage of BME staff in post (16% in 2016 )
- Religion and Belief guidelines positive responses received

- Diversity Advantage pilot project managed by the University of the West of England - NBT participated in supporting a BME person to become a Board member in the long term

## Meeting the Public Sector Equality Duty – Achievements

This report shows that the Trust is working towards meeting the Public Sector Equality Duty (PSED) as it takes specific actions to meet the needs of all those with protected characteristics, tackles prejudice and promotes understanding between people who share a protected characteristic and others. This is evidenced by:

Equality training became mandatory in April 2015 for all staff once every 3 years and there was an 88% compliance rate by 31 March 2017.

In the financial year 2016 -2017 there were 4968 staff who undertook some form of equality and diversity training e.g. attended corporate induction, the E learning equality and diversity course, consultants or Facilities Management, or the specific sessions as previously mentioned. 349 Facilities staff who do not have access to a computer received face to face equality training.

- 4698 staff undertook some form of equality and diversity training, attended corporate induction or undertook the E learning equality and diversity course. Many of these are new starters
- Equality training - 88% compliance rate
- Low mortality rates
- Improved patient satisfaction rates Cancer services
- Equality events are held throughout the year to raise awareness and promote understanding on Race, Disability (including mental health), Sex, Sexual Orientation, Gender Identity.
- Marked Chinese New Year, World Mental Health day and International Day Against Homophobia, Transphobia and Biphobia.
- BME staff offered opportunities for jobs, secondments, apprenticeships and scholarships
- Corporate Equality Champions – new one appointed for Black and Minority Ethnic remit
- The Equality and Diversity Committee met four times, it considered the Annual reports for Equality and Equality Monitoring, the Equality Delivery System and the Workforce Race Equality Standard
- Equality Delivery System assessed as achieving
- Workforce Race Equality Standard (WRES) highest results in 3 of 4 key performance indicators
- Disability Confident Employer awarded at Level 2
- Staff Attitude Survey (SAS) key improvement - staff feel that NBT provides equal opportunities for career progression or promotion.

## Engagement

### Promoting Equality

- The equality intranet pages are continually reviewed and updated, Messages of the Day appeared regularly on Trust computers, the weekly e bulletin and electronic notice boards covering matters related to all the protected characteristics
- Equality events are held throughout the year for Race, Disability, LGB and T and Gender via history months and International Days
- Mental Health Week, Disability Fayre, International Day Against Homophobia and Transphobia
- Ramadan fact sheet widely distributed
- Rainbow Faiths Day, Vaisakhi and Holocaust Memorial Day marked in the Sanctuary
- Two Equality notice boards at the Brunel Building at Southmead hospital are regularly updated and include information for Black and Ethnic Minority, Disabled, Lesbian and, Gay, Bisexual and Trans history months. International Women's Day, Respect and Dignity Statement, Harassment and Bullying helpline and other equality items like mental health, Two Ticks Disability, Gender Identity good practice, Text Telephones and information on the Access Information Standard.
- Equality newsletter - produced monthly and distributed widely internally and externally including to partners in other NHS Trusts, the CCG and South West Commissioning Support group. The contents of this reflect that on the equality notice boards.

### Partnership Working

Partnership working - The Trust maintains links with various external organisations in South Gloucestershire and Bristol to gather feedback and engage with service users. The Equality and Diversity manager has taken an active role working in partnership with various external organisations, including:

- Bristol City Council Race Manifesto
- West of England LGBT Manifesto
- South Gloucestershire Council Partnership Forum
- HealthWatch
- NHS England
- Men's and Boy's Health Forum
- Gypsy, Roma, Traveller Group
- Diamond cluster (BNSSG NHS Equality managers)
- Patient Representatives

The Equality and Diversity manager provides advice and information to internal departments, groups and individuals for example:

- Staff Equality Group
- ASK HR
- Employment Services
- Advice and Complaints Team
- Facilities Management
- Laser centre
- Parking Services
- Communications Department
- IM&T (including freedom of information requests)
- Students

Some departments have engaged with service users to improve services like BCRM. HealthWatch give reports at Patient Experience Group meetings and are keen to be more involved in relation to engagement with service users.

### **EDS Objective: Better Outcomes for Patients**

The following shows the impact of activities and how the Trust is working towards meeting the PSED and mainstreaming the EDS into the business planning process regarding service delivery for patients. This contributes towards meeting the objectives of “Better health outcomes” and “Improved patient access and experience.”

#### **Section 1.1 - Services are commissioned, designed and procured to meet the health needs of local communities**

Services continue to be designed to meet the needs of the specific patient groups seen at the Bristol Centre for Reproductive Medicine on an NHS funded basis in line with appropriate access based criteria and for those patients who self-fund their treatment. Appropriate paperwork, patient information and pathways in place to reflect patient group needs.

BCRM holds open evenings specifically set up to meet the needs of lesbian couples and single women, one in every three open evenings includes structured presentations of particular relevance to these patient groups i.e. funding and charges, purchasing donor sperm, legal parenting etc.

#### **Section 1.2 - Individual people’s health needs are assessed and met in appropriate and effective ways**

The Trust is committed to delivering a service to patients that is of the highest quality possible.

**‘Ask 3 Questions’ initiative** - As part of a local CQUIN (Commissioning for Quality and Innovation) initiative with Bristol CCG, we implemented this initiative across outpatient and inpatient settings to support shared decision making with patients. In outpatients we started with Rheumatology, Colorectal and Vascular Surgery) and then included Bariatrics, Lung Cancer and Hepatology. In inpatient wards we have started with 33b (vascular), 34a (colorectal and medical patients) and 9a (stroke, neck and femur).

**What we did** - Patients attending outpatient appointments were given ‘Ask 3 Questions’ leaflets and postcards to encourage their involvement in their consultations. A short ‘Ask 3 Questions’ video was also played in the waiting area to help reinforce the message. Before and during the implementation of ‘Ask 3 Questions’, patients were asked to complete questionnaires about how involved they felt in decisions about their healthcare. To help embed the initiative in the three original outpatient settings shared decision making and enabling conversation workshops were delivered to the clinical teams and observations of consultations were undertaken to refine practice.

Patients coming onto the three wards were given an Inpatient Discharge Engagement Tool leaflet to support them to make the necessary arrangements needed to leave hospital. In a similar way to outpatients, patients were also asked to complete questionnaires before and during the initiative, to understand how involved they felt in their discharge planning and what impact this initiative had made, if any, to support them with this.

**Impact and outcomes** - In patient discharge there was an increase in the number of patients reporting:

- they felt more involved in decisions about their discharge (from 87.2% - 98%)
- being given more notice of discharge (from 88.89% – 93.88%)
- staff taking account of their family/ home situation (increased by 8%)
- staff giving their family/those close to them enough information to help care for them

55% of patients said that they felt the A3Q was very/quite helpful in decisions about their plans for leaving hospital.

There are many variables influencing patients’ responses but overall this indicates that there was positive impact for patients in using the A3Q Discharge engagement tool.

### **Emergency Department**

- The Brunel Building was designed to meet the needs of everyone within our user communities, inclusive of disabled access e.g. brail signage and hearing loops. We have continued to develop the hospital by increasing access for disabled people by adding door release buttons for easier access through heavier internal doors within the department.

- The Emergency Department has re-designed the Mental Health assessment room and has allocated dementia cubicles to cater for these patient groups

## **Dementia Care**

We continue to build on good practice to improve the care of those with dementia from staff identifying people on admission to making reasonable adjustments to each person's care and organising weekly Memory Cafés. Promotion of "This is ME" document for those with cognitive impairment helps share unique information allowing staff to understand individual patients wishes and needs.

Through consultation with patients, staff and local Healthwatch organisations the following priorities were agreed within the Quality Account for 2016-2017:

1. Involving patients, family and carers in decisions about care and treatment.

Outcome: This is supported by the ask three question project led by the Head of Patient Experience

2. Improving the identification and management of sepsis.

Outcome: This has successfully be rolled out through education by the Quality Improvement Team

3. Improving care for patients with Dementia or delirium.

Outcome: This is ongoing through the dementia team and the ever growing dementia champions. NBT hosted a successful joint conference with our partners University Hospitals Bristol, Bristol Community Health, St Monica's, and the Bristol Well Being Service this year and will be holding a further internal champions conference for NBT in October 2017 to celebrate and share the initiatives that the champions have taken forward, for example, new signage and equipment in the Endoscopy Unit and the projected new signage in the Emergency department later in 2017.

4. Improving the consistent delivery of care for patients who are nearing their end of life.

Outcome: We have been making links with the hospice team to share and look at improving the care of patients at the end of life. Both teams have visited each other's environments. We have provided teaching regarding dementia care to the specialist nurse forum and continue to be open to future events.

A new policy was introduced in 2016 to deal with "Patients with Enhanced Care (Specialising) Needs Management" following consultation with the Enhanced Care focus Group, Safeguarding lead, Mental Health liaison Lead, Dementia Matron, Falls lead and the Clinical Audit Manager.

The purpose of this policy is to provide a structured approach to delivering care to patients who are at risk of harm to themselves or others using the least restrictive practices. The main purpose is to ensure that patients with complex needs have the appropriate level of care, supervision and observation. Each ward or department sister must ensure robust roster management with the aim to provide the best possible skill-mix, ensure patient safety and positive patient experience. Any decision-making about the need for enhanced care must be based on a risk assessment of the patient's physical and/or mental state at the time of the assessment and should be reviewed every 24 hours by a senior nurse.

The important role of relatives and carers is recognised in the care of patients in hospital as they can provide useful information to aid the assessment of whether a patient requires enhanced care. It is acknowledged that carers, who know the patient well and are aware of the risks and needs can sometimes be more appropriate than professional staff to provide enhanced care. If the carer or relative undertake this role professional staff must ensure that patient's safety is maintained and that the carer is offered the opportunity to take breaks. There is also a need to carefully negotiate the amount of support that the relative or carer is able to provide this should be shared with the wider multi-disciplinary team.

**Memory Café** – is held weekly and continues to go from strength to strength. We have an information stall in the atrium to catch passers-by who can be diverted up to Gate 28 if necessary for more detailed and private conversations. Besides NBT dementia staff and the Alzheimer's Society dementia support workers the café is also supported by volunteers.

### **Improving the environment for patients with dementia**

- Murals were provided in the Complex Care wards to make the environment more stimulating
- Other departments have made improvements to the care environment for people with cognitive impairment
- The Emergency Department has arranged for some bays to be redecorated so that they are more dementia friendly and quieter for people with cognitive impairment.
- The Acute Assessment unit has also received some funding from the Friends of Southmead Hospital to install large calendar clocks and displays so that carers can see what aids may be helpful for their relatives.

**Women's and Children's** - Maternity appointed a lead for Mental Health and Bereavement and her role is to support pregnant women with mental health issues which is carried out through clinics and home visits. Training is also offered to midwifery staff on perinatal mental health. The model that works is to have a service that is individualised and focused on the person but in order to fully meet the needs of pregnant women.

Over the last year we have developed a weekly mental health clinic to review the mental health of women in the antenatal period; this is undertaken in the antenatal

clinic so they can access timely support and care alongside their normal antenatal scans and reviews. An outreach clinic was set up at Lawrence Weston Children's Centre to meet the needs of families that struggle to access clinics or families that are hard to reach. Home visits are arranged for parents that have suffered a loss and for pregnant women that struggle to access clinics or engage with services.

Every woman has the opportunity to develop an individualised wellbeing plan that focuses on the emotional wellbeing in the antenatal and postnatal period, these are written in conjunction with other professionals from multi-agency approach and the woman's voice is central to this.

Specific support around birth trauma is offered and REWIND sessions (trauma therapy) are offered to women who have Tokophobia (fear of childbirth). This is 3 sessions undertaken at their home and can help reduce trauma that is impacting on their pregnancy.

Individual tours around the maternity unit are offered, these are very helpful in gently exposing pregnant women to the maternity unit, giving them an opportunity to identify what their fears are and plan care to support them with this. The mental health of the unborn infant is also discussed and specialist advice is given regarding medication, risk and benefits to both mother and unborn baby. There is liaison with GPs and the perinatal mental health team and patients are referred on where appropriate.

All midwives can refer to the mental health clinic or the Lead for Mental Health at any point during pregnancy, they also meet with fathers to support them with previous birth trauma.

This area is growing and more support is needed for women, so we are delighted that the government are recognising this.

### **Section 1.3 - Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed**

The Transition to Adult Care Policy was completed and will be formally launched in 2017. Those young people or adults whose first presentation with a long term condition is in adult services should be started on the 'Hello to Adult Services' programme. It can be used for all young people and adults regardless of age or sub-specialty.

This policy acknowledges the different skills necessary for children to manage their own healthcare as they move into adult services and lifestyles. Transition is a carefully planned process undertaken over time which includes (but is more than) a planned transfer to adult services.

More children with long-term conditions now live into adulthood and there is a growing need for health services to ensure a seamless transition of young people to adult health care services. This is achieved by maintaining good liaison between

Paediatricians, Physicians, General Practitioners (GP), Nurses, Midwives, Allied Health Professionals (AHP), and external agency professionals. Inadequate transitional care impacts on long-term health outcomes for young people.

The policy provides guidance and principles of good practice in relation to the transition of young people from paediatric to adult services when entering the care of North Bristol NHS Trust.

NBT aims to provide a service for young people entering clinical services from Paediatric Services or upon accessing acute health care services as a young person within NBT that is:

- Centred on young people and placed in the context of young people's lives and their changing circumstances.
- A service which is age and developmentally appropriate in line with You're Welcome criteria (2011) and takes into account a young person's maturity, cognitive ability and specific needs with respect to their long - term condition.
- To provide a streamlined progression from paediatric services within the South West regions to adult services within NBT.
- A multidisciplinary, multi-agency approach with involvement from professionals in primary, secondary and tertiary care.

The principles of the policy are that:

- Most patients identified as eligible for transfer to adult medical services will be transferred following the 'Ready Steady Go' transition pathway either at NBT or in other NHS organisations.
- A named lead professional, who can be any member of the multi-disciplinary team (MDT) should be identified for each young person to offer support around the transition process. Some young people will require meetings, which should ideally include the GP in complex care cases. The MDT will ensure that the young person, and their carers, are appropriately supported and engaged with throughout the transition process
- The point of transfer to adult services is mutually agreed by the young person, parents or carers, and professionals.
- Issues, concerns, and progress are documented in the transition plan by the healthcare team/lead professional.

Procedure

- On transfer to adult services, the young person will begin the "Hello to Adult Services" programme and complete the 'Hello to Adult Services' questionnaire
- Young people should be given the opportunity of being seen on their own.
- The parent or carer should complete a parent/carers transition plan. This is designed to help parents and carers feel confident about their knowledge and skills during the period of transition.

- As young people gradually develop the confidence and skills to take charge of their own healthcare, the 'Steady' questionnaire is completed. This builds on the young person's knowledge and skills around their condition.
- Intermittently, the 'Hello to Adult Services' questionnaire should be reviewed, in order to maintain the young person's knowledge and skills around their condition.
- Finally the 'Go' questionnaire ensures that the young person has all the necessary skills and knowledge and demonstrates that they have transitioned safely and confidently to adult services

To support this an E-Learning package developed by the Royal College of Paediatrics and Child Health (RCPCH), Royal College of General Practitioners (RCGP), Royal College of Nursing (RCN) and other royal colleges is available to all staff so they can develop the necessary skills to help young patients make necessary changes to lead a healthier and more active life. All professionals who have regular involvement in transitioning children to adult services are encouraged to complete this training

The policy is monitored for effectiveness in each financial year, there will be an audit of 3 sets of clinical records to ensure that this Policy has been adhered to and a formal report will be written and presented at local Division governance meetings. The Divisional Clinical teams will monitor and formally review, with the appropriate stakeholders, any complaints or incidents highlighted which relate to the Transition Process and failures or errors in policy adherence and monitor and oversee any actions that are developed as a result of this process.

The Trust Safeguarding Board will monitor the action plan and implementation of the recommendations, the Board updates the policy in line with changes in legislation, national guidance or as a result of any internal or external review of policy or any complaints or incidents. Any barriers to implementation will be risk assessed and added to the risk register.

Emergency Department - Transition between services to keep everyone well informed resolves around documentation in the medical notes, the use of Lorenzo and the input into Rio for which other service users also utilise. We have care plans in place for high impact service users and this is well communicated amongst the other Trusts and with GP Practices.

#### **Section 1.4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse**

**Managing Patient Safety Incidents & Duty of Candour** - The Trust is committed to minimising the risk of harm to patients in the course of their treatment and care. However, incidents do occur and we aim to adopt a pro-active approach to prevent incidents and learn lessons to improve patient safety. An open and learning culture operates within the Trust and all patient safety incidents are reported to the National Reporting & Learning System (NRLS) and the Care Quality Commission (CQC).

The Trust adheres to the principles of Being Open and Duty of Candour as defined by National Health Service England (NHSE). The Duty of Candour ensures incidents

resulting in harm of moderate levels or worse are investigated and a structured process followed to ensure the patient, patients' families or other involved persons are informed throughout the investigation and provided with explanations of the investigation findings.

We have actively promoted staff awareness of the Duty of Candour process since its introduction in April 2015 and guidance is available to all staff on the intranet. All new staff attend an induction programme where patient safety is part of the curriculum, thus introducing them to the principles of a good patient safety culture from the outset. During the 2017-18 financial year we are implementing a new Patient Safety IT system and as part of doing so will be reviewing all the business processes that relate to the way our staff work in practice, as well as how they use the system. Improving the current approach to the completion and recording of Duty of Candour is within the scope of this project, which intends to deliver the 'live' system in the Autumn of 2017.

**Reported Patient Safety Incidents** - Organisational feedback reports from the NRLS indicated that NBT is at the lower end of the national reporting figures last year, however, incident reporting is increasing overall. In response to this, an improvement plan is now in progress to address the issues. This has had a positive effect on the number of incidents reported since September 2016.

Overall reporting of patient safety incidents has increased over April 16 – March 17, with only July 16 and Feb 17 showing decreased reporting when compared with the previous year's figures. Reporting on average showed a 10% increase month on month.

**Safeguarding Vulnerable people** - Children (under age 18 years of age) are seen in a range of settings throughout the Trust. These include Maternity services, Emergency Department (ED), Outpatient Clinics and the Nursery. Young people aged between 6 years and 18 can also be admitted as inpatients. We work closely with providers of children's services as young people make their transition to Adult Health Services. Children and young people are seen indirectly through our contact with their parents. In safeguarding children and young people it is the 'Think Family' approach that is important in safeguarding the wellbeing of children and young people.

North Bristol Trust (NBT) has a responsibility to safeguard and promote the wellbeing of children and young people as well as adults at risk of abuse or neglect in the NHS. In practice this is achieved in a number of ways:

- Ensuring all staff are provided with relevant training
- Having specialist staff to guide and advise the Trust
- Maintaining the required standards
- Demonstrating learning and application from Serious Case Reviews
- Participating in the Local Authority Safeguarding Children and Adult Boards

Challenges during 2016-17 - In April 2016 the Community and Child Health Partnership (CCHP) for Bristol and South Gloucestershire parted company from NBT which meant that the experienced support provided by CCHP disappeared. Whilst

this was a planned move, this significant change did provide operational challenges to the service due to staff turnover, although it also offered the opportunity to think differently about how the service could be delivered.

The “Named Nurse” post became vacant, which required the appointment of an interim for 5 months, following which the Maternity Safeguarding Specialist Midwife provided support until the appointment of a permanent person came into post. A new Head of Safeguarding was appointed in January 2017, which incorporated the Named Nurse responsibilities. This overarching post enables a joined up approach to the whole of safeguarding across the Trust, using resources and expertise to the maximum effect.

There have been some practical challenges ensuring the efficient referral process of children to the local Authority Safeguarding Services from the Emergency Department due to changes in the process within the local authority. A temporary solution was found within NBT, this being very reliant on time-consuming manual processes. A permanent IT solution is being pursued with urgency and this will be monitored closely until fully resolved.

Training - North Bristol Trust staff are trained to recognise, understand and report safeguarding concerns for children and young people.

The revised Governance arrangements set up in 2015/16 are working well with the Safeguarding Committee bringing challenge and seeking assurance on all elements of safeguarding children and adults. This has enabled the identification of issues and remedial actions set out above to be progressed during the year with the involvement of internal and external parties and appropriate scrutiny of progress made. As the revised team structure embeds during 2017/18 we will accelerate our improvement plans in conjunction with our external partners and anticipate this delivering more efficient and systematic approach.

**Safeguarding Vulnerable Adults** is a high priority for the Trust and we work in partnership with other health providers, health and social care commissioners, the local authority and the police. The safeguarding team provides the operational expertise and oversight to support frontline staff in fulfilling their safeguarding responsibilities.

The Trust has maintained its focus on Safeguarding Adults, Mental Capacity Act (including Deprivation of Liberty) training which now includes PREVENT awareness, Domestic Abuse and Violence and Female Genital Mutilation, as well as Human Trafficking awareness. Training is provided to all NBT staff and for frontline professionals training is delivered face-to-face. Our staff are required to attend update training every three years.

For a year now adult safeguarding is governed by statutory law as is the along with partnership for North Bristol NHS Trust with Safeguarding Adults Boards. The Head of Patient Experience sits on the Boards for both Bristol and South Gloucestershire and the Adult Safeguarding Lead sits on sub groups of both boards.

**The Dementia Team** are working on developments regarding delirium with a trial of a new assessment tool on admission to identify delirium and an information leaflet for patients and carers.

There are specialist staff i.e. a Dementia matron who can be contacted to work with patients and carers that require adjustments to the environment. The hospital carers scheme (John's Campaign) positively encourages carers, if appropriate, to stay with vulnerable patients. Their knowledge and continuity supports the patient emotionally and also for the ward staff to be able to tailor their care enabling it to be delivered safely and effectively. This has been promoted through the implementations of the Enhanced Care Project throughout the Trust. This work has been shared with other neighbouring hospitals as good practice.

**Emergency Department** - Safety within the Emergency Department at North Bristol Trust is prioritised, we have access to the equality and diversity team, awareness is raised around violence and aggression and we have a lead nurse role to facilitate this. We regularly complete and act upon E-Aims reports made by staff.

**Medicines Management** - The Trust has an excellent reputation nationally as being at the forefront of improving safety in medicines management. This commitment to safety and quality improvement is no better illustrated than by the recognition we've received in 2016:

- Shortlisted for 2 national awards:
- Winners of the NBT Exceptional Healthcare awards – Patient Safety team 2016
- We have presented at 2 National and 1 European conference.
- Our Medicines Reconciliation work has been published in NICE's Quality and Productivity case study collection.

Since 2007 we have made ongoing improvements and as part of our Medicines Quality and Improvement work we continue to remain focused on the following 3 areas:

- Medicines Reconciliation – both on admission and on discharge
- Missed doses
- Warfarin

**Reducing Patient Falls** - A history of falls in the past year is the single most important risk factor for further falls while in hospital. By undertaking an assessment of all people within six hours of admission we are able to determine the level of care required to minimise the risk of falling during the hospital period.

Reports of falls range from people who nearly experience a fall to those who have come to harm and have required further and unexpected hospital treatment as a consequence. With an increasing number of frail and elderly patients the potential for falls is high. In context, we have just over 1,000 beds in use on any given day and there are approximately 200 reported falls per month. There is an average of just under three falls per month that lead to harmful injuries. Looking more widely,

our current number of falls is approximately or slightly better than the national average, which demonstrates good progress for us given the added complexity that our hospital has with a relatively high number of single rooms. However, this is not to downplay the impact. We take every case seriously as we know the potential harm and distress this causes patients and their relatives and we continue to seek ways of reducing this risk with some positive results;

- There has been a 10% increase in people at risk of falls being admitted to the hospital.
- There has been an 8% reductions in falls for winter 2016/17 compared with the corresponding period in 2015/16 despite a slightly higher usage of bed days.

**Sepsis Working Group** – This is a multi-professional group which focusses works on improvements in identification and management throughout the year.

### **What we achieved**

- We trained 1,278 members of staff in 60 days in Sepsis identification and management as part of our 6 for Sepsis Campaign.
- We trained all clinical staff joining the trust in Sepsis management at induction.
- We screened 100% of patients who presented to the Emergency Department who met the screening criteria using our electronic patient triage form.
- We maintained our improvements in antibiotic delivery within 1 hour of entering the Emergency Department at 95%.
- We launched a new Sepsis tool across the trust to enable prompt Sepsis management on inpatient wards.
- All patients who are admitted with or develop sepsis whilst in hospital have this information included on their Handover of Care Discharge Summary to improve communication to the GP Practice when they leave hospital.

We performed excellently against the 2016/17 CQUIN targets for Sepsis care, which were split into two parts; screening and administering antibiotics, achieving 100% of available financial incentive funding from commissioners.

### **What we plan to achieve for 2017/18**

- Aim to screen more than 90% of inpatients who have deteriorated on the wards and could have new sepsis.
- Improve antibiotic delivery to inpatients with new sepsis to more than 60% in 60 minutes.

**Mortality** - The Trust continues to have an excellent record on patient mortality. Internal and external assessments by the CQC and TDA of its performance indicate that it is consistently performing at or better than the national expected levels on a range of measures that are used to monitor and assess mortality.

**Section 1.5 - Screening, vaccination and other health promotion services reach and benefit all local communities**

The Trust achieved 65% of front line staff who took up the offer of from flu vaccinations. All staff were offered the vaccine with a number of clinics established over October, November and December 2016 in a variety of locations and times and in December mobile clinics were also offered. The aim was to take the vaccine to staff – not staff to vaccine.

**Acute Kidney Injury (AKI)** - Early diagnosis enables clinical teams to take appropriate measures to stop the kidney function getting worse and thereby improve patient outcomes. As of September 2015, we had implemented an electronic alert in the hospital's laboratory systems to facilitate the early diagnosis. The Laboratory Information Management System (LIMS) will automatically compare patient's kidney function tests during the current admission to previous blood test results and generate a laboratory report on the system if the patient has met the criteria. The alerts are colour coded 'yellow', 'amber' and 'red' to represent the increasing severity of AKI.

We have now used this data to produce an AKI dashboard to monitor trends in the incidence and severity of AKI in each speciality and various clinical areas. This will help us identify areas with higher incidence and target prevention strategies. The AKI dashboard will be discussed regularly in Clinical Governance meetings across all specialities to raise awareness.

AKI training programme - A structured education and training programme on the prevention and management of AKI has been continued for pharmacists and junior doctors during their induction training. An e-learning module for nurses in line with NICE guidelines has been nearly finalised, ready for roll out in summer 2017.

Ongoing work (2017/18) includes:

1. Mini RCA: It is estimated that 20-30% of AKI is avoidable. We are in the process of developing a mini-RCA tool to help clinicians to do a structured case review of severe forms of AKI and those who have progressed to develop AKI in hospital. This will help us understand the reasons for the AKI and to learn lessons and share good practice in the prevention and management of AKI. Ideally we would like to develop this electronically and work is underway to embed this in the new DATRIX system that will be used for incident reporting and management within the trust from October 2017.
2. Engagement with primary care: It is estimated that 65% of AKI starts in the community. We have been liaising with primary care and CCG colleagues to develop an integrated care pathway for managing AKI in the community.
3. AKI Care bundles: We have developed a care bundle that is being piloted in the trauma and orthopaedics wards with plans to roll it out across the Trust. The care bundles incorporate a minimum set of standards of care to be implemented in those who have been diagnosed with AKI. The aim is that these care bundles will raise awareness and understanding of the risk of AKI, improve the care and treatment of patients with AKI and enhance their recovery.

**Alcohol related conditions Screening and Treating** - Alcohol dependence affects 4% of the adult population in the UK. Nearly 1 in 5 of adults drink alcohol to an extent that pose some risk to their health. It costs the NHS around £3.5 billion a year.

Alcohol related liver disease is a disease of the young. The average age of death is 57 years. The mortality from liver disease continues to rise whilst deaths from conditions such as heart disease, diabetes and cancer is falling year on year.

There was a national and confidential enquiry into patients with alcohol related liver disease in 2013 which came up with a number of key recommendations. This is how we're trying to meet the recommendation:

### **What we achieved in 2016/17**

- We have had an expansion of the alcohol specialist nurse (ASN) service from 1 nurse to 2.8 WTE nurses and we maintained this service in 2016/17.
- A Bristol-wide strategy was created in 2015 to improve assessment and treatment of alcohol related harm in patients coming to hospital. This includes formally screening more patients attending hospital for alcohol misuse with an evidence based tool and using personalised detoxification regimes, via an alcohol guideline, which are shown to reduce the length of stay and be safer.
- Any patient who is admitted to the Neurosciences or Medical directorate is now screened for alcohol misuse. The number of people being screened is up to 86% in some areas and we wish this to be 100% by positively improving the culture of asking everyone about their alcohol use. We hope to extend this screening to all patients being admitted to the trust in the next 12 months.
- Currently 8 of the 9 medical inpatient wards are using the new system of detoxification (CIWA) and hopefully all the wards will be using this system over the next few months. This is being implemented via face to face and online learning modules to medical and nursing staff.
- The management of patients with alcohol related liver disease has also been incorporated into a number of teaching programmes for various levels of junior doctors and the identification of alcohol misuse and management has been included into the Trust induction programme which occurs monthly for all new clinical staff.
- The ASN also attends the weekly liver clinic which provides opportunistic intervention for patients who may not wish to engage with community support services.
- A 'liver care bundle' is in use to standardise the approach to patients attending the hospital with liver cirrhosis. This ensures timely investigation and management of this condition with early identification of infections and kidney failure which can be fatal if not identified early in this group of patients.

## What we plan to achieve for 2017/18

- We plan to extend screening to all patients being admitted to the trust over the next 12 months by positively improving the culture of asking everyone about their alcohol use.
- We plan to continue achieving against the intervention and training targets set.
- We expect all patients to have their intervention recorded in the electronic discharge summary that is sent to the primary care physician.

## Section 2 - EDS Objective: Improved Patient Access and Experience

### Section 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

**Neuro-oncology** - We use the Macmillan website and draw up patient information in their own language if required regarding their diagnosis. We make sure that if patients require an interpreter then they are present at every appointment, we liaise across other teams and departments within our region.

Volunteers enhance the experience of patients at many stages of their treatment and stay in hospital. The 120 volunteers worked 22,572 hours between April 2015 and March 2016 and transported almost 30,000 patients on the new buggy in the Atrium of the Brunel building (financed half by the League of Friends and half by the Trust's charitable funds) since it arrived in July 2015. The League of Friends are also based at Cossham.

Volunteers receive positive feedback from patients, visitors and ward staff who appreciate their input. Volunteers also assist in the collection of Friends and Family cards, helping to improve data collection scores.

Annual Report 2016-2017 Volunteers - We currently have around 430 volunteers which includes:

- 120 Move Makers and
- 200 patient befrienders
- Some patient befrienders are trained in feeding patients so can help do this time consuming, important job.
- Many patient befrienders are involved in providing and engaging elderly patients in meaningful activities. Resources for this are being increasingly provided on wards where need is greatest. Staff, visitors and volunteers can access activities like knitting or colouring-in, jigsaws or puzzles and engage patients in these activities.
- Other befrienders are part of the Chaplaincy team. These volunteers represent different religious faiths and can offer spiritual support if requested.

They can also take patients to the Sunday service which takes place in the Sanctuary each Sunday.

- We also have volunteers in our maternity dept. supporting expectant mothers and families with new babies.
- Other volunteers take a trolley with newspapers and snacks round to patients.
- Other volunteers bring in their specially trained therapy dogs. We currently have 7 therapy dogs who focus on our elderly patients in the stroke and neuro wards. Research shows therapy dogs can increase speed of recovery and improve pain relief. They can also reduce blood pressure and reduce anxiety, stress, depression, grief and isolation.
- We have a number of volunteers who assist in reception areas and who help with admin tasks
- In addition some volunteers help gather information by giving out questionnaires to all major trauma patients and supporting those patients to complete the questionnaires where appropriate.

Most hospitals have a "meet & greet" volunteer role to some extent, but perhaps not in such large numbers as our Move Makers, and not with the wide scope of duties that Move Makers carry out:

- Meet & Greet at main entrance to Brunel and at the Emergency Dept entrance, including directions and general information
- Assisting at patient self check-in
- Driving Atrium buggy
- Pushing wheelchairs
- Tending/replenishing the 9 Atrium water coolers
- Watering the herb garden
- Walking guide dog for dialysis patient 3 times a week
- General assistance in Central Delivery Suite
- Meet and Greet at Cossham Hospital

**Move Makers** were created to assist patients, visitors and staff who would be coming to the new Brunel building when it opened in May 2014. The opening of the Brunel building required moving all acute services from its two previous hospitals, Southmead and Frenchay, into the one new building, hence the name Move Maker.

It was recognised that in the early days a lot of people would find it difficult to find their way around the new building without a little help, and this is where the concept of creating Move Makers was born. It was decided to create a team of guides based upon the Games Makers deployed in the 2012 London Olympics, but to call them Move Makers.

There was no precedent to guide us with respect to the number of individuals required, but the consensus was to deploy a team of approximately 150 volunteers spread over 12 hours each weekday and 8 hours at weekends, and with the expectation that they would be required for just the first three weeks of the move after initial training, until the end of May 2014.

However, it was quickly realised that there was a need for Move Makers to become a permanent feature, and the team will have completed 3 years' service on 12 May 2017. We currently have over 120 Move Makers and 55% have been here since day one, 87 of these are female and 37 males, of which 14 are Disabled and 3 are Black or Ethnic Minority.

The volunteers are managed by Jill Randall, she has now worked for the Trust for 22 years and is was responsible for setting up the team, including all aspects of recruitment, including uniform sizing and colour, police checks, shift rota design, training and implementation.

Move Makers generally work a 4-hour shift covering which includes bank holidays, including Christmas day. Each shift is like a small family group and the whole team is like one big happy family.

Those voluntary hours mount up – over 2,000 a month, almost 75,000 since May 2014 – and it's all voluntary.

The Atrium buggy is driven by the Move Makers and we will have carried the 100,000<sup>th</sup> passenger later in 2017.

- The buggy carries around 6,000 passengers a month - that's 250 per weekday
- Since July 2015 it has travelled 7,000 miles – equivalent to 13 miles each weekday
- We currently have 36 drivers
- The most requested destinations are Weston Super Mare (!) Gate 36 and the main entrance/car park, as they are at the two extremities of the building.

Move Makers also involved in other activities including:

- Cake stand as part of Volunteers Week, 1 – 7 May
- Lavender project
- Knitting for Dementia Care and Central Delivery Suite
- Race for Life
- Move Maker Minstrels

**Southmead Hospital Charity** - formerly 'Shine together', raises funds to support the healthcare services at Southmead Hospital Bristol, Cossham Hospital and in the Bristol, South Gloucestershire and North Somerset communities. Working alongside our clinical teams, therapeutic support staff and our patient community, we raise funds for projects that are beyond the remit of the NHS.

Through the generous support of individuals and organisations in the community we:

- Fund vital medical research
- Provide specialist equipment at the cutting edge of technology
- Improve treatment facilities
- Support staff development
- Create a healing environment to promote well-being within clinical spaces.

This raised £480,000 to improve patient welfare, £280,000 for equipment and £538,000 for research. This funding has provided a “Virtual Tour” of the new hospital for patients to view before their visit.

Our work makes a lasting difference to the lives of over 300,000 patients who are treated by our health services every year and we couldn't do it without the Priority Appeals in 2016- 2017 were:

Prostate cancer is the most common cancer in men. Every day more than 130 men are diagnosed with the disease in the UK. Southmead Hospital is the one of the largest urological centres in the country. It is a designated as a European Centre of Excellence and also one of five centres recognised by The Urology Foundation (TUF). Our team of leading surgeons have ensured that we are at forefront of prostate cancer care in the UK. But having helped save the lives of 1000s of men, our robot is now aging. We need funds to help give more men in Bristol and the South West the very best prospect of recovery and survival through our Prostate Cancer Care Appeal. Donations will:

- Purchase two robots for the hospital to meet growing demand
- Fund new diagnostic and treatment options
- Support the training of the next generation of robotic surgeons

Do Something Super for Southmead – This project encouraged volunteers to become super powered heroes to inspire a new generation to make a difference and fundraise for our hospitals whatever their particular skill. This includes Songs for NICU, Epic Bike Challenge, Channel swim, Parachute jump by Muscular Sceleris supporters, Buskathon and so on.

The Research Fund was set up in 2006 and has funded 74 projects to a total of £760,000. There are currently 24 active projects funded through public donations. Previous research projects include:

- researching whether a patient's own immune system can be used to fight lung cancer
- the educational and developmental outcomes for premature babies
- whether a blood test can be devised to detect a brain tumour

**Deaf Charter** - Bristol City Council have devised a Deaf Charter and NBT has looked at this. We have not formally signed up to this yet however, we are working with it for patients and staff. The Deaf Champion and Equality and Diversity Manager have attended the meetings.

Over the last year most of the work has focussed on problems around the delivery of British Sign Language interpreting services and provision. The provider changed and these issues are being discussed between the contractor and the Head of Patient Experience Lead who is also attending meetings and is seeking the best resolution.

Alerts for Deaf patients – These were provided towards the end of 2016 in Audiology as there is no electronic screen to announce when a patient needs to go to their appointment. The alerts vibrate so anyone who is deaf or hard of hearing knows when it is their turn.

Acting Upon Healthwatch Feedback - Healthwatch of Bristol, South Gloucestershire and North Somerset continue to provide feedback 4 times a year. This helps us to monitor the reported experience of our patient and carers. The key priority this year relates to improving the experiences and access to appointments and services to Deaf and hard of hearing patients. This will continue as an important aspect of our work in partnership with representatives of the Deaf Community.

### **Speech and Language Therapy**

- We used a Romanian translator for therapy sessions and then had the discharge report translated into Romanian for a patient with stroke and aphasia
- The Hearing Therapist has been using a Lithuania translator to support her hearing screening sessions with a patient, nursed in isolation due to infection
- We have supported patients with severe communication problems caused by e.g. stroke or dementia on the wards and in nursing homes to participate in decision making by using a picture symbol system called “Talking Mats”
- We have trained a Social worker to use symbols/picture to support a young woman with learning difficulties so that safeguarding issues and care could be supported and her capacity for discreet decisions be validated
- The Hearing Therapist regularly supports staff and patients to use hearing amplifiers on the wards so that patients with hearing needs but without suitable hearing aids can communicate with staff and carers

**Transgender patients** - The Laser Centre treats a lot of transgender patients and patients with gender dysphoria. We try to give these patients excellent quality of care and make the process of attending as comfortable as possible.

- We treat patients in their preferred gender.
- We ask patients to tell us their preferred gender, name, title and pronoun to be used in consultations and on correspondence and have a system for recording this in the notes.
- We recognise that some patients may wish to be called by a different name in the treatment room.
- We try to ensure that computer-generated letters do not get sent out with the incorrect title e.g. Mr or Ms.
- We have asked the IT department to add “Mx” to the title options for patients who do not wish to identify in either gender.
- We offer patients appointments at quiet times of the day if they prefer not to sit in a busy waiting room.
- The NBT “Respect and Dignity” poster is displayed in our waiting area to discourage inappropriate behaviour.

- All laser department staff know that they should offer support and inform management immediately if a patient suffers verbal abuse in the hospital.
- Laser clinicians have visited the specialist gender clinic and attended meetings and courses to increase their knowledge and awareness of the particular issues surrounding these patients.

**Women's and Children's** - The new family room outside Percy Philips ward in Women and Children's services has made a big difference, allowing families space and time to be together, there is a play area and television, and the photographer is there every morning for families to have pictures of their new babies taken.

The Mendip birth Centre has secured funding thanks to the League of Friends and now has a 3<sup>rd</sup> birthing pool, which is very much in demand and welcomed by women to support them with pain relief and relaxation when in labour. Women and Children's services now have 8 birthing pools in total, 4 of them at Cossham birth centre and 1 on the central delivery suite at Southmead, and 3 in Mendip birthing centre. The birth centres have now become integrated with their immediate community midwifery team, and this is giving increased continuity of care and support to women and underpins the Baroness Cumberledge report: 'Better births'

The Maple suite on the central delivery suite has had a wonderful makeover, thanks to funding by SANDS, this provides much needed space and comfort for women who have lost a baby. A partner can stay and there is now new bathroom ensuite facilities adjoining the room.

The Women and Children's unit is not based in the new Brunel building but is part of the NBT "retained estate." The building is to have major plumbing works done on the post-natal ante natal and gynae ward, providing some new bathroom facilities and updated systems.

WI-FI has now been put into the building which will make a big difference to women and their families, especially for women that have to stay as an inpatient for any length of time. There will shortly be new televisions in all areas.

Women at low risk can now have induction of their labour as an outpatient, allowing them to be more relaxed in the privacy and comfort of their own home.

An App is being developed which will give instant access to our services and all our guidelines, there will be an FAQ section. It will provide positive advertising for the unit and give women instant access and advice to any part of their pregnancy that they want to know about.

Our Website is being updated and will go 'live' at the end of October 2017. This has an interactive film allowing a 360 degree view of the unit.

**Section 2.2 - People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable ground**

Proactively managing the care of frail complex patients requires excellent listening and communication skills. Liaison with family friends and carers is essential and the Memory café in Brunel offers a safe confidential place to raise questions, signpost and speak to experts such as the carers support workers and dementia navigators. It is a partnership approach that extends into the care delivered in the community. Many complaints are dealt with constructively and proactively in this forum. There are plans to make this style café available in Elgar House (Elder Care) from September as well as the monthly café in the Brunel hospital.

**Emergency Department** - People are informed, involved and supported with decisions about their care at all times and are assessed that they have capacity to make decisions.

#### **Neuro-oncology Specialist Nurses:**

Patients and their families are always involved in the decision making process and planning of their treatments. We endeavour to accommodate patients and families wishes within reason.

Primary Care/community services - we ensure that patients have access to community services. We complete end of treatment summaries and this enables us to sign post GPs to the appropriate oncology service. We also sign post patients to appropriate services and have strong links with Macmillan team and Cancer Information teams.

Behavioural HCA Programme – This covers enhanced care needs; assessing individual needs, promoting health and wellbeing during a patients stay within the Division. In this way we augment the patient/carer relationship.

BCRM patients are given extensive detailed information regarding treatment in an information pack that outlines risks and implications which is explained verbally when patients attend a structured 'patient information meeting' or PIM. The PIM is a multi-disciplinary meeting (attended by nurses/Drs/embryologists) held for patients which discusses risks and implications of treatment, consents required and outlines the treatment pathway. Patients are given time to digest this information before they attend a personal planning appointment where they can discuss any concerns and will sign consents for treatment. Their action for 2017/18 is to maintain excellent feedback, increase patient awareness of feedback outcomes and changes made as a result of comments made, to increase response rate above 30%. In 2016-2017 these rarely exceeded 40 % but the department displays feedback outcomes in the patient waiting area which included graphs and comment word clouds. BCRM also continues to amend PIM presentation content to reflect patient needs and to meet different levels of understanding.

### **Section 2.3 - People report positive experiences of the NHS**

NHS Choices Website Feedback - As the redevelopment of the Southmead site moved towards completion, and the services delivered continued to evolve to take

advantage of the improved facilities, the overall star rating of North Bristol NHS Trust on the NHS Choices Website increased from 3½ to 4 stars midway through the year.

Friends and Family Test (FFT) Patients – This is an important feedback tool that supports people using our services at North Bristol NHS Trust and any other NHS services, to give us real time feedback of their experiences. The commentary given is critical in helping us to make improvements to the care we provide and to acknowledge our good practice. All patients, whether they are attending an outpatient appointment, have an inpatient stay on our wards, attend the Emergency Department or use our Maternity Services have an opportunity to give us feedback about their care.

Feedback received from the majority of patients state they have received:

“...really positive experience, emphasising the importance of good communication, kindness, compassion and respect all aspects of a positive and caring attitude.”

Top themes from all patient areas show that the most positive experience was for staff who scored more than twice as many comments as Clinical treatment, waiting times and care which all heard similar numbers. The most negative comments, although there were far fewer concerned: Staff, Waiting times and Communication.

The overall response rate was lower than the required target as well as the percentage of patients that would recommend the service to their family and friends. Improving the quality of patient data to address this has been a priority over the last few months. As a result we are beginning to see an improvement in response rates. Feedback included:

Maternity – One woman related the way she felt she was treated during her pregnancy because of her age and size, a training video was developed to share her experiences. During the filming the woman also offered solutions about how the service could be more respectful whilst maintaining the safety of her and her baby. This video will be shown on this year's Intra partum study day in May 2016, which all doctors and midwives attend.

Ward 28a (patients with complex care needs) - A patient said they were very impressed with the high standard of care they had received from the Health Care Support Workers on the ward. To ensure this high standard of care continued, the ward manager fed this back to her team, which had a very positive impact all round.

Improving Communication - A part of the Trust's desire to improve the complaints process, a pilot of identifying a named contact for all complaints was undertaken in the Medical Directorate. The appointed individual contacted the complainant to agree the investigation criteria and date of response. In most cases this direct contact was welcomed and allowed for the early resolution of the complaint saving overall resources and giving a good experience to the person raising the complaint. This model will see a phased rolled out across all the directorates during the forthcoming year.

**Inpatient survey (general)** - The Inpatient survey is part of the Care Quality Commission's annual NHS National Survey program. It is run by Picker Europe Ltd

on our behalf. Random samples of 1250 patients who were inpatients in July 2016 were invited to take part. There was a response rate of 46% a slight decrease from 2015 (50%).

Patients were asked 62 questions about different aspects of their experience. Compared to 2015 survey there have been 2 areas of significant improvement. These are:

- Discharge: told who to contact if worried after leaving hospital
- Discharge: Who to contact if worried after leaving hospital

Areas scoring highly were;

- room/Ward was very/ fairly clean -99%
- toilets very/ fairly clean -98%
- always had enough privacy when being examined / treated - 92%

There have been 3 areas where the reported experience significantly worsened. These are:

- Emergency Department: not enough information about condition/treatment
- Waiting: Too long for a bed on ward
- Care: involvement in decisions on care

**Focus for improvement** - The survey results were reviewed in full with staff, patient representatives and members of Healthwatch. We are focusing on aspects that are important to patients and those with higher “problem” scores. The agreed areas for improvement related to increasing confidence in staff, improving patient involvement in decision and also continuing the work in relation to discharge experience. Detailed actions are being developed with staff and patients.

**Dementia Team** - As part of the ongoing evaluation of the dementia service we seek carer’s feedback which will now form part of the dashboard that reports on the quality of dementia care.

The Trust has taken part in the 3<sup>rd</sup> National Audit of Dementia. We performed well in our assessment of patients achieving a score that placed us 7<sup>th</sup> out of 199 participating hospitals. However the detail of the audit where we can learn from other areas will form part of the action plan going forward.

We continue to work in partnership with the Bristol and South Gloucester community dementia services. We are taking part in a project from September 2017 in collaboration with UHB to welcome a team from the Bristol Wellbeing Service to reach into the Trust with the aim of improving our working knowledge of each other’s service and to look at how we may be able to reduce the length of stay and improve the experience of patients living with dementia.

## Cancer Services

- National Cancer Patient Experience Survey 2016 results showed NBT scored 6 questions above the expected range and 2 below. This is an improvement on the 2015 survey when we scored 2 above and 5 below the expected range.
- On a scale of 1-10 rating of overall care we scored 8.7. This is up from 8.6 in 2015 and in line with the national average.
- Areas where NBT improved from the scores of 2015 and have scores above the national average include:
  - Sensitivity, explanation and answering questions of the cancer diagnosis and treatment options
  - Involving patients in decisions about care and treatment
  - Having an allocated specialist nurse
  - Provision of practical information on coping with day to day activities, support groups, financial advice etc.
  - Being given a care plan
  - Privacy, discussing fears and worries, asking of their preferred name
  - Information about what to do / what not to do on discharge
  - Working well with community staff

## Other cancer related services supporting patients

- NBT has a Macmillan Wellbeing Centre providing information, advice and support and a range of services for all patients and their families. Anyone with cancer can get help
- The centre was awarded excellent in a Macmillan quality cancer environment award
- All patients diagnosed with a cancer have a Cancer Specialist Nurse (key worker) allocated to support them throughout the cancer pathway.
- We have 3 Cancer Support Workers (CSW) in post providing one to one support and sign posting people to a whole range of services both centre based and the community. E.g. complementary therapies, exercise programmes, psychological support, dietary advice, support groups and financial advice. As well as seeing people in the Wellbeing Centre the CSWs also provide support to ward based patients. (We are currently supporting a long term inpatient who has learning needs).
- The Wellbeing centre is supported by a team of volunteers who have regular support meetings and training
- We have supported several members of staff who have cancer or have family members with cancer
- All cancer patients are offered a holistic needs assessment and person centred care planning meeting with a health care professional
- All cancer patients will be now invited to attend a cancer information and support education session soon after they receive their diagnosis
- All patients will have a treatment summary completed detailing their management and future needs. This is sent to the GP and patient to help inform and support communication between the acute and community settings.

**Emergency Department** - Positive experiences of the NHS are reported in the emergency department; we are soon due to release a Picker report which captures patient experience, North Bristol Trust Emergency Department scored above national average in this report.

**Maternity Mental Health and Bereavement** - 2 examples of feedback from mothers:

“I have just returned to my desk following pre-operative assessment for sterilisation which (all being well) will happen next Tuesday. I decided, and xxxx agrees, it would be better if I was never pregnant again. As such, unless in a professional context, I do not think our paths will cross again.

Thank you so much for your support during and immediately after xxxxx I really cannot put into words how appreciative I am, more so in hindsight as at the time I admit I did find it all a bit cringeworthy/scary/intimidating. A somewhat more rational, medicated, mind nearly ten months on, tells me this was in fact very necessary, I came frighteningly close to doing something incredibly stupid and I'm grateful you didn't give up on me or force action I didn't want. You made me feel I still had some control and say so at a time when I felt powerless. “

“Essentially, without you there wouldn't be me. Thank you. So much.”

### **Outpatient Ask 3 Questions (A3Q) experience:**

The Outpatient summary data results of the reported patient experience before and after of the introduction of the A3Q leaflet helping them ask questions about their treatment options, including the pros and cons of these options. Overall there was an increase in the number of patients reporting improvement in:

- Receiving the right amount of information about this condition/ treatment (from 82.7% to 95.5%)
- Being involved in decisions (from 93.9% to 100%)
- The appointment helping them feel they could manage their condition / treatment better (from 81.2% to 88.3%)

74% reported that the A3Q leaflet was quite/ very helpful in helping them asking question about their condition/ health problem.

There was a decrease in the number of patients reporting that staff asked what was important to them in managing their condition/ health problem indicating the A3Q approach had influenced patients' behaviour more than that of the staff. Whilst training was given to staff on having this type of conversation it clearly not had sufficient impact. This will be revisited to help embed the approach of having enabling conversations with patients.

The A3Q initiative will continue to be rolled out across the Trust at a pace that the available resource allows.

In BCRM patient feedback questionnaires are reported at quality meetings and staff receive gold stars if they are mentioned by name in positive patient feedback which is displayed in the waiting room and staff areas. Comments about the service include: professional, supportive, caring, excellent, friendly, reassuring, brilliant, and amazing.

## **Section 2.4 - People's complaints about services are handled respectfully and efficiently**

### **Complaints**

The Quality Account shows that overall the numbers of formal complaints reduced by approximately 17.5% in 2016/17, as many issues that arose from the redevelopment of Southmead were still continuing. There were 654 formal complaints and 9065 compliments, the highest level for the past 5 years.

The numbers of complaints where response timeframes were not met also fell significantly; at best there were only 8 cases in June 2016. Since this time the number has again increased to approximately 40 cases a month this is mainly due to the work pressures directorates are experiencing. Eradicating all overdue cases remains an important Trust objective and there is plan in place to do so.

There are two key measures for NHS Complaints:

- to acknowledge all complaints with 3 working days
- to conclude all cases within 6 months

During the year the acknowledgement target was achieved in 9 every months, April, September and October were the exception. The average overall compliance was 99.85%. During the year four cases remained unresolved within 6 months, these were cleared in June 2016 and there have been no subsequent long-standing cases.

Activity Levels - The Trust received 654 formal complaints 167 less than last year. 1394 concerns were also raised and acted upon an increase of 598 over 2015/16. These figures reflect the increase low level worries and anxieties related to the on-going site redevelopment and also the interruption to the smooth scheduling of appointments that resulted from the changeover process to a new Patient Access System (Lorenzo). In general, the stabilisation of services delivered from within the Brunel Building, contributed to some extent to the reduction in formal complaints.

**Emergency Department** - a robust complaints process is in place where complaints and concerns are dealt with in a timely manner with a quality response. The Department carries out triage calls to patient complaints to talk things through with patients and provide a personal touch on behalf of the department; this has been successful and reduced the number of formal written complaint responses within the Department.

The Bristol Centre for Reproductive Medicine BCRM continue to follow the NBT complaints policy for all patient complaints and complaint management is audited by the fertility regulatory body, the HFEA, and ISO 9001. BCRM are found to be compliant. Records of complaints from patients with protected characteristics are stored by specific patient groups and monitored for any specific/identified trends. Concerns raised in a complaint from a patient with a protected characteristic has already influenced the amendment of patient treatment paperwork to reflect a more inclusive service. BCRM will continue to actively respond to the needs and suggestions of all patient groups accessing our services.

### **Section 3 - A Representative and Supported Workforce**

#### **Headline Data 2016**

The following headline data shows the diversity of staff at North Bristol NHS Trust between January 2016 and December 2016. The Trust now has this data from 2009 and the information is scrutinised by the Equality and Diversity Committee to monitor changes and highlight where action needs to be taken. The numbers have increased all staff except females although all these are still small.

## Our Workforce

### Workforce by Gender



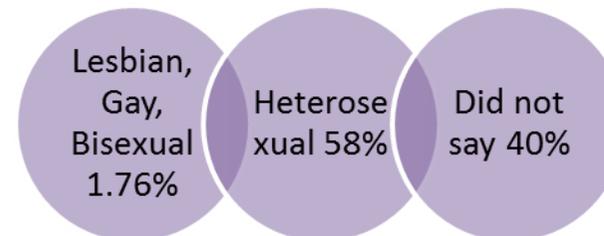
### Workforce by Disability\*



### Workforce by Ethnicity



### Workforce by Sexual Orientation\*



## **Section 3.1 - Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**

**Employment Services** - A number of initiatives are established in Employment Services to support BME, Disabled, LGBT and other job applicants. Many of these initiatives have been in place for a few years and have changed throughout the years

Trust website signposts all job applicants to contact Employment Services for further assistance. This displays both the Disability Confident and Mindful Employer Symbols.

Arrangements are made when requested to support disabled applicants and ranges from providing coloured paper for dyslexic people, increased time for testing and provision of equipment to attend interviews.

Contact is made with professional organisations for advice when applicants require new adjustments and the best method of support is sought.

Continuation of Value Based Recruitment Assessment Centres that recruit candidates based on their values and whether they meet the Trust's values.

The Job Shop within the Brunel building gives greater access, support and jobs information for existing staff wanting a career change/progression and new visitors to the hospital looking for work.

### **Changes in Employment Services Process & Structure**

During 2017 Employment Services have changed the structure and processes in which the Trust recruits.

- The Employment Services team is now referred to as HR Resourcing Services .
- HR Resourcing Services have moved to a new e-recruitment system called Trac which has been put in place to speed up pre-employment checks. The Trust is currently at SLA on 17 working days from conditional offer to unconditional offer.
- The Trac Recruitment System also allows us to easily report on past applications and review the percentage of BME, Disabled, LGBT and other job applicants.
- The Resourcing Team is now aligned to certain Divisions to provide a more personal and proactive service.
- The Resourcing Team are moving to a more proactive pre-employment process for both external and internal candidates, using phones more, changing internal process to make internal changes easier and have also developed an Internal Transfer Policy to allow internal changes for development opportunities.
- Health Care Assistants are still being recruited through the assessment centres process and the Trust has expanded this to other non-registered staff groups. The process has been adapted to include a telephone interview and Literacy/Numeracy testing prior to interview to ensure all candidates are fully aware of the role they are applying for and are at the level required to take up the role and training.

**Induction Processes** – HR Resourcing Services have been working with the Trust’s Staff Development office in adapting the corporate/clinical induction period for new starters to make the welcome to the Trust more attractive and support higher retention rates.

Following the ‘New Starters Project’ in 2014 the following changes have been made to the induction process:

- Induction period have now been reduced to 7 days max from 14 days. Corporate induction for non-clinical staff is now half a day from two days.
- Deadlines for booking candidates onto Induction has changed and a pre-induction check is now in place for all new starters to ensure everything is in place for candidates to have a good induction experience.
- Free parking is being arranged with a local organisation so all new starters don’t have to worry on the first day about where to park.
- A quicker ‘yellow name badge’ ordering system is being put in place to ensure all starters receive their badges on the first day.

### **Section 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 Grade**

The Trust is making plans to ensure it will fulfil the commitment under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 which will be reported to the Equality and Diversity committee.

NBT can show it has robust processes, collection and use of good data and demonstrate that staff from all protected groups enjoy levels of pay and related terms and conditions that are no different from those experienced by staff as a whole in the same role.

Staff side organisations are fully involved in the job evaluation process and when changes are proposed to terms and conditions of employment.

NBT can show that these processes are robust and transparent and that levels of pay are fairly determined for all posts.

Policies are reviewed regularly in conjunction with staff side.

### **Section 3.3 - Training and development opportunities are taken up and positively evaluated by all staff**

The Staff Attitude Survey showed that the NBT score increased for 2016 for the quality of non-mandatory training, learning or development.

BME staff were offered specific interview skills training and 1 BME member co-delivered equality training to volunteers to gain experience of presentation skills. BME and Disabled staff were notified of nurse scholarship opportunities.

Deaf Awareness Training - Was arranged by the Trusts Deaf Champion, Helen Curry who is deaf. This was well attended and largely offered to staff who work with Helen who is a physiotherapist, it was paid for by from her Access to Work fund which provided the trainer. Vacant spaces were offered to others and the Director of Facilities who is also the Trust's Disability Champion attended with the Equality and Diversity manager.

The sessions had extremely positive feedback. It is hoped the Trust will offer further training with a sensory impairment theme so it includes visual impairment and issues for Deaf/blind people as well.

**Emergency Department** - Training and development opportunities are always available to the staff in the department, regular updates are always well attended within the department.

**Equality and Diversity Unit** - Equality training became mandatory in April 2015 for all staff once every 3 years and there was an 88% compliance rate by 31 March 2017.

An introduction to Equality covering all the protected characteristics is presented throughout the year for all new staff at Corporate Induction; it is also included in update face to face training for Consultants and Facilities Management staff. There are specific training sessions on Autism, while regular equality events offer specific sessions on Race, Disability and Lesbian, Gay, Bisexual and Trans issues.

In the financial year 2016 -2017 there were 4968 staff who undertook some form of equality and diversity training e.g. attended corporate induction, the E learning equality and diversity course, consultants or Facilities Management, or the specific sessions as previously mentioned. 349 Facilities staff who do not have access to a computer received face to face equality training.

A new equality e learning package is being reviewed and brought up to date by the Equality and Diversity manager to meet the needs of the Trust as a number of "off the shelf" packages do not fit the needs of this Trust as this ensures staff are aware of their responsibilities and know what they can expect from the Trust regarding support, protection from discrimination and career development whatever their protected characteristic.

Feedback: Equality training is valued and recognised as being clear and comprehensive.

Retirement courses are offered to older staff while younger staff are supported to undertake Apprenticeship Schemes.

**Learning and Development** - There was a review of the Preceptorship document and the 'Equality and Diversity' competencies were updated to meet the required standards. These competencies are suitable for the newly qualified practitioner working at Band 5 during their first year post qualification. Equality overlapped into several categories like Delivering Safe Care.

**Promotion of equality to raise awareness** – This meets the Public Sector Equality Duty as well as offering information in a more informal way than standard training.

Displays were presented for International Womens Day, International Men's Day, World Mental Health Day, Black History Month, International Day Against Homophobia and Transphobia, Disability History month, Chinese New Year, Lesbian, Gay, Bisexual and Trans History month, World AIDS day, Autism Awareness Day, Vaisakhi Day, Equality and Human Rights Week, Mental Health Awareness Week, Eid, Rainbow Faith Day and Holocaust Memorial Day.

Many of these are notified to staff via the Message of the Day on the computer system, which notifies of displays and seminars. External equality events are also notified to staff in the Staff Equality Networks and others.

Equality newsletters published monthly and distributed internally and externally.

Mindful Employer Charter – The assessment was carried out and NBT continues to work towards good mental health for all staff.

Section 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

**Harassment and Bullying (staff)** - Harassment and Bullying helpline – call numbers have been declining over the past few years, which may indicate a reduction in concerns.

- Figures of cases reported to Ask HR are low in number and are not statistically significant.
- Harassment and Bullying Helpline - feedback returns indicated positive experiences of the service but numbers of calls fell in 2016

The Staff Attitude Survey recorded one of its top 4 scores that showed a reduction on Harassment and Bullying overall, but more work is need as it is still higher than the national average. The SAS showed a 5% reduction in harassment and bullying for Disable staff and a 4% decrease for women, there were increase for men (8%) and White staff (1%) while for BME staff there was no change.

The figures were:

- Disabled – 9% decrease from 14%
- BME – 25% no change from 2015
- White – 8% increase 1%
- Women – 6% decrease from 10%
- Men – 20% increase from 12%

New helpline advisers were recruited and trained in 2016.

The BME Staff Group has asked for a survey to be carried out to identify their experience of harassment and bullying.

The Workforce Race Equality Standard showed a higher percentage of our BME staff reported they personally experienced discrimination from a manager; team leader or colleague than White staff which means the Trust is just outside the 10% best scoring Trusts.

There are processes in place to deal with harassment and bullying, like the helpline, which continued to be reviewed and developed, some departments have specific plans to deal with this. The proposed Happy App may also help over the next year. The equality profile of users is reviewed annually and reported to the Equality and Diversity committee. Take up of the service is low and promotional messages are sent out throughout the year via a number of methods.

The Trust's Respect and Dignity Statement was also widely promoted in the Equality and Diversity newsletter, is included on the patient information screens in the Brunel and on the equality notice boards. Both the helpline and Respect and Dignity policy are promoted all face to face equality training i.e. Induction for all new staff, consultants and domestics and porters.

Equality training is provided during the year and specific sessions for managers on how to deal with harassment and bullying are also provided.

**Health and Safety Department** - The Trust continues to closely monitor violence, aggression, stress and wellbeing through audits and reviewing leading and lagging indicators such as incident levels and surveys. The information is then reviewed at relevant committees in order to gauge the climate in the organisation and enable measures to be taken to address specific issues.

Non-clinical Directorates reported very low incident numbers whilst incidents in Clinical Divisions have shown a slight increase particularly in Medicine and Neuro/Musculoskeletal. Violence and aggression continues to be an entry on our risk register and will remain the focus of monitoring and action at both Trust and Division/Directorate level.

The Violence and Aggression meeting structure and terms of reference have changed in 2017/18 it is now called: 'Personal Safety and Wellbeing' and includes a focus on staff wellbeing and stress.

Following a benchmarking review and communication exercise with other Trusts, a programme to address violence and aggression is being prepared to launch later this calendar year. This will see us reintroduce face to face training and a programme of communications all aimed at reducing aggression and conflict.

It is accepted that a large proportion of violence and aggression appears to be from those who are deemed not to have mental capacity. For those that do have mental capacity a relaunch of the red/yellow card scheme, combined with a marking on Lorenzo is also being planned to help manage unacceptable patient behaviour in a more structure and clearer manner. The Trust has also signed up to Crimestoppers

and will take steps to promote this and the relationship with the police during 2017/18.

**Emergency Department** - Nationally Emergency Departments are subject to variable behaviour from attendees however we have a robust process in place to ensure that staff are well supported and feel safe in their working environment.

### **Section 3.5 - Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

The Trust has a flexible working policy in place which takes into consideration all protected characteristics in line with the Equality Act 2010. Flexible working options are determined based on individual requests. The Trust offers a wide range of flexible working options, available to all staff whatever their protected characteristics. The policy was developed in partnership with Staff-Side and there is close working on how this is implemented. There is an appeals process for staff who wish to appeal against unsuccessful flexible working requests. These would be managed on an individual basis.

Facilities Management - flexible working options are available to all staff and the policy is used extensively. The facilities returns in relation to this are:  
10 formal flexible working requests were made in the Directorate last year, predominantly for work life balance and child care reasons.  
There was 1 appeal under this policy (not in relation to any protected characteristic) which was declined.

In Domestic services, approximately 22 informal requests a week to change hours, location, or days from staff wishing to increase earnings i.e. move to nights or weekends or reduce hours to meet tax/income support thresholds are received. The Directorate is often able to accommodate these requests and those that cannot be fulfilled are filed and processed on a first come first served basis when a suitable vacancy arises.

### **Section 3.6 - Staff report positive experiences of their membership of the workforce**

#### **Equality Unit**

NBT can show that each of the protected characteristics are considered when policies are being written and many of these are engaged with in different areas of the work by the staff equality groups, Health and Well Being champions and through other strategies.

The Staff Attitude Survey (SAS) asked if staff feel that NBT provides equal opportunities for career progression or promotion. The percentage improved overall and was one of 4 key improvements. Staff who are Disabled, White and Women saw an increase in satisfaction did not change for non-Disabled staff and worsened for BME and male staff.

	<b>2015</b>	<b>2016</b>
BME	87	76
White	71	87
Disabled	78	79
Non-Disabled	87	87
Women	87	90
Men	81	72

NBT score increased for 2016 on the quality of non-mandatory training, learning or development.

Members of the staff equality groups (for Black and Minority Ethnic staff and Disabled staff) give very positive feedback on the work the Trust does to support them, they recognise the issues that arise and of the actions to deal with these. BME and Disabled staff also value the initiatives taken to encourage their development and actions taken to make adjustments. Staff with other protected characteristics are supported through an overall equality group and they welcomed the opportunity to put suggestions forward and be involved in activities like the equality events and to comment on policies and reports like EDS2.

NBT has performed extremely well across the equality remit, the Equality Delivery System was assessed as “achieving” and an external analysis of this showed achieving rates as:

- North Bristol Trust = 60%
- University Hospital Bristol = 25%
- Royal United Hospital Bath = 15%

BME Statistics Staff – Analysis of the Workforce Race Equality Standard (WRES) by the NHS analysis shows that NBT achieved higher results than anyone else in 3 of 4 KPIs not just in the BNSSG but across the South West region and the NHS as a whole.

Disability Confident Employer - This was awarded in October 2016 and supersedes the Two Ticks Disability scheme which the Trust was first awarded in 2002. NBT entered the new scheme at Level 2 and plans to reach level 3 over the next year or so. This requires an assessment by outside partners.

It was recognised that the Equality and Diversity manager works extremely hard to proactively involve and support as many staff with different equality characteristics, including providing personal mentoring and coaching.

Respect and Dignity Statement – This was rolled out across the Trust, is included as part of all equality training, especially to new staff and featured in the Equality and Diversity newsletter on a regular basis. This helps to improve the image of the Trust to promote equality and to combat discrimination.

## **Black and Minority Ethnic (BME) Staff**

BME staff have devised an action plan which has been approved and is updated regularly and the Chief Executive attends group meetings. They have looked at the possibility of a “Reverse mentoring” project, cultural events like Black History Month was celebrated 2016, as was Chinese New Year and a stall was held in the Brunel building that encouraged staff to become involved in the group.

A new BME group chair was appointed when the previous chair left the Trust and 14 new staff joined.

UWE opportunities for secondments, job opportunities, apprenticeship and nurse scholarships were distributed to members of this group who were also invited to be Value Based Recruitment assessors. BME Group members were invited to sit on an interview panel for the HR director.

1 member attended the Bristol City Council Equality Dinner which highlighted opportunities for BME people.

Comments on the BME staff network survey and webinar on the NHS Improvement oversight framework was sent to all members who were encouraged to reply.

Bristol Race Equality Manifesto - The Equality and Diversity manager attends meetings with senior strategic leaders across Bristol. NBT submitted its data on BME staff along with 11 other public bodies which is an innovative piece of work that does not seem to have been carried out elsewhere in the England.

This showed that in some areas we have excellent results, it should be noted that not all data has been provided for all categories by every public body. NBT was the second highest and merely 0.03% behind University Hospital Bristol Trust in the proportion of BME staff employed, although the demographics for our local area show a much smaller BME population than the centre of Bristol. We have the highest number of BME staff in each grade with the exception of 3 grades which are only higher in 2 organisations: Bristol University and Avon Wiltshire Partnership. NBT has the third highest sickness rates for BME (5.9%) staff and for White staff (8.1%) however, the figures change here compared with other organisations as there are 2.2% more White staff than BME staff on long term sick. For disciplinarys we are fourth with 1% which is 0.4% more than for White staff. There is some missing data in these last two categories so we could be higher in the ratings if these were provided. For Grievances, NBT has the lowest figure for BME staff at 0.2% while White staff are at 0.3% marginally higher than for BME staff.

Bristol City Council is proposing to set up a Race Commission and NBT has given an expression of interest in this. More work is being carried out by the Strategic Leaders group which has a strategic action plan and is also looking to promote a Talent Management project for BME staff.

Diamond Cluster – This group is made up of equality professionals, including the NBT Equality and Diversity Manager, from across the BNSSG. It has looked at the

health sector's key challenges in relation to the Race Manifesto, considered these challenges and drafted a "health sector response" to suggest a way forward. Over the next year it plans to revisit the BME figures in the Race for Health project to identify previous key areas, effectiveness of this initiative and determine whether new actions are required.

The percentage of BME Staff was 16% (15% in 2015) and White Staff was 83% (84% in 2015). This figure was 14% in 2009 and it fell until 2011 when it began to rise again. Less than 1% (less than 2% in 2015) did not provide this information in 2016 compared with 27% in 2009. The 2011 census showed that fewer than 9% of the population in the South West are from a Black or Minority Ethnic (BME) background. Bristol has a more diverse population with 22% BME while there is 8% in South Gloucestershire and 6% in North Somerset. The average of 14% BME people in the three BNSSG areas is slightly lower than the figure for BME staff in the Trust 16%. The BME staffing profile is 7% less than the Bristol population, 7% higher than the census figures for South Gloucestershire and 9% higher than for North Somerset.

Recruitment - In 2016, 17% of staff appointed were from a BME background compared with 16% in 2015, an increase of 1% which is higher than the current BME workforce figure (16%) plus fewer BME people applied, 6025 in 2016 compared with 8035 in 2015 yet 2% more BME applicants were shortlisted than in 2015 (26% in 2016 and 24% in 2015). Only 2.5% did not state their ethnic origin this is an increase from 2015 when it was 0.22%.

Ask HR Cases - BME staff were represented in 5 of the 14 categories reported which is lower than those for White staff who are included in 11. BME staff represent 18% of cases overall an increase of 5.5% from 2015 and 2% higher than the percentage of BME staff in the workforce; this is a change from 2015 when it was 4% lower. Disciplinary cases 45% (21% in 2015) involved BME staff; this is 29% higher than the percentage of BME staff in the workforce, it is 8% lower than for White staff in the workforce which is 53% (71% in 2015).

There were no Harassment and Bullying cases (30% in 2015) for BME staff and 100% White staff.

Grievances were raised by 14% (19% in 2015) of BME staff 2% lower than the workforce figure, and 57% of White staff (75% in 2015) 18% less than in 2015 and 4% more than the workforce figure.

Overall cases come from 18% of BME staff (12.5% in 2015) compared with 80% of White staff (84% in 2015) and 2% unknown.

It should be noted that the figures regarding BME staff are calculated from the small number of cases registered for each category.

Black History Month was celebrated again and NBT staff were included in a display.

## Disabled Staff

Disabled staff show consistently they are more dissatisfied than other staff in the SAS followed by BME staff. The Disabled Staff Career Development group has devised an action plan and priorities to counter this and reports to the Equality and Diversity Committee throughout the year.

Disabled Staff Career Development Group - has focussed on several issues.

- The Chair of the Disabled Staff Career Development Group and the Equality and Diversity Manager met with the Director of IM&T to discuss Lorenzo, the patient's record system and access to this for Disabled staff. Whilst not possible to amend the system immediately it has been added to the job list for NHS Digital. This has highlighted the issue and has been entered on the Trust risk register for regular follow up and review at Board level.
- The issue of the Lorenzo system capturing relevant equality monitoring information was also raised and this has been notified to the provider to make relevant changes.
- The group commented on the review of the Sickness policy and requested greater clarity on disability. There are concerns from the Group that this is still lacking in clarity and managers discretion and interpretation allows for an inconsistent approach across the organisation. The Group are pursuing the possible introduction of a Disability Related Leave policy, and the recording of disability related leave.
- Bristol City Council Deaf Charter – looked at this and agreed to work towards its aims.
- Group members were invited to be involved in the webinar on the Accessible Information Standard.
- Disability Equality Standard – presentation by the Project Co-ordinator from the Equality and Health Inequalities unit at NHS England. The standard will work in a similar way to the WRES. It will be mandatory from 1<sup>st</sup> April 2017 and the Trust will need to consult and compile an assessment to ensure it meets the requirements by April 2018.
- The group agreed that more training for managers is required; this was added to the action plan as a priority.
- The Mindful Employer charter was updated and Disabled staff commented on it.
- A Disability Fayre was held in the Brunel building to showcase the work of the group and recruit new members. It also invited external groups who provided information about services and equipment for disabled people which went really well with a high rate of footfall.
- The Deaf Champion who is also a member of staff worked with the Corporate Disability Champion and arranged for patient pagers to be set up in the Audiology Department as there was no video screen to announce when patients were being called in to their appointments.

Disability History month was celebrated, ACAS gave a presentation on disability issues at work for Managers which was very well received, a seminar on Autism was

held along with a display. World Mental Health and World AIDS Day were marked and widely publicised in the Equality newsletter, on electronic and paper notice boards and by the Message of the Day on staff computers.

Posters with information on autism are displayed permanently on the Equality notice boards. Support for Disabled people like text-relay phones are also promoted during the year.

Disabled Statistics Staff 2016 - The total number of staff who declared a disability in 2016 was 1.26% (0.94% in 2015 and 1.17% in 2014). This is slightly lower than that in the Office for National Statistics (ONS) data which is 1.5% for the population. Fewer staff did not declare a disability and fewer were undefined (a total of 4%). There was an increase of almost 3% of staff who did not declare a disability or have non-disabled status compared with 65% in 2015. The figure for disabled staff has risen slightly since 2009 when it was 1.1%. These figures are too small to be statistically significant. The Staff Attitude Survey recorded a far higher rate of 18% although; this fell by 2% from the previous year.

The census statistics showed a much higher rate of those with long term illnesses nationally, regionally and locally compared to those who declared a disability in our 2016 workforce. The average for the Bristol, North Somerset and South Gloucestershire (BNSSG) areas is 16% and the staff survey figure of 18% is closer to these figures than those in the Electronic Staff Survey.

It is recognised that there is under-reporting of disability. Actions were taken again during 2016 to improve this recording. These actions include encouraging all new staff to provide their equality data as part of Induction training.

Further, an evaluation process is due to be introduced where we look at the recruitment numbers for different equality groups recorded on NHS Jobs (date of birth, disability, gender, ethnic origin, sexual orientation and religion/belief). This should gather data from a number of different stages in the process: Applications; Shortlisted; Attending Assessment Centre; and Total Successful. It is hoped this will help us identify any trends which may be occurring. This process was delayed from 2016.

Recruitment - In 2016 just over 4% (2015 4%) of applicants declared themselves as Disabled. This is almost double the figure for 2012. Fewer disabled people applied for posts and the number of applicants fell from 2015. However, almost 4% were appointed (1.5% in 2015) this was 0.2% of those who declared a disability, a marked improvement over the last 8 years, there were over 95% of non-disabled applicants appointed. While 95% of those appointed were not disabled, this compares with 98% in 2015. There was a reduction to 111 (136 in 2015) in the number of applicants who did not disclose this status and 1% more were appointed. These figures are small overall so it is difficult to draw conclusions other than to note that Disabled people may still be reluctant to declare their status. However, these figures are moving upwards, albeit slowly.

Ask HR Cases - There were 7 cases involving Disabled staff, 1 in respect of capability and 6 for long term illness.

### **Lesbian, Gay, Bisexual and Transgender (LGBT)**

LGBT Manifesto West of England – The aim of this is to develop a regional document with clear messages on how service providers and those that commission services can ensure that the needs of LGBT people are considered. This work continues in partnership with other representatives from the NHS, Councils, Police, Voluntary organisations and so on. In 2016 an event was held to consult with the community to identify key issues to work on, a Steering Group from public bodies, service providers and individuals was established to take these and other issues forward with the aim of creating realistic and achievable outcomes. The NBT Equality and Diversity manager has been a key player in this. In February 2017 its working groups reported back on these and included: Mental and Sexual Health, Hate Crime, Education, Pride and Visibility, Transgender issues, Domestic Abuse, Drugs and Alcohol, and Policing.

LGBT staff were invited to review the NBT LGB and Trans 10 standards to update them.

LGBT History month – A Trans Awareness workshop was organised led by a Trans man. A showing of the film “The Danish Girl” was made possible with sponsorship from Unite the Union and the Pink Display of staff and well known LGBT people was available.

IDAHOT day was marked (International Day Against Homophobia, Transphobia and Biphobia) with a display in May and Trans Memorial Day in November.

The Equality and Diversity manager gave a presentation at the Bristol LGBT forum AGM on the work at NBT. She also attended the Bristol LGBT Mental Health conference.

Staff are mainly informed of LGBT events via the Bristol LGBT Forum newsletter like the launch of the LGBT health dvd, this was also highlighted in the Equality newsletter.

Lesbian, Gay, Bisexual and Transgender Statistics - Sexual orientation covers Lesbian, Gay and Bisexual (LGB) and heterosexual. 2016 statistics show that 1.76% (1.41% in 2015) of staff stated they are LGB. This is slightly more than the national data collected by the Office for National Statistics (1.5%).

Recruitment - In 2016 4% (2015 1%) of people who applied were Lesbian, Gay or Bisexual compared with 3% in 2013. There were also 4% (1.68% in 2015) LGB people appointed in 2016 (2.5% in 2013). Both these figures have increased since 2015 despite the decrease in applicants of 19% during 2016.

8.5% of applicants did not state their sexual orientation in 2016 compared with 8% in 2015 which is a slight change.

In 2009, 0.91% of those appointed were LGB. These figures are too small to be statistically significant however; this shows a huge rise in applicants since 2009 when 364 LGB people applied compared with 12697 heterosexuals.

Ask HR Cases - Sexual orientation made up 6% of cases (14% in 2015) 8% less than the previous year.

The Staff Attitude Survey figures were too low to record.

The Trust electronic systems do not record Transgender statistics. This has been taken up with IBM who provide the service, and a reply is awaited.

## **Religion and Belief**

Prayers for Muslim and Christian staff go ahead in the Sanctuary on a weekly basis and a Taoist group also meets. There was a Rainbow faiths event in December, mince pies were provided by the trade union Unison, and Holocaust Memorial Day was marked with a dvd where one man told of his experiences and how he lost all his family when he came to the UK on the Kinder Transport. Vaisakhi Day was celebrated (Sikh festival).

The guidance leaflets on religion and belief were rolled out across the Trust in 2016 and managers and staff find them really useful. The difficulties around this have now reduced considerably. There are increasing numbers of requests for information on issues relating to religion and belief.

Religion and Belief Staff Statistics - The largest group declaring a religion were Christians representing 34% of staff (31% in 2015) followed by Atheists at 9.37% of staff (7.6% in 2015) then "Other" at almost 6% (almost 5% in 2015) and Muslims at 1.87% a slight increase from the previous year. When all religions, excluding Christians, are added together this represents almost 9% of staff with a belief (7% in 2015) a small increase from 2015 which is an over-representation against the 2011 ONS data (0.5%). There was a slight decrease in staff who "preferred not to say" along with a decrease of 3% in the percentage of "undefined" at 12% (15% in 2014).

Recruitment - Christians also represent the largest group of people who applied in 2016 at 42% (2015 46% 2014 and 54% in 2013) followed by Atheists 19% (18% in 2015). Fewer applicants chose not to disclose, 12% (11% in 2015). In 2009 37% of those applying were Christian showing an increase of 5% over the last 7 years. There were almost 12% in the "Other" category the same as for 2015, this figure has risen from 7% in 2009. Muslims are the next largest group at 10% (9% in 2015). All groups, except for Christians and including "Other" was 27% (25% in 2015).

These figures have changed since 2009 with 7% fewer people recording a Christian faith and 4% less saying they are Atheist. 88% of applicants recorded a faith in 2016 compared with 89% in 2009. More people did not disclose a faith in 2016 (12%) which is an increase since 2009 when it was 10%.

## Women

International Women's Day – The Chief Executive hosted a breakfast seminar and there was a discussion about support for staff who sometimes feel stressed at work. It was felt that “It's OK Not To Be Okay” and that staff need to recognise this. Further work will be done on this over the next year. The Equality and Diversity Committee will have an overview of the forthcoming work to report on the gender pay gap over the next year.

## Men

International Men's Day organised display in November.

**Advice and Complaints** - There is a record of advice sought and complaints raised with the Equality and Diversity manager. It needs to be noted that figures are low overall but the pattern has continued in that the largest number of issues dealt with relate to Disability, followed by Race.

- Advice (staff) –There was a 9% increase in queries received by the Equality and Diversity Manager. The majority of these (33%) related to disability, although this was a 5% fall from 2015. Religion/belief followed with 16% a 10% increase from the previous year. Race was in third position with 11% a reduction of 4%. Then 9% for that covered all equality areas. Gender identity increased by 1% to 3% and sexual orientation halved to 2%. Gender increase to 2% where there were no queries in 2015. Nothing was recorded for Age. Where appropriate these are referred to the departments.
- Complaints (staff) – There was a 49% decrease in complaints received by the Equality and Diversity Manager overall. The majority of these (63%) related to disability, followed by race (22% equivalent to the previous year). All equality queries 7% (15% in 2015) 4% sexual orientation (11% 2015) and 4% religion/belief (down by 1%). There were none for gender identity, age, gender. These are referred to the appropriate department to deal with.

**Dementia Team** - Staff wellbeing has had a much higher profile in the last year and going forward. The dementia team offer support and advice to staff by direct referral or attendance at the weekly Memory café. We have many staff who are 'carers' and they are encouraged to attend the café in Brunel where they can access support, advice and information. The Trust is also part of a project that supports workers who are carers.

**Facilities Management** - When reviewing the 2016 Staff Attitude Survey results, Directorate staff who were surveyed highlighted better than Trust average scores in the following indicators of job satisfaction:

- recommendation of the organisation as a place to work or receive treatment
- motivation at work
- satisfaction with resourcing and support

The areas that required improvement were as below, as these were the second or third lowest scores within the Trust:

- their ability to contribute towards improvements at work
- satisfaction with level of responsibility and involvement
- effective team working

Feedback from the focus groups have been shared with the senior team so that collectively a prioritised action plan can be implemented to address the concerns being raised and will be monitored for the remainder of 2017/18

With regard to the Staff Family and Friendly Survey FM staff were more likely to recommend NBT as a place to work and receive treatment than the year before

**Safety Culture - Schwartz Rounds.** Improved safety and teamwork culture has been associated with a reduction in patient harm within hospitals through various national studies. Building upon previous surveys undertaken within the Trust, a safety culture questionnaire was distributed to staff in February 2016, using a validated review tool. The results were shared with the teams for them to develop ways to improve.

One key response was to introduce Schwartz Rounds into the Trust these provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The underlying premise for Schwartz Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. The purpose is to understand the challenges and rewards that are intrinsic to providing care, rather than focusing on the clinical aspects of patient care. Evidence elsewhere shows that staff who attend Schwartz Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care. Two Schwartz Rounds have taken place this year with good evaluation feedback, like these:

“Really skilful management of a large number of participants and some emotional stories. Felt safe and lots of people spoke - who I've not heard before.”

“Good to hear the open sharing amongst the group. Good learning experience and compare against one's own personal management of difficult situation.”

### **Communication/Engagement**

As part of engaging with staff about the Staff Attitude survey results and involving them with action planning, at Directorate level, focus groups were conducted with staff.

A programme of Executive led briefing sessions has been in place in 2016/17. These have been held in a variety of locations to enable as many staff as possible to attend and receive important messages from members of the Trust Board. It is also

an opportunity for staff to provide feedback on these messages and/or other issues. The sessions will continue but the format will change due to feedback given by staff.

**Family and Friends Test Staff** – This is undertaken on a quarterly basis. In 2016 the format was changed so that staff reply to the survey once in the year (rather than once a quarter). The results for 2016/17 show that there were increasing numbers of staff saying that they would recommend NBT to family and friends as a place to receive care/treatment, however, less staff would recommend the Trust as a place to work. The results are received and reviewed by Directorates each quarter.

The Staff Family and Friends Survey does not collect equality monitoring so it is problematic in trying to identify issues which relate to the protected characteristics of staff. The Equality and Diversity manager has raised this issue locally and nationally.

### **Staff Attitude Survey**

Whilst some improvements were made in the 2016 staff survey, when benchmarked with other acute Trusts, it showed that further improvements are necessary. The Trust's top 4 ranking scores when benchmarked against other organisations were:

- Quality of non-mandatory training, learning or development
- Percentage of staff experiencing discrimination at work in the previous 12 months (reduction)
- Percentage of staff experiencing physical violence from patients, relatives or the public in the previous 12 months
- Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse (reduction)

Conversely, the Trust compared least favourably in the following areas: percentage of staff reporting errors, near misses or incidents witnessed in the previous month, support from immediate managers, percentage of staff able to contribute towards improvements at work, staff satisfaction with the quality of work and care they are able to deliver, and effective team working.

Following publication of the results, the Trust Board agreed to focus on two improvement themes: Communication/Engagement and Staff Health and Wellbeing. These areas also form part of the corporate objectives for 2017/2018. Below is some of the progress made in these areas:

### **Staff Health and Wellbeing**

In 2016 year investment was made in the following areas:

- A staff physiotherapy service – this is open and accessible to all staff. Following a successful pilot, the service will continue to be funded in 2017/18
- Wellbeing courses run by our Psychology team – these were also very successful and popular with staff. Increased investment will mean that more staff will have the opportunity to benefit from this initiative in 2017/18

- Schwartz rounds were implemented in January 2017 and continue to run every 6 weeks – these are open to all staff and provide a safe space for reflection

The Trust was also successful in achieving the CQUIN standard for Staff Health and Wellbeing.

**Communication/Engagement** - As part of engaging with staff about the survey results and involving them with action planning, at Directorate level, focus groups were conducted with staff [HR Partners can provide more information here]

A programme of Executive led briefing sessions was in place in 2016-2017. These have been held in a variety of locations to enable as many staff as possible to attend and receive important messages from members of the Trust Board. It is also an opportunity for staff to provide feedback on these messages and/or other issues.

The sessions will continue but the format will change due to feedback given by staff. Plans were put in place to introduce 'Happy App' as an engagement tool from April 2017. The tool collects anonymous feedback, positive and negative from nursing, medical, and other staff groups about problems, frustrations or positive experiences on their shift, and their work-related mood. The app is a web based tool and users provide feedback either via dedicated terminals on PCs or via a desk top icon.

This will allow us to collect real time feedback and respond to issues that matter to staff in the workplace, in a timely way. Designated local leaders can access and then respond in a timely manner to facilitate the resolution of problems and gain early warnings of potential problems.

**Facilities Management** - staff who were surveyed for the Staff Attitude Survey highlighted better than Trust average scores in the following indicators of job satisfaction:

- recommendation of the organisation as a place to work or receive treatment
- motivation at work
- satisfaction with resourcing and support

The areas that required improvement were the second or third lowest scores within the Trust

- their ability to contribute towards improvements at work
- satisfaction with level of responsibility and involvement
- effective team working

Feedback from the focus groups was shared with the senior team so that a prioritised action plan can be implemented to address the concerns being raised which will be monitored for 2017-2018.

Staff Family and Friendly Test – results indicated that staff were more likely to recommend NBT as a place to work and receive treatment than the year before.

**Medicine** - We have been undertaking staff focus groups in divisions to try and better understand the specific issues around staff well-being and engagement.

- We regularly (weekly) review and share positive patient feedback and compliments – sample above
- The Medicine senior team also review progress in terms of complaints management on a weekly basis
- There is a regular review of sickness absence trends within the department and action is taken accordingly, for example, there was a high rate of sickness absence high in Medicine, so the HR Business Partner arranged for a visit from a Physio to the office area where all the medical secretaries sit. The physio offered advice and guidance on back care/pain and tips on how to best work in a sedentary job role
- Adjustments for staff with protected characteristics - Specific Access to Work support was commissioned and procured for one of our nurses with autism, (speech training), to enable her to remain in her job role.

All our Cost Improvement Schemes require the completion of a Quality Impact Assessment this ensures that the quality impact of savings schemes upon particular staff groups and patient groups are consistently assessed and signed off. This includes a question specifically on equality and diversity.

2016 – 2017 Plans include:

Many areas in Medicine are due to introduce the Happy App in 2016-2017  
'Celebrating staff success' newsletter in Medicine to be established, to show positive staff achievements and stories regularly

## **Section 4 - Inclusive leadership**

### **Section 4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**

**Trust Board** - All formal Board members have a vote; therefore 5 were able to vote in 2016 - 2017. There are 17 board members in total. 47% Board members are female of which 55% are Executive Directors and 40% are Non Executives. None of these declares a disability status, 7% are from a BME background.

**Equality Champions** - To drive the equality agenda within the Trust Equality Champions have been appointed, most of these are Trust Board members.

**Board Members:**

- Catherine Philips - Board Equality lead - Executive member and Director of Finance
- Jaki Meeking-Davis - Board Equality lead - Non- Executive member
- Simon Wood - Disability champion - Executive member and Director of Facilities
- Kate Hannam - Gender champion - Executive member and Director of Operations
- Dr Liz Redfern - Religion and Belief champion - Non- Executive member

**Non Board members:**

- Dr Nigel Jones - Lesbian, Gay, Bisexual and Trans champion - Consultant Elder Care
- Dr Sanjay Ghandi - Black and Minority Ethnic champion - Consultant Radiologist
- Helen Curry - Trust Deaf Champion – Physiotherapist (Member of Deaf community).

Details of recruitment for a non-executive director were sent to local BME groups in the Spring of 2017. Subsequently it was announced that the chair of the Trust Board would stand down later in the year, it was requested that this information is also widely distributed to attract more applicants from the BME community in the Summer of 2017.

Plans for later include the Board to receive a presentation from Yvonne Coghill, co-director NHS WRES, and the Staff BME groups to meet with her the same day as part of the BME history month events in October.

**Involving our Board in reviewing the quality of Patient Experience** - The practice of walking round clinical areas, asking questions, talking to patients, making observations, and checking local and patient records, is a fundamental internal assessment of the North Bristol NHS Trust core values in practice

In 2016-17 it has been particularly important to sustain connections between frontline clinical teams and the Executive and Non-Executive Directors who make up the Trust Board, reinforcing the focus on quality of care alongside the financial challenges that have faced the organisation.

Safety Walkrounds have been a long-standing activity at the Trust, connecting the most senior-level managers with staff involved in the frontline delivery of care. Through observations and enquiries with both staff and patients and families they

facilitate learning about local issues, provide examples of success stories and flag key actions and ideas to improve the experience of our patients and staff. Each Executive completes a number of Walkrounds across the full breadth of locations across the Trust (this includes our mortuary, discharge lounge, dialysis units and other off-site locations) and feedback notes are taken and actions recorded for follow through.

We aim to review the way these are conducted during 2017-18 to improve the ownership within each Divisional Management Team for the Walkrounds undertaken and the completion of identified improvement actions. We also propose to increase the number of Walkrounds. A proposal covering these areas will be reviewed at the May 2017 Quality & Risk Management Committee.

The Chief Executive and Interim HR Director attend BME Staff group meetings.

Diversity Advantage Project - NBT participated in the Diversity Advantage pilot project managed by the University of the West of England. This involved taking on a mentee from the BME community to encourage and support them to become an NHS Board member in the long term. Unfortunately the Board mentor stood down just as the project started, however, a consultant, who is also the corporate LGBT champion, took on this role at short notice. Our mentee attends public Board meetings and it was suggested that he become a member of the Southmead Hospital Charity in order to gain an understanding of the finances from a different perspective.

The Trust was ranked as “good” by the CQC (April 2016) on services being well led. This is a key area that is reflective of our strong culture of promoting high quality, patient centred care with improved governance systems and clear visibility of risks at Trust Board level.

#### **Section 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**

The Trust Board has overall responsibility for the equality agenda and has agreed to work to the Equality Delivery System. The Board receives the Annual Equality Report, Annual Equality Statistics and Workforce Race Equality Standard reports. There are two Board members, one non-executive and one executive member who lead on equality; they both sit on the Equality and Diversity Committee.

Trust Board members and senior managers have become corporate equality champions for Race, Disability, Gender, Lesbian, Gay, Bisexual and Trans (LGBT) Religion and Belief for staff. Board and senior managers have become mentors for BME staff.

#### **Section 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**

BME staff have taken up the opportunity to be mentored by senior managers, and some have been successful in furthering their careers at NBT. There have been a number of changes of managers so there will be a recruitment drive for new mentors in the Autumn of 2017.

The Mid-Level Leadership Development Programme is underpinned by the Healthcare Leadership Model, a behavioural model that defines the NBT leadership way. This model has been used as a 360 diagnostic tool to assess a baseline position of our mid-level leaders. The collective leadership behaviours have also been mapped against the Healthcare Leadership Model behaviours to provide a further baseline assessment. The learning focus is based on individual development needs. The programme aims “to develop exceptional mid-level leaders with the right qualities and practical skills to deliver the Trust’s Strategy, who are also equipped to meet the challenges facing the NHS locally and nationally.” Level 2 (aimed at Bands 2-4) and Level 3 (aimed at Band 5’s and above) these are open to all staff and a good level of support is given in order that staff are successful. These are assessed by the external verifier who has stated that NBT is “a very good centre”.

10% of staff on the programme are BME.

A coaching service is available to all staff members – coaching has been proven to be a very effective way to support staff development.

We are trying to develop a mentor register in order to aid and support leaders.

There are programmes in the pipeline such as the Foundation for the Future which will be run when the financial position allows.

There is a member of staff on the “Glass Lift Leadership Development programme” (for female staff) run by South West Academy. Another is on the “Stepping Up Programme” run by NHS Leadership Academy (for BME staff) she was one of only 52 people selected out of 4500 applicants.

The overall Staff Equality Group that covers people from all protected characteristics continues to meet. There are two further groups for career development one for Black and Minority Ethnic Staff and the other for Disabled Staff.

The Equality and Diversity manager provides advice and information to internal departments, groups and individuals for example:

- Staff Equality Groups
- ASK HR
- HR Business Partners
- Employment Services
- Fertility services
- Wards
- Laser centre (re Trans patients)
- Facilities Management

- Occupational Health
- Advice and Complaints Team
- Parking Services
- Volunteers
- Communications Department
- IM&T - including freedom of information requests
- Students

Respect and Dignity Statement – This was signed by the Chief Executive and piloted in Facilities. It is included as part of all equality training and featured in the Equality and Diversity newsletter on a regular basis.

A fact sheet about Ramadan and the implications for patients and staff was widely distributed including to Pharmacy, Consultants and managers.

## Conclusion

In accordance with the Public Sector Equality Duty North Bristol Trust can show through its policies and practices that it endeavours to deliver the three aims of the General Duty which are to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

The Trust has continued to work to ensure that equality of opportunity exists for all staff and has provided services to meet the requirements of people with different protected characteristics despite the restrictions of “Special Financial Measures.”

Its grade for 2015 was externally assessed and set at “achieving” (green) under the Equality Delivery System 2, the NHS analysis for the Workforce Race Equality Standard showed that NBT is a leader in this field equality is increasingly mainstreamed and once again the Trust has demonstrated high standards, building on its positive reputations over previous years gained the Disability Confident Employer at Level 2, the Staff Attitude Survey (SAS) key improvements showed staff feel that NBT provides equal opportunities for career progression or promotion and the rating increased for the quality of non-mandatory training, learning or development and there was a reduction in Harassment and Bullying overall and there was a reduction in Harassment and Bullying overall. Action plans are in place to deliver our objectives. Family and Friends Test for Staff show increasing numbers saying that they would recommend NBT to family and friends as a place to receive care/treatment but fewer recommend it as a place to work, actions are in place to improve this in each Directorate.

NHS Choices Website increased its rating from 3½ to 4 stars and the Trust performed well in the 3<sup>rd</sup> National Audit of Dementia patients achieving a score that placed us 7<sup>th</sup> out of 199 participating hospitals. The National Cancer Patient Experience Survey 2016 results showed NBT scored 6 questions above the expected range and 2 below which is a marked improvement from the 2015 survey. The Macmillan Wellbeing Centre was awarded excellent in a Macmillan quality cancer environment award. The Emergency Department scored above the national average in the Picker report.

VV

This report demonstrates the achievements over the last year and highlights some of the activities since 2009 to show this is a continuing process and these all contribute towards removing or minimising disadvantages experienced by people due to their protected characteristics, to tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Under the Equality Delivery System the Trust is found to be delivering positive outcomes for protected groups, and working towards continuous improvement. There is good engagement with patients, carers, communities and staff from protected groups to a greater extent. There is recognition of inequalities between protected groups and patients or staff as a whole. Information gathered is used to inform developments in services for patients and staff.

The Trust also meets the Specific Duty, has set equality objectives for the four years from 2012 -2016 and publishes this report to show compliance with the equality duty. These objectives will be reviewed in 2016 and set for 2017-2021.

The Trust is looking for increase reporting from all departments, they need to ensure that they report any actions taken on equality and detail these, together with the impact this has on people with different protected characteristics.

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September 2017

Please contact us if you require this report in a different format.

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NHS Staff Survey Results and Related Data 2016 - Capita

Michael West<sup>1</sup>, Jeremy Dawson <sup>2</sup>, Lul Admasachew <sup>2</sup> and Anna Topakas <sup>2</sup>

<sup>1</sup> Lancaster University Management School and The Work Foundation

<sup>2</sup> Aston Business School

Circa 2009

## Annual Equality Report Glossary

Term	Definition
ACT	Advice and Complaints Team
BCRM	Bristol Centre for Reproductive Medicine
BME	Black and Ethnic Minority
BNSSG	Bristol, North Somerset and South Gloucestershire
BPAC	Bristol Physical Access Chain (BPAC)
CAMHS	Child and Adolescent Mental Health Service
CCHP	Community Children's Health Partnership
CCGs	Clinical Commissioning Group (replaced the PCT)
CORC	CAMHS Outcomes Research consortium
CQC	Care Quality Commission
DOH	Department of Health
EDS	Equality and Delivery System
ESR	Electronic Staff Record
FFT	Family and Friends Test
GRMC	Governance & Risk Management Committee
GTR	Gypsy/Traveller/Roma
HR	Human Resources
JSNA	Joint Strategic Needs Assessment
LEAD	Leadership Development Programme
LGBT	Lesbian, Gay and, Bisexual and Trans
NBT	North Bristol NHS Trust
PCT	Primary Care Trust
PROMPT	Practical Obstetric Multi-Professional Training
PSED	Public Sector Equality Duty
PWLD	People with Learning Disabilities
Staff Side	Trade Union
SANDS	Stillbirths and Neonatal Deaths (Charity)
YPF	Young People Friendly