



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

**2017 - 2018**



# Annual Equality Report 2017 - 2018

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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 2017-2018 and gives evidence of how the Trust has met the requirements of the PSED and its achievements.

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 Report and Accounts for 2017-2018 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.

## 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 previous years. This work was externally assessed in 2018 by HealthWatch and found to have improved its rating to the grade of “achieving” under the Equality Delivery System.

It should be noted that the trust has built a sound basis and mainstreamed equality over the past few years in some areas. 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 4 stars to 4.1/2 stars. The mortality ratios trust have remained consistently lower than the nationally expected rate of deaths for a hospital of its size and activity.

The National Cancer Patient Experience Survey 2017 matched the national average score of 8.7 rating care and we scored 6 questions above the expected range and 2 below which again is an improvement.

NHS Choices Website increased its rating from 4 stars to 4.1/2 and the Trust.

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.

## Equality Delivery System Assessment

Equality Delivery System results for the last 3 years.

### 2014-2015

Undeveloped	Developing	Achieving	Excelling
0	9	6	2

### 2015-2016

Undeveloped	Developing	Achieving	Excelling
0	7	8	2

### 2016-2017

Undeveloped	Developing	Achieving	Excelling
0	1	13	4

## Next Steps

The outcomes of the work carried out in 2017/2018 are used as supporting evidence to assess our grading under the EDS2 which HealthWatch agreed as “achieving”. The focus in 2017/2018 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 should 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 2017-2018. Some areas received an “excellent” (mauve) rating like Recruitment, Human Resources and Learning and Development. HealthWatch have stated many of the grades improved but with more evidence relating to the protected characteristics NBT could improve further.

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 – 2017**

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 8 years.

North Bristol Trust Main Equality Work 2009 – 2017								
2009	2010	2011	2012	2013	2014	2015	2016	2017
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	Equality Objectives redrafted
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	Board member appointed as Equality champion for Age
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, distributed to 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	Staff Attitude Survey Highest results for BME staff: 1 Overall staff engaged 2 Staff motivation 3 Recognition & value of staff by managers/organisation 4 Good communication: senior management and staff

North Bristol Trust Main Equality Work 2009 – 2017								
2009	2010	2011	2012	2013	2014	2015	2016	2017
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	Trust key player in Bristol Equality Charter
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	Staff Attitude Survey – 3 of top 5 scores relate to equality: 1 More staff report most recent experience of harassment, bullying/abuse. Higher than the national average. 2 Staff experiencing discrimination at work. Lower than national average. 3 Staff believe NBT provides equal opps for career progression/promotion, 1% lower than national average

## 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 2017/2018 have been submitted and will be analysed by the NHS who look 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; this is sent to the Workforce Committee who recommended 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 2017. Initiatives to support BME staff include:

- Promote secondment and other jobs opportunities to Black and Minority Ethnic Staff 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

- 3 members secured places on the Bristol Stepping Up programme
- BME Staff Career group growing
- Staff Attitude Survey showed:
  - improvements for Black and Ethnic Minority staff experiencing harassment
  - BME staff most engaged
- Black and Minority Ethnic Staff Career Development Group meetings attended by Chief Executive
- Workforce Race Equality Standard (WRES) results submitted
- Priorities were identified and added to action plan (WRES)

- Black History Month in 2017 - celebrated with exhibition, profiling BME staff, African Drumming
- H&B – Confidential helpline service numbers fell in 2017 but feedback on the service is good
- 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:

In the financial year 2017 -2018 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.

#### Achievements in 2017-2018

- EDS2 – Overall grade “Achieving.”
- Of the 18 objectives the Trust was assessed by HealthWatch as “Excellent” in 4 “Achieving” in 13 and “Developing” in 1
- Staff Attitude Survey (SAS) showed improvement regarding harassment and bullying
- SAS showed biggest improvements for Black and Ethnic Minority staff
- There were also improvements for Black and Ethnic Minority staff as the percentage of staff experiencing harassment
- Muscular Skeletal (MSK) highest engagement levels in the Trust, above the national average for 2 years in a row
- New parking app ensures quicker and easier access for patients and visitors to pay
- Equality Objectives for NBT were redrafted, consulted on with staff equality groups and approved by the E&D Committee. These were disseminated to key senior managers and HR Business Partners
- Equality newsletters compiled and distributed monthly internally and externally
- Promoted harassment and bullying advice line, particularly amongst equalities groups.
- New advisers were sought and training will go ahead in September 2018
- The Trust maintains links with various external organisations to gather feedback and engage with service users and is involved with:

- Bristol Race Manifesto Strategic Leaders - NBT key player, it's first initiative was gathering data from 11 public bodies in Bristol these are being worked on as a partnership
- Bristol LGBT Manifesto
- South Gloucestershire Equality Forum.
- Diamond Cluster (BNSSG NHS and CICs Equality leads). This meets regularly and has reviewed the previous Race for Health work; the equality monitoring document from the South West Commissioning Support Unit has been discussed and circulated.
- Bristol Equality Charter – NBT key player in devising the charter. To be launched in November 2018
- Equality Impact Assessment process reviewed and new form agreed
- Equality and Diversity policy reviewed by the Equality and Diversity committee, staff in the equality groups, Trades Unions and management.
- Equality training - 88% compliance rate
- Mortality ratios remain consistently lower than the nationally expected rate of deaths for a hospital of its size and activity
- 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 Age
- Disability Confident Employer awarded at Level 2

## 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, 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, Disability Confident, 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 Race Manifesto
- Bristol LGBT Manifesto
- South Gloucestershire Council Equality Partnership Forum
- HealthWatch
- Gypsy, Roma, Traveller Group
- Diamond cluster (BNSSG NHS Equality managers, CICs and HealthWatch)
- 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
- Various managers, wards and non-clinical
- 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**

**Anaesthesia, Surgery, Critical Care & Renal Division (ASCR) Division Commission a new service for People With Learning Disabilities** - Services continue to be designed to meet the needs of the specific patient groups and ASCR has a proposal to bring in a new team that will support all PWLD this would be a small team of current staff who themselves have learning disabilities. This team will help us to design our services and pathways as well as provide PWLD to come through the hospital.

There are some challenges, like ensuring the team is able to appropriately support clinical practice and ensure that PWLD understand all the wide range of specialities within the division. It may be required to start at a small starting point and build the service from her and to consider extending cover over more than the normal working week so this would be available to emergency patients.

ASCR is exploring whether the appropriate skills already exist in the division and if not to commission this service through an external provider and monitor progress through this route.

The design and refinement of services often focusses on trying to reduce and improve the clinical outcomes, reduce delays or improve efficiency. Rarely in the design of service provision are additional factors built in to support patients with specific additional needs and requirements.

- It is proposed that the team will broadly complete four distinct functions within the division. These range from:
- Training NBT staff – through the development of specific programme it is anticipated that the team will be able to provide dedicated training to defined groups across the division. The focus of this training would be to raise awareness and educate teams on how to provide appropriate interactions with PWLD.
- Providing support to PWLD through their elective pathway and interactions, it is hoped this could involve helping to organise their elective admissions and then providing support during their visits to the hospital. This support will

range from helping patients to understand what treatment is going to occur and what it would mean for them.

- Screening services – supporting PWLD to understand why screening is important and help to increase uptake within this patient group. This would involve providing appropriate representation within the service.
- Service development – provide support and input into the design of how services work and designed to ensure that they provide appropriate to PWLD.

As the service is about supporting both the clinical teams and patients, then there is a requirement for the team to be able to understand and explain what is being discussed and planned with both the patients but also the healthcare providers. This will potentially require helping to explain to patients what their treatment is and why it's important, but equally providing challenge back into the clinical team if they are not being clear or supportive enough to the patient.

The aim is to improve the number of patients who access the screening services and receive appropriate and commissioned healthcare.

Severn Pathology launch - February saw the official launch of our Severn Pathology laboratories, celebrating the partnership between North Bristol NHS trust and Public Health England (PHE). PHE laboratory services have moved into the extended pathology facilities at Southmead Hospital and this event was an opportunity to showcase the new labs. The celebration was part of a wider event highlighting the different elements at the hospital's Science Quarter, which incorporates research and education. The laboratory within the building processes samples sent from local hospitals, including Southmead, University Hospitals Bristol NHS Foundation trust (UH Bristol) and the Royal United Hospitals Bath NHS Foundation trust (RUH).

### **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 and has been working with patients as partners in their care for example we have:

- Increased patient involvement in the process of appointment of staff at all levels
- Established and embedded the work of Patients Complaints Review panel who are influencing change in the quality of complaint investigation and responses
- Engaged with people from the Deaf community in order to help improve access to our services
- Commenced work on "Ask 4 Questions" to help and support staff, patients and carers in the conversations and the activity of getting ready to leave hospital

Patient Flow - We have undertaken a number of initiatives within the year and have commissioned new work for 2018/19 with input from national NHS organisations and local partners to try to tackle the problems. We will aim to achieve a bed occupancy of 92% for 2018/19 and to never exceed 95% but it has to be recognised that this will take some months to achieve.

Improving the flow of patients through the hospital has been supported by campaigns with a focus on the Home is Best message and the national End PJ Paralysis initiative. These are designed to encourage clinical staff to ensure that no patient spends a day in hospital without some form of diagnosis, treatment or therapy and to organise everything needed to discharge as soon as they are medically fit to do so safely. We know that people get better quicker when they get out of bed and we have run two and three day events with our commissioning, community and social care partners to improve the processes to discharge patients. We have commissioned Price Waterhouse Cooper to run a staff development programme to help staff understand how they can improve the discharge process and to teach some of our staff to continue to coach others when the programme ends.

“Hospital at Home” is an initiative to send surgical patients to their homes more quickly without actually discharging them from consultant care by sending nursing staff out to them has begun to have a good effect.

If all the internal initiatives achieve their aim we should be able to make available to patients as many as 150 beds and if our partners succeed in their actions a further 100 beds could be made available ready for the expected winter pressure.

Anaesthesia, Surgery, Critical Care & Renal Division (ASCR) Division - At present NBT has trained up a number of health care professionals who are able to support patients with learning disabilities (PWLD) to come through appropriate appointments. We have some predeveloped leaflets. Often services will offer PWLD longer appointment slots in order to support any additional needs.

Within Lorenzo there is a flag to identify if a patient has learning disabilities. In ASCR, the division has over the last years treated 32 inpatients and also seen 145 patients within outpatients. Although the service has also supported 320 dialysis interventions (equates to 3 patients) this excludes the two screening services that the division supports outside of NBT.

Cancer Services - Are increasing the number of holistic needs assessments for patients, helping address individual patients needs and sign posting them to a wide range of support, both in hospital and the community. We are also working more closely with patients in designing and improving our services. The work being undertaken embraces all the Trust values of working well together, recognising the person and striving for excellence.

Women’s and Children’s - Once again the mortality rates at Southmead Hospital’s Neonatal Intensive Care Unit (NICU) were found to be among the best in the country in the Perinatal Mortality Surveillance report by MBRRACE. The data shows that

when compared to other level 3 (the highest level of care) NICUs without surgery our mortality rates were below the national average and significantly lower than the national average for comparable units. Our clinical teams lead the way on safety and are building our ambition to be the safest hospital in the country.

Venous thromboembolism (VTE) - NBT was awarded Exemplar status by a team from King's College, London (the first VTE Exemplar Centre) led by Professor Roopen Arya (National Lead of the VTE Exemplar Network) for our work in this area. Effective management of VTE saves lives, supports speedy recovery and prevents complications. It is a significant step forward in our ambition to be one of the safest hospitals in England.

NBT is one of only 25 Trusts in the country to have been awarded this status and it is the culmination of 10 years of work since the NBT Thrombosis Committee, chaired by Jason Kendall, was formed. The recognition evidences high quality performance in VTE Prevention, Diagnosis and Treatment and our work was commended.

Renal transplant performance - This year was one of our busiest for kidney transplants at North Bristol NHS trust. We carried out 134 kidney transplants, which included a record number for the team using organs from deceased donors – 104. February saw the unit's busiest ever month for transplantation with 19 transplants carried out.

Cancer Services - Are increasing the number of holistic needs assessments for patients, helping address individual patients needs and sign posting them to a wide range of support, both in hospital and the community. We are also working more closely with patients in designing and improving our services. The work being undertaken embraces all the Trust values of working well together, recognising the person and striving for excellence.

The 31-day wait target was achieved and exceeded in every month of the year with the exception of April 2017.

The two-week waiting time for urgent cancer referrals was met in 5 months during the year. The trust has enacted two recovery action plans during the year to support this standard but sustaining achievement has not been possible due to workforce issues and patients declining appointments offered.

Dementia Care - Case Study: It is not uncommon for people living with dementia to experience problems with eating and drinking, this patient had assessments to ensure there were no physical reasons for her not to be able to eat and drink and to rule out any reversible causes. The patient was a unique individual and a collateral history (we gathered additional information to inform an assessment including such things as lifestyle, wishes, beliefs social and so on) which was obtained through speaking to her family; who also assisted with translating the comments she contributed. The 'This is me' document for the patient identified some of her preferences relating to eating; eating a soft diet and for example enjoying water that was very cold from the fridge. This provided an account of the person's preferences,

beliefs, culture and life history. Eating had been a very social occasion in the family home.

Additional observation and interpretation by the family established that, when it was thought that the patient was refusing, she was actually saying she could not be bothered and was tired. Tiredness can affect stamina and concentration. Focusing on completing a meal can be difficult, so having smaller colourful foods that can be eaten as finger foods can help. Coordinating the selection, transfer and chewing of food is complex. Not being able to remember when you last ate, or the related health complications can be lost for someone living with dementia.

Actions we implemented:

- Decluttered the table as too many options were confusing
- Provide bitesize finger foods – chocolate buttons and skips that had flavour but melted when eaten
- Refrigerated cold water also led to the introduction of cold watermelon
- Food was provided little and often
- Family supported to eat or have a drink when they visited with her

Encouragement to engage with eating and drinking was further enhanced by a comment that the patient liked music and one singer in particular. The matron used her mobile phone to play the music and the patient was really transformed as she became animated and very happy. Her social interaction enabled an opportunity to allow assistance with her eating and drinking. The video clip here shows a similar reaction to a patient with dementia in the USA.

<https://www.youtube.com/watch?v=fyZQf0p73QM>

**Women's and Children's** - We have developed a tool for Women with Learning Disabilities which is a pictorial guide relating to pregnancy, birth and early parenthood. This has been piloted and funding awarded from the League of Friend's (LoF) to have these professionally printed. The tool can also be used by young women and women where English is not their first language.

### **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 was formally launched in 2017. For 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.

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

Training – Patient Safety – “600 in 60 NEWS scores Cascade training” was introduced with the aim of training 600 staff on key patient safety messages over eight weeks. Within 3 weeks we had succeeded in reaching our half-way target of 260 staff having gone through this.

Improving Patient Safety - The Trust has:

- 100% screening for Sepsis in patients attending ED who needed screening with antibiotics delivered within 1 hour in 90% of cases where Sepsis was diagnosed
- Put “Swarm” reviews in place for all serious incidents ensuring early learning, early implementation of actions and support for patients/families and ward staff
- Trained over 3000 staff in Quality Improvement awareness sessions, there are over 150 Improvement projects registered and 150 staff have received detailed QI training sessions

Maternity services virtual tours - In September two new virtual tours funded by Southmead Hospital Charity were launched to help people familiarise themselves with services before attending. The tours allow users to step inside Southmead Hospital’s Maternity unit and Cossham Hospital, virtually exploring the Central Delivery Suite at Southmead Hospital’s Maternity unit, allowing them to see inside the delivery rooms and family areas. The Cossham tour takes visitors through the main entrance and along all levels of the building, including the dialysis room, imaging, and the Birth Centre, allowing expectant parents to have a look at the Geranium, Lavender and Jasmine birthing rooms.

Patient Safety Awards win - The work of our Emergency Department and Quality Improvement Patient Safety teams was recognised with an Health and Safety Journal Patient Safety Award. The West of England Academic Health Sciences Network won the award for the Shine Emergency Safety Checklist, which is a collaboration between the Emergency Department at Southmead Hospital and other

hospitals in the region. This has made an important difference to safety in a very pressurised department.

Library - Our clinical librarians are able to help people find evidence to support decision-making, professional development and to inform on complex cases and ethical and legal questions. The librarians carried out 189 literature searches in less than a year and have had some great feedback from the clinicians they have supported. They have carried out searches in areas as diverse as reducing unnecessary scans in pregnancy and a phobia of needles in AMU. The feedback received shows that they are having a great impact across the Trust.

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

For next year a piece of work will be undertaken to recruit a registered nurse into the Occupational Health team to particularly look at staff immunisation against measles, this will involve both staff screening and immunisation.

Flu vaccinations - The Trust offered flu vaccinations and 3325 frontline healthcare workers were vaccinated out of 4577 this represents 72.6%. All staff were offered the vaccine with a number of clinics established 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.

## **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**

Interpreting service - The Trust arranges translators for different languages and British sign language to ensure patients have appropriate access to information about Trust. NBT uses trained interpreters from approved suppliers to ensure:

- Patients are involved in their care reducing anxiety and improving clinical outcomes
- Fully trained interpreters are used to reduce clinical risks
- Equal access to care packages and pathways is ensured
- Confidentiality is maintained
- There is no conflict of interest

In 2017/18 we handled 2,146 requests for face to face interpretation and 11 requests for translation of written material. The most requested languages were Polish, Romanian and Somali. Foreign Language interpretation is currently provided by Language Empire but the contract is due to be renewed following procurement.

We also handled 175 requests for British Sign Language interpreting. This is currently provided by Sign Language Solutions.

**Patient Information leaflets** - The Trust produces leaflets for patients ensuring that the information is as easy to use and understand for as many visitors as possible. This takes into account font style, size and colour, as well as the use of plain English, and imagery where possible. Leaflets can be produced in large font if required, and can be used in conjunction with our Translation & Interpreting supplier for patients where English is not their first language.

**Accessible Information Standard** - The Trust has set up a working group to implement and maintain the Accessible Information Standard which is mandatory for all NHS and adult social care service providers to ensure patients, their carers and family members, can access and understand information and are given the support with communication they need.

There are 5 principles the Trust must meet.

- **Identify:** Ask if people have any information or communication needs, and find out how to meet those needs
- **Record:** Record those needs in a set way that is highly visible, using specific definitions
- **Flag:** Use alerts or flags to make it clear on the person's file what their needs are, and prompt action to meet those needs
- **Share:** Share information about the person's needs with other NHS and adult social care providers
- **Act:** Make sure people get their information in an accessible way and have the communication support they need

The Access Information Standard is included in the on line equality training and the the masterclasses on the Equality Delivery System.

**Library** – Staff are also working on a patient-focussed initiative around audio-books with Elgar ( Elder Care) but this is still in the early stages.

**Women's and Children's** – We have developed a tool for women with Learning Disabilities which is a pictorial guide relating to pregnancy, birth and early parenthood. This has been piloted and we have been awarded funding from the League of Friend's, to have this professionally printed. The tool can also be used by young women and women whose first language is not English. We have also received our 'My Pregnancy, Birth and Newborn Baby Booklet' which compliments new guidelines for parents with LD.

**Patient Wi-Fi in maternity and gynaecology** - Wi-Fi is now available in the maternity wards at Southmead Hospital for pregnant women and new mums to benefit from when they are in hospital. IT has completed testing of the service in Mendip, Quantock and Percy Phillips to improve the experience for these patients, enabling them to watch television on laptops and tablets and keep up to date with what's going on outside of the hospital.

A new birthing pool was installed in Southmead Hospital's midwife-led Mendip Birth Centre after a £57,000 donation from the Southmead Hospital League of Friends.

Technology - To maximise the use of technology so that the right information is available to make key decisions we have:

- Electronic Document Management Service went live on 1st October and has been rolling out across service areas
- Business Intelligence (BI) has developed a new Outpatient Clinic Efficiency Report to help consultants and managers to review the way their clinics have been set up and to challenge how efficiently they are being used

Home is Best campaign - The 'Staywell' bus was launched in December to highlight some key messages about staying well in the winter, accessing appropriate health services and advising people how they can support their loved ones to get home from hospital quicker. The bus, which operated on routes throughout the Bristol area, featured healthcare staff including a Southmead Hospital consultant and nurse. This is part of our work to raise awareness of the importance of patients being discharged from hospital in a timely manner when they are well enough to leave. We worked with the local CCG to promote our Home is Best campaign.

100,000th Move Maker buggy trip - The Move Makers transported their 100,000th patient in the atrium buggy in June 2017. The buggy has been running in the Brunel building's atrium since July 2015 providing transport for patients with mobility issues.

## **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 grounds**

Hospital at Home - Research shows patients recover faster in comfortable and familiar environments and the NBT "Hospital at Home" service has been caring for some surgical patients in their own home instead of a hospital bed.

It provides acute healthcare to patients in the comfort of their own home. The service is delivered by our team of specially trained nurses who visit each patient in their home to deliver the care they need.

The Hospital at Home team work closely with each patient and their team of doctors and consultants to develop a personalised care plan that can be delivered at home. The team will schedule regular visits, daily or more frequently, dependent on individual need, to deliver the treatment and care required. Patients will also have access to advice and support outside of their visits.

Whilst receiving treatment as part of the Hospital at Home service patients remain under the care of their hospital consultant, and are only discharged from us once they have completed their treatment programme.

<https://www.nbt.nhs.uk/our-services/a-z-services/hospital-at-home>

Parking app for patients and visitors - To help improve the patient and visitor experience the “Glide” parking app was introduced which makes it quicker and easier for patients and visitors to pay for their parking. The App, available for both iPhone and android, is free to download, and allows people to pay online for their parking.

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

Inpatient survey - Found that 85% of our patients would rate their care as 7/10 or higher. We were also ranked high for privacy, respect and dignity, cleanliness and trust and confidence in doctors with performance better than the average for trusts nationally in several areas.

The survey has highlighted some areas for us to work on, including discharge delays, joined up communication with patients and answering call bells. This has been a longstanding concern with some difficulty in understanding the extent to which it is a technical issue, where we need help from the building management company and where it is a genuine staffing challenge. Focus groups have been set up to support this work. Overall we are pleased with the results which show we are heading in the right direction.

Fresh Arts – This helped with these initiatives in environmental improvements which have been ongoing in 2017-2018.

- Murals were provided in Elgar House wards to make the environment more stimulating and friendly to people with dementia
- 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.

Bedside activities - In November and December 2017, Fresh Arts ran a pilot project called “Creative Companions” which trained a team of four volunteers to work every week with patients with dementia and cognitive impairment on Ward One at Elgar House. The volunteers and patients worked together on creative activities including printmaking, collage, painting and drawing. Following the success of this pilot project, Fresh Arts pledged to develop the pilot project further by running a year-long programme of activities in 2018-2019. It is planned for April 2018 to recruit and train a team of 8 volunteers to attend Elgar House on a weekly basis to run activities at the bedside. Volunteers will be asked to commit to a minimum for 6 months.

Arts on Referral - A new project began in 2017-2018 and will continue into 2019. This is a pilot project, working with three outpatient departments for people living with cancer, a recent diagnosis of dementia (and their carers) and for those living with chronic pain. The aim of Arts on Referral is:

- To provide a non-medical referral option that can operate alongside existing treatments to improve health and well-being.
- To support patients with chronic conditions better self-manage their condition
- Enable/encourage self-care or self-management of symptoms/ treatments/ medications and physiotherapy and more
- Alleviate and improve symptoms of stress, social isolation, boredom, pain, anxiety, depression, mobility issues or dexterity issues.
- Create opportunities for patients to meet others with shared experiences
- Help to improve quality of life outside of the hospital
- To develop links with and knowledge of resources within the wider community which can support patients following discharge
- To support the patient discharge process

Each group meets for one 2 hour session per week over 6 weeks and undertakes creative visual arts activities like printmaking, collage, clay, natural materials, knitting, weaving, painting, etc. The cancer group are working with a creative writer and poet. The first six week programme was evaluated with others scheduled to run into the summer when a full and final evaluation will take place. We will then consider sourcing funds to continue this work.

Cancer Services and Patient Experience - North Bristol Trust is the major cancer care provider in the South West diagnosing 5760 patients with cancer in 2017.

The National Cancer Patient Experience Survey measures the experience of cancer patients across a number of aspects during their cancer pathway. This includes emotional aspects such as how sensitively a person is told their diagnosis and practical issues for example; the length of time a person had to wait to see a doctor.

Scores have significantly improved both nationally and at NBT since 2015. NBT matched the national average score of 8.7 rating care out of 10 which is an improvement. We scored 6 questions above the expected range and 2 below which again is an improvement on the 2015 survey.

- 86% of patients felt that overall the administration of the care was very good or good
- 94% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 93% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- 84% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist

- 89% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 77% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 59% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment

#### Questions which scored outside expected range

- Always given enough privacy when discussing condition or treatment 93% - 7% above the national average
- Hospital staff gave information about support groups 90% - 4% above the national average
- Groups of doctors or nurses did not talk in front of patient as if they were not there 86% - 4% Groups of doctors or nurses did not talk in front of patient as if they were not there

Areas where we improved 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, providing information about what to do / what not to do on discharge and working well with community staff.

Areas for ongoing improvement at NBT include the length of time waiting for tests to be carried out, explanation of and practical advice/support for side effects and longer term consequences of treatment, ease of access to the Cancer Clinical Nurse Specialist (CNS), improving patient access to information and advice on getting financial help, explaining clearly the outcomes of operations and checking routinely for patient understanding, providing patients with opportunities to discuss worries or fears with appropriate staff, provision of information and support from health/social services to help with care at home during and after treatment.

Over the last year we have:

- Successfully passed the 62 day cancer target time (GP referral and the start of treatment) for cancer patients for the past 2 years.
- 10 cancer specialties plus an acute oncology and palliative care service.
- All patients diagnosed with a cancer have a Cancer Specialist Nurse (key worker) allocated to support them throughout the cancer pathway.
- Many people living with cancer have unmet needs and in addition to supporting people through the treatment pathway we also provide a range of support for patients and their families living with and beyond cancer.
- Increased the resource available to support cancer patients, their carers and families. This has been with staffing and the range of services available.
- Provided more information in a timely fashion earlier in the patient pathway in our cancer information and support clinics.

The NGS Macmillan Wellbeing Centre (opened in 2014) provides information, advice and support and a range of services. The use of the Centre and services provided has been steadily increasing year on year providing face to face support for 30-40 people per day and averaging 15 telephone appointments per day. Feedback received from people supported is extremely positive.

The centre is based in the hospital grounds and anyone can access the facilities and services and also offers free complimentary therapies and a range of activities such as patient group education sessions and self-management courses, art therapy and mindfulness sessions.

Regular clinics, including Macmillan Citizens Advice Service, dietician clinic, psychology appointments and provide one to one support.

Macmillan centre is supported by two part time managers and a team of dedicated volunteers and four Cancer Support Workers who provide one to one support, holistic assessment and care planning and sign posting people to a whole range of services both centre based and the community.

In August 2017 we introduced a new weekly clinic for patients and their relatives/ carers who have recently received their cancer diagnosis providing a wide range of information, signposting to services, advice on coping with the diagnosis, diet, fatigue and physical exercise.

309 patients have attended over the past 7 months. The evaluations and patient feedback have been overwhelmingly positive.

Following a cancer diagnosis we are now inviting all patients and family/carers to a weekly cancer support clinic that provided information and advice at the point of diagnosis to better support them through their cancer treatment and journey.

Patient feedback from these new innovative sessions has been overwhelmingly positive for example:

“Thank you for helping me to feel more in control and in charge of my cancer”.

Self-management courses, to help prepare patients after treatment and to improve long term health and wellbeing during cancer recovery are run by a psychologist, clinical nurse specialist and a patient tutor. Evidence and feedback has demonstrated a positive impact of this strategy for self-management support in cancer recovery with patients for example:

“This was such an important part of helping me understand feelings and how to manage them post treatment. It has helped me emotionally and mentally to cope with my recovery.”

“I think it’s essential to have patient volunteers - they have been through what you have, to some extent, and help you feel like you can share your story and concerns too.”

Improve uptake of the Breast Screening programme for Black and Minority Ethnic groups and Women with Learning Disabilities (WLD) - The CDS team have been working for a few years now with Healthwatch Bristol who have been linking our service to local BME community groups. We have carried out a number of presentations at their Health Awareness days.

We have developed easy read leaflets and letters for People with Learning Disabilities (PWLD) and offer desensitisation sessions for WLD who are worried about coming for a mammogram. They can visit the unit and meet the staff and see the equipment etc. in advance.

We are in the final process of making a film with Bigger House productions, funded by Public Health, BANES and the Breast Care centre which is about WLD about the screening process for them. This will be promoted locally and we hope this will be used nationally.

For the past 2 years one of our mobile screening units has been at the Women's prison in Eastwood Park and we take part in the staff and prisoner wellbeing events.

CQC Feedback - CQC inspectors arrived carried out their unplanned inspection. During their two day visit in November 26 inspectors 2017 visited Medicine, Surgery, Outpatients, End of Life Care and our Emergency Department (ED). They noted that patient flow through the hospital is still an issue and is impacting on ED however they acknowledged that this department was unrecognisable due to improvements made since the last visit in 2014. The overall rating is "Needs Improvement."

They talked positively about our culture, that our staff are open and engaging, and that they had seen great multidisciplinary work across the hospital, especially in medicine.

Improving Patient Experience - This year we awarded £35,000 worth of grants to NBT teams through our charity funds via the Christmas Cracker Awards. We funded projects ranging from the purchase of an interactive table for patients with dementia, to TENS machines, and photography equipment all of which will make a positive difference to the lives of our patients and staff.

Other equipment funded by the Southmead Hospital Charity this includes:

- 46 wheelchairs for use across all wards in Southmead Hospital, helping
- ease the movement of patients
- 4,800 slide sheets which help staff move patients carefully and comfortably. They're a simple yet invaluable piece of kit
- Neonatal Intensive Care drug boxes to help parents of babies in
- neo-natal intensive care prepare for their discharge home

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

Complaints - Monthly numbers of complaints and concerns have been reducing. Overdue responses increased against the beginning of the year, with 46 reported in June 2017. By the end of 2017/18 it was reducing again and finished the year at 16. Closure within timescales has also been decreasing from 77% in April 2017 to the year-end position of 56%. The majority of complaints are about some aspect of clinical care, a communications issue or admissions, discharges and transfers.

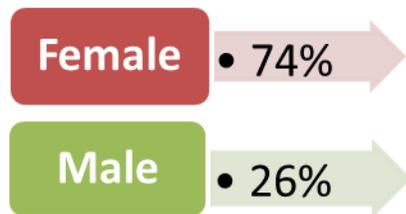
### **Section 3 - A Representative and Supported Workforce**

#### **Headline Data 2017**

The following headline data shows the diversity of staff at North Bristol NHS Trust between January 2017 and December 2017. 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 for all staff equality groups, except females, although all these increases are small.

## Our Workforce 2017

### Workforce by Gender



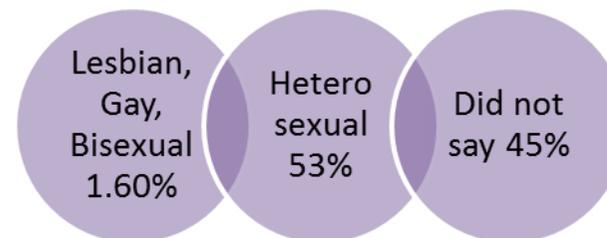
### Workforce by Disability\*



### 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**

We are in the process of developing a leadership framework which includes options for under-represented groups which is in the early stages of development.

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 introduction of TRAC has seen an increase in applications from a diverse background. We think that because TRAC has a feature which means shortlisting is strictly anonymous this avoids any unconscious bias.
- 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.

- In addition we are in the early stages of developing recruitment plans to target BME groups (focus on band 5 nurses)
- Secondment list – we are in the process of creating a secondment list which will be imported onto the trust intranet site and be circulated to BME staff in the BME career development group and advertised more widely.

**Medicine** - To increase diversity within the department a number of initiatives have been taken:

- Skype interviews for all candidates- opening access to all regardless of Disability and geographical location. This is used proportionally by more BME people.
- Ongoing Development of clear development pathways for all newly qualified nurses with the aim of increasing percentage of BME staff at bands 6 and 7
- Employment at Band 4 of overseas nurses who awaiting Nursing and Midwifery Council registration
- Equality information is collected independently of job application forms
- Development of recruitment video to aid nurse recruitment, ensuring representation of diversity of nursing staff and aiming to ensure nurse recruitment continues to reflect this diversity
- There are also plans to engage BME/Disability staff in looking at the recruitment processes to make potential recommendations to improve this

Careers Open Evening - There was a fantastic response to a careers open evening held by our staff development team with 350 people attending to find out about working in the NHS. Attendees age ranged from 13-year-olds asking about work experience to older students asking about subject options to help them in their ambition to work for the NHS and current staff looking at career development or those looking for a change of career to healthcare. Staff from across the organisation took part in the event and showed their passion for their work and everyone felt it was a real celebration of why we work in the NHS. It is great to see that people are still so positive about the NHS and are choosing this wonderful organisation for their careers.

### **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**

Gender Pay Gap Reporting - The Trust is ensured it fulfilled the commitment under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and reported to the Equality and Diversity committee.

The Gender Pay Gap data for 2017 showed the overall average hourly rate the pays its male employees is 19% higher than the average hourly rate it pays its female employees. This is slightly higher than the wider public sector economy which was reported as 17.7% in October 2017 (Office of National Statistics (ONS) Annual Survey of Hours and Earnings). However, this gender pay gap is largely because far more of the Trust's doctors and other medical staff are men than women, as is the case across the NHS. Of the Trust's other employees, including nursing, midwifery, scientific, therapeutic, technical, administrative and ancillary staff, women are on average paid 1.16% more per

hour. The Trust's executive team, which is made up of five women and three men, including a female chief executive, is absolutely committed to having an equitable workforce and is taking a series of actions to achieve this. There has already been a lot of progress and in the past 10 years the proportion of female medical staff at the Trust has increased from 39% to 46%, including a rise in female consultants from 25% to 36%.

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.

Reducing the Gender Pay Gap - The Trust is committed to ensuring an equitable workforce and we will continue to work towards achieving the following actions. Monitoring of progress will be through the Equality and Diversity Committee:

- Continue the development of the Trust's talent management programme to support all employees to progress, with consideration given to supporting all staff in protected characteristic groups, including gender
- Explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance
- Raise awareness of shared parental leave entitlements and flexible working opportunities through our training and communications
- Continue to take into account gender in the development and delivery of the Trust leadership programme
- Undertake an annual review of gender split across all bands as part of the annual Public Sector equality Duty process and take action where appropriate
- Offer workshop sessions to Consultants to encourage CEA applications from across the workforce
- Further investigation into data and recommended ways forward on any proposed actions that may reduce the gap to be considered through the Equality and Diversity Committee.

The full report can be seen on the Trust's website at this link:

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

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

We are putting more of our training onto the e-learning system, as this means staff can learn at their own pace and in an environment that suits them. This does not replace our policies or other training, but is simply another way that staff and managers can access HR training.

Induction Process – This was changed in September 2017 from a face to face presentation. Equality is now a requirement of the orientation element of induction in departments and is undertaken using the Equality and Diversity e-Learning package. Each new starter needs to complete this within their regular place of work within 2 weeks of starting. Compliance with this was 87% at March 2018.

Apprenticeship Programmes - We currently offer a number of Apprenticeship programmes from the Learning and Development Apprenticeship Centre. There are over 300 people undertaking Health Care Support Worker training and Business Admin apprenticeships, including the Care Certificate and maths and English. We have clear education pathways for people at entry level up to post registration courses.

All learners are treated as individuals and their education pathway designed for their individual needs. All staff are able to undertake training. However the individual training plans allow for training to be developed to suit the different types of employees, their requirements, needs and previous achievements. These are identified at an information advice and guidance meeting undertaken at the outset of the training.

New Apprenticeships – This will be expanded over the next 12 months to Healthcare Scientists, including pharmacy, and leadership and management qualifications using apprenticeships as an alternative to traditional qualification routes. This would open more opportunity for staff to undertake funded learning programmes in the format of an apprenticeship.

Traineeships and employability training - The L&D team still have strong links with the local Job centre plus (over 8 years) providing employability training leading to a qualification and employment at NBT. This programme is for people who are long term unemployed and NEETS (people Not in Education, Employment or Training). A recent audit of this programme indicates that the retention rate of staff recruited this way is higher than the normal recruitment methods.

English and Maths Training - We offer a range of English courses for staff to improve their English including level 2 functional skills Maths and English, preparation for International English Language Testing System (IELTS) tests and English support for Nurses and other Healthcare professionals. These courses are very well evaluated by all learners, with improved success rates from learners in their English and Maths attainment. This is particularly important for people whose first language is not English.

New Roles and progression Pathways into Nursing - NBT is the lead organisation for the Nursing Associates second wave pilot scheme and we have 13 of our NBT staff out of the total of 40 within the Bristol, North Somerset, and South Gloucestershire area (BNSSG) working towards a regulated professional post at Agenda for Change (AFC) band 4 level. This role and the role of the assistant practitioner both lead on to undergraduate nurse training.

Quality Inspection achievements - The NBT L&D Apprenticeship Centre works in conjunction with the South West Association of Training Providers (SWATPro) and has attained an OFSTED rating of Good with Outstanding Features at our last inspection.

We have also attained Gold standard Fairtrain for our Work experience programme and Matrix Quality Mark for Information and Advice and Guidance

Evaluation by staff - Learners complete surveys at the beginning, middle and end of their training and all staff are encouraged to provide feedback.

These surveys show that the training the apprenticeship centre delivers demonstrate learner's feelings to reflect:

- 100% good quality teaching
- 100% listen to learners views
- 100% good advice to achieve and progress
- 95% support provide given to succeed
- 100% promotion of equality and diversity
- 75% felt they were observed regularly in their practice

We also record progress after training is completed; we offer advice for next steps, including how to prepare for the next band job.

Equality Training - Equality training became mandatory in April 2015 and there was an 87% compliance rate by 31 March 2018 via the e learning course. This course was reviewed and a new package provided by "E-learning for Health" which meets the Mandatory and Statutory Training (MAST) and National Statutory Framework. From September 2017 all new staff are expected to undertake on-line equality training and all staff must refresh this every three years. Training receives excellent feedback from participants.

Equality training was undertaken by 74% of staff, this includes those who attended corporate induction, the e-learning equality course or other training offered. This is an increase from 2016 when it was 56%.

There are tailor-made training sessions organised for departments/teams on request, for example this year on Gender Identity issues to support a team where a member of staff transitioned and for another on the entire protected characteristic.

Promotion of equality to raise awareness – To meet the Public Sector Equality Duty information is offered in a more informal way than through standard training. Numerous equality events are held throughout the year to raise awareness and promote understanding on Race, Disability (including mental health), Sex, Sexual Orientation, Gender Identity, Age and Religion and Belief.

- Events are organised to mark World Mental Health Day, Disability History month, Lesbian, Gay, Bisexual and Trans History month, International Womens Day and Black History Month. The Chief Executive attends the last two.
- Displays are 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, International Youth Week, Vaisakhi Day, Equality and Human Rights Week, Mental Health Awareness Week, Eid, Rainbow Faith Day and Holocaust Memorial Day.

- Promotion is carried out on the Message of the Day (electronic message to all staff), via posters distributed widely electronically, on the equality notice boards and via the Staff Equality Groups and Equality Champions.

Equality newsletters are published monthly and distributed internally and externally.

Much of this is offered internally by the Equality and Diversity Manager, the Equality and Diversity Programme Manager, members of the Learning and Development team, Facilities Management training team and sometimes through specialist external providers.

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

Harassment and Bullying Helpline Calls 2017 - The Harassment and Bullying Helpline was set up in 2009. This service is offered by staff that volunteer their time and undertake training. New helpline advisers were recruited and trained in 2018 due to some staff leaving. Numbers have been falling over the last few years. Feedback from callers indicates very positive experiences of the service.

The percentages for staff callers by equality background were:

- Disabled – 7% increase 1% from 2016
- Black and Ethnic Minority – 62% increase 15% from 2016
- White – 38% decrease 15% from 2016
- Women – 92% increase 24% from 2016
- Men – 8% decrease 24% from 2016
- Religion and Belief – 7% increase 2% from 2016

The percentages for types of harassment and bullying calls where this is known were:

- Managers on Staff - 46% decrease of 17% from 2016
- Staff on Staff - 38% increase of 17% from 2016

Further advisers were recruited and training is due to go ahead later in 2018.

The People Team dealt with 704 cases in 2017 a decrease of 5% from 2016, none of these related to Harassment and Bullying.

Staff Attitude Survey - The 2017 survey showed a better than national average in 3 key areas. One of these related to harassment and bullying in that more staff reported it and the others related to violence experienced at work.

There were also improvements for Black and Ethnic Minority staff as the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in

last 12 months reduced by 5%. The percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months reduced by 4% for BME staff.

The BME Staff Group has asked for a survey to be carried out to identify their experience of harassment and bullying, this is included in their action plan.

However, the story is not the same for Disabled staff who have registered a number of the lowest scores for any equality groups. This will be looked at in conjunction with the Staff Disability Career Development Group.

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 in all face to face equality training i.e. consultants, domestics, porters and volunteers.

Specific training sessions for managers on how to deal with harassment and bullying are provided alongside tailored session on request for departments throughout the year.

Health and Safety Department – The Trust continues to closely monitor violence, aggression, stress and wellbeing through audits and by reviewing leading and lagging indicators such as staff surveys, training and incident levels. This information is regularly reviewed at relevant committees in order to gauge performance and enable measures to be taken to address weaknesses which become evident.

Additionally in 2017/18 we introduced a new reporting system called DATIX to improve reporting and analysis of incidents. This along with new processes will help ensure all incidents are reported, properly investigated and appropriate remedial action taken.

There were approximately 20% fewer serious incidents in the past year which we believe demonstrates greater stability and improved management of issues within the Trust.

In 2018/19 there will be a review of conflict avoidance training to ensure our staff are being equipped with the latest techniques and that our training addresses NBT needs and meets national standards of good practice.

Wellbeing will also receive greater focus with an aim to significantly raise awareness and improved communication of the available support mechanisms and programmes within the Trust.

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.

Retirement review and actions – A review was conducted with the aim of improving retirement forecasting and retention by providing staff with more flexible retirement options, and long-service recognition.

NBT has established a “Retention Steering Group” which acknowledges that additional work around supporting flexible retirement and supporting staff working longer is required. The Trust can show that many of its initiatives are also undertaken in other Trust’s and are contained within our existing Retirement guide and includes:

- Flexible retirement options:
  - Pre-retirement course
  - Pre-retirement reduction in hours in existing role
  - Pre-retirement step down
  - Retire with pension and return on a new contract
  - Partial retirement
  - Late Retirement
- Flexible retirement applications monitored by Human Resources and Development
- Succession planning/planning for the future
- Long Service Awards (over 25 years)

Our demographics show that whilst we have an ageing workforce, staff in almost all staff groups are retiring later than they were a few years ago which may help with our retention issues.

Currently have approximately 270 staff who have taken their pension, many of these have retired and returned on a bank only basis (125). There are only 9 staff who have taken up the option to purchase the ‘Early Retirement Buy Out’ which suggests a low level of awareness of the options available to staff around flexible retirement.

Recommendations have been agreed to improve awareness and tracking of the options available to staff around working longer and flexible retirement and this work will continue over 2018-2019 and beyond.

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

Family and Friends Test for Staff results show:

Medicine and Core Clinical Services (CCS) - 2598 were emailed a copy of the FFT to complete online, and 548 responses were received, that is a 25.5% response rate in

CCS and a 15.9% response rate in Medicine. The survey asked two mandatory questions, and on both questions there was a free text box so that staff could write comments if they wished.

Medicine - 51% of staff agreed they are “Extremely Likely/Likely” and 12% said they were “Neither Likely nor Unlikely” to recommend North Bristol NHS Trust to friends and family if they need care or treatment. 18% said they were “Extremely Likely/Likely” and the same percentage said they were “Neither Likely nor Unlikely” to recommend the Trust as a place to work.

CCC - 70% of staff agreed they are “Extremely Likely/Likely” and 21% said they were “Neither Likely nor Unlikely” to recommend North Bristol NHS Trust to friends and family if they need care or treatment. But 24% said they were “Extremely Likely/Likely” and the same percentage said they were “Neither Likely nor Unlikely” to recommend the Trust as a place to work.

Written comments from staff include: The NHS is a great place to work, NBT is a lovely modern place of work with very supportive colleagues, I enjoy my job and work with a lovely team of people. Negative comments talk about lack of support from managers, overwork and lack of staff, lack of praise or recognition for staff who are under a lot of pressure to deliver.

Muscular Skeletal (MSK) - Had the highest engagement levels in the Trust which were above the national average for 2 years in a row.

- 73% of respondents felt they can contribute towards improvements at work (above national average 70%).
- Many staff reported good support from their immediate manager 3.8/5 (above national average of 3.74)
- 54% respondents are happy with opportunities for flexible working (above national average of 51%)
- Effective team working reported high 3.73 (above national average 3.71)

In Neuro and MSK agreed areas being focussed on are:

- Staff Health & Wellbeing,
- Support for challenging behaviour,
- Ensure good patient experience,
- Simplify appraisals for staff & managers,
- Fully using our new Datix reporting system

People Team Initiatives - This year the Trust is focussing on Communication /Engagement and Health and wellbeing and focus groups have been held with some staff groups to look at future actions by identifying:

- What works well
- What could be better
- What actions could we take to improve things we improve things

Medicine - Psychology Support for Acute Medical Unit staff were provide following a very difficult winter for staff on AMU, they had been working relentlessly hard and caring for patients in very difficult circumstances and this was taking its toll on them. We therefore commissioned psychological support from trained psychologists in the Well-being team to spend time with these staff and talk through some of their experiences. This has been very well received.

Appraisal paperwork and training - This has been re-vamped, is shorter, easier to read and is not specific to pay bands. Informal feedback from those who have used the new paperwork has been very positive. We have also created the Equality and Diversity Prompt sheet for managers, which is on the HR Portal. The appraiser training will also now include more specific discussion around equality and diversity issues.

Itchy Feet Campaign – This is aimed at supporting any member of staff who might be thinking of leaving the Trust, whatever their reason. They may speak to the People Team in confidence and talk through whatever is concerning them. This project has been promoted with a number of posters around the Trust and staff are making contact.

Leadership Development - We have agreed a framework for leadership development over the coming two to three years at the Trust. The detail of this (development outcomes and delivery plan) is currently being worked up; however it does include specific provision for a leadership development programme(s) for developing aspiring leaders from groups with protected characteristics. This is in order to ensure that we have a pipeline for creating a more diverse leadership group over future years.

Accessible HR resources and training for managers and staff - We are aiming to make everything we offer more accessible and easier to read. We have produced and are developing further briefing sheets and flow-charts for staff and managers which summarise the key details of some of our more complex policies. We have also produced a Maternity Video which summarises succinctly entitlement of staff to Maternity Leave and Pay. Further documents are planned in this in this format.

Library - A collection of books promoting healthcare and helping staff address concerns like getting a better night's sleep, managing anxiety, mindfulness for carers etc. The collection lives in the reception area of the library, so is very visible and means no-one has to hunt it down in the main body of the library.

Staff Lottery – This costs £1 per month and gives an opportunity to win a monthly prize of up to £500 and reduced prices for events. There are around 20 events every year and have included weekend trips to the European Grand Prix in Belgium and Monaco, Christmas Market trips to Paris, Bruges, London and Lillie. Last year there were trips to Highclere Castle, Ascot Ladies Day, Malvern Royal Horticultural Society Festival, London day trips and many of the shows on at Bristol Hippodrome including the pantomime and Matilda. There were also discounted tickets to Puxton Park and Vue Cinemas. Retired staff can also stay in the lottery by enrolling for a year at a time.

Facilities Management – The “Happy App” a tool for live staff feedback is a computer based programme. When it was launched in Facilities a user friendly guide was produced with screenshots showing exactly how to access it. This helps those who do

not regularly access, or struggle with IT to ensure they have the same opportunity to provide feedback through this route. There was also a physical demonstration of it for a “Domestic engagement session” with 60+ attendees. Uptake has been good, and is well used. Managers respond/publish within 2 days, unless further investigation is needed or it is not appropriate to publish. Where themes are identified these are taken forward by the relevant managers.

Equality and Diversity agenda - Work has been carried out to promote equality and to ensure that discrimination does not happen over a number of years. NBT has detailed equality objectives that cover the protected characteristics. These have been developed in consultation with staff and HealthWatch recommendations have also been incorporated. These are in line with the legal requirement of the Public Sector Equality Duty, (PSED) against the four main goals of the Equality Delivery System 2 (EDS2):

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership
  
- Race
  - Workforce Race Equality Standard – information was provided by the deadline on how this is met. NBT has taken a number of steps towards this, e.g. relaunched BME mentoring scheme, with new managers invited to become mentors, appointing a new BME Champion, facilitating a Staff Development Group, which is chaired by a BME staff member. Supporting staff to apply for places on the Stepping Up programmes at Bristol City Council (3 participants) and the NHS (1 participant) providing a mentor for an external BME person to gain experience to take up a place on the Trust Board. Marked Black History Month with African drumming session
  - Bristol Race Manifesto Strategic Leaders – public bodies working in partnership to change the low number and wage levels of BME people in the sector
  - Separate BME action plan compiled and consulted on with BME staff
  - NBT are second of 11 Public bodies in Bristol in terms of employing BME staff, just 0.03% behind the University Hospital Trust Bristol
  - NBT has the highest number of BME staff across Bristol public bodies in each pay grade with the exception of 2 grades (£35-40k and £100k+)
  
- Disability
  - Disability Confident Employer assessed and awarded at Level 2. The logo was added to the new recruitment web page.
  - Mindful Employer Charter – The assessment was carried out and NBT continues to work towards good mental health for all staff.
  - Staff Development Group for Disabled staff, which is chaired by a staff member and an Executive Director is the Trust champion. The group proposed the Trust investigates writing a policy to cover Disability related sick leave which is underway.
  - Separate Disability action plan compiled and consulted on with Disabled staff

- Women
  - Gender Pay Gap reporting - The statistics were compiled and were published in line with the legal requirement.
- Lesbian, Gay, Bisexual and Trans
  - Work continues on the Bristol wide LGBT manifesto in partnership with representatives from Bristol City Council, LGBT organisations e.g. Bristol Pride, Access Support Service (Mental Health) and so on
  - Trans - Guidelines to support staff were amended to include a clear checklist for those transitioning. This was used to change all relevant documentation
  - Training given to department colleagues on Trans issues to ensure appropriate support
- Religion and Belief
  - NBT Religion and Belief guidelines are displayed on the Equality notice boards.
  - Rainbow Faiths Day was organised in December and Eid, Diwali and Easter were celebrated.
  - The Sanctuary hosts Christian and Muslim prayers, a Taoist group also meets there
- Staff Equality Groups - These are in place for:
  - There is an overall Staff Equality Group which covers all the protected characteristics.
  - There are separate career development groups for Black and Minority Ethnic staff, and for Disabled staff which also meet regularly. Designated members of staff chair these committees. Feedback: Members of the staff equality groups report excellent satisfaction with the equality work at NBT.
- Corporate champions include those for Gender, Lesbian, Gay, Bisexual and Trans, Religion/Belief and Age who are either Board members or consultants. Plus a Deaf Champion who is a member of staff. They help to promote the equality agenda.
- The Trust's Respect and Dignity Statement is widely promoted including on t.v. screens for patient information, equality notice boards, and in all equality training.

Advice and Information - The Equality and Diversity unit provides information about all the protected characteristics to the whole trust, the majority of enquiries relate to Disability followed by Race then Lesbian, Gay, Bisexual and Trans issues. A number of Freedom of Information requests were responded to.

Communications Team - Media work: The communications team mentioned the NHS70 Windrush awards in our NHS70 call for action, along with additional social media activity ahead of the closing date for nominations. <https://www.nbt.nhs.uk/news-media/latest-news/help-us-celebrate-70-years-nhs>

We published an International Women's Day article online with social media posts

featuring some of our senior women and coverage of the breakfast. We also shared Tweets from Sethina Watson who was Tweeting on the national @NHS Twitter feed for the week.

<https://www.nbt.nhs.uk/news-media/latest-news/celebrating-our-staff-international-womens-day>

We published a BME Champions website article, issued a press release which was featured in Bristol Post, and provided associated social media.

<https://www.nbt.nhs.uk/news-media/latest-news/scheme-help-bme-staff-reach-their-potential-relaunched>

Website - The communications team published the following reports on the NBT website:

- Equality and Diversity Committee meetings
- Equality Delivery System
- Gender pay gap
- Workforce monitoring
- Workforce Race Equality Standard
- Equality Newsletters

The communications team also trained two HR staff members to assist the Equality and Diversity Manager with adding content to the website.

Messages of the day to staff - The communications team publicises the following “messages of the day” on all NBT computers which staff can see when they log on:

<b>Messages of the day to staff 2017-2018</b>	
13 April 2017	Vaisakhi Day
23 May 2017	Ramadan
11 July 2017	Eid
14 August 2017	International Youth Day
2 October 2017	Black History Month
19 October 2017	Diwali
20 October 2017	Stammering
22 November 2017	Disability History Month
11 December 2017	Mentoring for Black and Minority Ethnic Staff
15 December 2017	Staff Disability Group Meeting
20 December 2017	Disability Confident Award
9 February 2018	Lesbian Gay Bisexual and Trans History Month
16 February 2018	Chinese New Year
8 March 2018	International Women’s Day - Women in Leadership

Staff Attitude Survey - North Bristol NHS Trust increased its staff engagement score and of its 5 top ranking scores 2 related to equality in that fewer people experienced discrimination at work, and more staff reported incidents of harassment and bullying both these were better than national average. Broadly the results for 2017 were similar to last year's, there was a rise in staff who said they are proud of the work they do at North Bristol NHS trust and we now see that the gap is closing where we are behind other trusts.

Staff are reporting increasing levels of stress though and we understand that we need to provide more support at work. We will continue to listen and make improvements in the workplace.

BME staff reported the highest scores in 4 areas:

- Staff motivation at work
- Recognition and value staff by managers and the organisation
- Reporting good communication between senior management and staff
- Overall staff engagement

Disabled/White staff stayed the same in their belief that NBT provides equal opportunities for career progression/promotion 2017.

but this fell for Women, and Non-Disabled staff, while for BME staff it fell by 10%. For Men this increased by 6%. There are a number of initiatives in place for BME staff some of which are also available to Disabled staff. Actions plans are in place for the latter two and for Women through the work on closing the pay gap.

<b>Staff Attitude Survey believing the organisation provides equal opportunities for career progression / promotion 2017</b>			
	<b>2017</b>	<b>2016</b>	<b>2015</b>
BME	66	76	87
White	87	87	71
Disabled	79	79	78
Non-Disabled	85	87	87
Women	87	90	87
Men	78	72	81

BME staff recorded the highest level of engagement for the third year running followed by non-disabled staff, however, Disabled staff were the least engaged. This will be looked at by the Disabled Staff Career Development Group.

<b>Staff Attitude Survey Overall staff engagement 2017</b>			
	<b>2017</b>	<b>2016</b>	<b>2015</b>
BME	3.93	3.86	3.95
White	3.69	3.69	3.69
Disabled	3.55	3.70	3.53
Non-Disabled	3.74	3.72	3.76
Women	3.73	3.73	3.74
Men	3.71	3.65	3.64

Simultaneously, BME staff feel the most discriminated against while White staff feel the least discriminated against in the SAS.

The respondents who completed the survey comprised 74% females, 23% males while 2% preferred not to say. 12% were BME which is 4% lower than staff recorded on the Electronic Staff Record (ESR). 14% stated they are Disabled while the ESR shows less than 2%.

Elsewhere, 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.

Staff Wellbeing – A new project to support staff wellbeing was launched in February 2017. This is designed to help staff manage stress, improve sleep and enhance day-to-day personal resilience within the workplace and at home. The psychology team offer free Wellbeing and resilience courses, Improving your sleep courses and Individual ‘signposting and support’ sessions. All support is confidential and open to all NBT professional groups including clinical, managerial, administrative, research, and support staff.

193 members of NBT staff used our counselling service at least once from January - December 2017. These individuals may have been for multiple counselling sessions but each person has only been counted once.

For 2018/19 there is a project on ‘Risky Behaviours’ which includes smoking as well as alcohol related targets.

Herb garden - Southmead Hospital Charity part-funded a new roof-top garden where over 30 herbs are grown for use in patient and staff meals

## **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 12 were able to vote in 2017 - 2018. There are 15 board members in total. 47% Board members are female and 53% male. Of these 62.5% of Executive Directors are female and 37.5% are male. One third of non-executives are female and two thirds are male. None of these declares a disability status; there were no members from a BME background over the last year.

**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

- Catherine attended the International Women's day breakfast with Andrea Young, Chief Executive, to support the programme.
- She works independently and with Board colleagues to ensure that our board papers and annual reports show a diverse workforce which is representative of our population.
- When on call, approved the release of a body to a Muslim family in order to meet their religious beliefs including to hold a funeral as soon as possible.

Jaki Meeking-Davis - Board Equality lead - Non- Executive member

- Jaki has consistently tested communications and Board level reporting as to the inclusivity of the messages/images/photos contained in them.
- Undertaken a mentoring programme with a prospective Non-Executive Director from a BME background - including appointment as a lay member of the Charitable Funds Committee
- Attends meetings of the Equality and Diversity Committee
- Introduced the E&D Committee to the workings (and funds) of the Charitable Funds Committee and encouraged an application for funding of the various equality events etc.
- Liaised with the Quality team about accessing the Charitable Funds for translation of patient information documents and access for deaf patients

Simon Wood - Disability champion - Executive member and Director of Facilities

- Attends meetings of the Equality and Diversity Committee and the Disabled Staff Career Development group
- Attended Deaf Awareness training in Physiotherapy

Kate Hannam - Gender champion - Executive member and Director of Operations

- Attended the International Women's day breakfast

Dr Liz Redfern - Religion and Belief champion - Non- Executive member

- Attended the Rainbow Faiths Day

### **Non-Board members:**

Dr Nigel Jones - Lesbian, Gay, Bisexual and Trans champion - Consultant Elder Care

- Attends meetings of the meetings of the Equality and Diversity Committee
- Attends meetings of the meetings of the Staff Equality Group

Dr Sanjay Ghandi - Black and Minority Ethnic champion - Consultant Radiologist

- Attends meetings of the BME Staff Career Development Group

Helen Curry - Trust Deaf Champion – Physiotherapist (Member of Deaf community)

- Attends meetings of the Deaf Health Partnership
- Organised Deaf Awareness training in Physiotherapy

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 in 2018 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.

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. Consequently the one of the non-executive directors continues to provide mentoring and encouraged them to become a member of the Southmead Hospital Charity in order to gain an understanding of NHS finances. They will be encouraged to stand for a Board position in the future.

Engagement - The Trust engages with patients, staff, staff-side organisations (Trade Unions) and communities, the Chief Executive takes an active role inside and outside of NBT in raising the profile of the equality agenda. More needs to be done to increase the diversity of these groups.

Mainstreaming - The Trust continues to work towards ensuring that equality is integrated into the core aspects of its business; and this is reflected in the Corporate Equality Objectives which were reviewed following engagement with staff equality groups. However, it recognises that it will need to do more to demonstrate this outcome in the future.

### **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.

The Interim Trust Secretary will be drawing up a template for the Board to assist with strategic planning on equality in 2018.

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 and a new recruitment drive for mentors in the Autumn of 2017 was very successful.

3 members of staff have been supported to take up the Bristol “Stepping Up Programme” and 1 has secured a place on the NHS Leadership Academy “Stepping Up Programme”.

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

- Staff Equality Groups
- People Team (Previously ASK HR)
- HR Business Partners
- Employment Services
- Wards
- Facilities Management
- Advice and Complaints Team
- Parking Services
- Volunteers
- Communications Department
- IM&T - including freedom of information requests
- Students
- External organisations like other NHS bodies, local government and so on

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, key managers and others.

## 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.

Its grade for 2017 was externally assessed and set at “achieving” (green) under the Equality Delivery System 2, the Workforce Race Equality Standard shows that NBT continues to work towards increasingly the agenda.

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) showed welcome marked improvements for BME staff. However, this indicates that far more needs to be done to change the satisfaction of Disabled staff who record the lowest ratings of any equality group. Simultaneously, BME staff feel the most discriminated against while White staff feel the least discriminated against. The Chief Executive has given a strong commitment to BME staff and their career development and to the work on the Bristol Race Manifesto.

Equality Objectives are in place, are supported by the actions plans for BME and Disabled staff. 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 4 stars to 4.1/2 and the Trust.

The National Cancer Patient Experience Survey 2017 matched the national average score of 8.7 rating care out of 10 which is an improvement and we scored 6 questions above the expected range, an improvement on the previous year.

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 reviewed its equality objectives for the next four years from 2017-2021.

The Trust is looking for increased 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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March 2018

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

## References

NBT Annual Report and Accounts 2017-2018

<https://www.nbt.nhs.uk/sites/default/files/PB3906%20NBT%20NHS%20Report%20%26%20Accounts%202017%20-%202018.pdfweb.pdf>

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