

2013

Annual Equality Report



Exceptional healthcare, personally delivered

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 2013 but does not evidence how the Trust has met the requirements of the PSED through its previous achievements.

The Brunel Hospital is nearing completion and due to open in May 2014. Consequently most staff are focussed on this and it has been very difficult to gather information for this years' report. It should be noted that the trust continues to build on previous work throughout the organisation that covers all of the protected characteristics. Some departments like HR cover them all and include them in all policies; others work on specific equality areas.



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Public Sector Equality Duty (PSED)

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

General Duty

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

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

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

The Trust must do this by:

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

Specific Duty

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

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

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

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

Protected characteristics

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

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

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

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



Equality Delivery System

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

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

By using the EDS we will be able to meet the requirements of the Equality Act 2010 and be better placed to meet the registration requirements of the Care Quality Commission (CQC) and other external auditing bodies.

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

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

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

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

What we must do

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

Executive Summary

North Bristol NHS Trust (NBT) continues to work towards meeting our legal obligations under the Public Sector Equality Duty. It is found that the equality agenda is increasingly mainstreamed to ensure compliance and maintains our grading under the Equality Delivery System which is found to be “developing” (amber). This is lower than the grade of “achieving” (green) reached in 2012. This does not mean that the equality work is deteriorating, it should be noted that the trust has built a sound basis and mainstreamed equality over the past few years, this is due to the lack of information provided to demonstrate that the Public Sector Equality Duty was met. The Trust continues to provide services for patients and staff irrespective of their equality background. For example, the Human Resources (HR) department has carried out work across all the protected characteristics and its policies encompass all the equality areas.

Four directorates submitted items and fourteen departments/sections are represented, twelve less than in 2012. The evidence presented demonstrates how much has been achieved as the equality agenda is increasingly mainstreamed against the background of the move to the new hospital. Many of these actions are linked with the EDS, this underpins the PSED, during its second year of a four year programme and includes training, awareness raising, engaging with patients and staff, events, monitoring, promotion, provision of advice, comprehensive formats and consultation inside and outside the Trust.

Human Resources continues to cover all the relevant protected characteristics, which are contained within all employment policies. 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.

The Trust meets a number of the objectives set out in the Equality Delivery System and achievements are shown within this report.

Next Steps

The outcomes of the work carried out in 2013 are used as supporting evidence to assess our grading under the EDS. The focus in 2014 is to continue to build on the work undertaken so far, to reach the next grade of “achieving” by providing more evidence, show that the 9 protected characteristics are addressed at all times, and that health inequalities are being tackled for disadvantaged groups and good engagement with patients, carers, communities and staff is rolled out across the Trust. Community interest groups will be consulted on which areas should be focussed on as set out under EDS2.

Progress

Meeting the Equality Delivery System

In 2013 fewer departments reported actions relating to their equality work. NBT has moved to the EDS2 grade of “developing” (amber) overall. Some areas can demonstrate “excellent” (mauve) like Human Resources and Community Children’s Health Partnership and some “achieving” (green) like Facilities. It is fair to say that some protected characteristics are focused on by all departments. No department warrants a red or “undeveloped” rating. The quality of the work undertaken improves annually however, large areas of evidence to support the PSED further was not provided for 2013 although, in 2012 the trust was seen to be meeting the grade of “achieving” (green). It is not thought that the equality work has deteriorated rather that the move to the new hospital has taken priority during this year and information has not been supplied as a consequence.

There were some areas of good practice in 2013 for example:

iCARE which looks at NBT from the patient’s point of view and encourages connections between people that make a difference, 72% attendees on training recommend it to their colleagues.

Work led by the Equality and Diversity Manager with the Diamond Cluster (sub-regional NHS Equality Managers) to identify volunteers to train to form a panel to engage with NHS and comment on service delivery is evidence of how the Trust is committed to improving patient access and experience and better health

outcomes for them. This focusses on people who are BME, Disabled, LGBT and Gypsy, Roma, Traveller as these were found to be the least heard groups in research that was previously undertaken by the trust.

All staff have been consulted with, and offered support in connection with the move to the new hospital. This type of initiative is translated into good service for patients.

Career development project for BME staff. Following an analysis of the workforce equality statistics BME staff have been offered mentors from the Board and other senior managers. Further, work will be undertaken on this in 2014.

Gender Identity guidelines for supporting staff who transition was produced and distributed to managers, is available on the Intranet and was shared with other trusts.



Dr Nigel Jones
*Trust Corporate
Champion for
Lesbian, Gay, Bisexual
and Trans people*

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:

- 1384 (15%) staff undertook some form of equality and diversity training, attended corporate induction or undertook the E-learning equality and diversity course. Many of these are new starters.
- Equality events are held throughout the year to raise awareness and promote understanding on Race, Disability (including mental health), Sex, Sexual Orientation, Gender Identity and Chinese New Year. World Mental Health day was marked.
- BME staff career development – new initiative offered mentors at board and senior level
- Corporate Equality Champions identified for Race, LGBT and Gender to join the Disability one
- The Equality and Diversity Committee met three times, it dealt with and reports on equality as part of mainstream business and work is designed to promote equality which links with the Equality Delivery System and the Trust's equality objectives.
- The Two-Ticks Disability scheme was reviewed and re-awarded for a further year by Job Centreplus.

- Mindful Employer charter – (Mental Health for staff). Re-awarded. Training attended and found to be useful.
- Advice (staff) – 38 queries were received by the Equality and Diversity Manager. The majority of these (26%) related to disability, followed by race (24%). 5% gender identity, 3% sexual orientation, 3% gender, 3% religion/belief. 21% included all equality areas. These are referred to the appropriate department to deal with.
- Complaints (staff) – There were a low number of these. 21 queries were received by the Equality and Diversity Manager. The majority of these (26%) related to disability, followed by race (14%). 7% sexual orientation, 5% gender, 9.5% religion/belief.
- Harassment and Bullying (staff)
 - Figures of cases reported to Ask HR are low in number and are not statistically significant.
 - Harassment Advisor service - feedback returns indicated positive experiences
- Several requests were made for information about equality work to support bids for service contracts. A tool kit to aid this process is to be produced.
- Equality Delivery system refreshed – training given and information distributed
- Website and intranet reviewed and updated



Engagement

Patients

- Parking services manager attended Brandon Trust meeting about public transport and people with learning disabilities (PWLD) to discuss adjustments required in relation to parking spaces.
- Equality and Diversity Manager led project with Diamond Cluster to identify volunteers to train to form a panel to engage with NHS and comment on service delivery is initially focused on people who are BME, LGBT, Disabled and Gypsy, Roma, Traveller.

- South Gloucestershire Council
- HealthWatch
- LGBT Forum
- Men's and Boy's Health Forum
- Gypsy, Roma, Traveller Group
- Diamond cluster (BNSSG NHS Equality managers)
- South Gloucestershire Hate Crime Partnership
- Patient Representatives

Promoting Equality

- The equality intranet pages have been 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 notice boards at Frenchay and Southmead hospitals were used for Black and Ethnic Minority, Disabled and Lesbian and, Gay, Bisexual and Trans history months. International Women's Day and other equality items like Mental Health, Two-Ticks and Gender Identity good practice
- Equality newsletter - produced by Bristol PCT featured some of the work at NBT and is widely distributed in Bristol and the new NHS South sub region.
- HR Team Brief - equality events are regularly included.

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

- Staff Equality Group
- ASK HR
- Employment Services
- Fertility Services
- Occupational Health
- Parking Services
- MOVE project (Move to new hospital)
- CAMHS (Children and Adolescent Mental Health Services)
- Communications Department (including freedom of information requests)
- Students

Some departments have engaged with service users to improve services like Renal.

Now that HealthWatch is in place more work is expected to take place in relation to engagement with service users.

Partnership Working

The Equality and Diversity Manager has taken an active role with various external organisations and 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."

Communications

This service covers all the protected characteristics, the Translating and Interpreting service mainly focuses on BME and disabled people.

- Continue to offer an interpreting service for patients whose first language is not English or who use British Sign Language. Feedback is positive. There have not been any complaints about this service.
- Offer patient information in large format/ audio on request. Audio recordings were produced for a patient this year.
- Website has Google Translate for nursing staff to access urgent translations for patients.
- Patient information leaflets awarded Information Standard quality mark, recognised as high quality and evidence-based. Patients are heavily involved in producing these which are easy to understand and provide reassurance that the information about conditions or procedures is of a good standard. Outcome - This accreditation means a benefit in cost-saving because we meet the standards of the NHS Litigation Authority Risk Management Standards (LARMS), and pay less to insure ourselves against legal settlements.

Patient Involvement and Engagement

- Patient Panel has continued to meet
- Family and Friends Test has been carried out but low uptake
- Family and Friends Test – includes questions on the protected characteristics
- Patient Engagement Group continued to meet
- South West NHS Leadership Recognition Awards - Patient Participation Group won "Patient Inclusivity category" for involving children and parents in Learning and Disability work

A huge amount of work was undertaken to ensure the new hospital is accessible:

- Bristol Physical Access Chain (BPAC) and BME community groups were involved in the design with representation of all aspects of disability
- A deaf member of staff was also involved
- BPAC have been invited back once the building is operational to review the facilities

Outcomes:

- Hearing Loops – There are fixed loops in the new building at all reception desks and in one of the seminar rooms on Level 2. There are also mobile loops to be located throughout the building in outpatient areas, seminar rooms and wards.

- Lighting – Artificial lighting has been selected to avoid shadows and ensures the faces of staff can be clearly seen to enable lip reading. The lighting is adjustable in the patient rooms to deliver between 15 and 430 lux depending on the task and time of day. There is also low level night lighting in the corridors. Pool, stripes and shadows do not occur.
- Lifts - There is digital and voice notification in an emergency, lifts will automatically return to a designated floor
- Fire - There will be visual fire warning in the circulation areas.
- Patient Call - This will be a visual system.
- Intercoms – There are audio visual intercoms at each ward reception and at every reception where there is restricted access

Community Children's Health Partnership (CCHP)

The work this department offers covers services to BME, Disabled, LGBT, people and those with and without a religion or belief.

- Services are provided in both in-reach and outreach clinics and settings.
- All CCHP venues achieve standard 1 Young People Friendly (YPF). All services working towards standard 1 (Environment) and/or standard 2 (Participation)
- YPF started by all Child and Adolescent Mental Health Service (CAMHS) areas with South achieving full accreditation
- YPF started for 12 school nurse drop ins
- Young People Substance Misuse service achieved YPF accreditation.
- Core Vision and Values in place
- Participation Strategy

- Information provided to young people and families about their rights
- CAMHS Outcomes Research consortium (CORC) and How To Be Heard is regularly fed back to staff to encourage this
- Goal based outcome measures in CAMHS service (CORC)
- Care Pathway Audits
- Complaints process in place – 1/4 performance reports including trends,
- Themes and lessons learnt from complaints is provided to Commissioners (CCGs/NHS England)
- How to be Heard process for receiving feedback in place & performance reporting will be in place from April 2014
- Complaints and Compliments End of Year Annual Report.
- Recruitment of Somali link workers to meet needs of local community in East & Central Area.
- Dedicated Health Visitors for Gypsy/ Traveller communities

Outcomes:

- Improved experience of service for children and young people
- Young People have access to services which they can access and appointment times that are convenient to them and offered a preference for how this happens.
- Care is delivered in a safe, suitable and young people friendly environment
- Young people and families are invited to give their opinions of the services offered, these are reviewed, acted upon and reported back to clients

EDS Objective: Better Outcomes for Patients (continued)

- Young people are involved in reviewing local service provision against quality criteria for Young People Friendly health services
- Feedback from children, young people and families of experience of service leads to changes in practice/service delivery i.e. "you said we did"
- Feedback from children young people and families leads to lessons learnt and informs service improvement / practice, changes in practice/ service delivery
- Feedback from children and young people on clinicians provides insight into how far children and young people are achieving positive outcomes and how they experience the care they receive. This gives an opportunity for CAMHS clinicians to reflect on service provision and improve practice / service improvement
- Gypsy, Roma, Traveller project - Family health needs assessment undertaken. Care is based on assessed need-individually tailored and based on the health child programme
 - Increase access to health services by direct support to clients
 - Delivery of cultural awareness training to a wide range of staff, including GP receptionists

Outcomes:

- Positive feedback from the Gypsy, Traveller, Roma community at one practice about improved access to appointments and opportunistic immunisations.

- Initiatives above make a real difference to service delivery
- Cossham Maternity Hospital - Interview given on Ujima Radio re: new birth suite to promote this to the BME community
- Bristol Centre for Reproductive Medicine at Southmead Hospital (BCRM) - offered bespoke private service for single women

Equality and Diversity Unit

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:

- Regional SHA Equality Handover meeting - Raised annual equality reports, impact of short time scale for reporting on PSED, influence Joint Strategic Needs Assessment (JSNA) - request to include equality information and provide this specifically on LGBT mental health as this was omitted
- Diamond cluster - equality managers from the Primary Care Trust (PCTs)/Clinical Commissioning Group (CCGs) and NHS trusts in the sub region.
- South Gloucestershire Equality Forum – Presentation on equality monitoring figures. Information is given to assist BME/Disabled people to complete recruitment forms correctly
- Gypsy/Traveller/Roma Partnership meetings – raise GTR history month June
- Men's and Boys Health – Involving men – International Men's Day

- Bristol City council – Signing European Charter for Women
- Handover meeting from LINKs to HealthWatch
- Provide equality training for Exceptional Funding Panels for North Somerset and South Gloucestershire both altered forms and undertook equality monitoring

The Equality and Diversity manager has taken an active role with various internal organisations, including:

- Patient Experience Group – workshop on Family and Friends test
- HR Operations meet – offered support on how to meet the PSED and new service contracts. Evidence of the impact of this work is demonstrated throughout this report as is it shown how this is taken up

Neurosciences Directorate

- Stroke data for elderly patients is monitored via Cerner
- Integration of Stroke Services into Neurosciences / re-configuration of beds; Consultation with staff on changes to working environment / hours (Ward 18/19, Ward 106, Ward 12 staff). Action - to review utilising a staff attitude survey; Meeting needs of patients with learning disabilities; Liaison with link nurses to meet needs of PWLD patients.
- Further integration of stroke services by bringing acute services onto the Frenchay site to ensure a consistent working of staff groups and provision of consistent levels of care. This will be further enhanced in 2014 through the infrastructure of the Brunel building.

- PWLD have personalised care plans developed. Carers are brought in to ensure that patients have a comfortable environment.
- Streamlining patient flow through Neuroscience beds. Action - incorporate explanation in pre-op assessment information and Neurology admission letters (Neurology, Neurosurgical elective patients).
- Provide services to patients closer to home – improved access
- Consultant Neurorehab undertakes domiciliary visit
- Provide services in response to needs
- No age restricted policies for treatment based on clinical benefits
- Aim to accommodate 16-18 year patients in most appropriate environment – adult/ paediatric ward dependent on patients wishes/requirements
- Transition clinics established for epilepsy patients
- Female epilepsy clinics established
- Opportunities to have further clinics off site improving access
- Training Needs Analysis of staff to improve equal opportunities and understanding of vulnerable adults access
- Establishment of Neurology OP clinic at Clevedon

EDS Objective: Better Outcomes for Patients (continued)

Seldom Heard Groups

- Appropriate ward for transgender patients, offering patients a choice
- Meeting needs of patients with learning disabilities
- Liaison with link nurses to meet needs of PWLD patients
- Implementation of Behavioural Health Care Assistant (HCA) role – meeting the needs of acutely confused patients and improving understanding of cognitive impairments

Impact

- Appropriate ward for transgender patients, offering patients a choice
- Meeting religious needs of patients
- Religious requirements assessed on admission
- Room available – multi faith; dietary requirements
- Meeting needs of staff with specific health needs
- Undertake assessments and make reasonable adjustments to working environment / provision of adapted equipment (meeting needs of staff with disabilities)

Women's and Children's Directorate

- Women and their partners were consulted on the type of improvements they wanted at Southmead Maternity Unit

Facilities Directorate

- Soil Association's Silver Food for Life quality mark for patient meals - Catering team are highly commended
- Food survey conducted every 6 weeks to ensure that multicultural dietary requirements are met
- Liaison Officer dedicated to Travelling Communities within the Security Department
- "Granddad" therapy scheme for patients with dementia under the Fresh Arts Scheme

Advice and Complaints Team (ACT)

- Reporting processes have been further improved to identify any specific areas of concern in respect of departments or complaint themes
- New quarterly reports are provided to Senior Nursing staff to identify and allow review of reports by ward/department
- Planning for the issue of complainant questionnaires has proceeded but severe staff shortages in ACT which persisted for most of the year have prevented completion and issue. The questionnaire specifically seeks ethnicity data
- Medical revalidation monitoring commenced in line with the GRMC (Governance & Risk Management Committee) guidelines – this ensures complaints are logged against named clinicians and identifies any Equality or Diversity issues

Outcomes

- Equality or dignity issues in 15 cases (6 in 2012)
- 787 complaints, (871 in 2012) received gives average occurrence of 1.90% cases
- No specific equality areas of concern have been identified

2014/15 Plans

- Subject to staffing problems ACT plan to commence issuing the questionnaires to more effectively check on equality issues
- Current monitoring will continue to provide an assurance that Equality or Diversity continues to be embedded as part of the culture of NBT

Awards

The Trust received a number of awards in 2013 notably these were in Women's and Children's Directorate which demonstrate the quality of service to patients.

- Maternity Services received £475,000 to upgrade the Central Delivery Suite at Southmead successful bid for part of a £25m Department of Health (DoH) fund. This will provide more en-suite bathroom facilities, a new birthing pool, and the conversion of two areas in antenatal wards into family rooms to allow partners to stay overnight.
- Queen's Anniversary Prize awarded to Consultant Obstetrician Tim Draycott for an obstetrics safety programme (PROMPT - Practical Obstetric Multi-Professional Training) as part of the University of Bristol's submission under the category of 'Obstetrics and Neonatal Practice: Saving Babies Lives around the World'

- South West NHS Leadership Recognition Awards Linda Vousden, Specialist Health Visitor for Gypsies and Travellers gained award for Community Leader

Surgery and Musculoskeletal Human Resources and Development Directorate

This directorate has won an award which demonstrates the quality of service to patients.

- Urology Cancer Nurse Team at Southmead came second in the urology and continence category finalists British Journal of Nursing Awards for their work like the trialling of electronic health needs assessments (e-HNA), remote monitoring for prostate and colorectal patients and Living Well Events, at which patients who have received treatment meet with a range of health care professionals to learn more about their condition and how to self-manage their symptoms



EDS Objective: Improved Patient Access and Experience

- The National Inpatient survey reported that:
 - 91 per cent patients rated their care as good or excellent (824 patients randomly selected we had a response rate of 54 per cent)
 - 78 per cent of patients reporting that they were treated with dignity and respect (2013 survey) a reduction of 12 per cent
 - 92 per cent of patients said they would recommend the Trust, a 2 per cent increase from 2011
- The National Outpatient survey (undertaken every two years):
 - 94 per cent of patients reported their overall rating of care as good, very good or excellent (850 patients randomly selected gave a response rate of 49 per cent).
 - 86 per cent of outpatients felt they were treated with respect and dignity all of the time
 - 69 per cent of patients reported that they would definitely recommend the Trust
- Care Quality Commission New system for assessing safety in hospitals - rated NBT in second highest category

Patient Feedback

Friends & Family Test (FFT) - formally recognising the achievements each month of individual wards. Highest performing were:

- Henderson Ward (a rehabilitation ward at Thornbury Community Hospital). All patients discharged in September gave feedback about their care, 90 per cent said they would be extremely likely to recommend the treatment they received there to friends and family. Care Quality Commission spot check confirmed findings and hugely positive feedback from patients.
 - **Frenchay:**
 - Intensive Care Unit
 - Macmillan Unit
 - Ward 15
 - **Southmead:**
 - Woodlands Ward

Compassion

NBT mortality rates, considering the mix of patients we care for, remains good and we have a zero tolerance to poor care embedded in the organisation which ensures staff do not hesitate to raise concerns around safeguarding.

EDS Objective: Better Outcomes for Staff

Staff Attitude Survey – 2013

- 18 categories scores improved, 6 remained the same and 4 worsened
- 89% of staff believe the trust provides equal opportunities for career progression or promotion
- 9% of staff experience discrimination at work in last 12 months (a fall of 1% from 2012)

HR – Employment Services

Department has staff working a variety of flexible hours, part time, term time only.

All requests for changes in working patterns are considered. This balances the needs of the department and the individual.

HR - Equality and Diversity Unit

- Staff Equality Group – met and were consulted on the Annual Equality report for 2012
- Staff Equality Group had 13 new members: BME, Disabled, LGBT and women
- NBT was reviewed and re-awarded the Two Ticks Disability symbol for a further year. The assessor was impressed with the depth and breadth of the work
- Mindful Employer charter (Mental Health) - a review of progress made was undertaken and the Trust re-signed up to this initiative

Sex

- International Women's Day celebrated with seminars with Marie Noelle- Orzell, Chief executive and Helen Holland, leader of Bristol City Council, Labour Group
- Men's and Boy's Health – International Men's Day noted
- Equality Champion appointed for Gender

Trans

One Trans staff member joined the Staff Equality Group.

Black and Minority Ethnic (BME)

- BME Mentoring career development group set up
- BME Equality champion appointed
- Black History Month – A display from the Bristol Black History archive was borrowed and shown with a display of staff pictures and their stories of working at NBT

Disability

- Disability history month - seminar facilitated by Equality and Diversity manager – Career development group set up with Trust Equality champion
- Mindful Employer charter:
 - Training attended by some managers
 - Reviewed actions Trust resigned to charter



Harry Hayer

Trust Corporate Champion for Black and Minority Ethnic Trans people

With members of the BME Career Development Group.

Lesbian, Gay, Bisexual and Trans (LGBT)

- LGBT History month celebrated with a Pink Exhibition, a collection of images of well-known LGBT people and members of staff.
- Seminar held on sexual orientation with the Lord Mayor of Bristol
- LGBT Equality champion appointed
- Equality manager gave presentation of NBT achievements at Bristol LGBT Forum
- There was an increase in membership of the LGBT Staff Equality group in 2012

Gender Identity

- Guidelines on supporting staff who transition produced and distributed to key staff and added to the intranet
- Trans guidelines requested by 19 trusts in the South West
- LGBT History month - A seminar explained the law in relation to gender identity and a Trans woman spoke from her personal experience

Employment Services

- Fewer staff recruited from a BME background (by 1%) from 2012
- A small increase in the appointment of disabled applicants from 2012
- A small increase in staff appointed who are Lesbian, Gay or Bisexual from 2012
- Recruitment webpage linked to Two Ticks and Mindful Employer sites

Ask HR

- Harassment and Bullying:-
 - Figures of cases reported to Ask HR are low in number and are not statistically significant
 - Harassment Advisor service - feedback returns indicated positive experiences

Learning and Development

- All managers who recruit and select are trained in equality
- South West NHS Leadership Recognition Awards Jane Hadfield, Head of Learning & Development won award for Leadership Development Champion
- South West Health Apprenticeship Awards - recognised the 55 apprentices who have completed their training - NBT one of few NHS organisations to provide apprenticeships for Maternity Support Workers. Also included first group of Business Administration apprentices. Most apprentices chosen to stay with NBT a testament to the quality of the training provided
- For staff retiring there are two "Preparation for Retirement Courses"

Values

Staff consulted on Trust values - overwhelming numbers said that most important thing was putting patients first. Values produced.

Community Children's Health Partnership (CCHP).

CCHP work across the relevant protected characteristics.

- Recruitment of Somali link workers to meet needs of local community in East & Central Area
- Young People Panels as part of standard recruitment processes
- All staff have MLE account for training and development
- Statutory / Mandatory training provided for all staff
- Professional / Clinical training and updates available for all staff

EDS Objective: Better Outcomes for Staff (continued)

Outcomes:

- Improved experience of service for children and young people.
- Young People have access to services which they can access and appointment time that is convenient to them and offered a preference for how this happens
- Care is delivered in a safe, suitable and young people friendly environment
- Young people are involved in reviewing local service provision against quality criteria for Young People Friendly health services

Facilities

- Catering Department – food survey conducted every 6 weeks to ensure that multicultural dietary requirements are met
- Free disabled parking and multiple disabled parking spaces
- Estates team has budget allocated for access improvements for patients and staff. Counter at the security desk lowered to improve accessibility
- Security Department are the gatekeepers of the Chapel
- Child Care Services issuing training for staff in Disability and Cultural awareness and attending the Trust's Hospital Catering Group
- Production of large print consultation documentation
- Harassment and Bullying Training to improve understanding of equality and diversity of our staff
- Amendment of appraisal paperwork to meet educational needs to staff

Facilities work with Seldom Heard Groups

- Introduction of new shift for working mothers following feedback from staff consultation

Impact

- Engagement sessions with Director of Facilities Management and HR Partner improved staff attitude survey results. SAS results moved from bottom of table in 2009 and 2010, to mid table in 2012 and an anticipated significant improvement in 2013. Action plan was to improve staff engagement and access to information
- Health inequalities for staff are addressed by consistent application of policy and support for phased returns to work
- Support for members of staff with protected characteristics
- Access to prayer room and support for time to pray
- Priority over leave requests for Ramadan
- Application of Flexible Working Policy for staff who request not to work Sunday due to religious belief
- Good corporate citizen 2011 assessment (waste and energy)
- Retention of vulnerable staff through consultation – learning taken from Blackberry Hill Laundry consultation to ensure that additional efforts were made to retain these redeployed staff through the 2013 consultations for Brunel building

Staff Engagement

Brunel Hospital

- Some staff visited mock-up of single rooms, four bedded bays and staff areas
- Video tour of Brunel the new hospital
- Travel Survey - staff parking significantly reduced for a prolonged period after this opens in May 2014. Aim to identify how NBT can support alternative forms of travel to work, provide off-site parking to make up for on-site spaces temporarily lost
- Road to 2014 World Café Days - bring local leaders, such as Ward Managers, face-to-face with the people leading the change programmes and preparations for the move to the new hospital at Southmead in May 2014 and other major changes across the Trust.
- Aim is to:
 - cascade this to teams to support them to make the changes more effectively. Leaders' practical experience endures the plans will work.
 - improve patient care
 - ensure the safe and efficient transfer of services
 - to make those services secure and sustainable in future

HR Equality and Diversity

- Equality intranet pages - information has been brought up to date and new items added for managers and staff
- HR Team Brief - equality events are regularly included
- 1384 staff in 2013 (approximately 15%) undertook some form of equality and diversity training
- Training was organised, devised and presented on a range of topics which covered relevant protected characteristics i.e. race, disability, gender, LGBT, religion or belief and age

Communications Department

- NBT Team Brief produced monthly briefing newsletter senior managers to cascade to staff
- Surveys - the Trust conducts a number of regular all-staff surveys

EDS Objective: A representative and supported workforce

Workforce Diversity Profile

Figures taken from the Electronic Staff Record (ESR) show that the percentage of BME Staff was 12.5% (12% in 2012) and the percentage for White Staff was 86% (86% in 2012). Only 1% more BME people were appointed in 2013 than White staff. The percentage of BME staff has fallen from 16% in 2009 to 12.5% in 2013.

The BME population for Bristol, South Gloucestershire and North Somerset is 14% and the figures for BME staff in different bands show the number in Band 5 at almost 5% and less than 1% in Band 8. Band 8 is the higher paid of the two. Consequently a BME Career Development group was set up in 2013 led by Harry Hayer, Director of Organisation, People & Performance and the Trust's BME champion and he organised mentors at Board level. Other initiatives will be identified in 2014.

Full time equivalent females represent 78% of the workforce and full time equivalent males represent 22% of the workforce. This figure has hardly changed since 2009 (77% female and 23% male). The census figures show just over 50% of the population is female locally, regionally and nationally and that the Trust employs a far higher percentage.

The total number of staff who declared a disability was 1.2% on the ESR. This figure has risen very slowly since 2009 but is too small to be statistically significant.

However, the Staff Attitude Survey showed 17% of staff who completed the form in 2013 stated they were disabled, an increase of 3%. New staff are encouraged to provide this information during the induction process. The survey figure is comparable with the census figure for Bristol, which is 16%.

3% more disabled people were appointed than non-disabled which is a slight drop of 1.4% from 2012. A seminar held during Disability History Month in December 2013 noted that disabled staff had concerns about recruitment and promotion. These will be looked at in 2014.

Over the last year the statistics for sexual orientation have risen very slightly.

Sexual orientation covers lesbian, gay and bisexual (LGB) staff. A total of 1% staff stated they are LGB in the ESR, a slight decrease since 2009. Figures for non-declaration are reducing slowly. This information has only been collected in recent years and it appears that staff are more reluctant to share these details, although the figures collected increase each year the numbers are still too small to be statistically significant.

There was also an increase in staff appointed who are LGB in 2013 compared with 2012; again the figure is very small.

There was no change in the number of staff recording their Religion or Belief.

The biggest age group comprised staff aged from 46-50 (15%) and the smallest group was those aged over 71. 55% of staff were over 40 and 21% (8% in 2011) were under 25; this is an increase of 12% from 2011. 28% of staff are over 50 (28% in 2011).

The statistics report has been collated since 2009. There have been some changes in the last four years but often these movements are so small that they don't have any statistical significance. Staff seem reluctant to record their disability and/or sexual orientation on the ESR while those with a religion or belief have increased during this time.

Improved equality data for new staff is expected in 2014 due to a new system being brought in.

Support is provided to staff in number of ways:

- Managers
- Supervision
- Annual appraisals – (94% of non-medical staff in 2013 had these)
- Confidential Counselling service
- Confidential Harassment and bullying helpline with trained advisers
- Staff Equality Group
- BME Career Development group
- Staff restaurants
- Travel to work schemes
- Health and well-being opportunities
- Trade unions

Staff Consultation

Chief Executive:

- Staff catch-ups – Diverse group of staff attend. Main topics: staff playing their part in implementing the new ways of working ahead of the move, with particular focus on reducing the length of stay of our patients.
- 102nd International Women's Day – Hosted breakfast seminar for women staff. Main topics: how to better support women to do their jobs effectively e.g. nursery provision and flexible working, importance of reporting harassment and bullying, how staff are supported in speaking out should they witness incidents.

Well-being and Support Initiatives for staff before and during consultation:

- Consultations have taken place, led by the HR partners, for all staff in relation to the move to the new hospital
- Informally engaging with staff to support and respond to potential concerns with proposals like informal 1:1's with staff where requested
- Informally engaging with Unions to support and respond to potential concerns with proposals
- Undertaking equality screening and assessments to map and understand potential change impacts on staff
- Holding multiple consultation launch meetings to accommodate staff who may work different hours (e.g. part time) or may not be able to get to specific meetings (i.e. location/travel issues)
- Reformatting consultation documentation for visually impaired staff.
- Actively ensuring staff away from work due to sickness or maternity leave are included in consultation opportunities (e.g. follow up telephone briefings where requested by staff unable to be present)
- Providing multiple access opportunities into consultations (e.g. via writing – email address box, telephone & in person)
- Offering 1:1 meetings at all consultations to ensure individuals may raise concerns specific

to their needs (e.g. religious commitments impacting on ability to work specific rota pattern)

- Offering specific support to staff that may require this (e.g. Occupational Health) and to better understand the potential impacts a proposal may have on individuals
- Accommodating, where possible, adjustments to how changes are implemented to take account of individuals protected characteristics (i.e. amending proposed shift patterns to accommodate working mothers, adjustments made to working arrangements for staff with learning difficulties)
- Holding multiple Frequently Asked Questions sessions for staff at sites and times to maximise attendance
- Evaluation of Organisational change impacts after implementation carried out Improve communications within Directorate
- Patient Liaison Manager has worked closely with Neurosciences to ensure that there is engagement with patients and relatives by setting up a patient panel. Those with protected characteristics will be actively targeted to sit on the panel to ensure that minority groups are represented

General:

- HR Partner has regular meetings with Trade Union to discuss impending consultations and discuss the support staff might need
- In consultations, we are signposting staff to sources of support, e.g. Occupational Health, counselling, unions

Health:

- A counselling service is offered to all staff which is confidential
- Flu vaccinations are available for all staff

EDS Objective: Inclusive Leadership

- Leadership Development Programme (LEAD) incorporates NBT values including 'Recognising the Person'
- iCARE* looks at NBT from the patient's point of view and encourages connections between people that make a difference 72% attendees on training recommend it to their colleagues
- iCare training includes slide about Public Sector Equality Duty (PSED) Equality Delivery System (EDS) and valuing patients, staff, carers and visitors with protected characteristics

* iCARE means:

I am responsible for

Communication that's effective

Attitude that's positive

Respect for patients, carers and colleagues

Environment that's conducive to care and recovery



Gaps

The Trust continues to work towards meeting the Public Sector Equality Duty using the EDS objectives. However, to reach the next grade of "achieving" under the EDS the Trust must demonstrate that it always meets the requirements of all nine protected groups and deliver the following:

- More evidence needs to be provided to show the Trust is tackling health inequalities for disadvantaged groups, at the same time as inequalities for protected groups are addressed
- The Trust needs to ensure that more departments mainstream equality within the business planning process
- Gathering equality monitoring is more rigorous throughout the organisation for patients and staff
- Good engagement with patients, carers, communities and staff needs to be rolled out across the Trust



Conclusion

In accordance with the PSED North Bristol Trust can show through its policies and practices that it endeavours to deliver the three aims of the General Duty.

This report demonstrates some of the activities that are contributing towards removing or minimising disadvantages experienced by people due to their protected characteristics and to tackling prejudice and promoting understanding between people who share a protected characteristic and others.

The Trust meets the Specific Duty, has set equality objectives for the four years from 2012 -2016 and publishes this report to show compliance with the equality duty.

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 a recognition of inequalities between protected groups and patients or staff as a whole. Information gathered is used to inform Equality Impact Assessments and developments in services for patients and staff.

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 2013 is “developing” (amber) under the Equality Delivery System 2.

To reach the next level of EDS2 all departments 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.

Glossary

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

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