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North Bristol NHS Trust

Annual Equality Report

2015 - 2016

Annual Equality Report 2015

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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 2015-2016 and does not evidence how the Trust has met the requirements of the PSED and its achievements for previous years.

We saw a significant increase in the number of patients we cared for last year across the whole Trust, for example we saw more people attending our Emergency Department, inpatient admissions increased by over 10,000 and there was a 10% increase in the number of babies born here.

Last year we treated over 106,500 inpatients, including day patients, as well as caring for nearly 84,700 people in our Emergency Departments in Brunel. More than 6,500 babies were born at Southmead, Cossham Hospital, at home or elsewhere in the community and we carried out approximately 111,790 new outpatient appointments. We conducted over 3.8 million pathology panels (a panel may include multiple tests) and treated 1,253 major trauma cases of which 674 were classified as severely injured. During the year we carried out 422,300 imaging examinations.

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

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

Public Sector Equality Duty (PSED)

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

General Duty

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

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

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

The Trust must do this by:

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

Specific Duty

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

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

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

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

Protected characteristics

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

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

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

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

Equality Delivery System

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

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

By using the EDS we will be able to meet the requirements of the Equality Act 2010 and be better placed to meet the registration requirements of the Care Quality Commission (CQC) and other external auditing bodies. NHS England declared made that the EDS become mandatory as of April 2015 for all health care providers.

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

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

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

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

NHS Contract

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

This means that the Trust must:

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

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

Workforce Race Equality Standard

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

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

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

What we must do

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

Executive Summary

North Bristol NHS Trust (NBT) continues to work towards meeting our legal obligations under the Public Sector Equality Duty. It is found that the equality agenda is increasingly mainstreamed and once again the Trust has demonstrated a high standard and built on its positive reputation over the last year. This work was externally assessed and found to have improved its rating to the grade of “achieving” under the Equality Delivery System. There are also very positive results on the Workforce Race Equality Standard.

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.

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 2015 are used as supporting evidence to assess our grading under the EDS2 which will be assessed by HealthWatch. The focus in 2015 is to continue to build on the work undertaken so far and move from the amber ratings to green and to 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 2014 more 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. Some areas received an “excellent” (mauve) rating like Human Resources and Development and Community Children's Health Partnership and some areas reached “achieving” (green) like Facilities. This is a marked improvement on the previous year in respect of the evidence that was supplied.

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 the Equality Delivery System reports from please check this link:

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

Equality Work overview 2009 – 2015

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

North Bristol Trust Main Equality Work 2009 - 2015						
2009	2010	2011	2012	2013	2014	2015
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 (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
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
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 intra	Mindful Employer charter – Re-awarded.	Charter 10 standards for Trans people approved. Guidelines to support staff who transition produced for key staff	Consultant became LGBT champion	Board members received training from the Director of the Workforce Race Equality Standard department at NHS England
New H&B policy and Helpline established	Review PWLD Shaped action planning process	Dedicated liaison Officer 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 NBT best results in 2 of 4 categories, perform well in others
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 and trained more volunteers for H&B helpline

Staff Equality group re-established	"Top 10 tips" leaflet to welcome Trans people distributed	Bristol Pride survey shows NBT supportive environment and services to LGBT people	Charter of 10 Standards for Disabled staff approved by Board/published on intranet	13% staff undertook equality training	BCRM leaflets on legal parenting issues where donor sperm is used	BME staff group added 44 new members
Two Ticks scheme promoted	NBT signed to Mindful Employer Charter	Project with bereaved children in two schools	Equality Training for Employment Services on disability issues	Apt. 4 honorary chaplains: Hindu & Muslim	Action plan agreed for BME career development	Chief Exec met with BME/Disb staff.
Electronic Staff Record refreshed to increase equality information	SHA – Equality web audit completed. NBT legally complaint	Arts programme for staff	Gynae – thanked by female to male Trans patient for the excellent care received	Child Care Services – Training on Disability and Cultural awareness.	BCRM Monitoring and assessing referrals of lesbian couples and single women on a monthly basis	Celebrated Vaisakhi Day/Easter /Eid/Xmas
Access to Work promoted on Message of the Day	Equality Impact Assessment process agreed	Food survey & engagement with EQ groups ensure multi-cultural diet met	Translating service - 500 calls received. Out of hours BSL service rolled out	Porters trained on how to respond to deceased patients of multi-faiths	43% of staff undertook equality training	Two Ticks scheme reviewed and re-awarded
Patient Experience Group established	Equality training delivered to Trust board and key managers	Mystery Shopper to ensure good treatment for disabled job applicants	Easy Read leaflets produced in different formats, e.g. Braille, large print	Appt Somali link workers to meet needs of local community	9% increase of BME staff recruited	Bristol LGBT Pride Survey 71% in-patients report satisfaction levels as either "excellent" or "good"

Meeting the Workforce Race Equality Standard

The WRES requires organisations employing 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 White and BME 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 2015 were analysed by the NHS who looked at 4 of the indicators. NBT's performance is extremely strong against 2 of the indicators; fewer of our BME staff report experiencing harassment, bullying or abuse from patients, relatives or the public or staff than white staff. Although we perform well in comparison to other acute Trusts against indicator 8 disappointingly a higher percentage of our BME staff reported personally experienced discrimination from a manager, team leader or colleague than White staff. No baseline is available for indicator 7 and it is hoped that the 2015 staff survey data will provide that.

The Trust falls under three Clinical Commissioning Groups and 1 found that their analysis of the returns for the WRES locally showed that NBT had performed at 60% which was far higher than any other.

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 and then it is sent to the Workforce Committee who recommend it to the Trust Board for approval. It is published on the NBT website and internally on the Equality webpage. It may be viewed here:

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

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

- Mentors offered (Board members and senior managers)
- Promote secondment opportunities to group members
- Offering places as assessors at the assessment centres for the new Valued Based recruitment sessions
- Meeting with the Head of Employment Services who gave an insight into how the recruitment process works
- Interview skills training courses offered
- Equality included in other training e.g. Recruitment and Retention for managers, Consultants updates, School nurses – issue e.g. diet, sexual orientation, Gender Identity, Health promotion including sexual health
- "Valued Manager" training offered to managers to raise awareness of BME issues and to develop their skills
- Celebrating different cultures to raise awareness throughout the Trust – Vaisakhi Day/Eid
- Traineeships – offered through Job Centre plus

- Board members received training from the Director of the Workforce Race Equality Standard department at NHS England (December 2015)

Outcomes

- 3 members of staff who received mentoring have secured posts
- 1 member secured a place on the Mary Seacole programme
- 3 members attended the NHS BME network conference in June 2014 and 2015 and brought back a number of ideas. This resulted in an action plan, most of which was completed for 2014. The 2015 action plan has also been devised.
- Staff group growing - 44 members joined since 2014
- Chief Exec, Non Exec Director with responsibility for Equality and Interim Head of HR and Development – met with small group to hear issues
- Chief Executive due to attend further meetings BME meetings
- Workforce Race Equality Standard (WRES) results reasonable but need to be analysed further.
- Items identified and added to action plan (WRES)
- Black History Month in 2014 - outside consultant facilitated a session and the group highlighted issues which they compiled into an action plan. One of these is how to build confidence and self-esteem.
- Black History Month in 2015 Chief Executive attended meeting
- Since 2010 Black History Month celebrated with exhibition and profiling BME staff
- H&B – Confidential helpline service. HR cases are low at 13% which is comparable with the percentage of BME staff in post (14% in 2015)
- Religion and Belief guidelines compiled. BME members consulted. Facilities piloting these.

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:

- 2265 (35%) 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
- Board training on Workforce Race Equality Standard
- Low mortality rates
- Improved patient satisfaction rates Cancer services
- Equality events are held throughout the year to raise awareness and promote understanding on Race, Disability (including mental health), Sex, Sexual

Orientation, Gender Identity 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 Champion identified for Religion and Belief Race, a new one for Disability who joined those for LGBT and Gender
- The Equality and Diversity Committee met four times, it considered the Annual reports for Equality and Equality Monitoring, the Equality Delivery System and the Workforce Race Equality Standard
- The Two Ticks Disability scheme was reviewed and re-awarded for a further year by Job Centreplus.

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.
- Two Equality notice boards at the Brunel Building, Southmead hospital were used for Black and Ethnic Minority, Disabled and Lesbian and, Gay, Bisexual and Trans history months. International Women's Day, Respect and Dignity Statement, Harassment and Bullying helpline and other equality items like mental health, Two Ticks and Gender Identity good practice
- 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.

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:

The Equality and Diversity manager has taken an active role with various external organisations and service users:

- South Gloucestershire Council
- HealthWatch
- NHS England
- West of England LGBT Forum

- Men's and Boy's Health Forum
- Gypsy, Roma, Traveller Group
- Diamond cluster (BNSSG NHS Equality managers)
- Patient Representatives

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

- 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. HealthWatch give reports at Patient Experience Group meetings and are keen to be more involved in relation to engagement with service users.

EDS Objective: Better Outcomes for Patients

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

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

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

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

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

To improve the care of those with dementia staff identify people on admission. This enables the provision of reasonable adjustments to each person's care using our cognitive impairment care bundle which allows an individualised plan to be constructed using evidence based interventions to improve care.

A Memory Café is held every Wednesday in conjunction with the Alzheimer's Society. The dementia team were shortlisted for "Dementia Team of the Year" in the BMJ awards and received a highly commended certificate for our development of the Memory Café, now copied in other Trusts.

CQC inspectors noted that not only did we have good plans but that dementia practice was high quality at every level in the organisation.

They also noted that frontline staff continued to be passionate about providing high quality care with a continual drive for improvement.

An Acute Kidney Injury (AKI) working group was established in April 2015 to develop and implement an improvement strategy in line with the national 'Think Kidneys' programme set up by NHS England (www.thinkkidneys.nhs.uk). We are also working in collaboration with clinical teams in other trusts (UHB, Weston, and RUH) to develop a unified strategy to tackle this in the area.

The CQC noted a number of areas of outstanding practice highlighted including our regional Major Trauma Centre which has the best survival rates of any trauma unit in England and Wales and our work around dementia care.

The Laboratory Information Management System (LIMS) was established in September 2015, an electronic alert in the hospital's laboratory systems to facilitate the early diagnosis. This automatically compares patient's kidney function tests during admission to previous blood test results and generates a laboratory report on the system if the patient has met the criteria. Data on the number of patients who have AKI is sent to UK Renal Registry, commissioned by NHS England to collect and report incidence of AKI across the UK for benchmarking and quality improvement.

A structured education and training programme on prevention and management of AKI has been rolled out for pharmacists and junior doctors during their induction training. We are in the process of implementing similar sessions for registered nurses and developing an e-learning module to facilitate broader uptake of training.

A patient information leaflet has been developed to increase understanding of what kidneys do, how important they are, what can be done to keep them healthy and reduce their chances of AKI.

Data provided in the Quality account shows that NBT has moved forward throughout the year and exceeded compliance with national standards.

A new Patient Administration System (Lorenzo) was implemented, in November 2015. This has disrupted the collection and quality of information available and primarily has an impact on operational data, for example, that relating to length of stay, bed days, bed occupancy and performance against national waiting time standards. Gradually these issues are being addressed through the post implementation stabilisation process, which is overseen through the IM&T Committee and reported at each Trust Board. Progress is also scrutinised by commissioners and the Trust Development Authority.

It includes 7 of the 9 protected characteristics currently omitting sexual orientation and gender identity. Training on the new system was carried out for staff and the issue of the omitted categories has been taken up.

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

1. Involving patients, family and carers in decisions about care and treatment.
2. Improving the identification and management of sepsis.
3. Improving care for patients with Dementia or delirium.
4. Improving the consistent delivery of care for patients who are nearing their end of life.

BCRM provide fertility services in a variety of ways according to the requirements of their patients. Intra couple egg donation, a self-funding service provided to lesbian couples wishing to donate their eggs to their partners providing the opportunity for both partners to share input in the treatment cycle.

Single women service, a specific pathway designed to meet individual needs, both physical and emotional, and the regulatory requirements of single women.
Surgical Sperm Recovery procedure available for patients with spinal injuries to extract sperm for a cycle of assisted reproduction treatment - maintains genetic link from both parents to offspring.

Gamete storage service for patients who wish to undergo gender reassignment surgery or for cancer patients. This offers a fertility preservation option to retain a genetic link to future offspring created with donor gametes. Funding subject to CCG Individual Funding request approval /NHS England policy or on a self-funding basis.

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

Work continues on a Trust wide transition policy for young people transferring from Children's Services to Adult services within NBT. The Ready, Steady, Go, 'Welcome to Adult Services' for children and young people is also due to be implemented in 2016.

Lead Clinicians have been identified for all Clinical Directorates and it has been successfully used within Renal & Transplant, Rheumatology and Surgery. It will be submitted to the Clinical Effectiveness Committee later in 2016.

To enable a smoother transition the discharge lounge is now supported by volunteers for 4 days a week and more are expected to start there soon.

The CQC report (April 2016) noted improvements were in terms of patient flow throughout the hospital which, when slow, puts additional pressure on the beds we have available for people coming through our Emergency department and our medical admissions unit.

More work needs to be undertaken as bed occupancy was consistently high and there were a large number of delayed transfers of care.

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

Our aim is to make North Bristol NHS Trust a high-reliability organisation with safety at the heart of its culture. We want our staff to be delivering the right care to patients at the right time, even when no-one is looking, the incident review and safety processes apply to all patients whatever their protected characteristic.

Safeguarding teams monitor for issues involving vulnerable adults and mental health teams support patients waiting for appropriate beds in mental health settings whilst in the emergency department as a place of safety.

The Quality and Safety Improvement Team was set up in June 2015 to lead the Safety Programme for NBT and provide direction for safety projects within the programme, ensure they align with patient needs and the overall Trust strategy, and generate commitment from members of staff involved in the safety work. The team consists of a consultant physician who is the associate medical director for safe care, a senior nurse who is the quality and safety improvement lead and a radiographer who is a quality improvement practitioner. The team has the medical director as the executive lead and reports to the Trust's quality committee.

Priorities include: Reducing Patient Falls, Preventing Pressure Ulcers, Sepsis Management, Acute Kidney injury (AKI) Management, Safe Medicines, Prevention of Patient Deterioration, Continence, Dementia and Delirium, Safe Emergency Care, Discharge of Patient and the Safe Handover of Care, Safe Operating Theatre.

The Patient Safety Team review reported clinical incidents and assists with measures to investigate and mitigate risk across the Trust and circulate monthly reports to Directorates it meets on a weekly basis to discuss activities, share concerns and developments. The patient safety manager liaises with the CCG quality improvement team regularly to discuss progress with investigations and developments with patient safety processes.

During April 2015 to March 2016 NBT investigated 61 Serious Incidents which demonstrates a downward trend compared to 71 for the previous year. Electronic incident reporting continues and Root Cause Analysis training (RCA) is well attended on a monthly basis.

Patient safety trend analysis reports are submitted to the Patient Safety Clinical Risk Committee to facilitate an overview of Trust activity in terms of patient safety improvement. The committee consists of Nurse and Consultant representatives from all Directorates, the Director of Nursing, Allied Health Professionals and Patient Representative. Any concerns for Trust Executives to be aware of are highlighted to the Quality committee.

Recent National Reporting and Learning (NRLS) figures of the period April 2015 to September 2015 identified NBT had reported 4,690 incidents at a rate of 28.95 incidents per 1000 bed days, which is well below the National average. This information has resulted in the Trust further establishing a Patient Safety Culture Driver action plan to promote a more pro-active approach to reporting and management of potential or actual safety incidents. Numerous actions are in place to help raise the profile of patient safety Trust wide:

- The patient safety team are working closely with the Quality Improvement team in terms of identifying Serious Incidents, debriefing staff, highlighting patient safety issues and trends that require more actions and facilitating Trust wide support to improve care and mitigate risks.
- Emphasis on a blame free approach to investigations into systems and processes.
- An E-learning module is now live and accessible by all staff members.
- The Corporate and Clinical Induction now includes a presentation of Patient Safety and Quality Improvement services.
- Departmental training is offered by the patient safety manager for specific issues regarding RCA investigation and incident management.
- Patient Safety newsletter is circulated bi-monthly as part of the effort to share learning and provide information on the changes reporting has influenced.
- Patient safety documentation, policies and guidance have been updated to reflect the current NHS England (NHSE) Serious Incident (SI) framework recommendations.
- Improvements to the NBT intranet site have made it more accessible and ensure a library of case synopsis is available for all staff to access for reference.

Patient Involvement:

- The Duty of Candour (DoC) has been implemented across the Trust and the patient safety team have appointed staff to support the process and ensure Serious Incidents are followed up with patients and family and information is documented appropriately. An audit by the CCG into Duty of Candour compliance produced a positive result. The Duty of Candour process runs alongside all Serious Incident RCA's and the process is embedded as part of the investigation.

- A representative from the patient panel attends the Trust patient safety / clinical risk committee meetings and actively partakes in the RCA review process.
- NBT education teams have produced a training film which involves a patient story of an incident occurring at NBT. The film includes active participation from the patient concerned. This has proved invaluable in inspiring staff to take a proactive approach to patient safety and future work is being addressed involving this approach.
- The team provide telephone and face to face support to all staff when required. The patient has been very inspiring in promoting a pro-active culture and enabling

The Trust has a Falls Prevention steering group which meets monthly. Membership includes ward nursing representatives, therapists, pharmacy, the training department, dementia and safeguarding teams and the Deputy Director of Nursing. The total number of falls has reduced over the last 5 years although this number rose in 2014/15 following the move into the new hospital at Southmead it has since reduced.

2015/16 saw a significant improvement on the incidence of pressure ulcers. This year's success culminated with a regional study day with presentations by nationally recognised experts, attended by over 150 staff from both the hospital and community settings and the launch of a Pan Avon Dressings Formulary.

A physical Safety Hub has been launched in the Brunel Building to enable staff to learn about improvement science, problem solve issues with current projects and keep up to date with the ongoing safety work in the Trust and is widely advertised.

In 2015 we designed, tested and implemented a new Catheter Care Plan to ensure that all patients receive the care that they need to reduce the risk of infection. We have a good record for catheter care with less than 0.5% of our patients with catheters being diagnosed with a urine infection in 2015/16.

Throughout the year the Trust has consistently recorded a much lower than average mortality rate overall, whether measured by the Hospital Standardised Mortality Ratio or the Summary Hospital-level Mortality Indicator, than the national average. Included in these measures is the adult Major Trauma Centre (MTC) for the Severn region. Patients who are treated here benefit from expertise including a 24/7 consultant led trauma team, access to the best diagnostics, emergency theatres and intensive care facilities and highly specialist orthopaedic, neuro, surgical, nursing and therapy teams. This team gives adults with multiple life-threatening or life-changing injuries the best possible chance of survival, with experts always on hand to ensure they receive the right care as soon as possible. It is thanks to the hard work and collaboration of these specialists that NBT's MTC has reported the best survival rates of any Major Trauma Centre in England and Wales since the beginning of 2014.

The Trust has worked on improving patient safety for many years having been involved in wave two of the national Safer Patients Initiative and members of our

staff have taken a leadership role in the subsequent Safer Patients South West Programme and in the West of England Academic Health Science Network patient safety collaborative. In 2014 we signed up to the national 'Sign up to Safety' campaign with an objective to reduce avoidable harm by 50 percent within three years. North Bristol NHS Trust was one of the first 12 "pathfinder" organisations who signed up to the campaign and its pledges. The campaign is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.

Our main safety goal is to reliably deliver care that is the right care, every time and with no avoidable harm. To achieve this we aim to:

- Reliably deliver the fundamentals of ward care
- Improve identification and care for patients at risk of deterioration
- Provide harm free operating theatres
- Minimise diagnostic errors
- Provide reliable, harm free emergency and critical care

For 2016 The Trust is seeking to build upon previous success in delivering quality improvement projects that deliver real benefits for our patients. Although a number of staff members are engaged in improvement work across the hospital, this work is not always visible to others. The team have the opportunity to introduce themselves to all new staff at the staff induction days and are able to explain why safety and continuous improvement is so important to patients, carers and families. In 2016 the team have set up quality improvement workshops for all members for staff to attend, (including porters, managers, nurses, doctors, and physiotherapists) with a plan to continue these workshops to build capability in improvement skills and maintain momentum. Keeping patients safe whilst having a positive experience of care are also the underpinning foundations for the NHS Outcomes Framework and reflect the approaches and measures recommended by the aforementioned resources.

More work is required to draw the details of Disabled patients impairments from the Patient Access Database to automatically populate the complaints database and this will be scoped as part of a replacement complaints database scheduled for introduction in April 2017.

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

There is a dedicated Health Visitor who works closely with members of Gypsy, Roma and Parvee (GRP) travelling communities she also training for other professionals to raise awareness about their requirements in health, education, social care and elsewhere. She arranged vaccinations for GRP children. Roma Support Service is provided by the Wellsprings Healthy Living Centre for Romanian speaking Roma Gypsies. 4 children's centres in key areas of the Bristol deliver GRT drop-in centres. These are provided free and help with social and health care issues as well as

improving access and engagement in mainstream services. Each drop-in also hosts 4 community outreach projects based on communal needs which focus on health related issues.

School nurses work with children who are Disabled and providing advice for patients of children who are Trans.

School nurses work in line with the National Child Management programme with checks for height, weight vision and hearing, provide immunisation for year 8 (girls) and year 9 (girls and boys) and give support in secondary schools which includes health promotion, advice on sexual health, sexual orientation and gender. A series of training sessions about equality is being organised for later in 2015 for school nurses.

Flu vaccinations are offered to staff.

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

Our aim is to make North Bristol NHS Trust a high-reliability organisation with safety at the heart of its culture. We want our staff to be delivering the right care to patients at the right time, even when no-one is looking.

The Quality and Safety Improvement Team was set up in June 2015 to lead the Safety Programme for NBT and provide direction for safety projects within the programme, ensure they align with patient needs and the overall Trust strategy, and generate commitment from members of staff involved in the safety work. The team consists of a consultant physician who is the associate medical director for safe care, a senior nurse who is the quality and safety improvement lead and a radiographer who is a quality improvement practitioner. The team has the medical director as the executive lead and reports to the Trust's quality committee.

Priorities include: Reducing Patient Falls, Preventing Pressure Ulcers, Sepsis Management, Acute Kidney injury (AKI) Management, Safe Medicines, Prevention of Patient Deterioration, Continence, Dementia and Delirium, Safe Emergency Care, Discharge of Patient and the Safe Handover of Care, Safe Operating Theatre.

The Trust has a Falls Prevention steering group which meets monthly. Membership includes ward nursing representatives, therapists, pharmacy, the training department, dementia and safeguarding teams and the Deputy Director of Nursing. The total number of falls has reduced over the last 5 years although this number rose in 2014/15 following the move into the new hospital at Southmead it has since reduced.

2015/16 saw a significant improvement on the incidence of pressure ulcers. This year's success culminated with a regional study day with presentations by nationally recognised experts, attended by over 150 staff from both the hospital and community settings and the launch of a Pan Avon Dressings Formulary.

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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

Shuttle Bus - A shuttle bus was introduced to ferry patients from the car park to the new hospital building, this is a temporary measure until the new patient car park is built (expected completion July 2016). The shuttle bus takes wheelchairs.

Wheel chairs - Porters are provided with specialist manual handling training to undertake their duties along with the Move Makers, which includes pushing wheelchairs, including patient's own wheelchairs, inside the building and also the porters are used for transferring in-patients.

Ride on Buggy - For patients and members of the public who find it difficult to walk to their appointments/lifts we now have a ride on buggy which operates throughout the day within the Atrium and is managed and driven by the Move Makers.

Assisting patients - Providing there are sufficient volunteers on a shift, a Move Maker is positioned outside the shop, close to the main entrance of the Brunel building to support partially sighted and other disabled patients/visitors.

Move Maker volunteers have been working with the TIA (Transient Ischaemic Attack) clinic to meet patients when they arrive at the Brunel building either with or without

carer and help them to check in and then accompanying them to their appointments at various Gates until they are ready to leave.

Baby Friendly status - Southmead Hospital Bristol recently celebrated 10 years of Baby Friendly status. The prestigious accolade from UNICEF is given to organisations for encouraging breastfeeding, promoting the health benefits and providing support and advice for new mums. Southmead was one of the largest maternity units in the country to receive the award back in 2005 this led to Bristol becoming the country's first Baby Friendly city. Successful reaccreditations for Southmead followed in 2007 and 2011 and the unit will be assessed again in September this year.

All midwives, maternity care assistants and health visiting teams are fully trained to support new mums with breast feeding and the Trust's breastfeeding initiation rate has increased to 80 percent over the last 10 years. The rate of breastfeeding in Bristol for babies six to eight weeks has increased to almost 60 percent – which is higher than the national average.

New playroom - A new playroom was designed when the paediatric outpatients unit into Monks Park House to make it more child-friendly for its young patients. The unit provides a range of clinics for children run by both North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust.

The waiting area was turned into a playroom for the young patients to keep them entertained and distracted while they are waiting for their appointments. The room was refurbished and transformed into an underwater world with fish, seahorses and an octopus. This was made possible by the Trust's Fresh Arts programme and support from Southmead Hospital Charity, who donated toys to the unit. Further work on the unit is due to take place with the support of Southmead Hospital League of Friends.

Books for babies - Parents of premature babies at Southmead Hospital's Neonatal Intensive Care Unit (NICU) now receive a new book to encourage them to read to their child through their incubators to help their development and ease stress. The initiative is funded by Southmead Hospital Charity and aims to encourage parents to read to their babies - a powerful way to bond that also aids babies' development and eases their stress. Parents of babies born below 30 weeks gestation will each receive a Julia Donaldson book from and guidance from staff and access to a reading room. Each year 400 premature babies are admitted to Southmead Hospital's NICU and 120 of them are born at less than 28 weeks gestation.

Support for teenagers with anorexia - A film has been made detailing the experiences of a local teenager who has battled anorexia to help others facing treatment for eating disorders in the Bristol area. Over the last year 170 young people were receiving treatment for Eating Disorders in Bristol and South Gloucestershire. The film has been produced by the Child and Adolescent Mental Health Service (CAMHS) run by North Bristol NHS Trust's Community Children's Health Partnership (CCHP) with partners Barnardo's.

The resources are believed to be the first of their kind produced in the UK to help families understand the pathway their care might follow and have been endorsed by the children's faculty of the Royal College of Psychiatry. Barnardo's have taken the role of promoting and supporting patient participation in CCHP services, they were involved in an initial consultation with 45 young people affected by eating disorders and their parents in 2011.

It is part of a series of videos and audio clips that have been put together to help young people and parents understand what to expect from the services they might become involved with during their treatment.

Building project - The old buildings of Southmead Hospital are being given a new lease of life as part of construction on the second phase of the Brunel building. Demolition of the old Southmead wards has now been completed and more than half of the stone from the demolished old buildings is being incorporated into the new one taking shape on the Southmead site. The planned extension to the new hospital building will provide a car park for patients and visitors and a community arts space, a cycling centre and more staff parking which is due to be completed late spring 2016, this means the area outside the front of the Brunel building will be larger to accommodate more buses and create a green space.

Community festival showcases arts at Southmead - The second two-day event highlighted the role that arts and creativity play in supporting healthcare and it gave local people the opportunity to visit the new Brunel building and see how it was designed to be a more pleasant environment for patients. The festival also showcased some of the projects that patients, relatives and volunteers have been involved with as part of the North Bristol NHS Trust Fresh Arts programme.

The bus stop outside the Brunel building was given a makeover with a colourful, knitted cover during the festival and woollen banners featuring words of wisdom from patients involved in the hospital knitting programme were draped around pillars and posts. Inside the hospital, choirs – including those from local schools and the Royal Mail Choir which featured on BBC's The Choir – performed throughout the two days, while musicians played for patients on the wards. Japanese visitors from the University of Tsukuba held workshops inside the atrium, helping people make origami, demonstrating calligraphy, and creating cartoon characters out of colourful washi tape. There was also the chance for people to help out with a wood sculpture and work with the Trust's writer-in-residence to create poems.

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

To formalise the patients 1:1 time we have produced a patient diary on the ward which the nursing staff use as a tool during 1:1 time to facilitate the patient in identifying what they want to achieve from their admission and to manage their expectations. The diary promotes wellbeing and mindfulness plus encourages patients to reflect on what is going on for them in their day to day life and how they can help themselves in making change. It also facilitates the patient in linking their

thoughts and feelings with their neuropsychiatric presentation.

End of Life Care – we have improved communication channels and engaging with the patients relatives at an early stage to ensure they are supported – this has been reflected in our recent feedback form for patients receiving end of life care. This has been encouraged by our senior team over time and in response to previous feedback/complaints.

BCRM patients are given extensive detailed information regarding treatment in an information pack that outlines risks and implications which is explained verbally when patients attend a structured ‘patient information meeting’ or PIM. The PIM is a multi-disciplinary meeting (attended by nurses/Drs/embryologists) held for patients which discusses risks and implications of treatment, consents required and outlines the treatment pathway. Patients are given time to digest this information before they attend a personal planning appointment where they can discuss any concerns and will sign consents for treatment. Their action for 2016/17 is to maintain excellent feedback, increase patient awareness of feedback outcomes and changes made as a result of comments made, to increase response rate above 30%. Continue to amend PIM presentation content to reflect patient needs and to meet different levels of understanding.

The Emergency Department (ED) put a set of aims in place to improve awareness of the elderly within the department. This includes the identification and development of “Frailty Champions” within each nursing team, for all members to sign up to Online Dementia Friends Campaign and promote the aims of the team. The focus is on identifying issues of memory and delirium and improving the ED environment for elderly patients.

Outcomes:

- Over 25 “Champions” have been identified, inclusive of Medical, Nursing, Reception, Facilities, Housekeeping staff to promote aims.
- In house teaching and regular updates.
- Designated Consultant Lead, Senior Nurse Lead
- Assigned Registrar
- Junior Dr involvement (rotational)
- Improved communication with Trust Dementia Lead
- Patients’ health needs are assessed, and resulting services provided, in appropriate and effective ways. Mandatory AMT4 screening for all patients age 65 and over initiated in line with Royal College of Emergency Medicine guidelines.
- Flagging on patient discharge summaries ongoing for GPs
- Dementia Bundles commenced. Promotion of “This is ME”
- Name bands and “FORGET ME NOT” stickers in use
- Designated Dementia Trolley for resource/tools
- Use of “Confusion Blood” pathway
- The ED environment to be designed to facilitate an optimal ED environment for patients with Dementia (1.1 Equality Delivery System Toolkit: meet health

needs of local communities, promote well-being, and reduce health inequalities), “go ahead in place”

- Pain assessment, reassessment, appropriate and timely pain control ongoing
- Introduction of the DTRs reminiscence machine, teaching, usage, promotion
- Improved information provision/access, leaflet rack in waiting room
- Notice board in waiting room.

Translating and Interpreting Service – The Trust adheres to the conditions of the Accessible Information Standard and continues to provide documents in different formats and translators, including BSL interpreters. In 2015 the service provider was unable to provide any figures for use of the service thus a new provider has been sought and they have been asked to provide this information for 2016.

Section 2.3 - People report positive experiences of the NHS

The experience of our patients and carers is at the heart of our work. What patients and carers tell us makes a difference to the services we provide. To help with this work this year a new Head of Patient Experience was appointed. The experience and satisfaction of our patients is monitored and measured in a range of ways e.g. complaints, concerns, compliments, national surveys, local surveys, the Friends and Family Test, social media and online patient feedback.

The national Inpatient survey used a random sample of 850 patients who stayed in our Trust in July 2015 were invited to take part. There was a response rate of 49.9%. Patients were asked 62 questions about different aspects of their experience. NBT was the 2nd most improved trust of the 81 who are monitored under Picker Europe Ltd.

Survey of LGBT health experience taken at Bristol Pride (July 2015) showed that 71% of in-patients report satisfaction levels as either “excellent” or “good,” and 61% satisfaction across those two scores. 15% of in-patients reported a poor service to 4% of out-patients. These figures are a vast improvement on the survey in 2011. 90% of all respondents for all health services felt that they had been treated with dignity and respect, which is up from 2011, when just 71% of LGBT patients were able to make that statement. Satisfaction levels rose significantly from 2011, with 92% of all respondents reported no issues in relation to same-sex partners being acknowledged. In 2011 it was just 63%.

The dementia team were shortlisted for “Dementia Team of the Year” in the BMJ awards and received a highly commended certificate for our development of the memory café, now copied in other Trusts.

The Neuro department had a constant stream of complaints about lack of entertainment so over the last couple of years the department has purchased radios and a reminiscence therapy package for patients with cognitive decline to offer distraction and engagement. The addition of internet access and televisions has also reduced this element of complaint. The unit developed nurse cleaning schedules to aid cleaning of the gate and have worked tirelessly with domestic services to improve cleaning of gate. They have encouraged movement of patients requiring

enhanced care to one area of the department to reduce numbers of staff required and to allow group activity where possible.

A number of aspects of the reported experience of patients have been agreed by Patient Experience Group as the focus for improvement and we will be working with our partners as well as patients and carers to improve these aspects of the patient experience.

A number of achievements were reached in Patient Experience which includes:

- Improved response rate to Friends & Family Test (FFT) surveys
- Improved FFT results
- Complaints backlog cleared in June 2015 and sustained at under 25 percent of the April 2015 level
- Patient experience strategy signed off by the Quality and Risk Management Committee and partners.

The CQC's comments about the Trust's progress were glowing; the overall improvement at NBT over the last 12 months was described as "remarkable". In particular the passionate commitment of our frontline staff and managers in delivering high quality care was considered to be "outstanding".

The overall sense was of an organisation that is improving but needs to persist with the challenging issues reflected in the 'must do actions' within the report – namely patient flow and medical records. There is an expectation from CQC and NHS Improvement that our health and social care partners will also contribute to delivering better flow which needs to be incorporated into the final CQC action plan. NBT is preparing an action plan on this for the next year.

Works to complete the redevelopment of the Southmead site are currently underway and by summer 2016 our new multi-storey car park, which links directly into the atrium of the Brunel building, will be open. In addition, the main square area directly outside the main entrance will be finished providing much more space and three additional bus stops. This is nine months behind the original schedule for this stage of the project due largely to the constant identification of asbestos when buildings were being demolished in 2014 and 2015.

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

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

Cancer Services – The national cancer survey showed excellent results for the Trust. The rate of care was 8.6 (out of 10 for very good). 76% said they were definitely involved as much as they wanted in decisions about care and treatment, 93% said they were given the name of a Clinical Nurse Specialist (CNS), 83% reported that it had been ‘quite easy’ or ‘very easy’ to contact their CNS and 92% said NBT staff told them who to contact if they were worried about their condition or treatment after they left hospital. 84% reported that, overall, they were always treated with dignity and respect while they were in hospital. They are looking at further actions to improve the service over the next year.

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

Emergency Department patients and carers report positive experiences, they feel that they are listened to and respected.

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

Procedures are in place to log and monitor complaints and NBT engages with patients through the Patient Experience Group and Patient Panel to achieve improvements in dealing with patient and carer complaints about its services. The organisation aims to improve the collection of equality monitoring data and use this to identify any gaps from complaints and feedback.

The number of complaints reduced last year with the monthly numbers of complaints fluctuating between 55 and 100 and the large amount of overdue responses (nearly 150) at the beginning of the year was rapidly reduced over the Spring and Summer of 2015 to just eight. Closure within timescales has now settled at 82 percent (out of 65 to 70 complaints per month). The majority of complaints are about some aspect of clinical care or a communications issue.

The Advice and Complaints Team (ACT) are planning for the issue of complainant questionnaires which was held over due to resource pressures, these are to assist in the collection of data on ethnicity and disability.

The Advice and Complaints Team also monitors and picks up complaints from Patient Opinion and NHS Choices these only include ethnicity and disability data where recorded and most are anonymous web posts.

Medical revalidation monitoring has commenced in line with the Governance & Risk Management Committee guidelines, this ensures complaints are logged against named clinicians and identifies any Equality or Diversity issues.

There were 6 cases in 2015 that related to equality issues (15 in 2014) 3 related to patient’s status and discrimination and 3 to patient’s privacy/dignity. This gives

average occurrence of 0.36% of all recorded cases; no specific equality areas of concern were identified. Where an equality issue is raised as the main issue in a complaint they are referred to the Equality and Diversity manager for advice.

In 2016 there are plans to link with the current database as Lorenzo does not import ethnicity data to populate the complaints database.

A replacement database is planned that will provide improved functionality and depending on design and resources available may allow for improved equality monitoring, the likely implementation is during 2017/18.

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

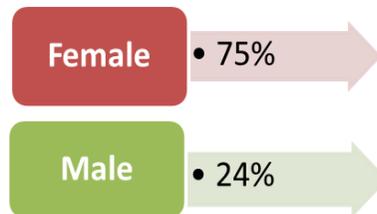
Section 3 A Representative and Supported Workforce

Headline Data 2015

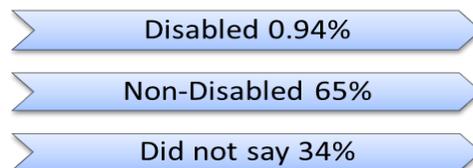
The following headline data shows the diversity of staff at North Bristol NHS Trust between January 2015 and December 2015. The Trust now has this data from 2009 and the information is scrutinised by the Equality and Diversity Committee to monitor changes and highlight where action needs to be taken.

Our Workforce

Workforce by Gender



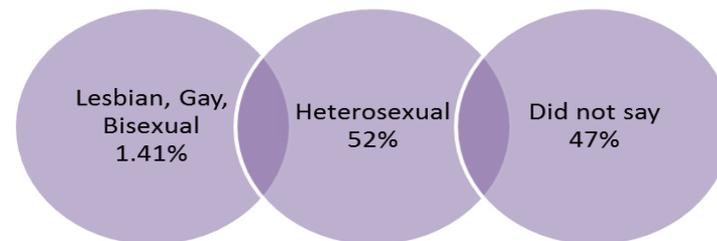
Workforce by Disability



Workforce by Ethnicity



Workforce by Sexual Orientation*



*Figures Rounded up

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

Valued based recruitment (VBR) is still being rolled out across the Trust and pilots have taken place for medical Consultant appointments which are now being evaluated. This includes developing a list of competency based questions for our medical trust doctors in conjunction with the Medical Personnel Team. There is a plan to roll out an 'Assessment type model' for Consultant recruitment and areas have been identified for development, these are still in line with the Department of Health appointment process.

A number of initiatives are continuing with regards to supporting BME staff which includes promoting secondment opportunities, offering places as assessors at the assessment centres for the VBR, meeting with the Head of Employment Services, recruitment skills training sessions. Employment Services have a number of initiatives to support BME, Disabled, LGBT and other job applicants. Trust website signposts all job applicants to contact Employment Services for further assistance and adjustments are made. This displays both the Two Tick Disability and Mindful Employer Symbols. Arrangements are made when requested to support disabled applicants and professional organisations are approached for specialist advice. Job shop based in the new hospital building allows greater access, support and information to applicants and existing staff wanting a career change/progression. There are also computers available in the job shop for applicants to use who may not otherwise have access to a PC.

The recruitment team continues to support departments if disabled applicants require adjustments in order to attend interview for example arranging for an electronic note taker to support a partially sighted candidate at interview, advising departments how to conduct an interview with someone who has a physical impairment which needs to be taken into account.

Employment Services staff working in the job shop are on hand to help applicants access the website and complete the application if necessary. Employment Services continually monitor information of all applicants, short listed candidates and successful applicants for 6 of the protected characteristics through the NHS Jobs website, this does not capture data regarding gender re-assignment, maternity and pregnancy or marriage and civil partnership. Complaints are monitored to identify whether there is discriminatory practice across the trust. Employment Services run recruitment open days for specific job roles and attend relevant external job fairs to enable the Trust to continually develop and improve its recruitment process. A new recruitment package is to be implemented which should better track applications through the system, improve reporting capabilities and potentially link better with Electronic Staff Record system (ESR).

An evaluation process will be put in place this year to look at recruitment numbers for minority groups as recorded on NHS Jobs (date of birth, disability, gender, ethnic origin, sexual orientation and religion/belief). This should gather data from a number of different stages in the process: Applications; Shortlisted; Attending Assessment Centre; and Total Successful. The aim is to help identify any trends.

Plus candidates will be asked to evaluate the VBR process on whether they deem it is as 'fair.' Assessor training is to be introduced to improve consistency in scoring. One topic is 'being aware of your recruitment biases' to reduce the impact that biases have.

Section 3.2 - The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations Grade

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

Staff side organisations are fully involved in the job evaluation process and when changes are proposed to terms and conditions of employment. NBT can show that these processes are robust and transparent and that levels of pay are fairly determined for all posts. Policies are reviewed regularly in conjunction with staff side.

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

Learning and Development awarded National Skills Academy Skills for Health Quality Mark. L&D provide training courses that include 7 of the protected characteristics (PCs) in Management Training Programmes, Recruitment and Selection, Preventing and Dealing with Harassment and Bullying, Mandatory Update Programme for Doctors and Preparation for Retirement. Equality training covering all the PCs is carried out throughout the year for all new staff at Corporate Induction; Consultants updates; Valued Manager training has a focus on equality matters, plus specific sessions on Autism, while equality events offer specific sessions for Race, Disability and LGB & T. Equality training became mandatory in April 2015 for all staff once every 3 years and there was a 77% compliance rate by 31 December 2015.

294 Facilities staff who do not have access to a computer received face to face equality training. A number of Black and Minority Ethnic staff undertook Interview Skills training and Managers in Facilities attended sessions on religion and belief. The latter is also incorporated into all equality training. Basic IT skills training offered to older members of staff and a retirement course in November 2015 attracted 27 participants. All training is evaluated. Appraisals were carried out for over 90%.

The L&D team has developed a strong partnership with the local Jobcentre Plus over the last six years. With over 100 assistant practitioners in post at NBT, we can also evidence the value support workers bring within integrated nursing teams.

A range of English courses are offered to staff who want to improve their English via preparation courses for Level 1 and 2 Functional Skills exams, level 2 and level 3

apprenticeships, general English courses, IELTS exam preparation courses and English support for nurses.

In 2015 the Learning and Development Department were awarded “Excellence Centre status” for their work in the National Skills Academy for Health, providing high quality training and development to our NHS support workforce. We were the first of six nationally designated centres. 1 person who started as a domestic assistant is about to begin her nursing degree having started with us through work experience.

The Talent for Care partnership pledge was signed by the Chief Executive and the Chair of the Joint Union Committee, this commits the Trust to grow support staff to meet their own potential and the future needs of the NHS. The pledge is based around the three principles of Get in, Get on and Go further.

For 2016 the government announced plans to create 100,000 NHS apprenticeships across the country by 2020, supporting job creation and increasing access to a career in the healthcare system. The roles will be created in a wide range of areas within the NHS and will include the new nursing associate role, which will offer an alternative to the traditional route into nursing. NBT was cited by the government as an example of good practice.

NBT has applied to be part of the “Diversity Advantage” pilot project, organised by the West of England University. This involves mentoring a BME person over a 6 month period for them to develop skills to serve on NHS trust boards. The Board has a BME champion in place who will be the prime mentor. The Board will look to identify executive members as well to give the mentee the maximum benefit of the experience.

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

The Trust has policies for Equality and Harassment and Bullying which were drawn up in conjunction with Staff-Side unions, these cover all the protected groups and is aligned with the Equality Act 2010, both policies are actively promoted.

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 but numbers of calls fell in 2015

However, the Staff Attitude (SAS) in 2015 showed that 26% of NBT Staff experienced harassment, bullying, or abuse from a manager or from colleagues, this is 3% lower than the national average and the same result as for 2014. Departments were notified of their results and instructed to draw up local plans to resolve issues raised in the SAS. Disabled staff show the highest level of harassment and bullying from patients, the public or staff.

The Workforce Race Equality Standard was assessed by the NHS nationally who looked at 4 of the key indicators which use the information from the SAS. This shows that our performance is extremely strong against 2 of the indicators; fewer of our BME staff report experiencing harassment, bullying or abuse from patients, relatives or the public or staff than white staff. NBT jointly with Tameside Hospital FT reported the greatest positive gap of any of the acute Trusts with over 12 fewer percentage points of BME staff being harassed, bullied or abused by staff in comparison to White staff.

Although NBT performs well in comparison to other acute Trusts a disappointingly higher percentage of our BME staff reported they personally experienced discrimination from a manager, team leader or colleague than White staff which means the Trust is just outside the 10% best scoring Trusts. However, NBT had the most favourable result of all acute Trust's in the South region.

The BME staff group have an action plan which includes actions on harassment and bullying.

The Staff Attitude Survey (SAS) shows that concerns about harassment and bullying still exist and actions are to be looked at across the Trust and some departments have specific plans to deal with this.

There are processes in place to deal with this. The harassment and bullying advice line for staff is supported by advisors who are recruited from a diverse staff group. The service is continually reviewed and developed. More advisers were recruited and trained during 2015.

The equality profile of users is reviewed annually and reported to the Equality and Diversity committee. Take up of the service is low and promotional messages are sent out throughout the year via a number of methods.

A statement on Respect and Dignity was signed by the Chief Executive and widely distributed; this is regularly promoted via the Equality and Diversity newsletter, Message of the Day, on the information screens in the Brunel building and on the Equality notice boards. All new staff are informed of the statement at Induction (and other equality and recruitment training) which offers information about the policy and helpline number. Everyone is encouraged to report incidents via the help line their manager, the trade unions or the Equality and Diversity manager.

Further support is offered through the Staff Equality group and the BME and Disability Staff Groups, while awareness of harassment and bullying is raised through a number of equality events e.g. International Day against Homophobia, Biphobia and Transphobia, Mental Health Awareness Week and so on. A session was held during Black History month to report harassment and bullying to the Chair of the BME staff group.

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

Health and Safety

The Trust undertakes monitoring of health and safety performance to demonstrate compliance with legal requirements and to gauge the climate in the organisation. Following the results of the 2014 Staff Attitude Survey a more in depth review of violence and aggression incidents was undertaken and the top 3 Directorates reporting these. They are required to have clear action plans in place for managing violence and aggression, including risk assessments and clear risk control measures. Directorate representatives are also to feedback on this. There has been a marked increase in reporting of such incidents by the Emergency Department compared to previous years and further investigations are being carried out.

Physical assaults by patients are in the vast majority, caused by patients who are not deemed to have mental capacity.

Non-clinical Directorates reported zero or very low incident numbers and 5 Directorates noted an overall increase in violence and aggression since the move to the new hospital building. A revised Action Plan for the Trust is being developed for 2016.

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.

Various E-rostering is being rolled out to all areas and provides safe, fair rosters to meet service needs. 12 hours shifts were introduced for some staff and concerns were raised, by older staff and those with caring responsibilities. These are being investigated by the Staff Experience lead who is due to report on this later in 2015 with recommendations

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

NBT can show that each of the protected characteristics are considered when policies are being written and many of them are engaged with different areas of the work through the staff equality groups, Health and Well Being champions and other strategies. A previous new starters project reported they were welcomed into the Trust and that team members were friendly and helpful.

Members of the staff equality groups (for Black and Minority Ethnic staff and Disabled staff) give very positive feedback on the work the Trust does to support

them, they recognise the issues that arise and of the actions to deal with these. BME and Disabled staff also value the work done to encourage their development and actions taken to make adjustments. Staff with other protected characteristics are supported through an overall equality group and they welcomed the opportunity to put suggestions forward and be involved in activities like the equality events.

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

BME staff have taken up the opportunity for senior mentors and some have been successful in furthering their careers at NBT. They have also devised an action plan which has been approved and is updated regularly. The Chief Executive attends meetings and events like the Eid celebration, along with the Interim Head of HR.

Equality training delivered internally is valued and recognised as being clear and comprehensive.

Disabled staff show consistently they are more dissatisfied than other staff in the SAS followed by BME staff. There are action plans for both these groups which are reported on through the year to the E&D Committee.

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

Guidance leaflets on religion and belief were drawn up in conjunction with staff, managers and the trade unions to set out rights and responsibilities under the law. These were piloted in Facilities and training was given. These have received very positive feedback and will be rolled out across the Trust in 2016.

Family and Friends Test Staff - The Trust runs the Staff Friends and Family Test quarterly and the national staff attitude survey annually. The results for 2015-16 show an improving picture.

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

Staff Attitude Survey - results for 2015 showed that staff experience improved in the quality of job design, an increase in the percentage having equality training, more staff had appraisals with personal development plans. However, staff also felt that there was a detrimental effect on their ability to perform/work, an increase in staff intending to leave and increasing work pressures. There was no change in the indicators for good communication, job satisfaction and motivation at work. Written comments in the SAS showed the top 3 concerns were poor management, parking and stress. The survey showed that the experience of BME staff was improving but work needs to be done with disabled staff to improve their working lives

Following the 2015 survey, the Trust is focussing on the following areas to improve experience corporately: communication with senior managers, feeling valued by managers and the organisation and the reporting of errors, near misses and incidents. In addition, each Directorate is holding focus groups to engage with staff and identify 2 local actions to improve the experience of staff in that area.

The Women's and Children's Directorate began a pilot project on Well Being offering massage and support from a trained member of staff in mindfulness. The feedback has been fantastic and there is a commitment to continue the project.

Renal – For 2016 they will be looking at how to support staff in developing coping mechanisms when they lose patients.

Equality and Diversity Unit - There is a record of advice sought and complaints raised with the Equality and Diversity manager. It needs to be noted that figures are low overall.

- Advice (staff) – There was a 72% increase in requests. The majority of these (38%) related to disability, followed by 21% for queries that covered all equality areas, race (15% down from 24%). 2% gender identity, 4% sexual orientation, 6% religion/belief, double and none for gender. These are referred to the appropriate department to deal with.
- Complaints (staff) – There was a decrease in complaints of 25%. The majority of these 36% (26% 2014) related to disability, followed by race 28% (14% 2014). 12% (7% 2014) sexual orientation, 8% (9.5% 2014) religion/belief/ non-belief 1% and 0% for gender or gender identity.

Section 4 Inclusive leadership

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

All formal Board members have a vote i.e. the seven non-executives, the chief executive, the director of finance, the medical director, the director of nursing and the director of operations. Therefore 12 are able to vote. There are 17 board members in total. Of these 8% are BME and the rest are White.

In December 2015 the Board undertook training on the WRES, why this had been set up and the performance of the NHS nationally, this was led by Roger Kline. Those present each made a commitment which will be followed up in 2016. The Chief Executive and Interim HR Director have attended 2 BME Staff group meetings and the EID celebration. BME staff group members really welcomed her involvement.

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

Section 4.2 - Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

The Trust Board has overall responsibility for the equality agenda and has agreed to work to the Equality Delivery System. The Board receives the Annual Equality Report, Annual Equality Statistics and Workforce Race Equality Standard in 2015. There are two Board members, one non-executive and one executive member who lead on equality; they both sit on the Equality and Diversity Committee.

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

All formal Board members have a vote. There are 14 board members in total of these 36% are female, 8% are BME and the rest are White, 7% are disabled. 50% say they are heterosexual and the rest decline to respond on their sexual orientation. In December 2015 the Board undertook training on the WRES, why this had been set up and the performance of the NHS nationally, this was led by Roger Kline, author of the “Snowy White Peaks” report and co-director of the NHS WRES unit. Those present each made a commitment which will be followed up in 2016. The Chief Executive and Interim HR Director have attended 2 BME Staff group meetings and the EID celebration. BME staff group members really welcomed their involvement.

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

A new internal bespoke programme, co-delivered with NHS Elec was introduced in Feb 2016 aimed at operational and clinical mid-level leaders (i.e. managers of managers).

The Mid-Level Leadership Development Programme is underpinned by the Healthcare Leadership Model, a behavioural model that defines the NBT leadership way. This model has been used as a 360 diagnostic tool to assess a baseline position of our mid-level leaders. The collective leadership behaviours have also been mapped against the Healthcare Leadership Model behaviours to provide a further baseline assessment. The learning focus is based on individual development needs.

The programme aims “to develop exceptional mid-level leaders with the right qualities and practical skills to deliver the Trust’s Strategy, who are also equipped to meet the challenges facing the NHS locally and nationally.”

10% of staff on the programme are BME.

“Valued Manager” training sessions are offered which focus on the issues at NBT for BME, Disabled and LGBT members of staff, harassment and bullying, religion and belief. The aim of these sessions is to increase the confidence of managers, offer options on ways forward, identify solutions and look at how to take positive action forward. The overall objective is to improve their skills as an equality leader.

There is an overall Staff Equality Group and people from all protected characteristics are welcome to attend. There are two further groups for career development one for Black and Minority Ethnic Staff and the other for Disabled Staff.

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

- Staff Equality Groups
- ASK HR
- HR Partners
- Employment Services
- Fertility services
- Wards
- Laser centre (re Trans patients)
- Facilities
- Occupational Health
- Advice and Complaints Team
- Parking Services
- Volunteers
- CAMHS (Children and Adolescent Mental Health Services)
- Communications Department
- IM&T - including freedom of information requests
- Students

Equality training

All new staff undergo Induction training which has an Equality element in it. Face to face training is also provided by the Equality and Diversity Manager to staff in Facilities as they have less access to the on line equality training package. From August to December 109 people attended. In addition the Valued manager training was attended by 29 people. In addition interview skills training was attended by 23 BME staff and offered by Learning and Development. All the equality training receives excellent feedback especially the Value Manager.

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

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

Check 2015 info

- **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

Compassion

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

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.

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. These objectives will be reviewed in 2016.

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 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 2015 was externally assessed and set at “achieving” (green) under the Equality Delivery System 2.

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

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

References

Source: NHS Staff Management and Health Service Quality

Results from the NHS Staff Survey and Related Data

Michael West¹, Jeremy Dawson ², Lul Admasachew ² and Anna Topakas ²

¹ Lancaster University Management School and The Work Foundation

² 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
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
YPF	Young People Friendly