

Equality Scheme Report 2009

Introduction

This report covers actions carried out during 2009 relating to North Bristol NHS Trust Equality Schemes. It also contains details of other equality work which is building on the actions required in relation to legislation. This is intended as a snapshot and not a comprehensive report of all the work within the Trust.

Equality Scheme Consultation

In order to compile the Annual Equality Scheme Feedback report, Trust staff were invited to a series of consultation meetings to give their comments on the equality schemes and action plans. These were chaired by Sonia Mills, Chief Executive, Harry Hayer, Director of Director of Organisation, People and Performance, Dawn Harley and Philip Hedges members of the Joint Union Negotiating Committee. The meetings were attended by staff from all equality groups e.g. Black and minority ethnic (BME), gender, disability, sexual orientation, religion and transsexual.

In order to compile the report Directorates and Departments were asked to provide details of their work over the last year and the responses are set out here. Staff were invited to a series of consultation meetings to give their comments on the equality schemes and action plans. These were widely advertised on the weekly Bulletin board, the Message of the Day and the staff notice boards. In addition an e mail was sent to all staff. It is recognised that it is difficult for those staff that do not have access to e mail at work; therefore, approaches were made to specific areas where the Equality and Diversity Manager offered to address Teams about the equality Schemes subsequently a presentation was given at the Catering Managers meeting at Southmead.

Appendix A sets out the main points raised over the four meetings. The outcomes will be used to set up the new actions points in the Single Equality Scheme. This is being prepared in early 2010.

Disability Scheme – This was due for review. A one year action plan was devised in conjunction with relevant departments and published within the required timescale. There will be an early opportunity to amend this in 2010 as the Single Equality scheme will encompass this.

Equality Profile – There has been a considerable increase in activity to raise awareness of the Equality Agenda. This has been achieved by placing items on the Message of the Day and weekly Bulletin, for example, Staff Equality Groups meetings, Typetalk, for hard of hearing people, International Disabled Peoples Day, Access to Work, World AIDS Day, Equality Scheme Consultation meetings and so on. Events and meetings have been also been advertised on the Staff electronic notice board and sending e mails to all staff.

A number of events, conferences or training opportunities have also been notified to staff either individually through the Staff Equality Groups contact list or broadly as set out above. This includes a mentoring project for BME Staff, the NHS Graduate Schemes and the “Breaking Through” Top Talent Programme, a conference to encourage more BME people into Public Life and training offered by the Bristol PCT on sexual orientation and Gender Identity and MISFITS a performance regarding the experience of People with Learning Disabilities in health and social care.

Staff Attitude Survey 2007 - 2008

This was conducted during in autumn 2008 when 850 staff were randomly selected and there was a response rate of 57%. The results show an overall year-on-year improvement. Compared to 2007, NBT shows an improvement in 21 indicators, no movement in 1 indicator and deterioration in 4 indicators. Of these changes, 11 are considered to be statistically significant, all of which are improvements.

Our 4 top ranking scores, where we compared most favourably with other Acute Trusts are:-

- staff felt valued by their work colleagues
- staff experienced physical violence from staff in last 12 months
- staff agreeing that they have an interesting job
- staff intention to leave their job

In addition the questions posed on equalities showed that 92% of staff did not experience discrimination, 93% felt trusted by colleagues to do their job, 80% thought they were treated with respect by work colleagues and 60% thought that the Trust acts fairly.

Staffs were asked if they had experienced discrimination in the trust over the previous 12 months. This stood at 92% in 2008 and it is important to note that these figure shows there has not been a statistically significant change since 2005.

¹2008 = 92%
2007 = 92%
2006 = 92%
2005 = 94%

The Trust has improved its performance in staff survey results for 2 years in a row, outpacing other acute trusts in the country.

The equality profile for respondents was 80% women, 8% BME and 14% disabled people.

Areas to Focus On - Staff wanted to see changes in Appraisals, Harassment and Bullying and Equality and Diversity Training.

Appraisals - Subsequently 88% of staff appraisals have been completed so far. In addition a question has been included on disabilities to encourage staff to discuss any requirements they have, in order that reasonable adjustments may be made. This fulfils one of our commitments under the Two Tick scheme.

The Appraisal policy and KSF policy state the direction required. Annual appraisal is supported by training for appraising managers and by a comprehensive training programme. Clear objectives are set out for all areas that all staff must have an appraisal, with the development of a personal development plan, suitable for them and for their role.

All staff can access a free personal development portfolio either in hard copy (available from Learning and Development) or via the website. A current year matrix Training Needs Analysis (TNA) is also provided via staff passports.

Harassment and Bullying - ASK HR have carried out a considerable amount of work on this, for example, Focus groups were set up to understand the issues and these led the Trust to subsequently identify proposals to tackle the issues. Work was done to raising awareness for both non medical and medical staff. A statement was inserted into job descriptions for both medical and non medical staff regarding Harassment & Bullying. The Terms and Conditions for new starters were also updated to include the harassment and bullying statement and workshops for managers were developed.

In June 2009 a new Harassment & Bullying Policy and User guide were launched and Advice Line was launched in August 2009.

Harassment Advisors were recruited and trained and a support scheme for staff was launched on 10th November 2009.

¹ Source: North Bristol Health Trust Staff Survey Results 2005 - 2008

A report will be provided to the Equality and Diversity Committee on this annually identifying any trends or areas for action.

Equality and Diversity Training – This is embedded in the training programmes offered by the Learning and Development. See elsewhere in this report.

Building Access

A budget allocation of £40K was made to improve access. The Estates department continue to upgrade for example some external pavement works have been carried out in 2009. Appendix B sets out some of the main works carried out. New buildings now coming on line or due to be occupied in the next few months at Southmead are all compliant with the Disability Discrimination Act, these are the Data Centre, New Pathology and the Learning and Resources Centre.

Hospital Signage Renewal - Southmead - A new system of signage was installed in 2008 which was made as flexible as possible. This is to take into account the major development taking place on the Southmead site within the next couple of years.

Plans were put in place to update the site signage and maps in October 2009 and again in March and August 2010, to take account for the changes caused by the New Hospital development. Web site information will be updated quickly to ensure that this information is kept up to date in line with site changes.

Map changes will be conveyed to the print department who produce the literature that patients receive with correspondence.

Frenchay - There are no plans to change the maps for Frenchay at present, as the site layout will not change, but signage may need to be updated as departments are moved from Southmead, due to the development.

Access Consultation - During the process of revising the signage, groups such as the Patient Panel, Out Patients and the Medical and Surgical Directorates were involved, with their comments being taken into consideration before the final solution was reached.

Staff from Estates are also available to attend any meetings with the Patient Panel or any other groups, for example, the Staff Equality Groups, who have concerns about site signage on any of the North Bristol NHS sites.

Equality Impact Assessment (EIA)

The Marshall ACM e-learning and database modules is available on the **Managed Learning Environment (MLE)** website. This is being publicised widely as part of the strategy to embed the EIA process.

Equality and Diversity is embedded in the training programmes offered by the Staff Development Department. For further examples see Appendix C.

Equality Monitoring

All job applicants, those short-listed and those appointed are monitored by, race, disability, gender, sexual orientation, religion or belief and age. A report was presented to the Equality and Diversity Committee in July 2009.

During the summer of 2009 every member of staff was contacted to check that the data we hold for them personally on the Electronic Staff Record (ESR) is correct. This included equality & diversity information. Information was requested where there is a field/option where it can be recorded on the ESR system to ensure that this information is kept secure. A report was given to the Equality and Diversity Committee in July 2009 with the outcomes (See Appendix D). This showed a low level of recording of staff who are disabled and a high level of "not known" in this category. 78% of staff did not record in the Sexual Orientation and Religious Belief categories. 11% of all staff are from BME groups and the average workforce is 79% female.

The IMT Directorate won the **BT/E-Health Insider "Excellence in Healthcare Information Management Award" 2009**, for our Business Intelligence Solution. We manage "all our information", via the Business Intelligence Solution which helps to provide information to assist and enable Equality and Diversity. This has meant that through the programme of work around this solution, we have far improved information on ethnicity (we recently scored green in this area in our annual health check assessment) and better information on a range of equality and diversity issues, as we can better manipulate patient and workforce information from multiple sources.

A review was carried out of some of our recruitment and leavers reports to understand if they provide any trends on the appointment rates of different groups during recruitment and selection.

Equality and Diversity Training

Equality and Diversity is incorporated into Induction Training for all new staff and included in training on:

Harassment and bullying
Personal Safety

Conflict Resolution

Equality and Diversity is mainstreamed into much of the training that is carried out by Learning and Development. See Appendix C for information for more details of other training at NBT.

NBT Graduate trainees

Graduate Trainees – There are currently 3 trainees based in General Management, HR and Informatics. All of these are female.

Apprenticeships - The Trust has a few apprentices at present. These come from a wide age range.

Finance – There are 5 people undertaking an AAT Apprenticeship Framework, 4 are White - British, 1 is Mixed White Asian. Ages are 41, 47, 48, 49, 50 and all are existing staff.

Learning and Development - There are 2 apprentices undertaking a Business Administration Apprenticeship Framework, 1 in Post Grad the other in Staff Development. Both of these staff were new staff recruited into the Trust on an Apprenticeship and both are 18.

We have a plan to move our healthcare support workers from the current stand alone NVQ in Health which is run in-house to the Health Apprenticeship Framework over the next few months, this will be in partnership with an external training provider. There is a list of approximately 88 people who are all existing staff that we are looking to register on the framework.

LGBT Training – Bristol PCT offered training on Sexual Orientation and Transgender Issues in December 2009 and 11 January 2010. This was advertised and despite the short notice 5 staff attended from NBT

Widening Participation - The Pathways into Medicine programme has been running for 5 years at North Bristol NHS Trust and is an initiative which aims to provide equal access to work experience in medicine for 16-18 year olds, from all sectors of society within the catchment areas of the Trust.

The programme, which was founded by Consultant Anaesthetist Dr Chris Johnson, is now run by a group of consultants led by Dr Ed Morris. It consists of two components:

1. A study day held in June for year 11 pupils. The day included talks from consultants in various specialities, university admissions tutors, medical students and trainee doctors to try and give a taste of what a medical career entails.

This provides some information about entry requirements. This course is advertised to every school in the Trust's area and this year 100 pupils from schools across the region attended.

2. A Work Experience (WEX) programme aimed specifically at year 12 students who are considering an application to medical school. This is held in July each year and 36 students are invited to attend a four day highly supervised and tailored programme to witness the practice of medicine in the hospital and the community. This course is advertised to all sixth forms in the local area and is attended by students from a wide variety of school types. Four places are reserved for local undergraduates who are exploring late entry into medicine.

The feedback from both these courses has been universally good. A high proportion of students who attend both courses go on to apply for, and be admitted to medical courses.

Consequently a similar work experience programme has been set up in the Bristol Royal Infirmary based on the NBT model and has widened access to such courses even further across the region.

The role of these courses in widening participation to medicine was commended by the General Medical Council in their recent assessment of the University Of Bristol Medical School.

Trainee Doctors - help is offered with CV's by current BME Drs. Plus there is an Induction overseas staff – Information is given on the existing culture here. This does not happen in reverse. There is a need for staff to understand something of the culture of BME communities.

Personal Development Opportunities – A number of facilities and programmes are provided by Learning and Development. These are available to all staff. For example, skills for life and study skills support, skills development e.g. IT, reading, numeracy and using the library. Access to the library has also been made 24/7 for all staff. All Learning and Development programmes are available in the prospectus and published. This prospectus includes all training provided in NBT i.e. that delivered by other training providers than Staff Development/ Learning and Development but is coordinated by Staff development.

Breaking Through Programme – The Trust is committed to involvement in the Breaking Through programme and two delegates were sent to the annual conference in October 2009. The Programme was widely advertised and staff encouraged to take up this initiative.

Two Tick Disability Symbol

NBT was awarded the Two Tick Disability Symbol by Jobcentre Plus in 2002, which they review every year. Information about the commitments is available. All disabled applicants are invited to advise of their requirements before interview.

A full review of the recruitment process was conducted in 2009 by Medical Personnel. They are currently looking to implement a more robust process over the two recruitment areas to ensure that we remain compliant with the Two Tick scheme and fully support disabled applicants. To determine if the process is robust they are implementing a mystery shopping project to confirm our compliance.

Access to Work – This has been advertised on the Message for the Day and an updated information paper has been distributed and added to the Equality and Diversity web page.

Communications

All NBT healthcare information is available on the www.nbt.nhs.uk website and new medical services or service developments are promoted to the local media to raise awareness with the local population.

Over 600 patient information brochures including NBT logistics with regard to opening hours, maps, facilities, etc, have been produced.

The Advice and Complaints Team provide telephone support to answer specific questions from patients.

Staff Meetings – These are organised by the Chief Executive, Sonia Mills and held 3-4 times a year. Two are held at Frenchay and one at Southmead. They are advertised on the Message of the Day, the Bulletin and all users are sent an e mail. These are generally attended by around 25-30 people per meeting. The purpose of these is to update staff on performance and new developments. In September 2009 it was announced that the Operational performance and Care Quality Commission results were good and three awards had been received, an update was given regarding the new hospital and improvements for patients were noted.

Staff Equality Networks – The groups for Race and Disability were established previously but they had lapsed. The new Equality and Diversity Manager has embarked on a process to re-establish these and set up new ones where there is a demand. One meeting was held in December 2009 for all staff from the different equality communities. Further advertising is being undertaken to encourage membership.

These groups are key to ensuring that the voice of staff from equality communities is heard and that there is a process for them to comment on policies and practices within the Trust.

An informal Carers Group has been set up.

ASK HR

ASK HR is a new model which was established in July 2009.

HR Partners were introduced who are involved with:

- Appraisals - auditing progress, identifying hotspots, plans in place to address.
- Formulating Staff Attitude Survey and Stress action plans.
- Working with the Directorates to identify organisational change opportunities to release CRES (Case Relief Efficiency Savings) to prepare for the new hospital.

Communication - As part of this a new website the HR Portal Welcome page was developed. Promotional material is being improved to increase clients' awareness. Work is also being carried out to raise awareness across the Trust to encourage use of the HR Portal and resolve routine queries with line managers in the first instance.

The "Message of the Day" was set up to communicate work of various departments in Directorates across the Trust. A staff benefit page for the HR portal, consolidating all benefits onto one site is being progressed.

Telephone calls are received on a more managed basis whereby a faster and thorough response may be given. This has seen an increase in calls received on a month by month basis.

The Harassment Advice Line was launched in August. (See section in this report: Areas to Focus On).

Policy Development Work - A new draft Sickness Absence policy and user guide were completed and launched in November. Actions were agreed to support the reduction in sickness levels in hotspots in Renal, Critical Care and Musculoskeletal Directorates

A project to review the NBT generic job description content and NBT contract of employment content has begun as well as a review of leavers questionnaires and process by Ellen Hemborough, Employee Relations Manager.

Training - Sickness Absence awareness sessions continue to be delivered Trust wide, planned to continue for new managers.

A Leadership Development programme has been designed and shared with Executives & GM's.

Ask HR staff - receive ongoing development, secondments and training supporting career path aspirations. A series of employment law sessions arranged with NBT solicitors for Ask HR and HR and D Partner teams were also arranged.

Workforce Planning

Workforce planning is a dynamic, iterative process which is used to develop and prepare the future workforce for future services. There are tangible benefits from preparing a plan which include:

- It will help prevent staffing crises and shortfalls by identifying and managing potential risks associated with labour supply and demand;
- It is a point of reference from which to review progress, adverse events and trends;
- It informs decisions on the type and volume of training and education;
- It informs the workforce strategy, making best use of the current workforce and developing careers;
- It provides evidence for quality accounts and care standards assurance; and
- Using a standard approach it will provide information in such a way that external and internal workforce information requests can be met easily.

Equality and diversity is explicit in workforce planning which brings benefit by making the most from the talent and contribution of staff in post and the labour market. Equality of opportunity and principles of diversity are embedded at each of the six steps of development of the workforce plan, so that full opportunity is taken to acquire a high quality workforce.

It is advised that workforce plans should have an Equality Impact Assessment which takes into account the following categories:

- Gender
- Age
- Ethnicity
- Disability (impairment)
- Sexual orientation
- Religion or belief
- Gender Identity

The Equality Impact Assessments of workforce plans will be checked for evidence that human rights have been considered, specifically that staff:

- have the opportunity to exercise their beliefs; and
- the right to private or family life

Patients

North Bristol NHS Trust defines its strategic direction through its “big 5” organisational objectives and localised Directorate objectives. The key objective for patient involvement is ‘Improving patient experience and safety’, which demonstrates the Trust’s commitment to understanding and improving patient experience.

Patient and Public Involvement Strategy – This was agreed in 2009 and sets out the Trust’s approach to involving patients and carers in a meaningful way at the point of delivery of care e.g. involving patients or carers in genuine partnerships to ensure the highest quality of care, it means seeking ‘real time’ responses from patients and carers as they receive our services to ensure their care, information and treatment is timely and relevant.

Patient Partnership Committee - The Patient Partnership Committee is a partnership working with patients and carers to gain their perspective that helps us improve patient experience. The range of activities includes:

- Panel representation on key Trust committees such as the Quality Committee and the Patient Experience Group
- Providing a patient perspective on interview panels for senior staff interviews
- Talking to patients about their experiences of receiving hospital care
- Helping to deliver our customer care training programme to front line staff
- Inpatient and Outpatient pilot patient experience surveys
- Patient proofing repackaging of patient information

Patient Panel - The Trust also has a well established Patient Panel that has been in place for seven years. It is a group of approximately 30 patients and carers who regularly use Trust services and they work in partnership with the Trust to improve the quality of care across a wide range of patient involvement projects and activities; such as membership in key committees, involvement in interviews of all senior appointments and doctors, participates in audits of service quality. The Trust has won several national awards for its work with involving patients in services.

The Patient Panel contribution has become a fundamental part of the day to day governance activities of the Trust. This year they have been involved in over 70 projects and activities. For example; Policy Development, Patient

information leaflets, Essence of care audits, Consent audit, Doctor's communication evaluation, Living wills, End of Life Care, Nutrition of the elderly, PEAT inspections, Ward feedback card,, As critical friends, Patient Panel members know they have been listened to and have witnessed demonstrable change due to their involvement.

Patient Networks - The Trust has a network of specialty patient or carer user groups who are directly involved in feeding back comments and influencing the day to day service delivery. These groups are an essential part of the discussions with clinicians about how best to meet service users needs. These groups meet and comment on Trust services on a regular basis.

North Bristol NHS Trust Patient Experience Group (PEG) – Held its first meeting in September 2009 when the role and remit of the group was agreed. The key aim is to deliver the Trust's strategic patient quality objectives and membership is from patient representatives and key staff.

Patient Surveys - Pilot surveys for Inpatient and Outpatients are to be carried out in selected areas. These will focus on the patient experience and will be provided in 3 different languages, Chinese, Somalian and Chinese Mandarin.

Patient Stories – Proposals are being made for patient stores to be captured on film for presentation to the Board and potential use as a public relations tool. This will include video diary experiences from patients, visitors, carers and children.

New Innovations Programme - Ideas are being sought from frontline staff in relation to improving patient experience and ways to support staff to enable them to try out new initiatives is also being investigated.

Improving Services

Many Trust services or projects work with other health and social care organisations such as the Care Forums' Voluntary Sector Networks, disease specific charities and Equality Networks in Bristol and South Gloucestershire or have patient support or service user groups that provide them with important feedback about service delivery or improvement. Examples of this are the Renal Patient Forum, Rheumatology Support Group or FAB Club (for children with burns), BUST, a patient group for women who have had breast surgery, Multiple Sclerosis Carers Group, and HIV patient group.

Patient Influence – There was significant patient and public representation on our work to design the new hospital, through the User and Access Group, patient representation on other key workstreams and public events. This included involving patients/representative groups in a steering group for the project looking at outline designs addressing issues such as parking, disabled access, drop off points, receptions and information points.

We created real mock ups of single room designs over one month, with drop in sessions for patients/carers to visit and comment on the designs. The BHSP plan involved a wide range of involvement and engagement activities with patients, carers, health care groups and communities in shopping centres, supermarkets, libraries etc. The views from the engagement programme significantly influenced the direction and content of how services are to be provided across the city.

Interpreting Service - A review has led to a major overhaul of Trust Interpreting Service, which involved a consultation exercise with a range of community groups to gain their views on what was needed.

A key project directly responded to by the Trust which was raised by the patient panel is major refurbishment of both of the Trusts Mortuary Viewing rooms. The Panel raised the poor quality of the service provision for relatives to view, which subsequently involved patients, users and carers in each stage of the redesign plans.

Volunteers

North Bristol NHS Trust has more than 400 volunteers and numbers are rising. Their duties include ward-based befriending; pathfinding; chaplaincy visits and massages as well as running refreshment centres; driving patients to appointments and putting on musical concerts in addition to assisting nursing staff on the wards at meal times.

Patients Complaints

The Complaints service was merged with the Patients Advisory Liaison Service to become the Advice and Complaints Team (ACT) in 2009.

Figures are collected with Safeguard (ACT's database of cases). These show that a mere 3% of complaints were from BME patients.

The service is looking to improve its service and will be contacting all complainants through different routes to either, agree timescales for action, measure satisfaction with the service and monitor on ethnicity and disability.

Interpreting and Translating Services

The new NBT Interpreting Services was launched in September 2009 following a period of review and redesign. The aim of the new service is to provide improved patient experience for those whose first language is not English whilst embedding a high quality but cost effective service. All written patient information is provide do at an appropriate point in the patient journey and can be made available in Braille, large print or on

audio on request. For community language speakers the interpreter reads the leaflet in their own language.

Service users, community groups and staff were consulted in the review and redesign of the service. This has served to increase patient choice and improve access to community languages 24/7 as a wider range of languages are now available and as is the option to request the gender of the interpreter via our telephone service.

Monitoring is being carried out to ensure the quality and effectiveness of the service. Patient feedback is requested from ward feedback cards, inpatient survey and the Advice and Complaints Team (ACT). Meanwhile we continue to investigate further options for out of hours service for BSL users via our community based provider

Integrated Healthcare Service (IHCS) - The recording of information on Patients requiring Interpreting and Translating Services has been improved. The IHCS now contains details of patients we know who require the assistance of either a British Sign language (BSL) or a Language Interpreter. A message now appears at the top of the patient main details screen to alert staff.

IHCS Introductory training sessions are available for new staff to learn how to use this system and "User guides" are also provided.

Renal and Transplant Directorate

The Renal and Transplant Directorate has set out its principles which are to respect the value and diversity of its workforce, patients, service users, relatives, carers and visitors. It accepts that

Equality is about 'creating a fairer society, where everyone can participate and has the opportunity to fulfil their potential and **Diversity** means difference – it is about recognising an individual as well as well as group differences, treating people as individuals and placing positive value on diversity in the community and the workforce. The Directorate is committed to:-

- Serving the community in a way that is appropriate, accessible and responsive
- Making the best use of the range of talent and experience available within our workforce and potential workforce

A summary of the work being currently undertaken by the Directorate includes:

Outpatients - Patient survey - Two patient surveys have been undertaken within the last 12 months. These looked at feedback on outpatient appointments, i.e. quality of service, length of time waiting in the department etc.

A third receptionist employed. This ensures that the Reception Desk is staffed at all times and that all telephone calls are responded to within a timely manner. An answerphone has been installed for patients to leave messages out of hours. Messages are picked up the following morning and actioned accordingly.

The introduction of Choose and Book has given the patient more choice of when and what time they wish to be seen. This has clearly enhanced the patient experience.

The patient experience is further enhanced by the commencement of peripheral clinics at Bath, Weston and Frome. This is in line with the National Service Framework (NSF) recommendations to treat people closer to home. As part of this work is currently being undertaken to commence iron infusion clinics in satellite dialysis units this will ensure the release of day case beds.

Bookmark system has been instigated so that patients who need to see the Dieticians are not missed. Dieticians provide daily lists to Receptionist staff and bookmarks are inserted into the patient notes. This has seen an increase of approximately 80% of patients being seen.

A new educational booth has been set up within renal outpatients which helps patients understand their condition. This is available in a number of languages and has subtitles and audio facilities. The touch screen technology gives information on their health, how to book holidays when on dialysis, how to keep well before kidney transplants and contact details for patient interest group. The two touch screen computers allow patients to view information on DVD's, access web links and print leaflets and information. Further

In-patients - Work is being undertaken to develop 'interfacing' handover sheets for all staff that links into the Proton screen. This will replace the current system where separate handover sheets are used. The purpose of this is to ensure that duplication does not occur as in the past this led to a disjointed understanding of patients care and may prolong their in-patient stay.

The introduction of daily board rounds has assisted the Directorate in reducing its length of stay for patients on both T and Carrington Wards. Likewise, this has been helped by a more focussed MDT meeting which identifies problem areas relating to the patient's discharge. Where the discharge process is delayed, i.e. waiting for a scan or endoscopy, this is

followed up by the Assistant General Manager (AGM) with the appropriate directorate.

A new video call service for parents at Southmead who have undergone live organ transplants to their offspring at Bristol Children's Hospital is now in place. A laptop computer and mobile data equipment needed was purchased by the Directorate using charitable funds

Cossham - The plans for the new Cossham Hospital are well under way. As part of this new build, the Renal Directorate will have a new 25 station Dialysis Unit. This will be an invaluable asset, not only to the Trust, but to the patients who will use it. This is in line with the NSF whereby patients will be able to have dialysis closer to home and have more flexibility, such as being able to dialyse either in the morning, afternoon or early evening.

Home Dialysis Team - As of the 1st November 2009 the team is providing a much more individualised home delivery service to its patients. This includes phone or e-mail contact to assist the patients with their stock levels and ordering of essential dialysis equipment.

Within the last 2 years, patients on home haemodialysis have been able to dialyse daily for shorter hours which allows them more flexibility around their work and social/home life. For this group of patients it is hoped, that within the next few months, nocturnal dialysis will be an option at home.

Education - The Directorate facilitates group education meetings with patients who are undergoing transition from paediatric to adults and this supports them to a move from a paediatric service to adult provision. This is done via open evenings and 1:1 patient meetings with relatives.

Patients are given choices and options in relation to dialysis treatments, transplantations and conservative management. This service is provided by way of 1:1 meetings, home visits, option sessions and comprehensive literature.

There are a number of patients from an ethnic minority, whose first language is not English; therefore, the education team ensures that appropriate translators are available. This includes patients who are partial hearing where sign language interpreters may be provided. The introduction of daily board rounds has assisted the Directorate in reducing its length of stay for patients on both T and Carrington Wards. Likewise, this has been helped by a more focussed MDT meeting which identifies problem areas relating to the patient's discharge. Where the discharge process is delayed, i.e. waiting for a scan or endoscopy, this is followed up by the AGM with the appropriate directorate.

Patient Consultation - The Directorate holds bi-monthly meetings with patients and this is under the umbrella of the Patient Forum. It includes

representatives of all relevant groups (including Black and ethnic minority). Items discussed include recently undertaken audits, results of patient surveys, new policies etc.

Workforce - The Directorate has submitted its first document for the Workforce Plan 2009-2014. This document will ensure that the directorate develops its workforce, in line with the career framework for the NHS, and will endeavour to promote flexible career pathways for staff and take full advantage of the potential to develop new roles that enhance the provision of modern high quality patient care. Competencies will be developed to underpin the performance, development, training and skills acquisition of all staff, ensuring that staff receive the support to continuously improve their skills.

As part of the consultation for the workforce plan a number of drop-in sessions were held by the Directorate that ensured that all staff had the opportunity to put forward their ideas and to engage them in the delivery of the aims and objectives.

Communication - The Directorate recognises that communication is very important. Notes from meetings such as the Management Team, Dialysis, Audit, and Clinical Governance are all available on the Renal Drive; this enables all staff to keep up to date with what is happening around the Directorate. A newsletter titled 'Bright Times' is also produced every 3-4 months which highlights what is going on in and around the Directorate. All staff have the opportunity to put forward items for inclusion.

Women's and Children's

Reproductive Medicine - The Bristol Centre for Reproductive Medicine based at Southmead Hospital in the Women and Children's Directorate offers sperm donation to same sex couples. NBT also has the only unit in the South West to recruit sperm donors as well.

Healthcare Services For Children And Young People

"Your Say on Health" for children and young people - A consultation exercise was carried out in Bristol and South Gloucestershire to develop a model for healthcare services in these areas for children and young people. This included all types of health service: school nurses, mental health services, sexual health clinics and services for disabled children and young people. The purpose of the project was to find out how to make children the journey for young people through health care services as positive as possible – from the beginning to the end. This included:

- How should we let children and their families know about healthcare services?
- How can we make services welcoming and accessible to *all* children and their families?
- How should healthcare workers work with children and their families to make sure they get the best possible care?
- How should healthcare services be followed up to make sure children and their families feel supported?

There were a number of outcomes which are now being taken forward as a result of this innovative piece of work. The most important is the patients' charter, which has input from Service Users, and in particular from young people with mental health problems.

Next Steps

Directorates and Departments have been invited to contribute to the forthcoming Single Equality Scheme. This will incorporate actions across the equality strands Race, Disability, Gender, Sexual Orientation, Religion or Belief, Age and Gender Identity. A project plan will be drawn up along with a tool kit to provide information.