

North Bristol NHS Trust Equality Scheme Report 2011

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Introduction

North Bristol NHS Trust (NBT) continues to meet the legal requirements set out under the public duties of the Equality Act 2010. This report sets out some of the innovative activities that demonstrate this. It meets the requirement to set out what has been undertaken under the action plan, gives results of information gathering and how we have used this to deliver our Equality Scheme. The report is a snapshot of the equality work at the Trust which builds on the actions required in relation to legislation. This is not a comprehensive report of all the work within the Trust.

Equality and Diversity Work

The main highlights below show something of the wide range of work undertaken in 2011 mainly by the Equality and Diversity Manager. Many of these are completed actions set out in the Equality Scheme.

Monitoring - Annual Equality Statistics report - managers were encouraged to provide information for this, which covers 2010. This offers a snapshot of employees within the Trust and is referred to throughout the year. There is concern at the lack of reporting in some areas specifically disability, sexual orientation and religion or belief.

The lack of information causes difficulty in a number of areas for example in demonstrating the impact of the equality work when compiling EIAs and when making decisions regarding service delivery.

It is thought that staff are not confident about giving their equality information as they feel it is not kept confidentially. This is shown in results of the Staff Attitude Survey where a total of 850 staff were asked to complete the survey, 52% responded and of these 12% recorded that they are disabled. However, our Electronic Staff Record shows 1.15% of disabled staff declare they are disabled.

Monitoring of protected characteristics is promoted at every induction session for new staff when they are encouraged to provide the information and reassured that the information remains confidential. Emphasis is placed on the lack of figures for disabled and lesbian, gay, bisexual staff and everyone is encouraged to ask their manager how they can provide the details if they did not do this at the recruitment stage.

More work was carried out during 2011 on disability issues in line with the actions in the equality scheme and also to encourage reporting.

Equality Impact Assessments (EIAs) - A number of EIAs were carried out over the year HR and other departments and many were approved by the Equality and Diversity committee, the authors were recommended to publish them.

However, many others required further work as they largely needed further evidence.

In 2012 a new process is expected to be agreed in conjunction with the sub regional cluster of the South West Strategic Health Authority. The Equality and Diversity manager has devised a new form for the NHS cluster members to consider. This links with the equality delivery system and is underpinned by the Equality Act 2010. Internal and external users appraised the form. This will be progressed in 2012.

The Trust agreed to continue to use the current EIA format until a new process is in place.

Annual Equality Scheme - a summary report for 2010 was submitted to the Equality and Diversity committee for approval. Bristol and South Gloucestershire Links and the Bristol Equality Health Partnership gave comments on this work. Staff were invited to meetings to feedback on the work in 2011, but no one turned up. Therefore the information was sent out by e-mail to the staff equality group and responses invited. This was also notified through the message of the day.

Design Access Statement reviewed and comments provided to Capital Projects. I&MT agreed to include sexual orientation and religion and belief monitoring for patients in the new Cerner system.

The Patient Experience Group agreed the form "Making Your Stay More Comfortable" should be issued to elective patient as this would allow them to notify their requirements in advance of their stay in hospital. This is to be piloted in the Avon Orthopaedic Centre

Foundation Trust Status - representations were made and a decision finally taken to include sexual orientation and religion or belief in the monitoring of members to ensure that there is representation from across the protected characteristics on the new board and an inclusive membership.

CQC - information was provided for this.

Equality Delivery System – Managers were asked, towards the end of 2011 to carry out the assessment of their particular objectives in order that the Trust may calculate its overall grade. The outcomes will be consulted on in 2012.

Measurable priorities and objectives - Complaints where reported to the Equality and Diversity manager these are dealt with and may be referred on for further action and cover patients and staff.

Staff Attitude Survey - in 2010 results showed that disabled staff felt they were not being treated appropriately. More was done to advertise the work being undertaken for disabled staff and it is hoped a positive impact of this will be shown in this year's survey.

Equality Delivery System (EDS) - meetings were held throughout the year to raise awareness and encourage senior managers to carry out the self-assessment. Work has been undertaken with the members in the NHS cluster who have been working on devising a strategy.

Mainstreaming - Employment Services were advised to set up a project during the recruitment of HCA's in October 2011 to identify the experience of Black and Minority Ethnic and younger people as these groups are under-represented in our workforce.

Recruitment Code of Practice comments were provided on the update of this.

Training -The Equality and Diversity manager provides this for staff throughout the year for example, master classes on the Equality Act 2010, responsibilities under the equality duties, the Equality Delivery System, Equality Impact Assessments and on the different protected characteristics e.g. disability, sexual orientation and gender identity. Departments like HR Support services and Procurement had tailor made training designed and delivered for them. She also gives a presentation at every induction session for new members of staff. This includes information on the law, what the trust expects from staff, equality monitoring, Two Ticks scheme, Access to Work and engagement with staff and communities. The staff attitude survey is also highlighted and new staff are encouraged to complete these if they receive one.

The Two Ticks scheme commitments were reviewed and updated to ensure they were in line with the Equality Act 2010 and a suggested list of reasonable adjustments were also provided.

Promotion of Equality - is carried out in a number of ways, information may be displayed on Message Of The Day (MOTD), the Weekly Bulletin and electronic notice boards, occasionally e-mails are sent all members of staff. Information is sent to members of the Equality and Diversity Committee and the Staff Equality Groups, Directors, general managers and heads of nursing, for distribution to staff and departments and the trade unions. Items have appeared in the in house magazine, "Insite."

Equality and Diversity manager attends external meetings and events for example, the NHS Cluster, South West Strategic Health Authority, South Gloucestershire Community Equalities Forum, Bristol Equality Health Partnership, Multi Agency Equality Practitioners Group, UHBT HR, LGBT Bristol NHS Stakeholders.

Information sharing - this is provided internally and externally on request. A number of briefing papers, policies and details of positive ways forward have been provided to other organisations including PCTs, NHS trusts, universities, local authorities and voluntary organisations.

Participation and engagement - A Staff Equality Group has been set up and people from all the protected characteristics are invited to attend. New members of staff are informed of this during the induction training session.

The group met once in 2011 members are sent documents on a regular basis on policies and practices, including Equality Impact Assessments (EIAs) and other reports and invited to make comments. For example the Annual Equality Scheme report, Staff Charter, Charter of 10 Standards for disability and for sexual orientation, Design Access Statement for the new hospital, staff engagement and the staff suggestion scheme.

Information about external events, training, seminars and conferences are also e-mailed to key staff members who are encouraged to attend.

Seldom Heard Groups - Gypsy Traveller/Roma People – Awareness was raised by a speaker at the Equality and Diversity committee. Unfortunately, the workshop organised for Black History month did not go ahead as the speaker was sick, but this will be rearranged at a future date.

The Equality and Diversity manager attends Bristol NHS Gypsy Traveller/Roma meetings. She also attended a training session on this. Information and actions are then undertaken and referred to relevant departments

Equality Action Plan

Race - Black History Month was celebrated in October with a display of photos of staff and information about them and their job roles at NBT. There was also an exhibition provided by the Bristol Black History archive, both were in the Learning and Development Building at Southmead. A meeting was held with the Chair of the Bristol Public Sector BME Group where it was agreed that a BME champion should be sought to lead in this organisation.

NBT affiliated to the NHS BME Network for staff and Ruth Brunt our Chief Exec signed their statement of commitment. It's meetings are advertised regularly and it covers all NHS staff in the Bristol area.

BME conferences and events publicised to Staff Group and widely in the Trust.

BME Mentoring project launched in October 2011. All BME staff up to grade 7 invited to be mentees while all other members of staff may be mentors. They both need to commit to one full day training session then a minimum of four mentoring sessions.

Gender - International Women's Day celebrated 8 March 2011 with breakfast for women staff with Ruth Brunt, our Chief Executive to gain feedback on their experience of working at NBT. This was advertised on message of the day.

Conference on "Women and low pay" advertised to staff along with other relevant, events to Staff Group and widely in the Trust.

Men's Health Conference - information widely circulated. Equality and Diversity manager actively involved in NHS Bristol meetings on men's health.

Gender identity – Draft guidelines for staff have been compiled and currently being consulted on. A seminar on Transsexuals the law and Transphobia and positive images of notable Trans people in an exhibition, along with members of staff was included in LGBT history month in February.

Equality and Diversity manager undertaken train the trainer sessions on gender identity.

Disability - Access to Work and Two Tick Disability scheme are both promoted at every induction session for new staff. These are regularly promoted on Message of the Day and information is available on the equality web page.

Disability Champion – Sue Watkinson, the Director of Operations. agreed to take on this role and lead the work on mental health.

The Associate Director of HR & Development, Robert Baker, agreed to lead on other aspects of disability.

World Mental Health Day on 10th October 2011 – marked the launch of NBT signing up to the “Mindful Employer Charter.” This was advertised on message of the day.

The Charter of 10 Standards for Disability - was approved by the Trust Board. This sets out broad aims for NBT.

Positive @ Disabled People – sets out NBT’s commitment to disabled staff and lists the types of things we are undertaking to ensure that disabled people are treated more favourably.

Disability history month (DHM) - was celebrated from 22nd of November to the 22nd of December with a seminar “Disability in question?” led by Harry Hayer, Director of Organisation, People and Performance and Colin Puckett, Chair JCNC. A poster, setting out the history of disabled people's movement was displayed. DHM was advertised on message of the day.

New Hospital - Information was provided to Capital Projects of contact details for disabled peoples’ groups who were invited to comment on the internal specification. This had an impact on things like “way finding” in the new hospital following meetings with disabled people. Disabled members of staff were also invited to comment.

Engagement – Staff are invited to attend the Staff Equality Group and to comment on relevant documents. Presentations are given to the Patient Experience Group. There is involvement in the South Gloucestershire Equality Forum and their events on disability matters. The Bristol and South Gloucestershire Links organisations are invited to comment on relevant documents like the annual Equality Scheme report.

Publicity - Message of the day, the electronic notice board, weekly bulletin and the equality web page are all used to promote disability events and matters, for example on computer aids for staff, the Two Ticks Scheme and Access to Work. The equality web page on the HR portal has been updated to include more information for staff. Items have appeared in the Trust magazine “Insite.”

Yellow cards - these were proposed for disabled patients and would list their requirements. The Director of Nursing, Marie-Noelle Orzell, supports this initiative. It is hoped to develop this in 2012.

Sexual orientation - Lesbian, Gay, Bisexual and Trans (LGBT) Charter of 10 Standards compiled and approved by the Trust board and published on the intranet.

LGBT History Month celebrated in February with a seminar on sexual orientation and the law. This also featured an exhibition of well known LGBT people and LGBT staff from NBT, which was on display in the Learning and Development building in February 2011.

Stonewall Leadership Training - advertised to staff members and two people from NBT attended.

A paper which sets out positive work at NBT called "Positive @ LGBT staff" was reviewed to ensure that it meets the new Equality Act 2010. This is available on the equality web page on the intranet.

Bristol Pride – a survey across the Bristol Health services was carried out. The response showed that NBT has provide a supportive environment and service to LGBT people. The survey was small and next year it is hoped to extend this to find out more specific information.

World AIDS Day was celebrated with information on display and red ribbons in the restaurants at Southmead and Frenchay.

Bristol NHS LGB Network – some NBT LGBT members of staff are involved with this group and its meetings are advertised regularly. It covers all NHS staff in the Bristol area.

Religion or belief - Ramadan fact sheet compiled and circulated. Chinese New Year celebrated with display and food in restaurants.

Equality Impact Assessments (EIAs) - these were carried out for:

Charter of 10 Standards for sexual orientation.
Charter of 10 Standards for disability.
BNSSG redeployment protocol

Pastoral and Spiritual Care - The following were carried out in line with the Equalities Action plan for 2011.

Discussions with members of the Bristol Council of Mosques have taken place to ensure the religious needs of the Islamic community, regarding foetal and infant loss, are identified and addressed appropriately.

This is part of the ongoing work to ensure that bereavement services meet the needs of all faith groups and to ensure that appropriate end of life information is available to staff.

The Team were commended on the support they give regarding infant deaths by a member of the South Gloucestershire LINKS group in a Community Feedback forum in November 2011.

The head of department engaged with the Bristol Multi Faith Forum regarding issues concerning organ and tissue donation. A symposium is planned for Spring 2012 to put in place appropriate protocols and procedures

Work is ongoing to develop a multi-faith team.

Facilities Action Plan

Monitoring

Laundry Consultation Equality Monitoring - assessment to ensure that significant organisational change will not disadvantage those with protected characteristics; Child Care Services amending existing questionnaire issued annually to determine if cultural and disability needs are being met; equality monitoring is conducted with parents using Child Care Services, this information informs the Child Care Services strategy.

Measurable priorities and objectives - Catering Department – food survey conducted every 6 weeks to ensure that multicultural dietary requirements are met; free disabled parking and multiple disabled parking spaces; estates team has budget allocated for access improvements for patients and staff with disabilities; the counter at the security desk lowered to improve accessibility; Security Department are the gatekeepers of the Chapel; Child Care Services are issuing training for staff in Disability and Cultural awareness and attending the Trust's Hospital Catering Group.

Mainstreaming - Engagement with Patient and Community Engagement Manager and partnership groups to improve catering provision for multi-faith communities; porters are trained to respond to deceased patients of multi-faith traditions.

Impact - Laundry Consultation and liaison with Bristol City Council and other support services within Bristol; health inequalities for staff are addressed by consistent application of policy and support for phased returns to work; support for members of staff with protected characteristics; access to prayer room and support for time to pray; priority over leave requests for Ramadan; application of Flexible Working Policy for staff who request to not work on Sunday due to religious believes.

Seldom Heard Groups - Liaison Officer dedicated to Gypsy Travelling Communities within the Security Department.

Capital Projects

Monitoring - An equality impact assessment has been completed for the Southmead Hospital Redevelopment project. It identified the need to ensure the new hospital design and addresses all the protected characteristics, although disability, race, religion and belief and gender were felt to be most significant in terms of ensuring the building was appropriately designed. Issues associated with sexual orientation and gender identity will need to be addressed through operational/HR policies rather than through building design and are not therefore addressed in the design of the building.

Objectives - There are a number of clear objectives that the design of the new hospital needs to address:

- Achieving legal compliance - The Trust has set the designers the objective of ensuring that the new hospital is designed to be fully compliant with the contents of the Disability Discrimination Act 1995 (DDA) and the Equality Act 2010 (EA) and other relevant legislation. Our aspiration is to ensure that the hospital is easy to access and use by disabled and older people. This addresses the disability and age protected characteristics
- Making it easy for people to find their way around the site and building - The Trust requires way finding systems to be easy for people to understand regardless of age, disability or race.
- Supporting different religions and beliefs - The hospital should include facilities which do not discriminate against people of different religions or beliefs and a new multi-faith centre is included in the design.
- Ensuring privacy and dignity is achieved - Facilities are to be provided for the privacy and dignity of patients.

Impact - The project team has been working on the new hospital design to ensure each of the relevant protected characteristics are appropriately addressed:

Race - The majority of requirements revolve around language and ensuring signs and way finding solutions are easily understood by all.

The two aspects to the way finding solution involve colour and numbers, neither of which is specific to language. This solution has been specifically chosen to support the needs of a diverse community. There will be three core zones each identified by a colour and within those zones will be airport style numbered gates. Artwork and installations will also provide visual way finding points.

Disability - The hospital has been designed to meet the legal requirements throughout. Particular attention has been paid during the design process to the accessibility of items such as coat hooks, hand washing facilities etc.

Attention has been paid when selecting floor and wall finishes to ensure they provide sufficient difference in depth of colour to allow people with visual disabilities to distinguish between them. All receptions will have an area which is lower in height to allow people in wheelchairs to speak directly to receptionists. This will also allow people with hearing difficulties to lip read. Hearing loops will be installed at all reception areas.

Departments that will have a high proportion of patients who will find it difficult to walk long distances such as respiratory, orthopaedics, rheumatology and cardiac outpatients have all been located near to the main entrance. Wheelchairs will be available for those with mobility difficulties.

An adult change area complete with hoist has been included in the main concourse to allow people with learning disabilities and their carers to maintain privacy and dignity. This arose following consultation with disabled people.

Gender - Government requirements to separate the sexes will be met by 75% single rooms with en suite facilities. The 4 bedded rooms will also be single sex with access to a dedicated en suite facility. The large number of single rooms will obviate the need for single sex wards as each patient will have their own room and privacy in that room.

Religion or belief - A purpose built multi-faith centre is included in the design for the new hospital. Attention has been paid to catering for the specific requirements for all major faiths in the design of the centre, with advice from the Trust chaplains. Each standard ward will also have two quiet rooms, one of which will be designated female only.

Age - The needs of those over the age of 75 will largely be covered by the same solutions as those with disabilities. Age UK Bristol have been consulted and have provided some feedback. Dedicated play areas have been included in the waiting areas of the concourse. There is a paediatric resuscitation bay and a paediatric examination room in the emergency department.

Participation and Engagement - Engagement has continued throughout 2011 with a wide range of people to ensure that the hospital is designed to meet the varied requirements of its users. Discussions have included:

Race - The Trust Staff Black and Ethnic minority (BME) group has been invited to meetings about the EIA although engagement has been limited. A BME Health and Social Care open day run by Bristol LINK 'your health...your say' was attended and there is ongoing consultation with both the Bristol and South Gloucestershire LINK groups.

Southmead Community Festival was attended by the Project Team in summer 2011.

A presentation was given to the Council for Bristol Mosques which included a discussion on the multi-faith centre and ablution facilities.

Other contacts that have been made but with very limited feedback have included:

- Partnership Equalities coordinator
- BOME community liaison group
- South Gloucestershire Chinese Association
- South Gloucestershire Asian project
- ESOL (English courses for people whose first language is not English)
- Cohesion Officer, Bristol City Council

Disability - The Trust's User and Access Group comprises patients and members of the public. It has played a role in reviewing the emerging clinical designs for the new hospital. Its role has now shifted to a focus on the design of the hospital in terms of finishes, way finding, transport and other relevant design issues.

Meetings are held every 6 weeks with the Bristol Physical Access Chain (BPAC) and Bristol City Council to review the hospital designs. BPAC is represented by people with a wide range of disabilities and their involvement in the design of the hospital has been significant and influential in terms of ensuring our new hospital meets the needs of disabled people. Reviews with BPAC have included:

- Access provision for disabled people including a review of the Access Statement
- Disabled facilities
- Way finding
- Parking, transport and public transport, crossings, bollards and lifts
- Shared spaces, courtyard design, landscape and surfaces
- Interior design including finishes for flooring, ironmongery, handrails, balustrades and furniture
- Door design and access arrangements
- Sanitary ware
- Health and safety issues such as fire alarm beacons
- Reception desks

The Patient Panel has received presentations on way finding with useful advice emerging on minor improvements to be made to the system.

Further engagement opportunities planned for the future include involving the British Sign language (BSL) Forum to engage with deaf people, and the RNIB to ensure issues for visually impaired people have been adequately addressed.

Gender - Nationwide consultation has taken place with patients which shows that they would rather be cared for in single sex areas. This development will fulfill that need by providing 75% single en suite inpatient rooms with the rest being 4 bedded single sex en suite bays.

Religion or belief - The Trust Chaplaincy team have been very involved in planning the new Multi-faith Centre to ensure all faiths and religions have their needs accounted for.

Age - The Bristol Older People's Forum (BPAC) and the User and Access Group and Patient Panel review issues that cover disabilities that older people are more likely to have. Contact has also been made with Age UK.

The Southmead Hospital Redevelopment Project's regeneration work stream is in the process of establishing a network of organisations and projects (including a number representing the interests of children and young people) with a view to exploring synergy potential.

Specific areas for child wait/play have been designated in the concourse and the Emergency Department. There is also a paediatric assessment and resuscitation room in the Emergency Department. Thought has been given to how paediatrics would be catered for if their use of the new hospital were to increase.

Seldom heard groups - The Project Team EIA has not identified a requirement for special design features in relation to other seldom heard groups. Their requirements will need to be met through operational planning work undertaken by the clinical directorates closer to the opening of the new hospital.

Patient and Public Involvement Action Plan

Clinical Governance Directorate - Patient Experience

Advice and Complaints Team

We found in 2011 that 93% of our patients are very happy with the care they receive from us and every year over 6,000 patients and carers make the time to write us a compliment letter thanking us for the care and attention they received.

Two categories of complaint can be considered to record equality related issues as the main cause. These are:

- Patient's Privacy / Dignity and
- Patient's Status Discrimination.

Anonymised formal complaints are received and logged with actions and outcomes for each complaint, the numbers of complaints, where equality was the central issue, was 6 cases. The total number of complaints received for 2010/11 was 611 giving an average occurrence of 1 in a 100 cases.

Learning From Complaints - Action plans are sent with each new concern or complaint as part of the normal complaints process.

These are returned by the investigation team with information on lessons learned and evidence of the actions taken.

In all the cases, involving equality issues as the prime concern, appropriate action was taken to address the matters raised and answer the complaint to the satisfaction of the complainant and or patient.

Act believes that this evidence shows it demonstrates that complaints by patients and carers from protected groups, and any subsequent redress, are handled respectfully and efficiently.

The processes are robust and are 100% compliant with the Trust complaints policy which says the Complaints Team should engage with patients and carers at Patient Engagement Group meetings and with some protected groups via LINK meetings and with individual complainants about how their complaints, concerns and any subsequent redress will be handled, and how to make progress. Regular meetings are held to facilitate this.

The complaints Team also signpost to where direct assistance cannot be provided. The complaints policy CG20 provides for this at paragraph 1, takes account of key disadvantaged groups in its processes.

Reports are also made regularly to the Trust Board, although the frequency of the reports is currently under review. The Complaints Team are actively working towards the next grade. No specific milestones have been set at this stage as the actions will be determined through the new Foundation Trust.

The stated objectives are actively supported by the current complaints procedures employed by the Trust in relation to:

- Better Health outcomes
- Improved patient access
- Empowered engagement and well supported staff and;
- Inclusive leadership

Patient Participation and Involvement

At a Trust wide level a review of PPI structures and processes is being done as part of updating the Trust's PPI Strategy to ensure compliance with:

- s242 Duty to involve
- Equality Act duties
- CQC outcomes.

Review will involve:

- Reviewing role of Trust Patient Experience Group to strengthen assurance function
- Reviewing and developing the role of Patient Experience Leads Designing a PPI Compliance Proofing Tool

Patient Experience Group looked at the following in 2011:

- Patient Experience Survey in OP2 available in the top two most requested languages, Somali and Polish
- Privacy and dignity improved for deceased babies/parents targeting all patients
- 5 Small Things That Can Make a Difference
- Inpatient Survey 2011
- Maternity Survey 2010

- Development of easy read ward/clinic feedback cards. One of client groups aimed at is patients/carers/visitors whose first language is not English
- CQUIN Action Plan aimed at all patients
- Enter and View – Nutrition and Hydration. Bristol LINK in particular scrutinised accessibility of menus along with availability of cultural menu options

Seldom Heard Groups - A piece of research on involving and consulting hard to reach patient groups was commissioned, to inform patient and public involvement and equalities work, within NBT and the wider health community. Consultation activity was scoped, best practice identified and recommendations/action plan drafted to shape future involvement work. Key activity includes:

- Development of long term relations – Foundation Trust public consultation strengthened links with community groups
- Accessible communications:
 - 6 top leaflets are available in easy read format
 - Your Magazine, hospital/community magazine widely distributed
 - Website, blogs and DVDs are accessible. Google translate is available in over 30 languages
- Young people's charter developed with service users
- Range of equality groups identified and consulted with during the Foundation Trust consultation

Foundation Trust public consultation undertaken targeting communities falling within the protected characteristics to ensure they have been given the opportunity to voice their views and become members e.g.:

- Bristol Pride (LGBT event);
- Bristol Equality Health Partnership conference; members and governors
- 13 – 14 years through class discussions
- Council of Bristol Mosques
- South Glos Deaf Association - general access issues, supported to be members
- Young Mothers Group Trust
- Awaz Utoah – support group for Muslim woman; cultural sensitivity,
- C-LINK (Chinese sub group of South Glos LINK) accessing interpreting and being supported to be a member
- South Glos Disability Equality Action Group; issues around access and transport especially for the new hospital, getting support
- Sexual Orientation Steering Group
- Bristol Sickle Cell and Thalassaemia Centre – OSCAR; continuing the support provided by Southmead Hospital
- Womankind; gender sensitivity
- Health First – Learning Disabilities group: being respected and listened too

Carers – the following actions from the Equality scheme were completed:

- Carers Group reformed May 2011
- Carers week and Carers Rights Day celebrated and publicised on weekly bulletin and message of the day.
- Training sessions provided for 44 staff
- Information stands in restaurants
- Carers provided patient survey feedback for NQAT.
- Completed NQAT surveys on care of the elderly wards
- Guidance amended.
- Carers represented at Carers Group and Patient Experience Group.
- Carers information leaflet - developed
- Carers website – set up and being developed further
- Carers Charter - developed, to be launched
- NBT Carers Reference Group set up and readers group review information
- Easy Read format made available for key leaflets including complaints
- Language service embedded
- “This is me” promoted during Dementia awareness week.
- Raised awareness with medical admission units and distributed “This is Me”.
- Reviewed Discharge Policy to include carers and published on document management system (DMS)
- Carers support scheme set up and ward agreement allows discounted meals, extended admission to wards and discounted car parking.
- Carers badge trialled in Care of the elderly department and evaluated
- Developed information pack and raised awareness in clinical areas.
- Carers Strategy group reports to Patient Experience Group and highlight report presented in July

Key Trust Programmes ensure inclusive patient involvement for example:

- Building our Futures to improve and redesign patient pathways ready for the new hospital has a Patient Engagement Strategy and considers the following projects to require high inclusive engagement:
 - Acute Assessment
 - Long Term Conditions e.g. event was widely publicised to encourage seldom heard groups to attend
 - Theatres and Surgical Pathways
- **New Hospital Project** is to provide cutting edge services in a high quality environment and has been equality impact assessed. It has specifically targeted the needs of disabled and BME people to ensure the new hospital will be accessible and way finding is appropriate. The project had a presence at the Bristol Equality Health Partnership conference and Council of Bristol Mosques ensuring a wider view is fed into project implementation

Pathology review – discussions with OSCAR (Bristol Sickle Cell and Thalassaemia Centre) regarding haematology services required.

NBT attendance at key equality networks to pick up on community issues and consult on key initiatives/projects e.g.

- Bristol Equality Health Partnership (key statutory equalities representatives)
- South Glos Black and Other Minority Ethnic Community Liaison meeting (key statutory/voluntary equalities representatives)
- South Glos Equalities Forum (statutory and voluntary groups)

Fresh Arts Action Plan

During the last year the following work was carried out:

Supported the work of under-represented groups in NBT catchment area
Westbury Art Group exhibition June – Sept. 2011

Created opportunities for all staff to engage in the Fresh Arts programme through the Staff Art Exhibition, Staff Arts Club annual programme of workshops and “Absentee” staff project.

Explore and document process of change towards new hospital on local communities through MOVE project.

Giving staff, especially those in roles which are unrecognised and under-represented, a voice and creative outlet. For example, “In Whom We Trust” staff portrait project included exhibition and interviews with 24 staff members created as part of Trust’s art collection. Music programme and staff arts club sessions in community bases.

Develop links with schools in NBT catchment area - project with bereaved children in two schools (one secondary, one primary) in Thornbury was completed in September 2010; sculptural panel with Filton Avenue Nursery due May 2011; exhibition with St John’s Primary summer 2011.

Communications strategy developed - to widen impact of Fresh Arts programme e.g. local media (community radio stations, local papers) to reach other groups in NBT’s catchment area.

Southmead Festival, July 2011, provided opportunities for publicity for new hospital and patient/ local resident engagement activities. NBT presence including communications, patient involvement and project teams as well as local artists and Carillion, builders of the new hospital.

Reducing Health Inequalities Action Plan

New Nursing Assessment admission document assesses individual needs and triggers appropriate care planning.

Risk Assessments and associated care planning for patients with LD are now embedded within NBT and monthly audit demonstrates increasing compliance. NQAT is a comprehensive audit tool that includes patient experience.

New Carers strategy involves carers as partners in health care to help us personalise services.

Choose and Book - Individual Directorates develop patient information leaflets and patient education programmes to help patients make informed choice.

Patients and carers report experiences of their treatment and care outcomes and of being listened to and respected through a number of initiatives:

- NQAT
- Ward/Clinic Feedback Cards targeted at all patients
- Inpatient Survey
- Maternity Survey
- Privacy and dignity improved for deceased babies/parents
- Feedback from community group via Foundation Trust consultation

Patients, and carers' complaints about services are reported on by the Advice and Complaints Team.

Accessible menus are being explored within the trust. These were highlighted in the South West Peer Review as an action. This may have an impact on People with a Learning Disability, those with dementia, stroke, English as a second language, brain injury or other communication issues.

Renal Action Plan

Renal and Transplant Directorate - The Renal Unit sits under the Medicine Directorate and covers Cardiology, Stroke, Dermatology, Respiratory, Diabetes and Care Of the Elderly. Their action plan is driven by the Care Quality Commission (CQC) Commissioning for Quality and Innovation (CQUIN) and Equality Scheme. In 2011 Renal carried out the following:

Workforce reports and monitoring

- Directorate Workforce reports containing equality data and information on staff age, gender and staff group are produced on a monthly basis and reviewed. The Renal Directorate has a diverse range of staff from many different ethnic backgrounds.

- Leaver's forms that are sent in by staff are reviewed and scrutinised and any equality issues picked up and dealt with as appropriate. These forms may be completed anonymously and include an equality monitoring section.

Staff engagement and participation

- Annual staff survey results are analysed and follow-up actions agreed and implemented.
- This year, key actions included trying to widen membership and representation at the monthly directorate management team meeting.
- Established a 'question time' slot, where anyone from the directorate can pose any question they want, anonymously if they wish, to the Renal Senior Management Team.
- Continuation of the Renal 'Employee of the month' scheme aimed at recognising and rewarding individual performance and behaviour.
- Plans to establish a Renal 'Team of the month/quarter' scheme.
- In addition to the annual staff survey, a Renal follow-up staff survey was sent to all Renal staff to ensure as wide a participation as possible. Six key questions were asked. The follow-up survey included an equality monitoring form so that equality matters would be recognised.
- Results from this follow-up survey were analysed, shared and acted upon, with managers tasked with involving their staff locally in discussion around the results and agreeing actions which were meaningful to them.
- One example of how local teams took this forward:
Bath Satellite Unit introduced a mini 'stars and wishes' survey.
Staff at Bath were asked to comment on:
 1. stars - three things they liked where they work.
 2. wishes - three things that would improve the working environment.

There were some common themes running through the responses which were considered and acted upon where possible. 21 out of 23 staff participated with encouragement from the Ward Manager.

- Appraisals – very high rate of completion within the Directorate, 97% this year. Plans to undertake random sampling of quality of appraisals undertaken, to understand whether the appraisal process seemed fair, relevant and of value to staff.

Application of HR policies and processes:

- Sickness Absence – managed very well in the Directorate with staff encouraged to access support services whenever necessary. Adaptations to work processes/work areas are made when required and staff returning after long-term sickness often come back on phased, return to work programmes.

- Annual leave – A directorate process has been agreed and implemented to ensure that requests for annual leave over 2 weeks are dealt with fairly and consistently. This is in response to the need to demonstrate transparency and fairness with respect to a large number of our overseas nurses who wish to take extended time off to visit families overseas every year.
- Harassment and Bullying – complaints of this nature, raised formally and informally and dealt with fairly in line with agreed policies. Complaints tend to be 'one-off' and no underlying issues or problems of harassment and bullying are identified in the directorate

Plans for year ahead include:

- Continue mainstreaming the equality agenda within the directorate.
- Continue working on issues coming out of the staff survey, particularly with regard to a perception that managers can sometimes be inconsistent in applying rules and reaching decisions. This is an on-going challenge.
- Plans to undertake random sampling of quality of appraisals that have occurred, to understand whether the appraisal process is fair, relevant and of value to staff.
- Other – on 1 November 2011, 22 staff TUPE transferred across to the Renal and Transplant Directorate from a privately-run dialysis unit. These staff come from a variety of ethnic backgrounds and the unit is one of the most multi-cultural in the directorate. The challenge is to ensure that these staff are welcomed, integrated into the directorate and encouraged to fully participate in all aspects of directorate life.

Neurosciences Directorate 2011

Monitoring - Equality monitoring data to be gathered during consultation on shift patterns for staff. Information will then inform strategy for new hospital.

Measurable priorities and objectives - Integration of Stroke Services into Neurosciences / re-configuration of beds; Consultation with staff on changes to working environment/hours (Ward 18/19, Ward 106, Ward 12 staff). Action - to review utilising a staff attitude survey; Meeting needs of patients with learning disabilities; liaison with link nurses to meet needs of LD patients.

Mainstreaming - Streamlining patient flow through Neuroscience beds by incorporating explanation in pre-op assessment information and Neurology admission letters (Neurology, Neurosurgical elective patients); provided services to patients closer to home and improved access; established Neurology OP clinic at Clevedon; consultant Neuro rehab undertakes domiciliary visits; provide services in response to needs; no age restricted policies for treatment. Treatment based on clinical benefits; aim to accommodate 16-18 year old patients in most appropriate environment – adult/paediatric ward dependent on patients wishes/requirements; transition clinics established for epilepsy patients; women epilepsy clinics established.

Impact - Appropriate ward for transgender patients, offering patients a choice; meet religious needs of patients; religious requirements assessed on admission; room available – multi-faith; dietary requirements; meeting needs of staff with specific health needs; undertake assessments and make reasonable adjustments to working environment / provision of adapted equipment (meeting needs of staff with health issues).

Participation and Engagement - Improve communications within Directorate - monthly communication forum established July 2011 (all staff groups in Neuroscience Directorate).

Seldom Heard Groups - Appropriate ward for trans patients, offering them a choice; meeting needs of patients with learning disabilities; liaison with link nurses to meet needs of LD patients.

Communications Action Plan

The following actions were completed during 2011.

Improved Web accessibility ratings gained 'W3C AAA rating' and accreditation by the Royal National Institute of the Blind (RNIB).

Produced good practice guidelines which were included within NBT brand guidelines. Version 2 re-issued.

Regularly and widely disseminate progress and news about equality matters – this is carried out when information is sent by the Equality and Diversity Manager.

Produced accessible formats document, dvds etc.

Produced policy/guidelines or agreed consultation process with Patient Involvement Groups.

Translating Services

Patient Information Leaflets - During 2010 a project took place to rationalise patient information leaflets from in excess of 600 leaflets to approximately 400.

This has ensured that all patients admitted to a ward receive the same information about their ward, visiting times and a dedicated contact number. The number of leaflets patients receive throughout their episode of care is greatly reduced e.g. patients attending for a planned hip replacement now receive one booklet instead of 15.

Leaflets now contain colour images and key sections are much more clearly signposted improving overall accessibility.

Learning Disabilities Leaflets - Patient communications has worked closely with the Learning & Disability Nurses in identifying key areas such as 'Coming to Hospital' and 'Having an X-ray' and developing leaflets in an 'easy to read' format prior to the Peer Review in September 2010.

Interpreting Services - A milestone of 500 calls to the telephone interpreting service was passed. This provides 24/7 access to a qualified interpreter for patients whose first language is not English. Use of this service continues to grow across the Trust for routine consultations.

An out of hours service for those patients requiring a British Sign Language (BSL) interpreter was piloted and rolled out. This allows staff in areas such as the Emergency Department and Maternity to access support in communicating with deaf patients until such time as an interpreter has been sourced. This was set up as a direct response to requests from the local deaf community. There were 235 BSL interpreter bookings across the Trust in 2011.

Promotion - renegotiated contract with the Big Word and issued new guidance to staff and promoted in August 2011. This is regularly promoted via staff bulletin and ad hoc in other internal communications channels

Report to Equality and Diversity Committee identifying recommendations and actions given in February 2011.

Procurement

The Government Procurement Service is the [UK](#) governments' [executive agency](#) charged with procurement management. It is an executive agency of the [Cabinet Office](#). It was formerly known as OGC buying solutions, and then just Buying Solutions. On 15 June 2010, it moved, along with its parent agency the [Office of Government Commerce](#), to become part of the [Efficiency and Reform Group](#) within [Cabinet Office](#). The name was changed to Government Procurement Service in July 2011.

Furthermore, the Procurement, Investment and Commercial Division (PICD) of the Department of Health are in the process of developing a new National NHS Procurement Strategy and standards of excellence for release in April 2012 and it is expected that this will address equality and fair trade.

Terms and Conditions - The Government Procurement Service (Health) has assumed national responsibility for procurement policy, guidance and terms and conditions.

They advised that we continue to use the October 2010 terms and conditions for goods and services and have issued guidance notes on these. These will need amending to meet the requirements of the Equality Act 2010, however the legal advice we have received is that any Act of Parliament (AoP) would automatically supersede that stated in the terms and conditions, as AoPs are statute law and as such cannot be waived.

Pre-Qualification - We are currently updating our Pre-Qualification Questionnaire within the Tactica eTendering System to reflect changes in the Equality Act 2010 and Fair Trade and would confirm that our document is consistent if not more detailed than that currently used by the Government Procurement Service (transferred from OGC Buying Solution).

Local Collaboration - We are working with local public sector organisations through a collaborative group, 'Partners in Procurement' to ensure that we have consistent and compliant policies and practices in the area of equality and fair trade.

Training was provided to staff in procurement on the Public Sector Duty in 2011.

Recruitment Retention and Progression Action Plan

Human Resources

ASK HR - Equality and Diversity information is accessed via ESR, which has an interface with the Case Management System that is used within Ask HR to record all case and query data. This information therefore, was provided by staff on a voluntary basis when they completed their applications for vacancies that they were subsequently appointed to.

A data cleanse exercise was undertaken by Employment Services in 2009, prior to launching e forms, which gave every member of staff the opportunity to update their personal data held by the Trust.

Case information relates to only those aspects of cases which require the involvement of Ask HR, for example, the informal manager counselling aspect of policies is not recorded.

Equality and Diversity Monitoring – Cases

During the 12 month period from October 2010 – September 2011

- 500 cases were registered with Ask HR, illustrated by policy and cross matched to defined protected characteristics as indicated below
- 79% of casework was in relation to sickness absence, followed by discipline (7%)

- It must be noted that in terms of classification in relation to protected characteristics, 15 staff members data (3%) is categorised as 'missing' which related to field that were not completed
- Furthermore, 17 (3.4%) of these cases are categorised as 'missing', which requires further analysis to identify the reason for this unidentifiable policy related data

By Disability - For the purpose of analysis, those staff that have not defined their status, are classed as being undefined.

Of those that were categorised under the policies managed listed below:

- 3% of staff considered themselves to be disabled
- 37% of staff did not consider themselves disabled
- 4% of staff that were managed under the sickness policy considered themselves to be disabled

Ask HR cases 2011 by Disability						
	No	Undefined	Missing	Not Declared	Yes	Total
Capability	4	5				9
Disability Equality Scheme		1				1
Discipline	12	22	1			35
Fixed Term Contracts	1					1
Grievance	4	7	3	1		15
Harassment & Bullying	3	4	3			10
Missing	5	9	2	1		17
Organisational Change	1	2	3			6
Redeployment	2	6				8
Retirement	1					1
Sickness (Long term)	140	205	2	10	13	370
Sickness (Short term)	10	14			1	25
Whistle blowing	1		1			2
Total	184	275	15	12	14	500

Black and Minority Ethnic Origin - The Trust has 22 categories to describe ethnic origin. Of those that were categorised:

- The majority of staff (81%) defined their ethnic origin as White British followed by 3% of staff who were Asian or Asian British – Indian
- No discernable trends was identified by policy (details attached for reference)

By Gender - Of those that were categorised:

- 84% of staff managed under HR policies were women, reflecting the gender profile of our workforce (79% of Trust staff were female in 2010)

Ask HR cases 2011 by Gender				
	Female	Missing	Male	Total
Capability	7		2	9
Disability Equality Scheme	1			1
Discipline	22	1	12	35
Fixed Term Contracts			1	1
Grievance	8	3	4	15
Harassment & Bullying	5	3	2	10
Missing	12	2	3	17
Organisational Change (0-99 staff)	3	3		6
Redeployment	8			8
Retirement B - employee is over 65 years of age	1			1
Sickness (Long term)	330	2	38	370
Sickness (Short term)	22		3	25
Whistle blowing (Raising Concerns)		1	1	2
Total	419	15	66	500

By Religion - The Trust has 6 categories to describe their religious belief, atheism, Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism and other.

The combination of data that was missing and those who did not define their religious belief represents 35% of staff who were managed under HR policies in the period of review

Of those that were categorised:

- 23% of staff chose not to disclose their religious belief
- 31% were Christian, followed by 5% who considered themselves as atheist

By Sexual Orientation - The combination of data that was missing and those who did not define their sexual orientation represents 34% of staff who were managed under HR policies in the period of review

Ask HR cases 2011 by Sexual Orientation								
	H	U	M	N	B	G	L	T
Capability	6	1		2				9
Disability Equality Scheme		1						1
Discipline	17	11	1	6				35
Fixed Term Contracts		1						1
Grievance	4	4	3	2		1	1	15
Harassment & Bullying	1	3	3	3				10
Missing	9	2	2	4				17
Organisational Change (0-99 staff)	0	2	3	1				6
Redeployment	3	4		1				8

Retirement	1											1
Sickness (Long term)	166	121	2	76	1	2	2					370
Sickness (Short term)	14	6		5								25
Whistle blowing (Raising Concerns)	1		1									2
Total	222	156	15	100	1	3	3	3	3	3	3	500

Key: H = Heterosexual U = Undefined M = Missing N = Not disclosed B = ,
Bisexual G = Gay L = Lesbian T = Total

Of those that were categorised:

- 20% of staff chose not to disclose their sexual orientation

Harassment and Bullying

The harassment advice line service was launched in November 2009, supported by volunteer harassment advisors, recruited from a diverse staff group. A cycle of continuous review and improvements generally determine the development of the service and a number of actions are planned in the interim. There is a Trust wide policy that covers all protected groups. The policy is reinforced with a user guide for staff and managers which clearly identifies the process to follow to either resolve concerns raised informally or via formal investigation.

Harassment and Bullying figures for 2011											
Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Age	1					1					
Race	1		1								1
Disability							1			1	
Sexual Orientation							1				
Gender							1				
Other	1	9	2	6	5	3		2	3	6	7

The equality profile of users is reviewed annually and reported to the Equality and Diversity committee. Usage of the scheme is low and promotional messages are sent out throughout the year. All new staff are informed at induction about the policy and service and are encouraged to report incidents.

The EIA has identified improvements that can be made to monitoring the equality profile of users. An action plan has been developed which will continue to be monitored on an ongoing basis.

HR Support Services (Recruitment)

A new electronic recruitment system was introduced and training provided to staff who recruit on this. The new system is being used to recruit to all medical and non medical posts and will provide much improved management information in order for us to drill down more effectively into information about under-represented groups from application through to appointed staff.

A new filtering tool has been introduced to make it easier to identify candidates claiming a guaranteed interview under the 2 ticks scheme. The new e-recruitment system provides far more robust reporting to ensure that we are attracting applicants from protected groups. An EIA is currently being reviewed.

A significant amount of work has been undertaken to tighten up administration on the 2 tick scheme. A mystery shopper was used to determine if disabled applicants were treated appropriately. Training was provided for the team on the types of adjustments that could be made. The Trust is involved in promoting HCA roles to BME groups. The team worked with return to work groups, including the long term unemployed, former drug addicts, homeless people and alcoholics. NBT also works in collaboration with Carillion to promote employment in the new hospital for local long term unemployed people. Work has also been progressed with the Barnardo's charity.

Any complaints are thoroughly investigated and actions followed throughout there are few of these. For example, a complaint from a dyslexic applicant who claimed unfair treatment involved interaction with the national dyslexic association and an update to the recruitment and selection policy to reflect a more robust guide for recruiting managers when making reasonable adjustments. In two cases disabled applicants had not notified their requirements in advance of being interviewed but both were treated appropriately.

The Trust policy stipulates that at least one member of the interviewing team is trained in recruitment and equalities. The training syllabus was updated to meet the changes in the Equality Act 2010 and briefing papers were compiled and distributed concerning how the matter of disability must be dealt with and when "positive discrimination" applies i.e. when two candidates are found to have the same skills and experience at interview.

Recruitment is a standing agenda item on the JCNC sub group in which senior HR representatives discuss key issues with staff side and agree any actions to follow up. The Staff Equality Group is asked for feedback annually on the Equality Actions plans and both these groups have representatives on the Equality and Diversity Committee which receive reports about recruitment activities.

The team are constantly looking for better ways of doing things and improving the experience for applicants of all groups.

Building Our Futures Project

Every Building Our Future project assesses the need for a full Equality Impact Assessment at the project initiation stage. Projects with a strong internal focus do not generally need a full assessment, but others, especially those affecting patient pathways, have had full assessment forms completed.

A project by project assessment:

Acute Assessment - Equality Impact Assessment form completed.

The project will improve patient safety and experience, and will be particularly beneficial for people with a disability.

Bed Reconfiguration - Equality Impact Assessment form for the MAU work stream completed. It confirmed that the project should not have an adverse impact on protected categories of people as all patients are referred by GPs and almost all have ambulance transport. The project review included staff and patient surveys.

An initial assessment of the stroke work stream indicated that a full impact assessment was not required as the move was entirely internal and designed to benefit all patients with stroke, this having a beneficial impact on people with a disability.

Long Term Conditions - An Equality Impact Assessment form will be completed when the Project Implementation Document is submitted to Programme Board in December 2012. Stakeholder event in April 2011 included invitations to organisations representing patients and service users.

Major Trauma - An initial assessment indicated that a full impact assessment was not required. Indirectly, by raising the standard of trauma care across the network, the project will benefit all affected patients. The impact of the project on clinical outcomes will be monitored as part of a national audit.

Medical Staffing - An initial assessment indicated that a full impact assessment was not required. Indirectly a more flexible approach to job planning will benefit all service users.

Managing Change - An initial assessment indicated that a full impact assessment was not required for the whole programme. This is reviewed for individual work streams. Indirectly, the BOF guidance notes on patient involvement and the use of the managing change model in all the projects support good equalities practice.

Non-Pay - An initial assessment indicated that a full impact assessment was not required. Indirectly, improvements in the availability, price and quality of non pay spending will have a beneficial impact on all patients.

Nursing and Direct Patient Care - Equality Impact Assessment form completed identified no significant adverse impacts on any protected category and positive benefits identified including:

- monitoring the impact of the project on patients and women
- planned and controlled changes in the shape and size of the nursing/midwifery workforce that will have a positive impact on getting rid of discrimination
- monitoring the impact of the project on patients and engaging staff in changes that affect them will reduce the risk of harassment
- involving a wide range of stakeholders, including patients and staff, will help to promote good community relations
- the project will promote positive attitudes towards disabled people and will

monitor for deterioration or deleterious effects either in the experience of nursing/midwifery care or quality of nursing/midwifery care for all patients including disabled people

- the project will consider the more favourable treatment of disabled people when
- changes to improve the quality of nursing/midwifery care, through the increase in nursing/midwifery time for direct patient care, are being planned.
- the project is concerned with promoting and protecting human rights and will monitor both patient experience and indicators of quality of nursing/midwifery care.

Operating Plan - Equality Impact Assessment form completed. The pathway development will improve patient safety and experience, and thus may be particularly beneficial to service users with a disability.

Outpatients - An initial assessment indicated that a full impact assessment was not required. Indirectly, improving the efficiency of the current outpatient service has benefitted all groups of patients e.g. by reducing the time it takes to accept a referral, and by using texts and letters to remind patients of their appointments. The impact of any changes in provision is assessed through patient and staff surveys. A full EIA will be done for the future outpatient work stream.

Pathology - An initial assessment indicated that a full impact assessment was not required. Improving the efficiency of the current pathology service has benefitted all patients by reducing the time between taking samples and giving the results.

Radiology – This project is at an early stage. An initial assessment indicated that a full impact assessment is not required. Indirectly, improving the efficiency of the current service will benefit all groups of patients e.g. by reducing the time from referral to reporting. This will be reassessed for specific changes. The impact of any changes in provision will be assessed through patient and staff surveys.

Rehabilitation - This project is still at a formative stage. A full EIA will be done as part of the project initiation.

Theatres and surgical pathways - An initial assessment indicated that a full impact assessment was not required, but that this will be reassessed for specific changes. Indirectly, improving the efficiency of the current theatre service will benefit all patients, particularly disabled people.

Staff Engagement

- Trust Staff Engagement Development Steering Group (SED) was set up as a key forum to drive improvements in the Staff Attitude Survey.
- Equality and Diversity agreed as key underlying principles in the staff engagement drivers.

This work will lead to the creation and implementation of strategies that deliver the ‘Working together’ change programme and Big 5 objective, “Great Place to Work.”

- the Equality and Diversity Committee is obliged to report any actions that relate to the Staff Attitude Survey or implementation of the NHS Constitution.
- Policy devised and signed off by Senior Management Team to be consulted on in 2012.

This work will lead to the creation and implementation of strategies that deliver the ‘Working together’ change programme and Big 5 objective, ‘Great Place to Work.’

- the Equality and Diversity Committee is obliged to report any actions that relate to the Staff Attitude Survey or implementation of the NHS Constitution.

Equality and Diversity Committee - Met five times in 2011 and made recommendations and reports to the Trust Board. Invited speakers focused on the following topics:

- Advice and Complaints
- Gypsy Travellers and Roma people
- Equality Monitoring (IM&T)
- Learning Disabilities Review
- Equality Delivery System

Reports received by the Equality and Diversity Committee included:

- ‘Mindful Employer’ – Charter for Staff Mental Health.
- Report of staff complaints received by E & D Manager 2010
- Equality Annual Report 2010
- Stonewall Healthy Lives project
- BME Staff Progression
- Promoting Disability
- Promoting Equality
- Equality Delivery System and Objectives
- LGBT Patient survey
- Annual Equality Statistics Monitoring

The Committee also:

- Equality Champions role – sent a paper to the Executive Team. This was approved.
- Charters for the 10 Disability and 10 LGBT standards – recommended to the Board and approved.
- Monitoring Protocol – requested a draft be drawn up. This is being consulted on.
- Equality Objectives – recommended draft objectives to the Trust Board which were agreed
- Staff Attitude Survey Results – recommended actions arising from this report.

- Staff charter –made comments on this.
- Promotion- made recommendations on how to raise the profile of equality matters at NBT
- Procurement - asked that equality is embedded in these processes.

Learning and Development Action Plan

Equality and Diversity is embedded in the training programmes offered by the Staff Development Department. Below are some examples.

Communications - New leadership framework developed.

Ensure that data relating to equality target groups is analysed regularly at Directorate level in order to inform Service Delivery Plans and HR strategy.

Team leaders/managers/info cascade/ team briefing.

Leadership programme – Includes equality awareness for managers.

LEAD programme

Equal opportunities is addressed within the LEAD programme through the core competencies covered within the programme i.e. networking, inclusivity, strategic thinking awareness and involvement with groups, organisations etc. outside NBT is covered as part of a leader's role in understanding and appreciating diversity and difference, to build effective working relationships with those they work with. It is also covered in terms of fairness, for example, in managing change, developing others and decision making. Recruitment to the programme is by a set of objective criteria. NBT will be implementing the Core Competency Framework for Equality and Diversity Leadership at Senior Level to mainstream in 2012.

Staff Well Being Action Plan

A policy is being devised and will be implemented in 2012.

Monitoring Action Plan

IM&T has carried out the following:

Monitoring - Monitoring across all systems of equalities information and providing this on both staff and patients to the Trust.

Mainstreaming – Equality has been mainstreamed within IM&T for some years, with early work on disability and some other areas, moving the agenda forward in terms of equality and diversity, including raising awareness of disability, increasing numbers of BME IM&T staff and BME mentoring.

Impact - A wider pool of talent leads to a wide group of people, from many cultures, backgrounds and abilities. A greater mix of staff backgrounds helps to engender a feeling of trust and bonding between different groups, removing the barriers to equality and diversity. For example, the broad range of staff working on Cerner, has contributed to the improvement of the development of the team.

Participation and Engagement - Significant effort around safeguarding and hard to reach children, through the CCHP Digital engagement programme, now tied into the Marketing campaign and working in collaboration with Knowle West Media Group.

Over the past year IM&T has focused on the following key elements:

- Mentoring of BME future talent via the South West BME mentoring scheme.
- Work with CCHP on developing digital communications and information channels for at risk and vulnerable children who use the service.
- Continuous push on improving equality monitoring data and the availability of information in various areas, including data collection for clinical purposes, activity reporting etc. We are especially using Cerner as a catalyst for improvement around this area (e.g. printing large print for letters, etc).
- Implementation of multi-lingual outpatient self-booking in services.
- Development of multi-lingual survey tools to be used with key groups within our Bristol and South Gloucestershire population.

This work has impacted on the IM&T Strategy and Annual Work Plan.

An Equality Impact Assessment was carried out on Cerner and approved by the Equality and Diversity committee for publication.

Next Steps

The outcomes of the work carried out in 2011 will be used as supporting evidence to assess our position under the Equality Delivery System. This will be used to draw up the objectives under this new process.

The focus in 2012 is mainstreaming the equality agenda within the business planning process.

Lesley Mansell Equality and Diversity Manager North Bristol NHS Trust
December 2011 www.nbt.nhs.uk/equality

