

Healthwatch Bristol and Healthwatch South Gloucestershire response to North Bristol Trust's Equality Delivery System (EDS2)

30 November 2016

Healthwatch Bristol and Healthwatch South Gloucestershire volunteers and staff met with Lesley Mansell, Equality and Diversity Manager at North Bristol Trust (NBT), on 30 November 2016 to look at NBT's Equality Delivery System document for the financial year April 2014 to March 2015.

Volunteers agreed that the Trust's current overall EDS grade is the middle of 'Achieving'. North Bristol Trust are to be commended in their efforts to deliver a health service that promotes and encourages diversity and equality, for both staff and patients, and they have made good progress since last year's document.

NBT's grading was weakest in section 4, which relates to Management and Strategic Planning, and strongest in section 3, which relates to NBT staff.

Healthwatch recommends that NBT make improvements to its equality monitoring and that equality and diversity is embedded within all strategic, budgetary and risk staff meetings. We would also like to see improvements under 1.2. and 2.1. in terms of how each equalities groups' individual access and communication needs are met in the next EDS2.

1.1. "Services are commissioned, procured, designed and delivered to meet the health needs of local communities." NOT GRADED

It was decided that this outcome was more the responsibility of the CCG and therefore no evidence was provided by NBT. Local Healthwatch did not grade this outcome.

1.2. "Individual people's health needs are assessed, and met in appropriate ways." ACHIEVING

NBT's EDS2 demonstrates that lots of adjustments have been made to meet the needs of people with dementia and people with Acute Kidney Injury. There is no evidence that these adaptations have been made, however, for other equalities groups or in other specialised services.

Healthwatch Bristol still hears lots of feedback from blind, partially sighted and (D)deaf patients and visitors who find accessing Southmead Hospital difficult. We have heard that patients are not consistently offered BSL interpreters, that blind

people need support to sign in and find the buggy service on entry to the Brunel building, that (D)deaf people find it difficult to get out of the car park due to the intercom, and that deaf people would like a card or passport stating “I need help” (like First Bus’s Better Journey Card.) Bristol Deaf Charter states that all front line staff should have deaf awareness training and Local Healthwatch recommends that NBT delivers this before next year’s EDS2. Patients with cancer and carers have said that parking is barrier for them to access their appointments. These cards should be introduced on a city wide level and Healthwatch Bristol will direct this recommendation towards Public Health Bristol. A Healthwatch volunteer also said they were not given a shower for 3 weeks when they were admitted to Southmead because staff told them that the hospital did not have the facilities to meet their needs.

Local Healthwatch thought the introduction of Lorenzo, the new patient monitoring database, was a good thing, but there was no mention of how protected characteristics are recorded or how the system flags up patients’ communication or support needs. We recommend that the system be adapted as a priority, so that NBT staff can easily identify patients’ communication needs. Next year’s EDS will need to show evidence of how NBT is meeting its legal obligations under the accessible information standard (AIS), which became law in July 2016.

There was no mention of individual’s communication needs or of leaflets and information being provided in different formats like braille, audio and easy read. The complaints leaflet used to be available on NBT’s website. Local Healthwatch recommends that all leaflets are readily available in plain English or easy read formats.

Lesley spoke about an app for blind patients that she has tried to seek funding for from RNIB. This is not used as evidence in the EDS2 as it has not yet been set up or funded. Healthwatch recommends that NBT secures this funding this year as it will enable them to meet their obligations under the accessible information standard. We recommend that information about this app is added to the next EDS2 and that the final app is shared with other equalities groups who may benefit, like patients with learning disabilities, mental illhealth and English as a second language.

Lesley also spoke about a database for professionals called Connecting Care. This highlights carers’ needs to staff and is not in the EDS2 as it came into use in 2016. Local Healthwatch looks forward to reading about how this ensures carers’ needs are met in the EDS2 for 2015 – 2016.

Last year, Healthwatch Bristol and Healthwatch South Gloucestershire recommended that the EDS2 lists each of the protected characteristics in turn and goes through how each group’s needs are assessed and met. This recommendation was not taken up. If set out this way, volunteers and staff may be able to grade this

section as EXCELLING next year. Another way NBT could demonstrate that they meet the needs of equalities groups is by compiling and producing patient case studies throughout the year. Local Healthwatch recommends that ward and service managers write case studies for, for example, a blind patient, patient with dementia, patient with learning disabilities etc. in each of NBT's services.

1.3. "Transition from one service to another, for people on care pathways, are smooth with everyone well informed." DEVELOPING

Healthwatch volunteers said that transition from one service to another can be particularly difficult for patients with poor mental health and for young people transitioning to adult services. It is commendable that NBT has put a "Welcome to Adult Services" document in place for young people. We recommend that any patient who complains about transition is signposted onto Healthwatch and NHS Advocacy at The Care Forum.

There is no mention of signposting in the section. We recommend that information about WellAware is worked into the new Integrated Discharge Service so patients can proactively support their own recovery and wellbeing when discharged or transitioning between services.

1.4. "When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse." DEVELOPING

Volunteers agreed that there were lots of processes in place to ensure patient safety, but there is no evidence provided to show that NBT tests whether these systems are working and whether these systems are improving patient safety.

Healthwatch has received feedback from a cancer patient who says they did not give their consent to have their prostate removed.

Lesley spoke about a transgendered patient who had been harassed by other patients. Local Healthwatch recommends that NBT adds this story, and the actions NBT took to overcome this problem, as evidence in this section.

In terms of the Complaints Procedure, it is difficult to see how many of NBT's complaints come from equality group patients as NBT's monitoring does not capture these demographics. Volunteers would like to see that the new monitoring system Lorenzo will make equalities groups' complaints easier to identify and monitor next year.

The 'red card system' was a concern to volunteers and staff, who explained that a patient's unruly behaviour may be the result of poor mental health, autistic anxiety, addiction, or cultural differences of BME communities. We recommend that a formal

procedure is introduced to protect these groups if they are 'red carded' and that NBT staff receive autism, mental health and cultural awareness training.

1.5. "Screening, vaccination and other health promotion services reach and benefit all local communities." ACHIEVING

NBT is not responsible for vaccination and screening; it is GP surgeries who organise this. NBT can demonstrate commendable engagement with the Gypsy, Roma and Parvee community and young people in schools in terms of their health promotion activities. There is no evidence of health promotion for other equalities groups and no evidence provided re. cancer screening.

We recommend that you add information about the vaccination programme you offer to NBT staff to the EDS document.

Healthwatch Bristol has heard lots of feedback from cancer patients about poor post-treatment support and signposting. We recommend WellAware leaflets are added to discharge packs so all patients receive information on how to access selfcare and support groups specific to their health needs. Local Healthwatch recommends that information about WellAware and Healthwatch is added to their rolling screens in waiting rooms.

2.1. "People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds." ACHIEVING

The Move Maker volunteers are also to be commended for supporting patients who may be disadvantaged or vulnerable to access their appointments at Southmead. We recommend that all Move Makers receive blind, deaf and learning disabilities awareness training so they can easily identify patients who need extra help to access the hospital.

Healthwatch Bristol still hears that there are lots of barriers for blind and deaf people and carers at Southmead Hospital, as discussed in 1.2. There has been improvement since last year, however; porters' and Move Makers' have received training to push patients' wheelchairs, for example, which enables those patients to access their appointments independently.

Healthwatch volunteers and staff thought evidence about NBT's Baby Friendly Status was excellent. We have also heard positive feedback from deaf patients about the hearing amplifiers and hearing therapists available in Southmead's inpatient wards.

Healthwatch Bristol has heard, however, that travel and parking costs are a huge barrier to accessing care for carers and people on low incomes. We hear lots of

negative feedback about the reliability of First Bus number 17 from Kingswood. We have heard that homeless people are experiencing delayed discharge from A&E as they have no fixed address. Local Healthwatch recommends that NBT creates a plan to support homeless people through A&E.

Different equalities' groups' communication needs are either not being met or not being evidenced. Local Healthwatch understands that this is difficult for NBT as NBT does not know individual patients' needs before they are admitted, and GPs need to take responsibility for sharing the needs of their patients with NBT services. Lorenzo does need to be able to easily identify each patients' communication needs, and we recommend this is adapted as a priority.

We recommend that NBT introduce a new volunteer role, Appointment Buddies, to support people who need extra support due to protected characteristics.

2.2. “People are informed and supported to be as involved as they wish to be in decisions about their care.” ACHIEVING

NBT has provided lots of evidence about how patients at the Bristol Centre for Reproductive Medicine and patients receiving end of life treatments are involved in their care. The patient diary is a great system and Healthwatch recommends that NBT includes statistics about how many patients are offered this in next year's EDS2.

Lesley explained that the Move Maker volunteers complete a “This is Me” personalised care plan for patients with dementia. Healthwatch recommends that this is added to the section as evidence. Local Healthwatch also recommends that Move Makers be trained and supported to use this tool with blind and deaf patients, patients with learning disabilities and mental illhealth and patients who have English as a second language too.

2.3. “People report positive experiences of the NHS.” ACHIEVING

Healthwatch increased this grading from Developing to Achieving. NBT has evidenced some excellent improvement with LGBT patients and their dementia team was shortlisted as “Dementia Team of the Year.” NBT has provided good statistics from its inpatient survey that suggest inpatients are satisfied or happy with the care they have received.

Despite the feedback mentioned in point 1.2. and 2.1., it is worth highlighting that the majority of feedback that Healthwatch Bristol and Healthwatch South Gloucestershire receives about NBT is very positive. We have received some feedback about poor communication and patients having to chase results for things like CT scans.

Healthwatch Bristol and Healthwatch South Gloucestershire recommend that NBT adds information to this section about the partnership working we do together. Healthwatch Bristol and Healthwatch South Gloucestershire held engagement stands at Southmead Hospital and we recommend an action plan is developed to tackle areas of concerns that Healthwatch gathered from patients, visitors and staff.

Friends and Family Tests still do not capture patients' equalities demographics. We recommend that this is changed, as a priority, so that NBT can monitor patient experience for each equalities group. This would also enable NBT to compare equalities' groups' experiences and devise an action plan to improve the experience of groups who do not report satisfaction with their care.

2.4. "People's complaints about services are handled respectfully and efficiently." DEVELOPING

It was again difficult for volunteers to comment as NBT's equalities monitoring does not capture all protected characteristics.

Volunteers had concerns that disadvantaged groups may need support to make a complaint and that there is no process for this. There is also no mention of whether NBT forwards its complainants onto Healthwatch and NHS Advocacy at The Care Forum. Healthwatch Bristol is involved in NBT's Complaints Panel, and has heard that replies to complaints are often standardised letters which is not good customer service.

There is no evidence to suggest that Complaints leaflets are available in different formats like audio, easy read or braille. Local Healthwatch recommends that plain English complaints leaflets are introduced and rolled out asap, or at least next year's EDS2 grading.

Healthwatch wondered how complaints are highlighted as an equalities issue. We recommend that a sentence like "Is this a discrimination or access complaint?" be added to NBT's complaints forms so that all complaints regarding equalities are forwarded onto and recorded by Lesley.

3.1. "Fair NHS recruitment and selection processes lead to a more representative workforce at all levels." EXCELLING

Evidence in this section is really strong. The introduction of a job shop, for internal and external applicants to seek help with their applications to work for NBT, is commendable.

Online applications through the central NHS website are not accessible to partially sighted staff and staff with low literacy or English as a second language. Lesley reassured local Healthwatch that facilities management do not use this system.

Local Healthwatch may be able to help with some Mystery Shopping re. staff recruitment if NBT would like to further evaluate their recruitment and selection processes.

**3.2. “The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.”
EXCELLING**

No comment.

3.3. “Training and development opportunities are taken up and positively evaluated by all staff.” EXCELLING

The English courses that NBT offer are to be commended as is Learning and Development’s “Excellence Centre” status. Healthwatch Bristol and Healthwatch South Gloucestershire recommends that blind and deaf awareness training is rolled out for all front line staff. We look forward to reading more about the future of apprenticeships in NBT’s next EDS2.

Volunteers and staff were concerned that the EDS document does not explain how staff’s individual needs are met during training. Are access needs asked for and adaptations made to support all staff’s participation? We recommend a box about staffs’ access needs is added to all training request forms.

3.4. “When at work, staff are free from abuse, harassment, bullying and violence from any source.” ACHIEVING.

Healthwatch Bristol and Healthwatch South Gloucestershire thought it was good that figures showing how many staff had experienced harassment, bullying or abuse from a colleague or manager was lower than the national average. The harassment and bullying advice line for staff is also a very good service to offer, but it is a shame that take up for the service is low. It would be good if NBT had a LGBT+ staff group, as suggested last year, but local Healthwatch understands there is not capacity to have a staff group for every protected characteristic.

We recommend that staff who report harassment, abuse or bullying are offered both counselling and mediation and that this is evidenced in next year’s EDS2.

3.5. “Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.” ACHIEVING

Local Healthwatch recommends that NBT first considers flexible working requests from staff with physical disabilities, older staff, poor mental health, caring responsibilities and from single parents. Volunteers and staff considered 12 hour

shifts a huge concern as many equalities groups will find this difficult. Volunteers had concerns about access to public transport for staff doing 12 hour shifts and had concerns that nursing staff who are working such long shifts may get tired and make errors that compromise patient safety.

Healthwatch Bristol would like to know the outcome of the Staff Experience lead's investigation into 12 hour shifts at NBT as we feel this new rostering may be indirectly discriminatory.

3.6. "Staff report positive experiences of their membership of the workforce." DEVELOPING

NBT's EDS does not provide evidence that staff from all equalities groups report positive experiences of their work at NBT. It is a concern that disabled and BME staff report the lowest levels of job satisfaction.

We recommend that the Staff, Family and Friends survey is updated as soon as possible so that better equalities monitoring can be recorded for both staff and patients. At the moment, for example, there is no LGBT on the test so no way that NBT can monitor the experiences and job satisfaction of their gay, lesbian, bisexual and transgender employees.

4.1. "Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations." DEVELOPING

We recommend that the Board and Senior Executives need to be supported to understand the different life experiences of different equalities groups. Senior leaders need to be more engaged in equality and responsible for building it into all strategic and budgetary planning. There has been good progress re. the CEO attending BME staff groups but not for other equalities groups.

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

Volunteers recommend that each committee and the Board have a member responsible for equalities and liaising with the Equality and Diversity committee. It is good that NBT's board now works to the EDS2. Volunteers recommend that Equality becomes a standing agenda item on all meetings at strategic levels and that the board takes action to diversify its members.

4.3. "Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination, individual people's health needs are assessed, and met in appropriate ways." Developing.

Volunteers had concerns that this outcome is difficult to measure. We recommend that processes are updated, for example, line managers could show how they have demonstrated this in their role as part of their yearly appraisal. We recommend that all middle managers and line managers create a case study about a patient with enhanced needs, how these needs were met and what adaptations they made for the patient, as part of their yearly appraisal.