Royal Brompton & Harefield NHS
NHS Foundation Trust

Briefing Paper for the Equality & Diversity Steering Group

Publication of Information to meet the requirements of the Public-Sector Equality Duty
Update of Information to be published on the Trust Web Site
Period 1st April 2018 – 31st March 2019

Introduction

The Equality Act 2010 came into force on 1st October 2010. It replaces the previous anti-discrimination laws with a single Act and simplifies and strengthens the law.

A key measure within the Act is the Public-Sector Equality Duty, which came into force on 5th April 2011. This duty is designed to ensure all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all.

The new Equality Duty encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

The Equality Duty covers the following 8 protected characteristics:

a) age
b) disability
c) gender reassignment
d) pregnancy and maternity
e) race, including ethnic or national origins, colour or nationality
f) religion or belief
g) sex
h) sexual orientation

The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

1) Eliminate unlawful discrimination

2) Advance equality of opportunity

3) Foster good relations

Publication Requirements

In order to support implementation of the Equality Duty, two deadlines have been set by which NHS Foundation Trusts and other public-sector organisations must publish firstly information and secondly objectives which show that the organisation is compliant with the public-sector equality duty. The dates for publication are stipulated in the Equality Act 2010 (Specific Duties) Regulations 2011.

1.1 Information to demonstrate compliance with the Equality Duty, to be published annually - commencing no later than 31st January 2012

Information must be published to demonstrate compliance with the duty imposed by section 149 (1) of the Act. This information must be updated at intervals not greater than 1 year.

This will include information relating to employment information and information on healthcare services provided by the Trust.[1]

1.2 Equality Objectives – to be published at least every 4 years, First publication was submitted 6th April 2012

The objectives should be informed by analysis of the information published in compliance with section 2.1 above.

Objectives Currently Published on the Trust Web Site:

- The Trust will tailor its responses to all patients' needs in care, treatment and communication to ensure that the standards of the Equality Act 2010 are met at all times.
- In particular, the Trust will seek to tailor these in respect of older patients, seeking improvements in outcomes for this cohort.
- The Trust will continue to promote equal opportunities in personal, professional and career development for all its staff by making quality educational, developmental and leadership programmes available to all.
- The Trust will continue to promote equal opportunities in recruitment, ensuring that all candidates have an equal chance of appointment based solely on their own merits

These objectives were agreed following consultation with our equality and diversity steering group. The Trust will focus on these objectives between April 2016 and April 2020.

The information attached at Appendix I and Appendix II will be re published on the Trust web site by 31st January 2020.

Information for Appendix II has been updated for 2018/19 and collated by Rage Hills. Updating of Appendix I has been undertaken by Gary Clarke.

This paper is brought to the E&D Steering Group to provide an early view of the draft information to be published in January 2020 and to act as backing information for finalisation of the Trust Objectives for 2016 -2020 and associated engagement work.

Appendix I
Employment Information 2018/2019

[1] Equality information and the equality duty: A guide for public authorities, Equality and Human Rights Commission 19th December 2011

Contents:

1) Employee distribution
2) Issues relating to transsexual staff
3) Gender pay gap information
4) Occupational segregation
5) Grievance and dismissal information related to protected characteristics
6) Complaints about discrimination
7) Details of feedback and engagement with staff and trade unions
8) Details concerning research with employees
9) Decision making related to the E&D Duty
10) Policies and Programmes (to address equality concerns)
11) Return to work rates after maternity leave
12) Take-up of training opportunities
13) Flexible working

1. Employee Distribution

On 31st March 2019 the Trust employed 3763 individual staff in substantive roles and 510 currently active staff in non-substantive roles. This non-substantive staffs, known as bank staff, are either occasional workers brought in to fill short term requirements on an as-needs basis.

Of the substantive staff, the following is declared concerning protected groups under equality law.

a) Gender

Male	1078	(28.6%)
Female	2684	(71.4%)
Transgender	1	(0.0%)

b) Ethnicity

White	2027	(53.9%)
Mixed	84	(2.2%)
BME	1064	(28.2%)
Not Known	587	(15.7%)

c) Age

Aged 0-16	0	(0.0%)
Aged 17-21	3	(0.0%)
Aged 22-59	3554	(94.4%)
Aged 60+	206	(5.6%)

d) Sexual Orientation

Heterosexual	1560	(41.4%)
Bisexual	19	(0.5%)
Homosexual	37	(0.9%)
Not Known	2147	(57.2%)

e) Marital Status

Married	1408	(37.4%)
Single	1569	(41.7%)
Widow(er)	11	(0.3%)
Civil Partnership	15	(0.4%)
Divorced/Separated	115	(3.0%)
Not Known	646	(17.2%)

f) Persons Undergoing Gender Re-Assignment

Known GRA	1	(0.02%)

g) Persons in maternity/adoption leave

Maternity/Adoption	47	(1.2%)

h) Persons with disabilities

Disabled	38	(1.0%)
Not Disabled	2444	(64.9%)
Not Known	1281	(34.1%)

i) Religious Beliefs

Atheist	242	(6.5%)
Buddhist	20	(0.5%)
Christian	928	(24.7%)
Hindu	112	(2.9%)
Islam	121	(3.2%)
Jain	1	(0.0%)
Jewish	8	(0.2%)
Sikh	20	(0.5%)
Other	106	(2.8%)
Not Known	2205	(58.7%)

Of the non-substantive staff (510) the Trust declares the following:

a) Gender

Male	142	(27.9%)
Female	368	(72.1%)

b) Ethnicity

White	226	(44.3%)
Mixed	8	(1.6%)
BME	113	(22.2%)
Not Known	163	(31.9%)

c) Age

0-16	0	(0.0%)
17-21	9	(1.8%)
22-59	452	(88.6%)
60+	49	(9.6%)

d) Sexual Orientation

Heterosexual	185	(36.3%)
Bisexual	1	(0.2%)
Homosexual	6	(1.2%)
Not Known	317	(62.3%)

e) Marital Status

Married	137	(26.8%)
Single	241	(47.3%)
Window(er)	1	(0.2%)
Civil Partnership	2	(0.4%)
Divorced/Separated	9	(1.7%)
Not Known	120	(23.6%)

f) Persons Undergoing Gender Re-Assignment

Known GRA	0	(0.0%)

g) Persons in maternity/adoption

Maternity/Adoption	0	(0.0%)

h) Persons with Disabilities

Disabled	3	(0.6%)
Not Disabled	205	(40.3%)
Not Known	301	(59.1%)

i) Religious Beliefs

Atheist	38	(7.5%)
Buddhist	2	(0.4%)
Christian	102	(20%)
Hindu	8	(1.6%)
Islam	20	(3.9%)
Jainism	2	(0.4%)
Sikhism	2	(0.4%)
Other	12	(2.4%)
Not Known	323	(63.3%)
Jewish	1	(0.3%)

Observations on the above data

- **Distribution across different pay grades**
  Our medical staff and very senior staff show a different gender balance to the rest of Trust, and are majority male, although not greatly so.

  As of 31/3/19 we have 282 male doctors and 209 female, however there is no imbalance with gender across different grades of doctor, with females represented at all grades up to and including Clinical Director.

  Within our very senior staff (Band 8c or Consultant and above (c£70,000pa +)) we have 137 women to 186 men including 2 (of 6) female executive directors, and 2 (of 6) female non-voting executive directors.

  These exceptions aside the distribution of all protected characteristics across all grades and professions is in line with the distribution of these protected characteristics across the entire complement staff.

- **Data accuracy**
  Data collection is hampered across all protected groups by the fact that staff are under no formal or legal obligation to disclose this information to us as their employer, although the level of disclosure has risen since last year. This tends to be problematic areas; for example, whilst most staff are happy to disclose their race, far fewer are happy to disclose their religion or sexual orientation.

  These figures may also be compromised by inaccuracies in recording, since these attributes are self-declared by our staff members, usually on application for their post or commencement of service. For example, a staff member who, by the letter of the law, is mixed may declare themselves as black if they identify with that part of their ethnicity more so than the other.

- **Ethnicity and Nationality**
  This Trust is committed to having excellent staff and will recruit from all countries to obtain them. Recruiting managers are not shown the ethnicity or nationality of candidates when they are short listing them to ensure fairness in all cases.

- **Age**
  Under current NHS Pension arrangements staff can retire without any reduction to their pension at their

state pension age (although this will vary if they are in the 1995 or 2008 sections of the scheme) however they are no longer required to do so and most staff are allowed to return post-retirement in either full or part time capacities

- **Sexual Orientation**
  The data in these areas is affected by non-disclosure.

- **Marital Status**
  This Trust is subject to the NHS Pension Schemes in respect of benefits offered to married persons, which also extend to civil partnerships.

- **Gender-Reassignment**
  This data may be hampered by non-disclosure (someone who has been through GRA may very well simply report themselves as their new gender), although we are only aware of 1 staff member undergoing this at present.

- **Maternity and Adoption**
  This Trust offers Maternity and Adoption leave to its substantive staff in line with the NHS Agenda for Change provisions. Agency staff-have no entitlement to this leave, but Bank staff do.

- **Disabilities**
  The data here is affected by non-disclosure although it is fair to assume that the overwhelming vast majority in the “Not Known” category will not be disabled as, being a hospital, there are physical requirements involved in all but the most desk-focused administrative positions. The has signed up to the Governments Disability Confident standard. Currently we are a ‘Disability Confident – Committed Employer’ with a view to implementing the next stage and becoming ‘Disability Confident – Employer’. The Trust EDI Lead will be meeting with the recruitment manager in 2020 to discuss ways forward to achieve the elements required within the self-reflection template to meet the requirements.

- **Religious Beliefs**
  Again, the data is affected by non-disclosure. Both sites of this Trust do, however, contain chaplaincies staffed either substantively or on an honorary/voluntary basis with ministers of several religions. Provision exists to provide a minister of any faith if required by a staff member or patient.

2. Issues Relating to Transsexual Staff

As of 31/3/19 this Trust knowingly employs 1 staff member who is undergoing gender re-assignment.

3. Gender Pay Gap Information

The Trust published its Gender Pay Gap information in line with government requirements in March 2019 and will do so again in March 2020 having identified actions to take to reduce the gap. The report and action plan can be seen here at:

https://www.rbht.nhs.uk/sites/nhs/files/Trust%20policies/Royal%20Brompton%20Harefield%20NHS%20FT%20-%20Gender%20Pay%20Gap%20Report%20-%20Final%2028.03.2019.pdf

Within the professional spheres at this Trust we appoint the best people to the job irrespective of gender (or anything else) and therefore we have very senior female doctors, just as we also have very senior male nurses. We appoint to all grades in nursing and in the allied health professions, so the opportunities for people in those (majority female) professions to achieve high earnings are as good as they are for our (majority male) doctors.

Policies and procedures nevertheless do exist to allow individual staff members to bring equal pay claims to the consideration of HR.

4. Occupational Segregation

There is no issue of occupational segregation at this Trust; the distribution of protected characteristics across the most occupations being near to, or exactly, in line with the distribution across the entire staff.

That said, two occupational areas are majority male (contrary to the general majority female distribution) those being doctors (282 male to 209 female) and Estates staff (121 male to 41 female), not including those parts of housekeeping that are outsourced. It would, however, be a step too far to suggest that males are occupationally segregated into these two occupations, or indeed that females were prevented from entering them as males and females are represented across all grades within these two, and all other, occupations.

Other than the above exceptions there is no occupational segregation, something which can be proven by taken our largest single occupation (nursing) and comparing the three protected characteristics that we have the best data for across the occupation.

	Entire Trust		**Nursing Staff Only**	
Male	1078	(28.6%)	210	(14.8%)
Female	2684	(71.4%)	1204	(85.1%)
Transgender	1	(0.0%)	1	(0.1%)
White	2027	(53.9%)	761	(53.7%)
Mixed	84	(2.2%)	25	(1.77%)
BME	1064	(28.2%)	396	(27.9%)
Not Known	587	(15.7%)	233	(16.5%)
0-16	0	(0.0%)	0	(0.0%)
17-21	3	(0.0%)	0	(0.0%)
22-59	3554	(94.4%)	1381	(97.6%)
60+	206	(5.6%)	34	(2.4%)

5. Grievance and Dismissal Information Related to Protected Characteristics

At this Trust, unless a grievance is taken to a formal stage, no formal record is kept and therefore it is not possible to obtain data with relation as to how many of them were specifically related to protected characteristics. Nevertheless, discrimination runs contrary to the Trust's general terms and conditions of employment, core values, and employee relations policies and such complaints are taken very seriously (see section 6 below).

6. Complaints About Discrimination and Prohibited Conduct from Staff

Discrimination and other prohibited conduct under the Equality act runs contrary to the general terms and conditions of employment at this Trust, as well as the Trust's Core Values, Equality & Diversity Policy, and all policies under the Employee Relation Umbrella. It is therefore a serious disciplinary offence and complaints of this nature made are taken very seriously and investigated under the Grievance Policy. This will normally involve one informal and (if necessary) two formal stages, although any misconduct found at any stage will be dealt with irrespective of the ultimate fate of the complaint. Beyond our own internal procedures all employees also have recourse to Employment Tribunals.

7. Details of Feedback and Engagement with Staff and Trade Unions

The Trust holds a monthly Joint Staff Committee in order to cover feedback and engagement.

The JSC comprises of (at least) one representative from every trade union and college recognised by the Trust as well as several independent staff side representatives.

The Director of Human Resources and a Senior Operational Director sit on this committee to represent management side, and provisions exist for any other person to attend on either staff or management side if they have something pertinent to present.

The JSC is chaired by the Chair of Staff Side, a Trust appointment made on the advice of the JSC. Minutes of every JSC are taken and kept on file.

8. Details concerning research with employees

Simple data on employees is held in the NHS Electronic Staff Record, and it is from this, for example, where the E&D information is held. Data regarding employee's training and development is held in the Trust's Learning Management System, Learn Now.

For all other research, we are participant in the CQC/Picker NHS National Staff Surveys wherein all Trust staff are polled on a variety of questions most of which are set nationally and some of which are set locally.

9. Decision Making Related to the E&D Duty

Decisions at Trust level which are covered under E&D legislation are not normally made without reference to the Joint Staff Committee first (see above).

Decisions made at local level are guided by the Trust policies for various matters. All Trust policies written since the Equality Act 2010 are required to have Equality Impact Assessments (EIA). Those written before that time are updated to include them when they are either altered or reviewed (whichever occurs first). All workforce related policies are now compliant in this way.

10. Policies and Programmes (to address equality concerns)

No matters of E&D concern were raised formally by our trade unions within the 2018/2019 period.

11. Return to Work Rates after Maternity

This Trust grants maternity pay and leave as per the national NHS Agenda for Change Terms and Conditions and extends these terms to all directly employed staff, whether they are employed on Agenda for Change contracts.

As of 31/3/19, 47 people are currently on maternity leave, and the expected return to work rate is 92% as this was the rate for the 2017/2018 year.

12. Take-up of training opportunities

We are rated as above average in our Staff Surveys in relation to staff development with over 80% of our respondents stating that they received work-related development in the past year.

The Trust provides training in all Safety Training subject areas and co-ordinates and enforces this to ensure all comply. Safety Training areas include Fire Safety, Health and Safety, Moving and Handling, Infection Control and Equality, Diversity and Human Rights. The trust also provides Learning and Development in areas of personal, leadership and clinical development. The Trust also funds staff for external courses by application to periodically held funding panels, chaired by the Head of Learning and Development.

All training is usually open to all staff, although some more specialist courses may have prerequisite requirements (e.g. a higher-level leadership courses normally requires completion of a lower level one first).

13. Flexible Working

The Trust allows flexible working in line with the national NHS Agenda for Change Terms and Conditions and extends these conditions to all directly employed staff whether they are employed on Agenda for Change contracts.

All staff may apply for Flexible Working for any reason and the decision is made whether to grant it by their local management depending on the needs of the service. In the event of a dispute Human Resources will arbitrate.

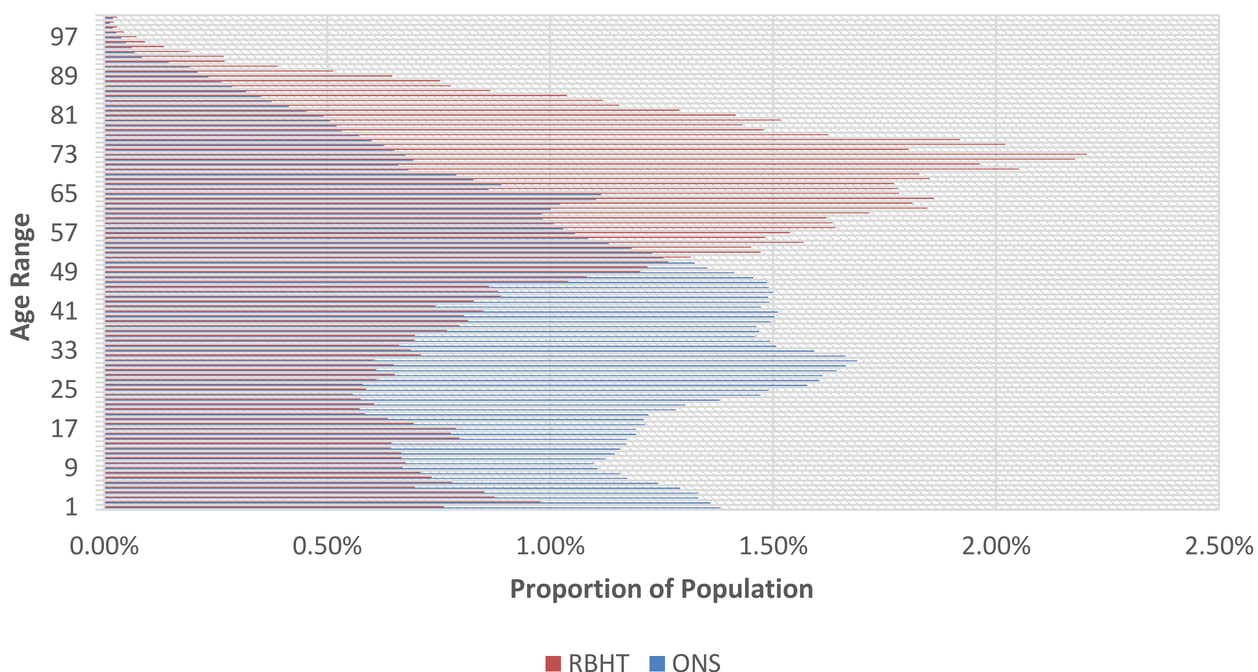
Gary Clarke
Equality and Diversity Lead **31st December 2019**

Appendix II - Information on Services

1. Access to services or participation rates for people with the different protected characteristics

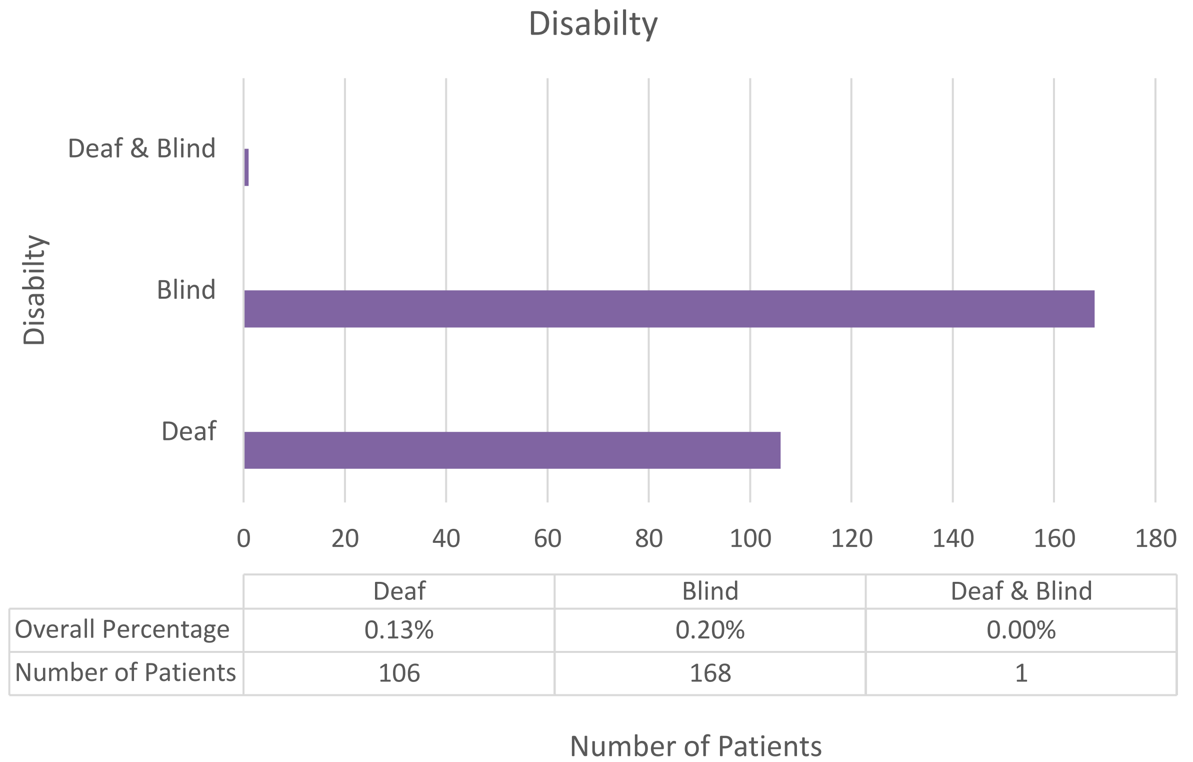
Age

The following graph shows the Office for National Statistics (ONS) age distribution for the South, South East and London. The red bars show how Royal Brompton & Harefield Foundation Trust's admissions compare. As would be expected our patient population is older than that of the general population.



Disability

The following graph shows the number of people admitted during 2018/19 who were coded as being either blind or deaf. According to the Royal National Institute of Blind People 0.27% of the population of England are registered as blind. According to the NHS Information Centre 0.4% of the population of England are registered as deaf or hard of hearing.



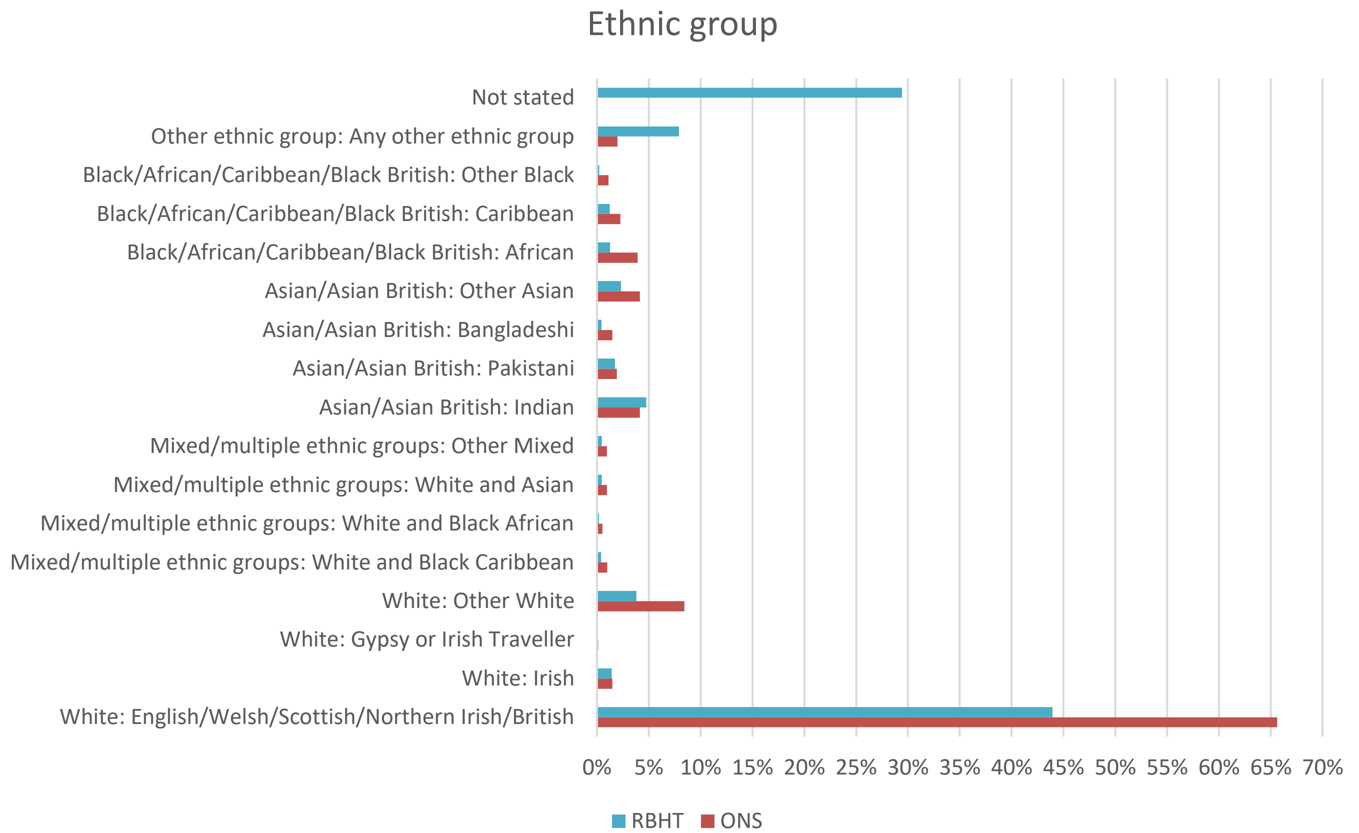
	Deaf	Blind	Deaf & Blind
Overall Percentage	0.13%	0.20%	0.00%
Number of Patients	106	168	1

- The number of trust admissions of people who are blind or deaf are less than the national figure.

Ethnicity

The graph below compares the ethnicity of our admissions in 2018/19 with the ONS population of South, South East and London.

43.95% of our admissions are White British which is 20% below the population of 65.61%.

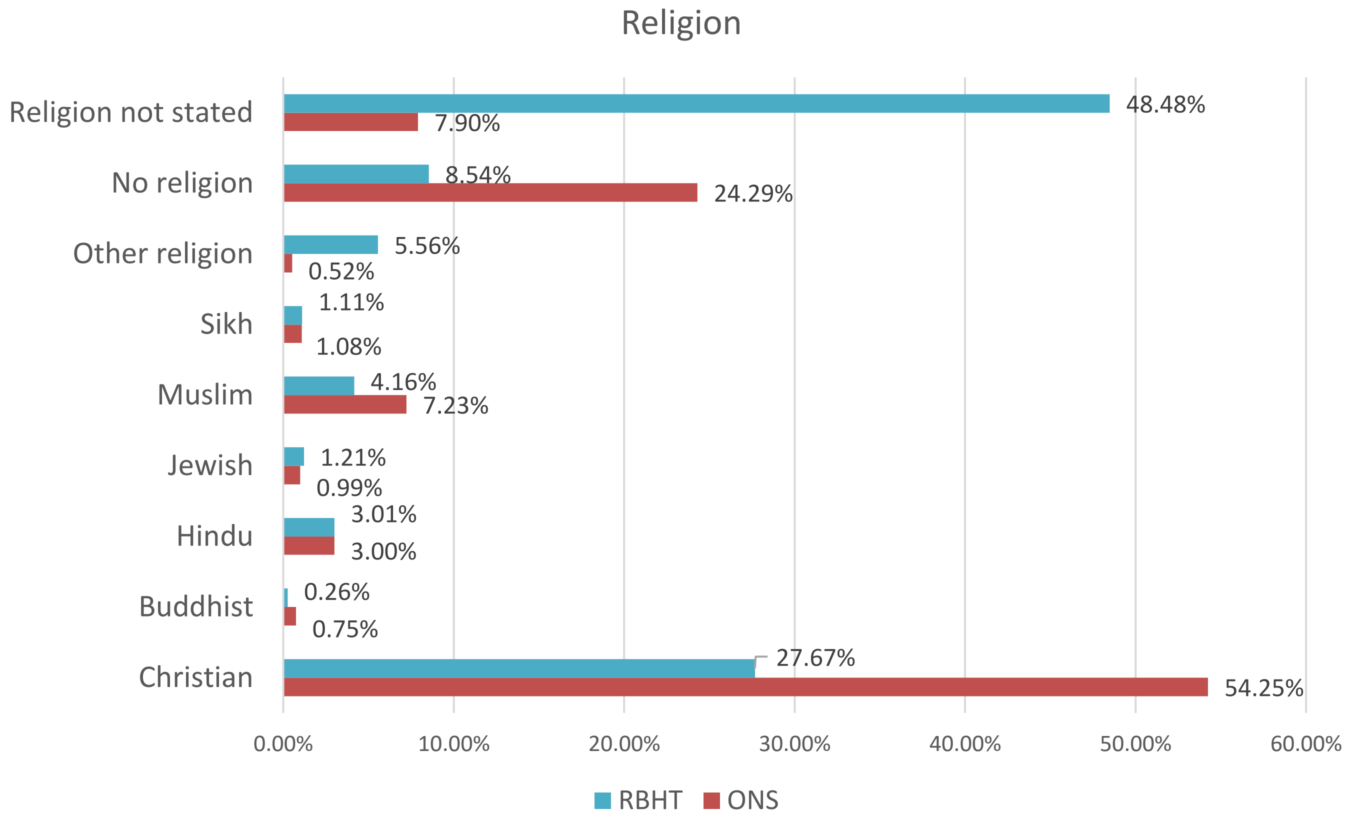


Religion

The graph below compares the religion of our admissions in 2018/19 with the ONS population of London.

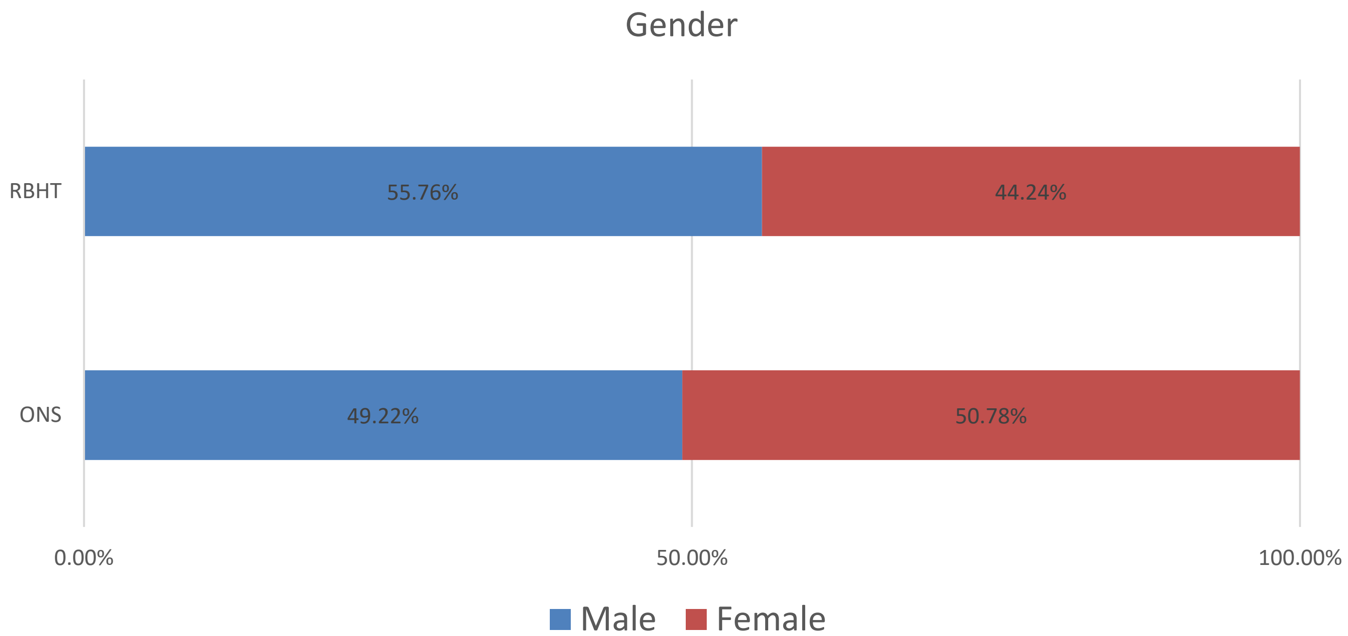
The graph shows that the Trusts admissions generally correlate closely to the religion of the London population. The Trust has 26% less admissions from the people who worship as Christians than the ONS. However, this is likely to be because the ONS records different branches of the church under Christian whilst we record it separately under 'Other religion'.

The Trust has a large number (48%) of patients where the religion is 'not stated'. This may explain why the Trust has a lower percentage for most religions than the general population, e.g. Muslim the Trust has 4% and the ONS has 7%. This is a data quality issue which will be addressed in the future by the Data Quality team.



Gender

In 2018/19 55% of admissions were male which has decreased from 60% in 2002/03. Further work will need to be done to establish whether this is a national trend and what the gender ratios are nationally for people with heart and lung disease.



Transgender

The trust doesn't currently record on PAS whether a patient is transgender. The gender options are either male or female. Accurate patient identification is required in order to avoid mixed sex accommodation onwards. The term "Indeterminate" may be used only for newly born babies. There isn't currently any information in the NHS data dictionary regarding transgender persons.

Rage Hills - Information Analyst **December 2019**

2. Customer satisfaction with services including any complaints (and the reasons for complaints)

For information about patient surveys, patient feedback and engaging patients to advance service improvement and the patient experience please refer to section 5 b and c below. For information about complaints please refer to section 4 below.

3. Performance information for functions which are relevant to the aims of the general equality duty, especially around service outcomes (e.g. attainment, recovery rates)

All services review their clinical outcomes and performance on a regular basis and this includes review of indicators which are clinically important and meaningful for each care group.

Within the Thoracic Surgery service, prior to surgery all patients are assessed using the Thoracoscore to predict the possibility of postoperative mortality. Indicators that are assessed using this scoring method include age, gender and co-morbidities.

Patients in adult cardiac surgery are assessed pre-operatively using Euroscore which indicates risk of mortality in post-operation using risk factors; this includes the use of age and gender along with other co-morbidities. For adult bypass surgery we also use the Brompton Harefield Infection Score (BHIS©) score which indicates risk of infection post-surgery, this score also accounts for gender. These scoring methods are used when clinically significant. Age, gender and ethnicity also form part of the Congenital Heart Disease minimum data set which is regularly submitted to the NCHDA (National Congenital Heart Disease Audit)

Penny Mortimor - Q&S Lead **December 2019**

4. Complaints about discrimination and other prohibited conduct from service users

During the year (1st April 2018 – 31st March 2019) there was 1 Formal Complaint and 5 PALS concerns involving, discrimination and equality.

There was a total of 1064 contacts in PALS for this period, which includes PALS concerns, formal complaints, and comments. Therefore 0.46% of concerns, complaints and comments received in 2018/2019 related to discrimination and equality. This is a significant decrease on last year.

Complaint: The patient said that they entered the private patient's reception and before speaking to the receptionist, the concierge jumped out of her chair, approached her swiftly and asked if she was 'in the right place?' the patient is brown skin from St Lucia.

Concern 1: Patient attending an outpatient appointment and enquired about disabled parking and a member of staff was rude to her saying "I do work here you know I think I know where the disabled parking is". The patient later challenged him, and he said he was not rude.

Concern 2: The chauffer of a private patient who was in a wheelchair and needed to be dropped off inside Sydney street reception called the Trust. The driver is alleging that the security guard in the car park refused him access and was rude to him and the patient.

Concern 3: The patient was told by Dr she was not a candidate for 'Rox Procedure' in her leg, and she should have found this out by looking at the internet. The Dr proceeded to tell the patient that she was obese (she is 12stone) "you've put on 12lbs since last August , you could put on 13stone and then you'll be 25stone soon!" the patient is devastated and "has never been spoken to like that before" she feels she was Fat Shamed.

Concern 4: Mother of a 20yr old male CF patient has raised concerns with the way she was spoken to by her son's consultant. She is concerned that he hasn't had IV for 2yrs and when they discuss his sibling in Paediatrics they are not interested as they do things differently in Adult CF. The consultant was offish and defensive. The mother and son are very open working together with regards to CF, the patient lives at home. The Dr was condescending and presumptuous about the patient being a student and his management of his meds.

Some patients prefer not to raise concerns until they have left the hospital as they feel it may impact on their care. Patients and their relatives are informed that they will not be discriminated against for making a complaint in the PALS leaflet and the Complaints booklet. In addition, staff are informed at the Staff Induction PALS session that patients must not be discriminated in any way for making a complaint. Staff are also encouraged to ask patients if they have any concerns during intentional rounding on the ward. In this way staff can demonstrate that they are open to feedback and problems can be resolved in a timely way.

Williama Allieu
PALS Officer/Complaints Lead

5. Details and feedback of engagement with service users

a. Foundation trust and membership

Royal Brompton & Harefield NHS Trust became a Foundation Trust in June 2009. As a Foundation Trust there is a requirement to have a membership base and elected governors. The Trust have membership of around 11,000 Members at the end of March 2019, made up of three types of constituency - patients and carers, members of the public, and Trust staff. As per the Trust's constitution the role and function of Members is that: -

"*All Members may attend and participate at Members' meetings; vote in elections for the Governors' Council; stand for election to the Governors' Council and take such other part in the affairs of the Trust as is provided for in this constitution and set out in the membership strategy*" (Para. 10- p. 8)

The Trust therefore looks to engage its Members in Trust decision-making and activities. Members are invited to:

- Attend the combined meeting of the AGM of the Council of Governors and Members Annual Meeting;
- Receive the newsletter 'Patient Focus' twice a year: this publication lays out the Trust's strategic plan, objectives and priorities - Members are invited to provide comments;
- Attend events, tours of the hospital and talks by Trust staff on clinical and research topics relating to heart and lung disease and treatments;
- Become a hospital volunteer; and
- Become involved in fundraising for the charities associated with the Trust (principally the Royal Brompton and Harefield Hospital Charity, the Brompton Foundation and the Friends of the Royal Brompton).

The membership strategy 2015-2017 was updated, the 2019-2021 strategy identified five strategic objectives for Membership, along with a plan of activities to deliver the strategic objectives.

i. Be source of external influence
ii. Provide informed input into service developments or service quality assessments
iii. To support directly the Charities affiliated with the Trust
iv. To volunteer time
v. To ensure recruitment efforts maintain current size of Membership base

During the period the Members' Steering Committee considered and agreed changes to redrawing and renaming the boundaries of the Members' constituencies, following work done by a Constitutional Working Group comprised of four Governors and with the joint oversight of the Trust Secretary and a Non-Executive member of the Trust Board. This was subsequently approved by the Council of Governors and the Trust Board in July 2019. An additional patient Governor position was also created, increasing the total number of Governors from 21 to 22.

Noreen Adam – Interim Trust Secretary **27th November 2019**

b. <u>Patient surveys and patient feedback</u>

For 2018-19 RBHT participated in a number of national surveys; The National Inpatient Survey, the Children & Young People's Survey, and the National Cancer Survey and; On a monthly basis the Trust participates in the Friends and Family Test (FFT) collecting feedback from patients who attend the Trust, and these figures are presented monthly at the operational performance meeting. In addition, a comprehensive range of clinics and wards collect local data, which is used to inform patient-centred improvements both locally and across the Trust. The results of the surveys and all other forms of patient feedback are used to monitor trends over time and drive continuous quality improvements within the Trust.

The National In-patient survey: RBHT has been named as performing "much better than expected" in the Care Quality Commission's 2018 Adult Inpatient Survey, published in June 2019. The survey covers a variety of issues such as communication with staff, patients feeling involved in decisions, emotional support and being informed about the next steps in their care. The CQC looked at the experiences of 76,668 people who were discharged from an NHS acute hospital in July 2018 and more than 450 patients at Royal Brompton and Harefield hospitals took part. In nine out of ten overall areas – ranging from 'doctors', 'nurses' to 'waiting lists' and 'care and treatment' – the Trust was named 'better' than other trusts.

Each area consists of a number of specific questions, covering all aspects of patients' stay in hospital, from how long they had to wait beforehand to the preparation and communication when they went home. Patients are asked, for example, whether they had 'confidence and trust in the nurses treating them', whether 'doctors answered their questions in a way they could understand', and if 'the staff caring for them working well together'. Patients rated Royal Brompton and Harefield hospitals 'better' than other hospitals across more than half of the questions in the survey. Moreover, the Trust did not score 'worse' than other trusts in any of the survey's 60 questions.

Some result highlights include: Overall respondents were very happy with their care, HH 88%, RBH 89%. At each site HH 96.2% and RBH 95.5% respondents felt they were treated with dignity and respect.

Areas to improve – less than 20% were asked their views on care, and only 25% knew how to complain. In addition, our response rate this year dropped from 51% (2017-18) to 37% this year so the PPE team are working hard to raise awareness in all areas to increase patient participation in the survey.

Children & Young People's Survey (2018):
The latest Children and Young People's Patient Experience Survey, was published in November by the Care Quality Commission, and identified the Trust as performing 'much better than expected' when compared to other trusts, for the experiences of children aged up to seven years old. The Trust's results were also "better than expected" in the eight to 15-year-old category. This national survey involved 33,179 children and young people, including their parents and carers, across 129 acute and specialist NHS trusts across England. Between February and June 2019, questionnaires were sent out to those who attended hospital in November and December 2018 as inpatients or day-case patients. RBH had 117 respondents, which is a 25.3% response rate.

Compared to other trusts, Royal Brompton and Harefield hospitals scored particularly well, with ratings that were better than the national average on 31 of the questions, and the rest being in line with the rest of the country.
Key areas where the Trust's scores were rated 'better' than most others included:

- the overall experience of parents feeling their child was well looked after
- the availability of staff when a child needed someone to play with, or when privacy was needed
- the approach taken to keeping young people and their families informed and involved in their care
- the level of dignity and respect shown to young patients and their families.

National Cancer Patient Experience Survey

The National Cancer Patient Experience survey is conducted annually, and the 2018 survey results were published at the end of September 2019. The fieldwork for the survey was undertaken between October 2018 and March 2098. The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from our Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2018. The survey used a mixed mode methodology - Questionnaires were sent by post with two reminders where necessary, but also included an option to complete online. A Freephone helpline was available for respondents to ask questions about the survey, to enable them to complete their questionnaires over the phone, and to provide access to a translation

and interpreting facility for those whose first language was not English. The number of respondents is very small and RBHT only had 42 responders this year, which does make analysis of the results more difficult.

In summary, the results for our Trust showed:

8.5 = the average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good)

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England:

- 84% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 94% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 86% of respondents said that it had been ‘quite easy’ or ‘very easy’ to contact their Clinical Nurse Specialist
- 83% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 96% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital

Friends & Family Test

For inpatients and day-case episodes the Trust received 12,773 FFT responses (of 36,565 eligible patients), resulting in a 35% response rate and a 96% recommendation rate. 9,343 patient comments were submitted of which 9,058 (or 97%) were positive and 139 (1%) were negative. Outpatients received 7,030 FFT ratings, slightly less than the internal target of 600 per month, although the response rate across both sites had significantly increased since December 2018. Of the 7,030 ratings, 94% (6,662) were positive and 1 % (62) negative. Thank you to colleagues for their support with data collection. Over 19-20 the PPE team aims to increase use of data analysis and recording of patient-led improvements.

NHS England’s review of FFT (wording of the standard question and the mandatory timing requirements in some settings) is underway. The proposals are aimed at making FFT more accessible for patients and giving providers more flexibility in how and when they collect the feedback. From April 2020 a number of additional questions will be asked that give greater detail on the patient experience.

Feedback from the FFT comments are monitored, collated and given to inpatient and day-case ward leaders, and outpatient department service managers to review and act on where appropriate. Any changes or improvements to services are shared with patients through communication channels including ‘You said - We did’ posters displayed in clinical areas and via newsletters and other publications. To date there has never been any specific feedback related to discrimination and equality.

PLACE (2018)

On an annual basis the Trust conducts a Patient-Led Assessment of the Care Environment (PLACE). PLACE replaced the former Patient Environment Action Team (PEAT) inspections in 2013. The assessments apply to all organisations providing NHS funded care. These assessments are designed to provide patients and other stakeholder’s assurance on how their local health and care services are run. Areas of assessment are:

- Cleanliness
- nutrition and hydration
- privacy and dignity

- building condition and appearance

Assessments are carried out by several members of staff together with patient representatives from Healthwatch and volunteers.

The Trust has performed well in the 2018 PLACE assessment and achieved the national average in the majority of the assessment areas, exceeding it in two (patient and site food).

Generally, the Trust does well and there has never been any specific feedback to discrimination and equality. At times the age of the buildings does not allow for suitable physical access for those patients with a physical disability; the Trust is aware of these locations and makes suitable alternative arrangements

Engaging patients to advance service improvement and the patient experience

A new Trust-wide Patient & Public Engagement Strategy has been developed, and has been launched in December 2019. It has been fully endorsed by the Trust board and the Council of Governors. This has been written with input with members of the Patient & Public Engagement Group (PPEG) and has been reviewed by PPE Staff Champions. It aims to increase patient involvement, strengthen governance and use patient data more effectively to improve the patient experience. Alongside the Strategy, an action plan will outline key aims, objectives, bringing together key strands of work, encouraging shared learning and collaboration. This Strategy will ensure we are in line with CQC requirements in this area. The strategy delivery will be monitored by the PPEG and staff champions group.

The PPEG
This patient working group meets quarterly to support the development and implementation of the PPE Strategy. A recruitment drive is underway to increase/diversify the membership – and to forge more effective links with other patient led groups across the Trust. The PPEG hear from the PALS team, Brompton Fountain, and have presentations from staff that have delivered PPE projects, often through quality improvement work. Patient representatives that sit on other steering groups, such as end of life and the youth forum, also feedback news to the PPEG. Karen Taylor currently chairs this group, but our aim in the coming year is to introduce a patient chair.

RB&H Trailblazers – a Peer Support Network for young people 13-25
The Trailblazers is a new youth forum for young people aged 13-15. It was developed in partnership with the Brompton Fountain and patient Chloe K. They now have 3 co-chairs appointed, and have had 12 youth members attending the two meetings to date. This forum aims to improve the patient experience for all young people aged 0 to 25. It includes quarterly committee meetings run by and for young people, alongside additional social events/activities throughout the year.

The Trust is also dedicated to involving patients and the public in the design, execution and dissemination of research and in raising public awareness and interest in our work through a range of education and media activities. Our public involvement and engagement focuses on people with a 'lay' interest in lung and/or heart research.

The Trust long-term strategy for the future is to re-locate the Royal Brompton Hospital to be co-located with St Thomas Hospital on the south side of Westminster bridge. This will be in a joint venture with King's Health Partners (comprising Guys & St Thomas NHSFT, King's College Hospital FT, and King's College London). A significant number of patient engagement events have taken place which has involved over 600 patients across the organisations. These events have used robust sample methods across the organisations which have ensured the demographics of our patient population have been represented so that the Trust is fully inclusive with regards to equality and diversity.

Penny Agent – Director of Allied Clinical Sciences & Patient Engagement **December 2019**

6. Quantitative and qualitative research with service users e.g. patient surveys

For information about patient surveys, patient feedback and engaging patients to advance service improvement and the patient experience please refer to section 5 b and c above.

General comments about Equality and Diversity

Membership

The Trust has a duty to ensure that its membership is representative of the population that it serves. The Trust's membership database, hosted by Membership Engagement Services, has functionality which enables comparisons to be made between the general population of the UK and the membership of the Foundation Trust. This information is kept under review by the membership manager. Areas of under representation include some minority ethnic groups.

These areas of under representation are borne in mind when recruitment drives take place both in out-patient clinics and on the wards. Patients who have recently been discharged from the hospital are written to inviting them to join the membership. Patients and members of the public attending Focus groups at the Trust are also invited to join the membership.

Disability

The Annual National In-Patient Survey includes 2 questions about Disability:

1. Question 1 asks Patients to indicate if they have any of the following long-standing conditions: deafness or severe hearing impairment, blindness or partially sighted, a long standing physical condition, a learning disability, a mental health condition, a long standing illness such as cancer, HIV, Diabetes, chronic heart disease, or epilepsy

2. The second question asks if the condition identified in the first question causes any difficulty with any of the following: everyday activities, at work, access to buildings, streets or vehicles, reading or writing, people's attitudes to them, communication, any other activities.

From the results (2014) RBHT has approximately 30% of patients with no identified long-standing disability; 30% with a physical disability; 40% with a long standing illness. Access to buildings and doing everyday activities cause the most difficulty for patients accessing the Trust. The Trust uses the annual PLACE assessment to address areas of that require enhanced accessibility.

Religion

The Annual National In-Patient Survey includes a question about patients' religious beliefs.

Philippa Allibone – Membership manager **October 2019**

7. Records of how you have had due regard to the aims of the duty in decision-making with regard to your service provision, including any assessments of impact on equality and any evidence used

The Trust continues to focus on specific projects which involve patients and their carer's with access to specialist services and supported decision making.

The Trust together with the other acute Trusts are represented by their respective Learning Disability leads at local and pan London LD meetings.

The Trust has access to Action Disability Kensington & Chelsea (ADKC) for guidance on making the hospital as accessible as possible for those with disabilities as well as using recommended signage recommended by the Trust Lead.

The Trust continues to participate in the PLACE assessments, which include dementia and disability friendly environment assessments. These are carried out by patient representatives from Healthwatch and volunteers.

The Trust participates in the annual NHSE & NHSI Learning Disabilities Improvement Standards which gathers data regarding the support and provisions available to patients with a learning disability.

Frank Butau Trust Lead for Learning Disabilities and Adult Safeguarding /Katharine Scott Trust Lead for Older People & Physical Disabilities - November 2019

8. Details of policies and programmes that have been put into place to address equality concerns raised by service users.

Policies

There is a Trust policy: `Policy for Policies' which is in two parts. Part 1 outlines how policies should be written and formatted and Part 2 provides explicit guidance for the development of Trust policies and details for their completion. For the majority of Trust policies, staff are given the opportunity to provide feedback. Policies remain current for between 1 and 3 years following their approval and a review commences three months prior to this date. The policy, however, may be reviewed at any time before this as a result of legislative or organisational changes and in response to the ongoing review of its effectiveness. Please refer to Part 2 – p. 10 of the policy for guidance in relation to consultation and engagement. All policies are required to have an equality impact assessment conducted.

All Trust Policies will contain an Equality Statement. An Equality Impact Assessment will be completed for all policies. An example of this is taken from the Special Leave Policy as shown below:

11 Equality Impact Assessment

All public bodies have a statutory duty to assess their policies for impact on issues of equality and discrimination. Accordingly, this policy has been impact assessed. It has also been reviewed to ensure it does not breach Human Rights legislation.

As a result of the impact Assessment, the following considerations have been identified and, provision made for them in the implementation of this policy:

This policy is more likely to apply to staff who have are dependents and the potential for have unexpected urgencies arising. Managers should consider all requests; this policy should be to

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Royal Brompton & Harefield NHS Foundation Trust Special Leave Policy v3

improve equality of opportunity for all those with caring obligations or other. There are no Human Rights issues arising from this document.

Programmes

Training on learning disability, discrimination, safeguarding, deprivation of liberty and mental capacity is available to all Trust staff.

Frank Butau Trust Lead for Learning Disabilities and Adult Safeguarding /Katharine Scott Trust Lead for Older People & Physical Disabilities - November 2019