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 2019– 31st March 2020

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 9 protected characteristics:

1. age
2. disability
3. gender reassignment
4. marriage or civil partnership (only aim 1 – see below)
5. pregnancy and maternity
6. race, including ethnic or national origins, colour or nationality
7. religion or belief
8. sex
9. sexual orientation

The Equality Duty has 3 aims (or arms). It requires public bodies to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act
2. Advance equality of opportunity between people who share a protected characteristic and those who do not
3. Foster good relations between people who share a protected characteristic and those who do not

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. 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]](#footnote-2)

* 1. 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 2021

The information attached at Appendix I and Appendix II will be re published on the Trust web site by 31st January 2021.

Information for Appendix II has been updated for 2019/20 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 2021 -2025 and associated engagement work.

| **Appendix I**  **Employment Information 2019/2020** |
| --- |

**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
14. **Employee Distribution**

On 31st March 2020 the Trust employed 3978individual staff in substantive roles and 340currently 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 1156 (29%)

Female 2821 (70.9%)

Transgender 1 (0.1%)

**b) Ethnicity**

White 2072 (52.1%)

Mixed 94 (2.4%)

BME 1198 (30.1%)

Not Known 614 (15.4%)

**c) Age**

Aged 0-16 0 (0.0%)

Aged 17-21 8 (0.2%)

Aged 22-59 3750 (94.3%)

Aged 60+ 220 (5.5%)

**d) Sexual Orientation**

Bisexual 14 (0.4%)

Gay or Lesbian 47 (1.2%)

Heterosexual/straight 1684 (42.3%)

Not stated 991 (24.9%)

Other sexual orientation 1 (0.0%

not listed

Unspecified 1241 (31.2%)

**e) Marital Status**

Married 1504 (37.8%)

Single 1718 (43.2%)

Widow(er) 10 (0.3%)

Civil Partnership 23 (0.6%)

Divorced/Separated 117 (2.9%)

Not Known 606 (15.2%)

**f) Persons Undergoing Gender Re-Assignment**

Known GRA 1 (0.03%)

**g) Persons in maternity/adoption leave**

Maternity/Adoption 85 (2.1%)

**h) Persons with disabilities**

Disabled 36 (0.9%)

Not Disabled 2651 (66.6%)

Not Known 1291 (32.5%)

**i) Religious Beliefs**

Atheist 285 (7.2%)

Buddhist 17 (0.4%)

Christian 958 (24.1%)

Hindu 121 (3.0%)

Islam 153 (3.8%)

Jain 2 (0.1%)

Jewish 11 (0.3%)

Sikh 18 (0.5%)

Other 113 (2.8%)

Not Known 2300 (57.8%)

Of the non-substantive staff (339) the Trust declares the following:

**a) Gender**

Male 113 (33.3%)

Female 226 (66.7%)

**b) Ethnicity**

White 123 (36.3%)

Mixed 28 (8.3%)

BME 59 (17.4%)

Not Known 129 (38%)

**c) Age**

0-16 0 (0.0%)

17-21 9 (2.7%)

22-59 287 (84.7%)

60+ 43 (12.6%)

**d) Sexual Orientation**

Heterosexual 89 (26.3%)

Bisexual 0 (0.0%)

Gay or Lesbian 2 (0.6%)

Not Known 248 (73.1%)

**e) Marital Status**

Married 91 (26.8%)

Single 153 (45.1%)

Window(er) 1 (0.3%)

Civil Partnership 1 (0.3%)

Divorced/Separated 11 (3.2%)

Not Known 82 (24.3%)

**f) Persons Undergoing Gender Re-Assignment**

Known GRA 0 (0.0%)

**g) Persons in maternity/adoption**

Maternity/Adoption 1 (0.3%)

**h) Persons with Disabilities**

Disabled 1 (0.3%)

Not Disabled 102 (30%)

Not Known 236 (69.7%)

**i) Religious Beliefs**

Atheist 20 (5.9%)

Buddhist 0 (0.0%)

Christian 40 (11.8%)

Hindu 3 (0.9%)

Islam 11 (3.2%)

Jainism 1 (0.3%)

Sikhism 1 (0.3%)

Other 5 (1.5%)

Not Known 258 (76.1%)

Jewish 0 (0.0%)

***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 31/3/20 we have 293 male doctors and 206 females, however there is no imbalance with gender across different grades of doctor, with females represented at all grades up to and including Clinical Director.

* **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 Trust 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 2021 to discuss ways forward to achieve the elements required within the self-assessment 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.

1. **Issues Relating to Transsexual Staff**

As of 31/3/20 this Trust knowingly employs 1 staff member who is undergoing gender re-assignment.

1. **Gender Pay Gap Information**

The Trust published its Gender Pay Gap information in line with government requirements in March 2020 and will do so again in March 2021 having identified actions to take to reduce the gap. The report and action plan can be seen here at:

[Gender Pay Gap Report](https://www.rbht.nhs.uk/sites/nhs/files/Gender%20Pay%20Gap%20Report%202020%20-%20Final_0.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.

1. **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 (293 male to 206 female) and Estates staff (117 male to 52 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 1156 (29%) 226 (15.1%)

Female 2821 (70.9%) 1269 (84.8%)

Transgender 1 (0.1%) 1 (0.1%)

White 2072 (52.1%) 771 (51.5%)

Mixed 94 (2.4%) 0 (0.0%)

BME 1198 (30.1%) 486 (32.5%)

Not Known 614 (15.4%) 239 (16%)

0-16 0 (0.0%) 0 (0.0%)

* 1. 9 (2.7%) 0 (0.0%)

22-59 3750 (94.3%) 1458 (97.5%)

60+ 43 (12.6%) 38 (2.5%)

1. **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).

1. **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.

1. **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.

1. **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.

1. **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.

1. **Policies and Programmes (to address equality concerns)**

No matters of E&D concern were raised formally by our trade unions within the 2019/2020 period.

1. **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 31/3/20, 85 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.

1. **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).

1. **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 Emma Shepherd

**HR Business Partner EDI Lead 15th March 2021**

| **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 2019/20 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.

* 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 2019/20 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 2019/20 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 2019/20 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 January 2021

* 1. 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.

* 1. **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 January 2021**

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

No patient complaints during the year 2019/2020.

**Williama Allieu**

**PALS Officer/Complaints Lead January 2021**

**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 10,700 Members at the end of March 2020, 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 monthly digital newsletter ‘Connect’ monthly *(new this year)*
* Receive the newsletter ‘Connect’ 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 2019-2021 strategy identified five strategic objectives for Membership, along with a plan of activities to deliver the strategic objectives.

1. Be a source of external influence
2. Provide informed input into service developments or service quality assessments
3. To support directly the Charities affiliated with the Trust
4. To volunteer time
5. To ensure recruitment efforts maintain current size of Membership base

These five objectives have been summarised by the following three objectives shared with members and prospective members:

1. To communicate efficiently and effectively with members
2. To offer meaningful engagement opportunities with clear objectives for members and for the Trust
3. To recruit an engaged and representative membership

**Nancy Dickinson – Membership and corporate governance manager       January 2021**

**b.** For 2019-20 RBHT participated in two national surveys; the Adult Inpatient Survey, and the National Cancer Survey. On a monthly basis the Trust also 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 Adult In-patient survey:** RBHT has been named as performing “much better than expected” in the Care Quality Commission’s 2019 Adult Inpatient Survey, published in June 2020. The survey includes questions on the entire patient journey and contains 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 76,915people who were discharged from an NHS acute hospital in July 2019 and more than 654 patients (53% an increase from 37% on the previous year) from Royal Brompton and Harefield hospitals took part. In eight out of ten overall areas – ranging from ‘doctors’, ‘nurses’ to ‘waiting lists’ and ‘care and treatment’ – the Trust was named ‘better’ than other trusts and the same as the national average in four others

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 70 questions.

Some result highlights include:

* 99% of patients felt they were treated with respect and dignity
* 99% had confidence and trust in the doctors and nurses
* 96% were involved in clinical decision making
* 94% highly rated their care
* 98% had confidence in other clinical staff i.e. Physio, Dietician, SLT, Psychology

Although the Trust performed exceptionally well four areas have been identified for patient led improvements. This includes noise at night, delays to discharge, shared facilities and how to provide feedback about experiences of care. Multi-disciplinary working groups have been set up to address these issues in more detail.

**National Cancer Patient Experience Survey**

The National Cancer Patient Experience survey is conducted annually, and the 2019 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 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**

The Friends and Family Test (FFT) was introduced by NHS England as a key measure to improve patients’ experiences of care across the NHS. Hospital trusts are mandated to ask all patients:

“How likely are you to recommend our ward/clinic to friends and family if they needed similar care or treatment?”.

FFT responses provides a simple headline metric which, when combined with follow-up questions, is a tool to ensure transparency, celebrate success and make improvements where necessary to ensure that all patients and their families have a positive experience of care. Results of the test are published monthly on the NHS England and NHS Choices websites.

The summary below demonstrates a high levels of patient engagement and satisfaction in services provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ratings** | **IP** | **OP** | **Total** | **Percent** |
| **All Ratings** | 12,240 | 11,713 | **23,953** |  |
| Positive | 11,782 | 11,232 | **23,014** | 96% |
| Negative | 222 | 102 | **324** | 1% |
| **All Comments** | 8,557 | 9,183 | **17,740** |  |
| Positive | 8,291 | 8,879 | **17,170** | 97% |
| Negative | 222 | 277 | **499** | 3% |

Feedback from 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. 10 patient comments were received regarding accessibility for people with disabilities and wheelchair users and 7 were complimentary about the steps taken at the Trust:

“We were seen very quickly today & reasonable adjustments were made regarding the next appointment due to patients learning disability & dementia”

Prompt, professional, friendly staff. Clean surroundings, space to move wheelchairs around comfortably with an easy access toilet. All things that relieve the stress of the visit with the usual high quality of care and attention as supplied by the rest of the Brompton facilities”

Three comments were shared with Estates and were concerns about the accessibility of Fulham Wing entrance and the need for additional accessible toilets across the sites.

**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 was launched in January 2020. It has been fully endorsed by the Trust board and the Council of Governors. It was 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 patient experiences of care. Alongside the Strategy, an action plan outlines 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 agenda includes updates from the PALS team, Brompton Fountain, and often will include presentations from staff that have delivered PPE projects, often through quality improvement work. Patient representatives that sit on other steering groups, such as the discharge and good night’s sleep campaign working groups, also feedback news to the PPEG. Karen Taylor currently chairs this group, but the aim in 2021 is to review its Terms of Reference and devise a process to elect a patient chair.

**RB&H Trailblazers – a Peer Support Network for young people 13-25**

The Trailblazers is the Trust’s youth forum for young people aged 13-25. It was developed in partnership with the Brompton Fountain and patient Chloe K.. The forum aims to provide opportunities for networking, learning and involvement in QI initiatives. It includes quarterly committee meetings run by and for young people, alongside additional social events/activities throughout the year. Membership is currently approximately 45 young people.

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 (in approximately 10 years). This will be in a joint merger with Guys & St Thomas’s NHSFT from 1st February 2021. 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 2020**

**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 Civica UK Limited, 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.

Patients who have indicated on the Friends and Family Test that they are interested in getting further involved with the Trust are written to inviting them to join the membership. Patients and members of the public attending engagement and lay support 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 (2019) RBHT has approximately 33% of patients with no identified long-standing disability; and 67% who live with a physical disability and/or a long-standing illness with 84% reporting that their disability or chronic condition caused difficulties with everyday activities. 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 also includes a question about patients’ religious beliefs. From the data submitted, 63% of Trust patients identified as Christian, 19% as having no religion, 5% as Muslim, 4% as Hindu. Smaller numbers of other religious beliefs were also recorded including Jewish and Sikh.

**Nancy Dickinson – Membership manager November 2020**

**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 has a Learning Disability strategy that aims to ensure that all patients with learning disabilities experience high quality care and that families, carers and staff to have the confidence to champion best practice.

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 is represented, alongside other acute Trusts, at the Dementia Leads network by the Older People 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.

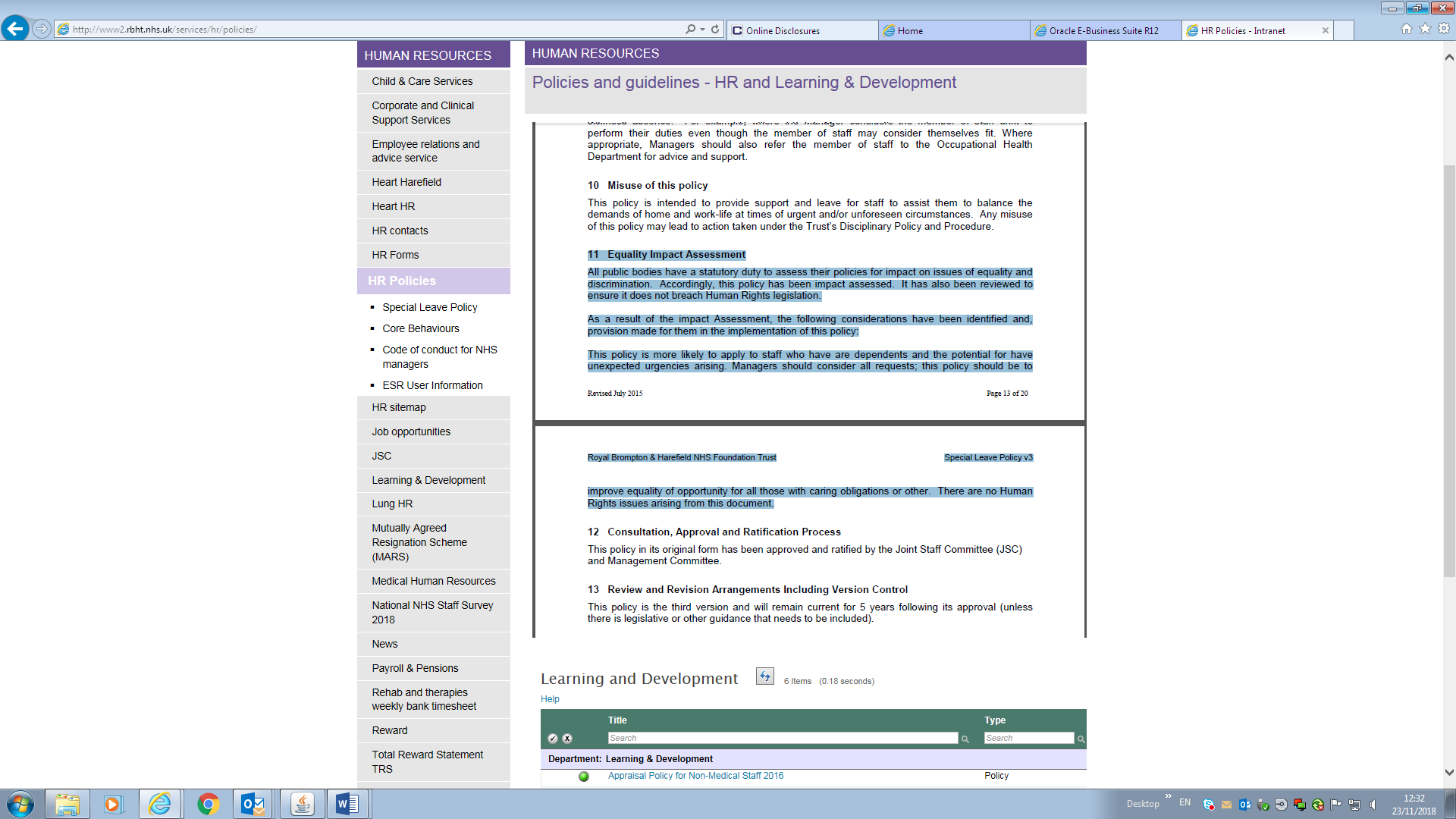
The Trust participates in the annual NHSE & NHSI Learning Disabilities Improvement Standards which gathers data regarding the support and provisions available to patients with a learning disability.

**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 below:



**Programmes**

Training on learning disability, dementia, 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 – December 2020**

1. Equality information and the equality duty: A guide for public authorities, Equality and Human Rights Commission 19th December 2011 [↑](#footnote-ref-2)