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 2017 – 31st March 2018

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 2019.

Information for Appendix II has been updated for 2017/18 and collated by Jason Trofimczuk. Updating of Appendix I has been undertaken by Gary Clarke.

This paper is brought to the E&D Steering Group in order to provide an early view of the draft information to be published in January 2019 and to act as backing information for finalisation of the Trust Objectives for 2016 -2020 and associated engagement work.

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

Appendix I
Employment Information 2017/2018

Contents:

1. Employee Distribution

On 31st March 2018 the Trust employed 3682 individual staff in substantive roles and 431 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	1054	(28.6%)
Female	2628	(71.4%)
Transgender	0	(0.0%)

b) Ethnicity

White	2103	(57.1%)
Mixed	94	(2.6%)
BME	1043	(28.3%)
Not Known	442	(12%)

c) Age

Aged 0-16	0	(0.0%)
Aged 17-21	4	(0.1%)
Aged 22-59	3499	(95%)
Aged 60+	179	(4.9%)

d) Sexual Orientation

Heterosexual	1536	(41.7%)
Bisexual	16	(0.4%)
Homosexual	36	(1.0%)
Not Known	2094	(56.9%)

e) Marital Status

Married	1378	(37.4%)
Single	1557	(42.3%)
Widow(er)	10	(0.3%)
Civil Partnership	14	(0.4%)
Divorced/Separated	118	(3.2%)
Not Known	605	(16.4%)

f) Persons Undergoing Gender Re-Assignment

Known GRA	0	(0%)

g) Persons in maternity/adoption leave

Maternity/Adoption	103	(3%)

h) Persons with disabilities

Disabled	41	(1.1%)
Not Disabled	2550	(69.3%)
Not Known	1091	(29.6%)

i) Religious Beliefs

Atheist	246	(6.7%)
Buddhist	16	(0.4%)
Christian	933	(25.4%)
Hindu	104	(2.8%)
Islam	119	(3.2%)
Jain	1	(0.0%)
Jewish	7	(0.2%)
Sikh	17	(0.5%)
Other	108	(2.9%)
Not Known	2131	(57.9%)

Of the non-substantive staff (431) the Trust declares the following:

a) Gender

Male	136	(31%)
Female	295	(69%)

b) Ethnicity

White	206	(48%)
Mixed	6	(1.3%)
BME	86	(20%)
Not Known	133	(30.7%)

c) Age

0-16	0	(0.0%)
17-21	10	(2.3%)
22-59	390	(90.5%)
60+	31	(7.2%)

d) Sexual Orientation

Heterosexual	151	(35%)
Bisexual	3	(0.7%)
Homosexual	2	(0.5%)
Not Known	275	(63.8%)

e) Marital Status

Married	106	(24.6%)
Single	201	(46.6%)
Window(er)	3	(0.7%)

Civil Partnership	1	(0.2%)
Divorced/Separated	12	(2.8%)
Not Known	108	(25.1%)

f) Persons Undergoing Gender Re-Assignment

Known GRA	0	(0.0%)

g) Persons in maternity/adoption

Maternity/Adoption	2	(0.5%)

h) Persons with Disabilities

Disabled	4	(0.9%)
Not Disabled	192	(44.6%)
Not Known	235	(54.5%)

i) Religious Beliefs

Atheist	31	(7.2%)
Buddhist	2	(0.5%)
Christian	79	(18.3%)
Hindu	7	(1.6%)
Islam	15	(3.5%)
Jainism	1	(0.2%)
Sikhism	2	(0.5%)
Other	10	(2.3%)
Not Known	284	(65.9%)
Jewish	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 31/3/18 we have 278 male doctors and 194 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 144 women to 177 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 in particular 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 all of 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 not currently aware of any staff 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 Quarter 4 2018/19 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 31/3/18 this Trust does not knowingly employ any staff who are transsexual, nor does it knowingly employ anyone undergoing gender re-assignment.

3. Gender Pay Gap Information

The Trust published its Gender Pay Gap information in line with government requirements in March 2018 and will do so again in March 2019 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%20%26%20Harefield%20NHS%20Foundation%20Trust%20gender%20pay%20gap%20report%20-%2022%20March%202018.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 (278 male to 194 female) and Estates staff (124 male to 49 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	1054 (28.6%)	205 (14.8%)
Female	2628 (71.4%)	1183 (85.2%)
Transgender	0 (0.0%)	0 (0.0%)
-		
White	2103 (57.1%)	770 (56%)
Mixed	94 (2.6%)	22 (1.6%)
BME	1043 (28.3%)	379 (27.6%)
Not Known	442 (12%)	204 (14.8%)
-		
Aged 0-16	0 (0.0%)	0 (0.0%)
Aged 17-21	4 (0.1%)	0 (0.0%)
Aged 22-59	3499 (95.0%)	1355 (97.6%)
Aged 60+	179 (4.9%)	33 (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 Chief Operating Officer and the Director of Human Resources 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, as provided to us by under SLA by AccessPlanIT – going forward this will change to a new learning provider, 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 2017/2018 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 31/3/18 103 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, from this year Equality and Diversity. 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). Take-up of training is excellent and all classes consistently run at better than 91% of capacity.

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

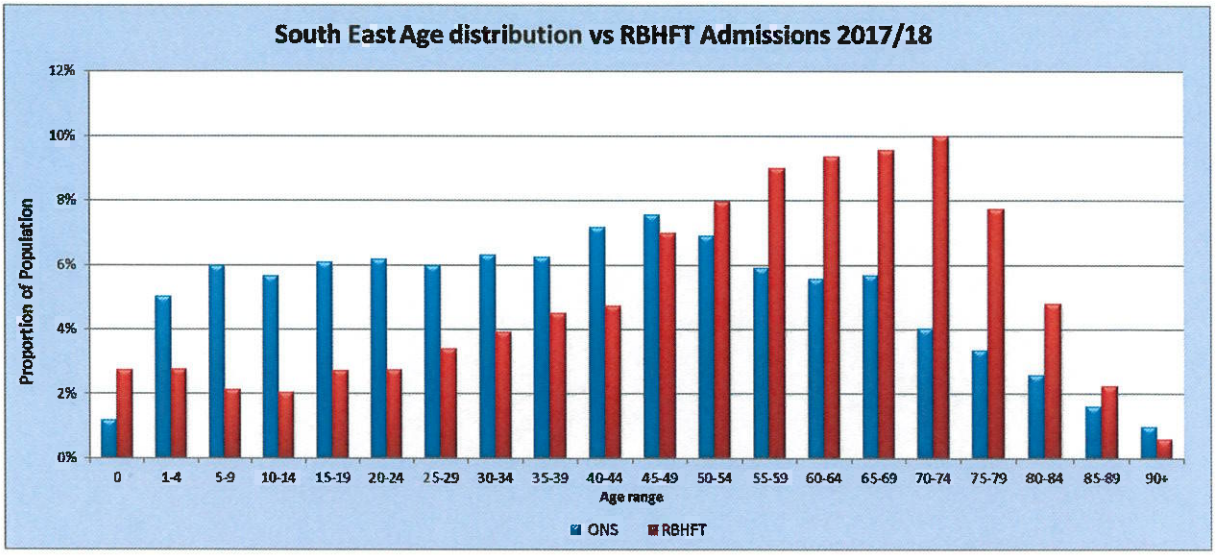
31st December 2018

Appendix II - Information on Services

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

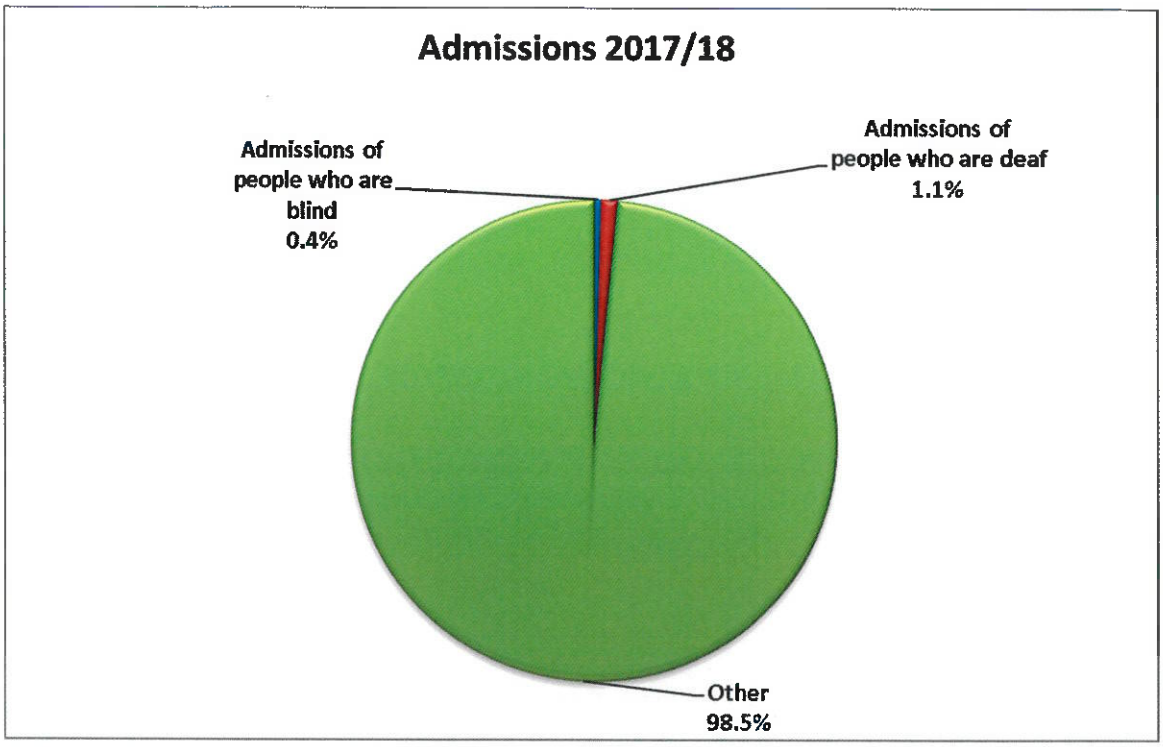
Age

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 2017/18 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.



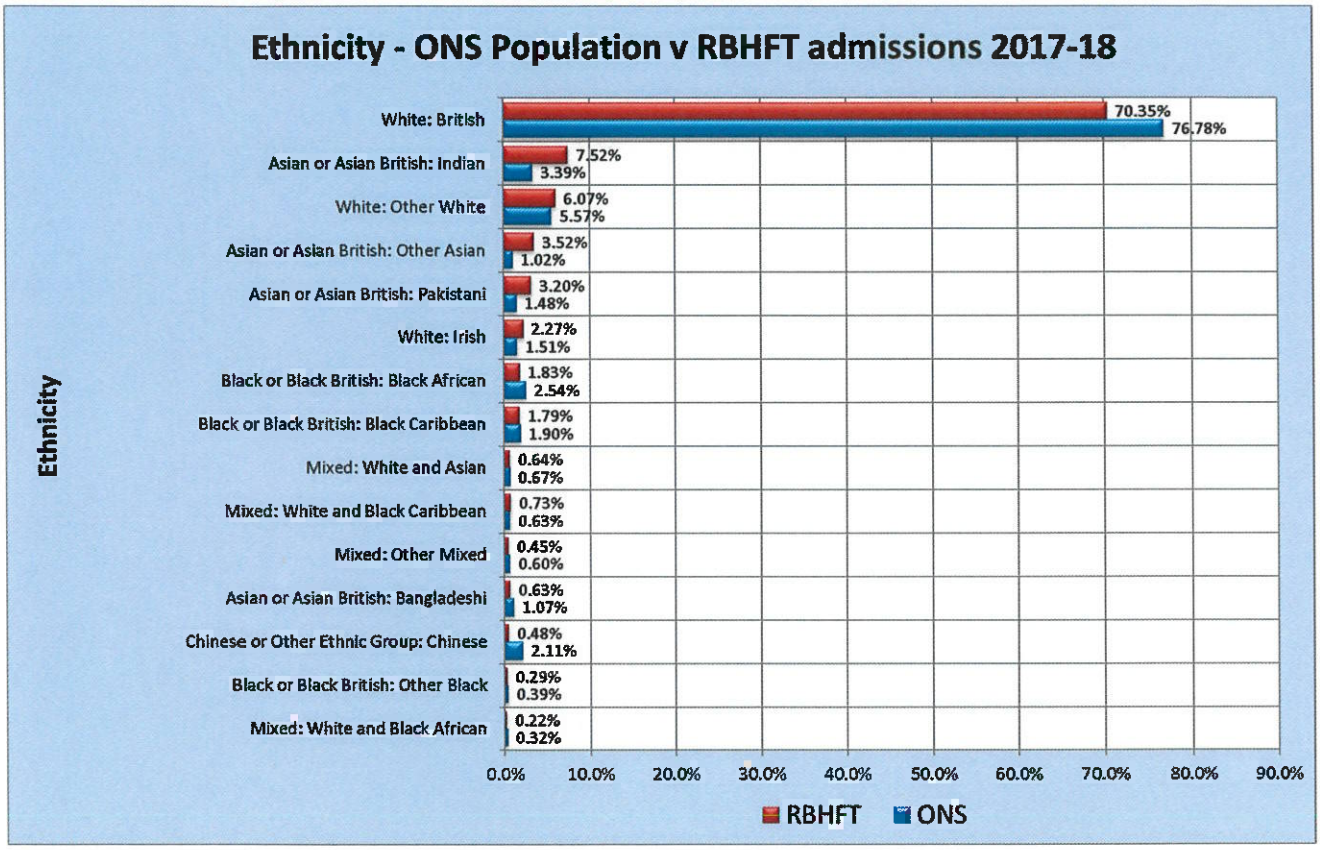
- The number of trust admissions of people who are blind is slightly higher than the national figure.
- The number of trust admissions of people who are deaf is more than twice the national figure.

Ethnicity

The graph below compares the ethnicity of our admissions in 2017/18 with the ONS population of South, South East and London.

Our figures are similar to that of the general population and generally within 3% for each ethnic group. 70.35% of our admissions are White British which is close to the population of 76.78%.

We have a larger proportion of Indian patients compared with the general population. This could be related to an increased prevalence of heart and lung disease amongst the demographic but more work would have to be done to establish this correlation.

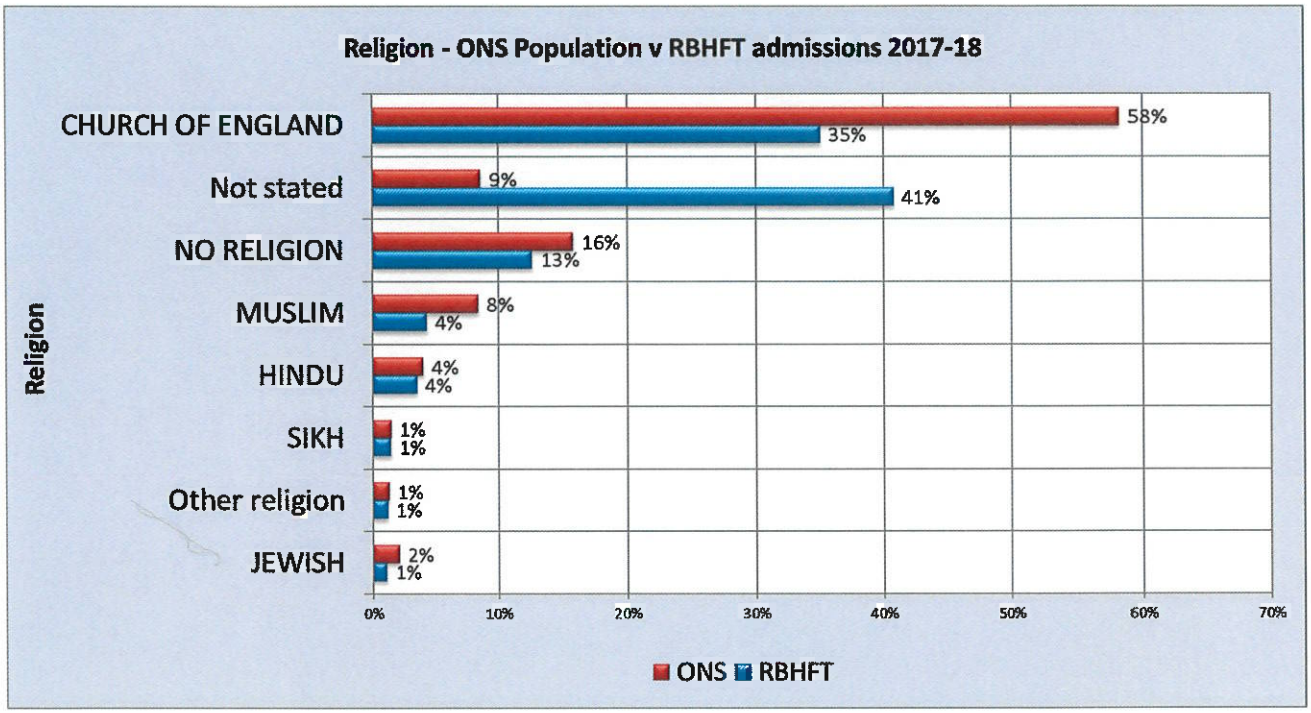


Religion

The graph below compares the religion of our admissions in 2017/18 with the ONS population of London.

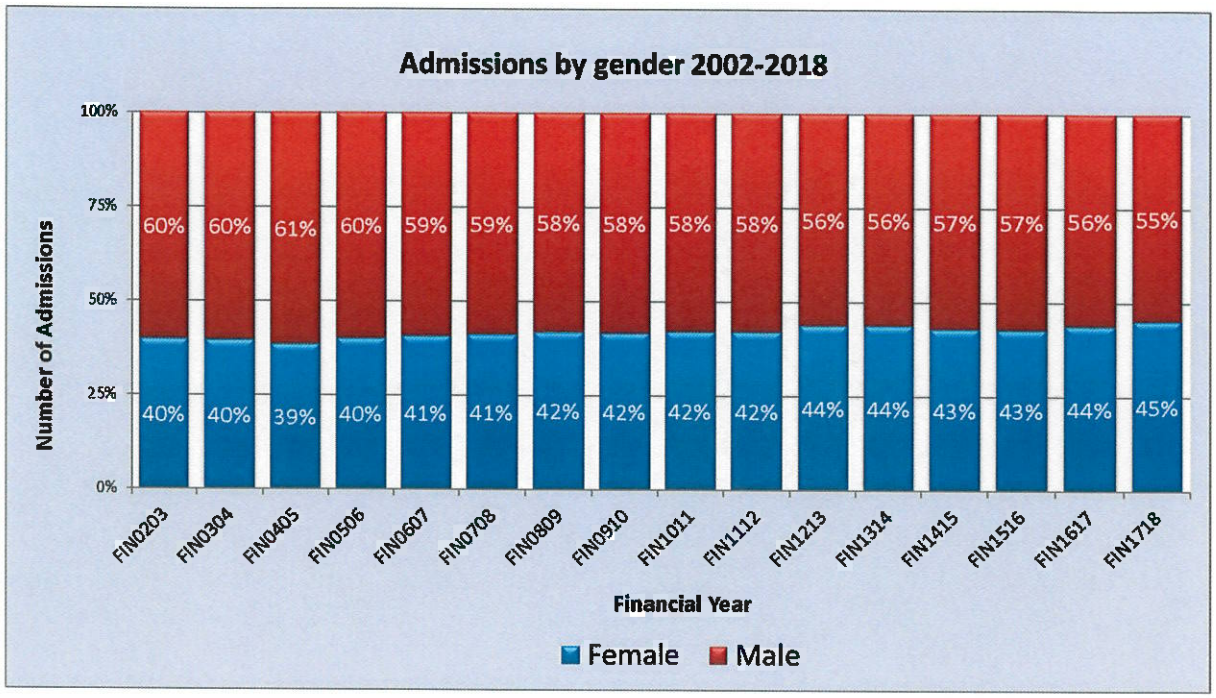
The graph shows that the Trusts admissions generally correlate closely to the religion of the London population. The Trust has 23% less admissions from the Church of England than the ONS. However, this is likely to be because the ONS records different branches of the church under Church of England whilst we record it separately under 'Other religion'.

The Trust has a large number (41%) 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 8%. This is a data quality issue which will be addressed in the future by the Data Quality team.



Gender

The following table shows admissions by gender for the last 16 years. In 2017/18 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.

Jason Trofimczuk -Senior Performance Analyst **24th October 2018**

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 **29th October 2018**

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

During the year (1st April 2017 – 31st March 2018) there was 1 Formal Complaint and 10 PALS concerns involving, discrimination and equality.

There was a total of 1494 contacts in PALS for this period, which includes PALS concerns, formal complaints, and comments. Therefore 0.75% of concerns, complaints and comments received in 2017/2018 related to discrimination and equality. This is a slight decrease on last year.

Complaint: Sister of a deceased transgender patient raised concerns that we do not have a specific transgender pathway for transplant patients. Outcome: Complaint was not upheld. All patients are treated as individuals and nursed in single rooms and their gender is not relevant.

Concern 1: Patient called as she felt that a letter from the Trust described her as afro-Caribbean and she isn't. Outcome: It was explained to the patient that this was on a series of test results and it clearly said that "if the patient was afro Caribbean" then the results should be interpreted differently.

Concern 2: Patient was admitted and there was not a suitable hoist for her on the ward and so she had to be discharged without treatment. Outcome: A hoist was available but patient did not want to use our hoist as we could not use her sling. A different hoist has been obtained and the patient was readmitted for assessment.

Concern 3: Wife of patient concerned that she was not allowed to travel with her husband as his carer despite the clinical team stating this. Outcome: There was a replacement driver covering the service and the Transport Manager has asked the contracts manager to remind all staff of the service requirements when covering for regular drivers.

Concern 4: Daughter of a patient was concerned that her father was being refused transport by the nurse, despite his medical condition warranting transport. Outcome: The nurse was not in possession of all the facts and an apology was given to the daughter and transport arranged.

Concern 5: Patients appointment was moved with a weeks' notice with no reason and he thinks this is not a decent way to treat a patient of 92 years old. Outcome: Patients appointment was changed due to the doctor being on leave this was not age discrimination.

Concern 6: Nurse questioned the spiritual beliefs of the patient and told him to 'cheer up'. Outcome: Patients relative had a meeting with the senior nurse on ITU.

Concern 7: Patient complained that the buttons on the lift to outpatients are unsuitable for people with sight loss unless they read braille. Outcome: Labels were made up with bold black text on a yellow background to help highlight the floors.

Concern 8: Patient emailed requesting a copy of our Assistance Guide Dog Policy as she is attending clinic and would like to inform them that the dog is in training. Outcome: Trust does not have a policy on assistance and guide dog policy but one is being developed. Staff in department informed that it is important that nobody interferes with the dog in training.

Concern 9: Patient visited the ward with her husband and his guide dog and were asked to leave by the Ward sister saying it was not hygienic to have a dog on the ward. Outcome: Ward was informed by the Trust's lead on disability that the refusal was unlawful. Staff will be updated on the guidelines.

Concern 10: Patient raised concerns that the hospital is unprepared for blind patients and is a strange environment for him and his guide dog. Outcome: PALS Manger to contact Guide Dogs for the Blind for information and training for staff.
We have had one concern raised by a patient who felt that his ongoing problems with appointments in outpatients was because he was being discriminated against for raising a concern or making a complaint 3 years ago. However, this was investigated and not upheld due to lack of evidence

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. Staffs 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.

Sharon Gurney
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 FT in June 2009. As a foundation trust there is a requirement to have a membership base and elected governors. The Trust had a membership of 10,988 at the end of March 2018 members are made up of: patients, members of the public, carers and 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 uses its members as a means of engagement in trust decision-making and activities. In 2017-2018, members were involved in a number of key trust activities. These included: the annual members' meeting, which was held on 18th July 2018, Members events which included a talk on 'Treating and Managing Arrhythmias and a talk on 'Cardiac Implantable Devices by medical staff. Patients also had the opportunities to attend a number of patient open day and events that were organised by staff in various clinical departments.

A Membership Steering Committee was established in April 2011. Its remit is to oversee the recruitment of new members, ensure that membership is representative of the communities it serves and to investigate new ways of engaging with members.

Philippa Allibone – Membership manager **17th September 2018**

b. Patient surveys and patient feedback

For 2017-2018 RBHT participated in two national surveys; The National Inpatient Survey and the National Cancer Survey; each with response rates of 51% and 55% respectively. 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.

2017 CQC Adult-Inpatient Survey

Published in 2018, this annual survey provides a detailed snapshot across the entire patient journey, facilitating an in-depth understanding of the patient experience. 626 of 1237 eligible patients responded to the questionnaire with a response rate: 51% (50% in 2016). The national average response rate across the NHS was 41%. The trust was consistently rated higher than the national average across the domains. Of the respondents:

- **61%** were male; **39%** were female
- **5%** were aged 16-39; **21%** were aged 40-59; **24%** were aged 60-69 and **50%** were aged 70+
- **96%** rated their care as 7 or more out of 10
- **94%** felt they were always treated with respect and dignity
- **94%** always had confidence/trust in their doctors
- **98%** said hospital rooms/wards were very or fairly clean
- **94%** said they always had enough privacy when being examined or treated

National Cancer Patient Experience Survey

The National Cancer Patient Experience survey is conducted annually, and the 2017 survey results were published at the end of September 2018. The fieldwork for the survey was undertaken between October 2017 and March 2018. 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 2017. 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. In summary, the results for our Trust showed:

8.8 = 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:

- 75% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 92% of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- 87% of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- 92% of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- 98% 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 & Family Test is a national survey which requests feedback on patient experience across the Trust. Throughout 2017-2018 we received over 13,000 ratings and 11,000 comments. During this period the Trust achieved a response rate of 34% and a recommendation score of 96%, i.e. 96% of respondents would recommend the Trust.

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 (2017)

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 2017 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

Since April 2017, the trust has embarked on a comprehensive transformation and efficiency programme (known as Darwin) where staff and service users have been encouraged to re-think how we deliver our services. A comprehensive array of workstreams have been set up, coordinated and enabled transformation of services, many as a result of patient experience feedback, with examples where service improvements have been co-designed with patients e.g. adult cystic fibrosis clinics.

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). In order to engage with patients and service users, a reference group meeting was held in March with key patient and stakeholder groups representatives. Further events will be planned later in 2018/9 and an exercise will be carried out to review the demographics of our patient population so that the Trust is fully inclusive with regards to equality and diversity.

Penny Agent – Director of Allied Clinical Sciences & Patient Engagement **December 2018**

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 2018**

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

Jackie Lebidi Acting Trust Lead for Learning Disabilities and Adult Safeguarding /Katharine Scott Trust Lead for Older People & Physical Disabilities - November 2018

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

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

Jackie Lebidi Acting Trust Lead for Learning Disabilities and Adult Safeguarding /Katharine Scott Trust Lead for Older People & Physical Disabilities - November 2018