

# Equality Delivery System 2014-15

Delivery of the  
EDS and  
reportable  
information



# Introduction

Bromley Healthcare has been producing an Equality Delivery System report since 2011 and each year we continue to reflect on our work and strive to improve our efforts to serve every patient with equal care and attention

As our organisation goes from strength-to-strength and the number of patients we care for increases, it is even more important that we continue to ensure we offer equal access to everything we do. The EDS report gives us the opportunity to take stock and ask both ourselves and our clients if we are doing this well.

This document brings together a number of components of our equalities work into one place, meeting both the requirement of commissioners, regulators and also supporting partners to review our work with us. The document contains:

- 1. EDS rating table – a snapshot of our progress**
- 2. Equality delivery system – a review of our progress against the EDS indicators set by NHS London, with supporting evidence**
- 3. Reportable information – the information that all organisations with more than 150 employees must declare**

We hope you will find its contents interesting and informative.

In everything we do we always welcome honest feedback. Delivering 'equality' is an on-going task and we would love to hear your thoughts on which areas we could give greater focus to, so that our patients receive the best possible care and our staff work in an environment that supports them to do this.

# Section 1: EDS rating table

A snapshot of our progress. It should be noted that due to higher aspirations and best practice standards now being set by us, in discussion with Healthwatch Bromley, some of the Outcomes have changed from **achieving in 2012** to **developing in 2014**

<p><b>1. Better health outcomes for all</b></p> <p>The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</p>		
Outcome	Grading baseline Jan 2012	September 2014
1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	Achieving	Achieving
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Achieving	Developing
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Developing	Developing
1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Achieving	Developing
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Achieving	Achieving

<p>2. Improved patient access and experience</p> <p>The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</p>		
Outcome	Grading baseline Jan 2012	September 2014
2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Achieving	Achieving
2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	Developing	Achieving
2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Achieving	Achieving
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Achieving	Achieving

3. Empowered, engaged and well-supported staff		
The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs		
Outcome	Grading baseline Jan 2012	September 2014
3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Developing	Achieving
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Achieving	Achieving
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Developing	Achieving
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Achieving	Achieving
3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives (flexible working may be a reasonable adjustment for disabled members of staff or carers).	Developing	Achieving
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Developing	Achieving

<p>4. Inclusive leadership at all levels</p> <p>NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</p>		
Outcome	Grading baseline Jan 2012	September 2014
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	Developing	Developing
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Achieving
4.3 The organisation uses the ‘Competency Framework for Equality and Diversity Leadership’ to recruit, develop and support strategic leaders to advance equality outcomes	Developing	Developing

# Section 2: Equality delivery system

A review of our progress against the EDS indicators set by NHS London, with supporting evidence.

## 1. Better health outcomes for all

The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.

### 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities

Baseline January 2012	September 2014
Achieving	Achieving

For the year 2013-14 three quality priorities were set and agreed by commissioners, stakeholders, staff and governors. We have worked to promote well-being and reduced in equalities in line with these priorities.

#### Priority 1: To drive up quality through service redesign

A number of new services have been developed in the last twelve months in response to the needs of our population.

For example, the development of our integrated community teams has improved the health and wellbeing of elderly and housebound patients, and the support provided by the team to both patients and their carers has helped patients to

remain in their own home and to reduce the likelihood of emergency hospital admission.

The integrated team brings together district nursing, adult physiotherapy, adult occupational therapy and community matrons into six locality-based teams. The team works closely with GP practices to provide coordinated care to patients.

The basic premise of integrated community teams is simple; good communication, coordination of care and skilled, evidence-based treatments. It is a system that is not defined by organisations and clinicians but by patients, their needs, their health and their requirements.

The aims of the teams are to avoid unnecessary hospital admission by providing timely integrated care for patients in their own homes and the community, and to ensure that patients and carers feel more actively engaged and better supported in managing long-term conditions such as asthma, and diabetes. Patient feedback is excellent and teams are sharing learning to improve the care they offer to patients. In moving forward we shall strengthen our partnership working with other key organisations/agencies.

The establishment of the rehabilitation service, which is offered both in a rehab unit at Lauriston House and in patients own homes, has helped to improve our care for the frail and elderly. More detail of these and other services can be found in our Quality Account, which is available on [NHS Choices](#).

Health improvement services have set up a diverse range of services to serve a broad population, such as smoking advice from a mobile bus and the use of a sexual health app for smartphones.

As a provider of health services, we also work closely with its local commissioners, NHS Bromley Clinical Commissioning Group (CCG) to achieve its aspirations which

are to meet the health needs of local communities. The commissioners have set out their objectives in their Single Equality Scheme.

This document explains out how NHS Bromley CCG intends to lead a system-wide approach to promoting equality. The commissioner's strategies include:-

- **Improving the health and wellbeing of older people, particularly those with dementia.**
- **Improving the health and wellbeing of carers.**
- **Improving outcomes for people with learning disabilities**
- **Improving access for people with physical disabilities and sensory impairment**

The CCG has analysed and prioritised service developments to meet the needs of the borough's population of over 300,000. Through its services we are supporting the commissioners in reaching a cross-section of communities in the borough including the elderly, ethnic minorities Gypsy Travellers, and ensuring that it contributes to the achievement of its vision.

## Priority 2: To drive up quality through integration and culture

We have undertaken a number of projects that illustrate work to address this priority, targeting groups recognised as having protected characteristics.

### Work that acknowledges the needs of different age groups

- a. Mental health and well-being courses delivered have been delivered to 158 over 60's, 1014 young people and 28 children. In addition, mental health training was delivered to 50 people on 'Caring for the Carer' courses with Carers Bromley
  
- b. Young parents are invited to HENRY (Health, Exercise and Nutrition for the Really Young) courses through Children and Family Centres. The course venues (Children and Family Centres) are located in some of the more disadvantaged areas in the borough. We deliver nine parent courses in a year - three in each school term. Attendance is recorded:
  - In **2013-14**, Qtr. 1 - no data available; Qtr. 2 (3 courses May to Jul 2013) - 26 parents attended; Qtr. 3 (3 courses Sept - Dec 2013) - 25 parents attended; Qtr. 4 (3 courses Jan – Mar 2014) - 20 parents attended.
  - In **2014-15** Qtr. 1 - no data available, Qtr. 2 (3 courses May to Jul 2014) - 20 parents attended.
  
- c. We were successful in a bid to provide the Family Nurse Partnership (FNP) programme in Bromley and Bexley which launched on 1 April 2014. FNP is a licensed, evidence-based structured home visiting programme. Specially trained nurses provide on-going, intensive support for first-time parents up to 19 years old, their babies and other family members, throughout pregnancy and up until their child is two years old.

The FNP programme aims to enable young mums to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations (FNP, 2014)

- d. Our school nurses work with children and young people in every school in Bromley. From promoting healthy lifestyles to offering advice on a range of issues, the school nurses' role is wide and varied. Young people visit school nurses for information on healthy eating, exercise, advice on relationships, sex or contraception as well as ideas about where else they can go for support.

We also offer a range of drop-in clinics for young people, health education, health promotion and signposting/referrals to other services if required

### **Work that acknowledges disability**

- a. Mental health and well-being courses have been delivered to 130 disabled people and 254 carers for disabled people.

From July to Aug 2013 mental health and wellbeing training was given to those attending Mencap Job Match (15 young people with learning disabilities) and information was given to 38 young people with learning special needs at Glebe School, 22 young people with learning special needs at Bromley College, 14 at Mencap and 15 at Marjorie McClure School.

In 2014, we are not currently actively recruiting candidates with a learning disability however working in partnership with colleagues at Jobcentre Plus and other relevant organisations, it is possible that the charity arm of the organisation could support this activity in future.

- b. Bromley 'Working for Wellbeing' is part of the national 'Improving Access to Psychological Therapies' (IAPT) programme. We offer evidence based support for those suffering from depression or anxiety and offers counseling and group sessions in person, on the telephone and even via a computer, supporting wide access for all groups.

### **Work that acknowledges the needs of different race groups**

- a. Mental health and well-being courses have been delivered to people from a range of minority ethnic groups including 80 people who defined themselves as Black, 30 people who defined themselves as Chinese, 45 people who defined themselves as Asian and 20 people who defined themselves as Bangladeshi
- b. A range of activities that encourage healthier lifestyles have also proactively targeted different groups.
- Health events, talks and drop-ins are organised for Gypsy Travellers and other Black and Minority Ethnic (BME) groups on a regular basis throughout the year.
  - Two six-week courses for Gypsy Travellers in cookery and floristry, and two courses in dressmaking and personal development.
  - In September 2013 during Blood Pressure Week our staff specifically targeted people from BME groups, mental health organisations and groups working with people with learning disability. Six venues were chosen to target specific deprived areas. At these venues 160 people had their blood pressure taken. 56 of these were from BME communities and 6 had learning disabilities.
  - Four talks were delivered on Diabetes Type 2 to the following groups:

Pineapple Club (local group of Afro Caribbean Elders)	100 attendees
Crystal Vision (a group of Afro-Caribbean Elders)	25 attendees
Orpington Chinese cultural association	25 attendees
Bromley Asian Cultural Association	30 attendees

- Four 'Developing Cultural Awareness' training courses were held in 2013-14. These were supported by volunteers from the Gypsy Traveller community and volunteers from the Bromley Ethnic Communities project
- Volunteer Health Champions are being trained to act as volunteers on the HIS Cultural Awareness Training courses.
- Two 'Engaging Gypsies and Travellers' course were held in 2013-14 with support from volunteers within the community
- Tailored talks (30 minutes) or training (1 to 3 hours) were delivered around mental health and wellbeing, for all groups within the Bromley borough
- The pilot scheme for Walking Away Courses (Health Awareness) targeted GPs in deprived areas as far as possible and venues for the courses were spread across the borough to enable easy access for all.
- Health improvement service staff supported community festivals in deprived parts of the borough, promoting health at Crays festival, Mottingham Festival and two youth events in St Paul's Cray and Grove Park.

### **Work that acknowledges different sexual orientations**

- a. The London C-Card scheme which offers free condoms for 14-24 year olds trained 50 staff at different venues to distribute condoms to young people. Priority postcodes are targeted with a breakdown of postcode and ethnicity to be available in 2015. Staff are trained to ensure that equal access is offered to all groups including those of different sexual orientations.
- b. The HIV specialist nursing service provides advice and support to those living with HIV. This can include how to treat HIV and related conditions, what you need to do to stay healthy and also how treat symptoms. The nature of the service ensures that the needs of people of different sexual orientations are acknowledged and respected so that the service is tailored accordingly.

## Work that acknowledges different religions

101 people reporting that they belong to different religious groupings participated in mental health and well-being courses.

**“Our services for patients from the nine protected characteristics groups are tailored according to individual need and are responsive and effective as a result”**



## 1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways

Baseline January 2012	September 2014
Achieving	Developing

The three priority objectives for our Quality Account were set and agreed by commissioners, stakeholders, staff and governors for the year 2013-14 clearly show the commitment of the organisation to ensure that the services meet the needs of individual and groups of service users and our progress on these is documented in Bromley Healthcare 2013-14 Quality Account.

Bromley Healthcare's services for patients from the nine protected characteristics groups are tailored according to individual need and are responsive and effective as a result. The following examples illustrate how Bromley Healthcare services meet patients need:

- a. Health improvement services are mainly delivered at group and population level. New initiatives are based on individual needs assessments where possible and service users are actively encouraged to feedback their comments and ideas for service development/ improvement.

Some specific examples include:-

- A small group of Traveller women have agreed to be consulted on health issues in future.
- Walking Away lifestyle courses were introduced in 2013-14 and targeted at those most at risk of developing diabetes,
- The training of 20 HELP card champions resulted in 700 cards being distributed in six months. The champions identified a further 90 people for training. The HELP card is for people who have difficulties reading and writing and may have problems accessing services as a result.

**“To ensure a smooth transition from hospital to the rehabilitation unit at Lauriston House, our staff offer a ‘meet and greet’ visit where a member of the team visits the patient in hospital to discuss what help they might need”**



### 1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly.

Baseline January 2012	September 2014
Developing	Developing

This indicator is not relevant to all services, however within some services, patients do experience transfer from one strand of a service to another. This may happen in our integrated community teams, where ongoing contact with clinicians over a longer period of time may result in transfer between different service elements. Another example is the transfer of patients to the rehabilitation unit at Lauriston House from hospital.

To ensure a smooth transition from hospital to the unit, our staff offer a 'meet and greet' visit prior to leaving hospital where a member of the team visits the patient in hospital to discuss what help they might need. Staff work with the patient to put in place a support package which ensures that the transfer takes place smoothly. This discussion is documented in their progress notes on our clinical records system, RIO/EMIS.

Additionally, any discussions about a patient's care are documented in the patient's progress notes and in letters sent to GPs.

In our health improvement service, staff provide advice and information which can be given at events or in discussions with individuals concerning health risks and needs before any information is given to signpost them to other relevant services.

**1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all**

Baseline January 2012	September 2014
Achieving	Developing

We recognise that as part of its risk management approach and its responsibility for the safety of patients, the public and other staff, it must ensure all employees and relevant independent contractors are suitable for employment they should be appropriately qualified and experienced to carry out their jobs.

As part of this responsibility we maintain registration with the Disclosure and Barring Service and carries out checks on the criminal records of eligible job applicants (on offer of employment), employees and relevant independent contractors.

A new recruitment system 'TRAC' has been introduced which will increase efficiency of recruitment and the recruitment checks that are required. More detail of the impact of this system will be expected in next year's report.

Many training opportunities are provided for staff which ensure that staff are sufficiently skilled to provide care safely and effectively and using latest guidance. Many courses are mandatory to suit the skill requirement of the staff member. The record of staff training forms part of the staff member's annual appraisal.

Reporting of safety incidents onto the Datix data base is encouraged across the organisation. The risk team monitors and ensures thorough investigation into any incident, complaint or concerns that relate to patient safety. A monthly report is produced and scrutinised at various levels both internally and externally to ensure that any actions resulting from the investigation are carried out.

A whistleblowing policy is in place for staff who suspects a colleague of placing a patient or another staff member in harm's way.

We are currently introducing a new electronic system of rostering which will ensure that staff are used efficiently and effectively thus enabling requests for flexible working and change in working pattern to be considered carefully without compromising patient care or patient safety. The 'E' roster system will enable quick identification of pressures within the service and enable relocation of staff and change in shift pattern to meet the demands of the patients.

Harassment of staff by service users, relatives or other members of the public/visitors is unacceptable. Service users also have the right to be treated with dignity and respect all times. Complaints of harassment and/or bullying of service users will be addressed via a separate process in line with our complaint's procedure, and the Bullying and Harassment Policy and Procedure which covers both staff and service users.

We analyse accidents and incidents, involving staff, patients, students, contractors, visitors and members of the general public on a monthly basis. This is monitored at board level and the clinical directors follow up incidents personally.

As an example, a typical report for the October 2013 to March 2014 is provided.

Clinical: Category of Incident	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14
Access, admission, transfer, discharge	1	4	1	2	2	4
(of which are pressure ulcers)	0	0	0	0	0	1
Clinical assessment	1	3	1	1	2	5
Consent, communication, confidentiality	8	4	2	3	2	4
Documentation	3	4	1	2	1	2
Implementation of care / on-going monitoring/review	41	46	47	59	43	45
(of which are pressure ulcers)	32	39	47	51	39	41
Infection control	0	1	0	1	0	0
Infrastructure (staffing, facilities, environment)	12	8	21	12	7	9
Treatment / procedure	1	0	1	0	3	3
Medical device / equipment	1	4	4	3	4	4
Self-harming behavior	1	0	0	1	0	0
Medication	15	8	10	10	7	6

Violence, abuse and harassment	Dec 13	Jan 14	Feb 14	Mar 14
Physical - abuse etc. of staff by patients	0	5	4	3
Verbal - abuse etc. of staff by patients	3	1	6	1
Verbal - Abuse by the staff to the patients	0	0	0	0
Verbal - abuse of staff by other staff	0	1	0	0
Disruptive behaviour - abuse etc. of patient by patient	0	1	0	0
Disruptive behaviour - abuse of staff by patients	2	2	1	0
Racial - abuse etc. of patient by patient	0	0	0	0
Racial - abuse etc. of staff by patients	0	0	0	0
VAH – other	0	0	0	1

## Safeguarding

All employees must be familiar with and adhere to our child/adult protection procedures and guidelines, in conjunction with the multi-agency policies and procedures of the Bromley Safeguarding Children Board, London Safeguarding Children Board and of the Bromley Safeguarding Adults Board.

Employees must be mindful of their responsibility to safeguard children/adults who are at risk of abuse in any activity performed on behalf of the organisation in line with the requirements of the Children's Act 1989 and 2004 and Department of Health "No Secrets" Guidance 2000.

Extensive work has taken place over the last twelve months to ensure that robust policies and procedures are in place for the management of adult safeguarding. Regular meetings take place with external bodies which advise and help to scrutinise procedures.

We fully comply with reporting guidelines for abuse of adults at risk as set out in our procedures in conjunction with London Borough of Bromley Guidelines underpinned by Pan London Safeguarding Procedures and also those of the regulator, currently the Care Quality Commission.

Child safeguarding is also a high priority for us and this is demonstrated through robust safeguarding arrangements for all. There are a number of activities that take place throughout the year to ensure that our approach is systematic and thorough.

For children's safeguarding this can be demonstrated by:

- Robust governance arrangements
- Reviewing vacancy rates in health visiting and school nursing to ensure that there are sufficient staff to carry out duties to safeguard children
- Reviewing caseloads for health visiting to ensure that they are not too large
- Reviewing attendance at case conferences by key health staff

- Reviewing achievement of level one to level three safeguarding children training
- Ensuring that robust supervision processes are in place
- Ensuring that any recommendations following a serious case review are acted upon
- Ensuring any recommendations and actions following inspections are acted upon.

A balanced scorecard is used to report these key performance indicators to our board and commissioners. In 2013-14 95 % of staff had undertaken level one, 90.5% level two and 84.25% level three of the children's safeguarding training. Staff are well-supported to deal with safeguarding issues as part of their work, and resources are targeted appropriately. Any member of staff can access ad hoc supervision for cases that need more support at any time.

We also lead or participate in safeguarding audits to ensure that safeguarding arrangements are in place and guidance is adhered to. In the past year there have been a number of audits:

- Walk-in-centre audit
- Family health needs assessment audit
- Multi-agency audit e.g. domestic abuse, neglect and safeguarding record keeping

These were all undertaken in addition to the biennial audit of all Bromley Safeguarding Children Board (BSCB) member agencies and organisations in relation to their duties under Section 11 of the Children Act 2004.

## 1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups

Baseline January 2012	September 2014
Achieving	Achieving

As a provider, we play an active role in ensuring that public health programmes reach harder-to-reach communities. Whilst the majority of patients access vaccinations via their GP, our health visiting team deliver a number of initiatives that ensure reach beyond those who may not access this service in other ways.

- a. Our school nurses work with children and young people in every school in Bromley from promoting healthy lifestyles, vaccination programmes, to offering advice on a range of issues. Health visitors also support young families through public health programmes.
- b. The Orpington health visiting team supports the increasing local gypsy & traveller community, with around 1,500 Traveller families currently living in the borough in housing and on the caravan sites. Bromley has the largest settled population of Gypsy Travellers in the UK. This group is estimated to number between 1000 and 2000 families at any given time. As a group, Gypsy Travellers have high needs and relatively poor levels of engagement in health services.

Within the Bromley Gypsy & Traveller Project, the health visitor offers eight to 12 month and two year developmental reviews, condom distribution, children's weight and height measurements, health advice, ante natal appointments, new birth follow up appointments, removal in appointments, prescriptions and signposting to appropriate services. Offering outreach home visits has been a great success as it appears that the travelling communities tend to feel at ease in the company of their extended family. The outreach home visits have vastly increased opportunities in meeting

additional travelling families, present at the home which then improves the level of trust and engagement. In future we plan to offer childhood vaccinations.

- c. As a result of initiatives prompted by the EDS in 2012 Somali women in the north of the borough are now engaged in a number of health improvement and information workshops. This is the result of relationship building with this community and gaining a better understanding of their needs and barriers to accessing services.
- d. The health improvement service held a blood pressure week and targeted BME, mental health, PDSI and learning disability groups. Events were held in specific areas to target those most at risk.

**“We play an active role in ensuring that public health programmes reach harder-to-reach communities”**



## Improved patient access and experience

The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience

### 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

Baseline January	September 2014
Achieving	Achieving

We monitor the diversity of the communities accessing services on an ongoing basis through information gathered when patients use services, that is stored on RiO/EMIS. This helps to build a clear picture of who is using services.

The introduction of EMIS system across the organisation will improve the recording of patient demographics and including ethnicity. An annual record-keeping audit ensures that staff are aware of the need to record ethnicity in the patient clinical record. The recording of this data will help with future reporting on the nine characteristics.

## Specific services designed to engage a diverse range of communities.

- a. Our diabetes service has been given an award from the NHS South London Membership Council to conduct a year-long research project on Type 2 diabetes. As the provider of community diabetes services in Croydon we want to better understand how people from the South Asian community currently manage their health with respect to diabetes.

Many people in the South Asian population are unaware that they have diabetes, which means that they have a significant risk of developing serious health problems. We aim to understand the barriers that Asian people with Type 2 diabetes and pre-diabetes face in accessing information and education.

### 2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment.

Baseline January 2012	September 2014
Developing	Achieving

Client involvement in decisions about their care is a standard approach across all our services, and is reflected in patient survey results. At present this information is not directly connected with their membership of a protected characteristic group, and recording of this is not standard. However, there are some excellent examples in individual services.

- a. The health visiting service routinely records discussions and decisions made with clients in their progress notes and proactively encourages the

empowerment of clients as standard practice. In a record-keeping audit this specific element of record keeping was examined and a good level of compliance was achieved.

- b. A case study from the adult physiotherapy service also serves to illustrate how patients are fully involved in their choice of treatment. The service was asked to see a 73-year-old lady with pulmonary fibrosis and bronchiectasis by the COPD team to teach breathing control to help her breathlessness. On assessment she was breathless at rest, even with oxygen and this increased on minimal exertion. The clinician discussed a range of exercise choices with her, supporting her in making choices about what she would be most comfortable with and on subsequent visits showed her an exercise programme. After three visits it was obvious her confidence was improving as she knew how to cope more with the panic attacks and she was doing more around the house and had even been out for a meal.

**“Client involvement in decisions about their care is a standard approach across all our services, and is reflected in patient survey results”**



### 2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised

Baseline January 2012	September 2014
Achieving	Achieving

We monitor patient experience and satisfaction in a number of ways, which includes patient experience trackers, an annual patient satisfaction survey, service-based surveys and feedback and monitoring complaints & comments

Feedback from patients is an important tool in monitoring the quality of services. One of the three quality improvement targets that we have set for 2014-15 involves 'strengthening patient and user involvement and feedback to improve services.'

- a. Our frontline staff are well placed to get feedback from patients and service users in our day to day contact with them. We are working to ensure that such feedback is used to improve services and each service has been set the target of developing four service improvements this year. One of the three quality metrics for each service focuses on patient experience. We proactively invite patients to share feedback by letter, email or verbally and promote this on our website, posters in clinics and a feedback leaflet that is also available in an easy read format. The organisation also gathers real-time feedback using the Meridian system – a hand-held device which is given to patients following an appointment that captures their experience immediately.

Feedback is recorded using Datix so that it can be analysed alongside other information and is categorised as a complaint, concern, comment or compliment – with each category having an agreed and appropriate response. This feedback is in addition to patient surveys and feedback questionnaires.

- b. In response to complaints or concerns the person raising the matter is contacted to establish what the issues are and how they might be resolved. Actions and timeframes for response are agreed with the complainant. Any learning and improvements as a result of the patient feedback are recorded and all the information is included on a regular report.
  
- c. Feedback is seen as an opportunity to improve services and where areas of concern are identified either by subject or 'hot spots' within services these will be addressed through the governance structure. Our performance management focuses on being responsive to feedback by ensuring that timeframes for acknowledging and responding to complaints and concerns are monitored. Compliments are also recorded under subjects so these can also be considered to identify areas that we are doing well.
  
- b. We have signed up to the Patient Opinion website and service users are encouraged to feedback their experiences anonymously. Those opinions are shared with staff and published on the intranet.

As a direct result of feedback this year from parents of children with complex needs and who are involved with several our services, there are plans in place to improve the co-ordination of our children and young people's services and improve the families overall experience.

2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently

Baseline January 2012	September 2014
Achieving	Achieving

All complaints and comments are analysed alongside incidents and have already been covered by this report under patient safety. We receive very low numbers of complaints from patients. When a complaint does arise, this is generally dealt with immediately by frontline staff or service managers. At present, complaints data is not attributed to protected characteristics groups, however the introduction of an upgraded online system will enable this data to be gathered and analysed in future.

**“We receive very low numbers of complaints from patients. When a complaint does arise, this is generally dealt with immediately by frontline staff or service managers”**



### 3. Empowered, engaged and well-supported staff

The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs

3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

Baseline January 2012	September 2014
Developing	Achieving

All our employee vacancies (excluding medical and dental staff) are banded using the Agenda for Change job evaluation system and the organisation has a recruitment and selection process which must be followed in the recruitment of all staff. The policy states clearly: 'We will ensure that all candidates have a fair and equal opportunity and that the procedures used encourage consistency, objectivity and effectiveness.'

In the Workforce Equality and Diversity policy it states 'Bromley Healthcare is committed to promoting equality and building a workforce which reflects the diversity of the local community and valuing the benefits brought by a wide range of individual backgrounds and experience. Bromley Healthcare recognises that in so doing, it will provide better quality services to all sections of the community it serves. It aims to create an organisation which is free from discrimination and harassment, where all staff can fulfil their full potential in an environment of fairness, dignity and respect'.

We will strive to ensure that its employment practices comply fully with equal opportunities legislation, including the provisions set out in the Equalities Act 2010, and associated codes of conduct.

All vacancies are managed through a central recruitment team to ensure fairness and consistency in the whole recruitment process. Once cleared for publication, jobs will be either advertised internally using a weekly vacancy bulletin available to all staff (including temporary and agency workers), or externally using NHS jobs, local newspapers, professional journals or specialist recruitment agencies. All advertisements carry a standard statement regarding our commitment to equal opportunities.

All applications are made anonymous for the shortlisting process, using demographic rather than name details. Shortlisting is carried out by trained staff. All recruitment interviews are carried out by at least two members of staff, one of which must have been trained in our recruitment and selection processes.

We collect equal opportunities data on each vacancy and records and monitors applications and successful candidates in line with the recruitment and selection policy.

A new more efficient recruitment system has been implemented in late 2014 which may enable more detail of recruits to be extracted in future years.

Our leadership recognises the importance of developing young talent. There is a plan to develop the opportunities for availability of work experience. It is recognised that there is a correlation between students who get work experience in an organisation are then successfully recruited to that same organisation. The work experience programme is open to shareholders family and friends. There is recognition by the executive team of the need to foster the recruitment and apprenticeship opportunities for school leavers and new graduates.

The Bromley Healthcare Charity is currently providing the opportunity for internships.

**Included in the recruitment to the opportunities listed above is recognition of continuing to provide opportunity to those with physical, mental and learning disabilities.**

3.2 Levels of pay and related terms and conditions of employment are fairly determined for all posts in line with the Agenda for Change framework with staff doing equal work and work rated as of equal value being entitled to equal pay

Baseline January 2012	September 2014
Achieving	Achieving

All staff are currently on Agenda for Change terms and conditions of employment aside from medical and dental staff, in line with national agreements. Agenda for Change ensures that staff doing equal work and work rated as of equal value being entitled to equal pay

Agenda for Change and its national job evaluation scheme complies fully with anti-discrimination legislation.

3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately

Baseline January 2012	September 2014
Developing	Achieving

We have a formal policy and procedure for both appraisals and learning and development which is open to all staff and temporary workers to see.

All staff have an annual appraisal with their line manager during which they discuss their performance during the year and their development needs for the forthcoming year. This is monitored on a monthly basis and fed back to directors and heads of service.

As part of the appraisal process all staff have a personal development plan, highlighting their training needs for the forthcoming year. These are returned to the central training team where they are used to inform the training planning process. All staff have access to the training and development prospectus and can apply for both internal and external courses.

We have a target of 85% compliance for mandatory training ensuring that all staff undertake some training during each year. As of at 31st August 2014 - compliance stood at 86%.

3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all

Baseline January 2012	September 2014
Achieving	Achieving

We are firmly committed to promoting an organisational culture which values diversity and equality of opportunity. Harassment, bullying and victimisation as totally unacceptable forms of behaviour that will not be tolerated or condoned.

We have a Bullying and Harassment Policy which sets out the expectations. It provides guidance on what constitutes harassment, bullying and victimisation and the steps that can be taken both informally and formally to address any concerns. It also provides details of the advice and support available to staff and managers.

The policy's aim is to prevent and reduce the incidences of harassment, bullying and victimisation within the organisation; where incidences do occur, to ensure that they are promptly and effectively dealt with and recurrence prevented.

Any repeated or serious cases of harassment or bullying are treated as misconduct and may result in disciplinary action. HR monitors complaints or serious incidents in order to support manager and these are recorded.

Staff are also asked about bullying and harassment and serious incidents in the staff survey and in 2014 a Code of Conduct was introduced to all staff which outlines the values of importance to the organisation. One of these values is to treat people as we would like to be treated, be sensitive to the customs, practices, culture and personal beliefs of others

We recognise that in some circumstances employees may have concerns about malpractice, standards or delivery of care, illegal acts or omissions at work.

Employees who raise concerns can do so in confidence under the Whistleblowing Policy and with the assurance that they will not be victimised. Similarly, if fraud is suspected, concerns should be raised through the Counter Fraud Policy.

**“We are committed to offering flexible employment practices, which recognise that staff want to strike a work life balance”**



3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives (flexible working may be a reasonable adjustment for disabled members of staff or carers).

Baseline January 2012	September 2014
Developing	Achieving

We are committed to offering flexible employment practices, which recognise that staff want to strike a work-life balance. Since June 2014 we have considered flexible working for all staff. A flexible working policy is in place which provides clear and consistent framework for considering flexible working requests for all staff.

Examples of flexible working include term-time working, fixed shifts, self rostering, staggered hours etc. 58% of our work force is employed on part-time contracts and We recognise the need to support flexible working patterns for both full and part-time staff wherever they can reasonably be accommodated. All staff are eligible to request the right to work flexibly and have their application considered seriously, regardless of whether or not they require this for one of the reasons covered by statutory provisions

Any flexible working patterns must comply with the Working Time Regulations (1998). All staff are treated equitably when requests for flexible working are requested. We are introducing a new electronic system of rostering which will ensure that staff are rostered efficiently and effectively thus enabling requests for flexible working and change in working pattern to be considered carefully without compromising patient care or patient safety.

### 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

Baseline January 2012	September 2014
Developing	Achieving

We take the health of its workforce seriously and addresses this through a number of proactive steps.

Examples of these would include supporting staff to stop smoking through the work of its smoking cessation team, and reduce sickness through flu via its flu vaccination process. We also actively promote an awareness of national health initiatives, such as HIV awareness and healthy lifestyles. The health improvement Service offered blood pressure checks to staff during Blood Pressure Week

At a local level managers support staff to have a good work life balance, i.e. by taking regular breaks, all staff undertake regular moving and handling training to prevent back injuries and local clinics and head office are encouraged to organise local health activities such as zumba classes and group walks. Staff have access to a staff counselling service, staff occupational health service and staff physiotherapy service. Staff have access to the in house stop smoking service.

As explained in section 3.5 a flexible working policy is in place and consideration will be made if a request to adjust working patterns is made as a result of a change in life style or health needs.

## 4. Inclusive leadership at all levels

NHS organisations should ensure that equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions

4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond

Baseline January 2012	September 2014
Developing	Developing

The organisation is based on a social enterprise model, which means that many diversity principles are embedded in the way that the organisation operates. Diverse voices are heard at all levels of the organisation due to the governance structures which ensure that staff are represented through elected staff governors, shareholding mechanisms and shareholder ballots on key decisions.

A number of trade unions are recognised within the organisation. Representatives from these unions meet with representatives from the management at the Partnership Forum which ensures that consultations are open and transparent and facilitates union members to support staff in the decisions that our managers have previously shared with the workforce.

Work with black and minority ethnic groups has also been prioritised at a senior level, with director level leadership on relationship building with a number of local communities.

New projects have been initiated with Somali, Chinese and African and Caribbean community groups resulting in health education projects and the identification of key issues in terms of the community’s interaction with healthcare professionals.

Ongoing relationships with voluntary sector groups and the local authority's diversity officer has helped to facilitate these developments.

Members of the quality team meet regularly with members of Healthwatch Bromley.

**“New projects have been initiated with Somali, Chinese and African and Caribbean community groups”**



#### 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination

Baseline January 2012	September 2014
Developing	Achieving

All our staff are required to sign a Code of Conduct policy which outlines expected behaviour in the workplace, a bullying and harassment policy is also in place.

Staff have the opportunity to attend a one-day course which promotes cultural competence – The influence of culture on health and the use of health services. We are very proud of what has been achieved by visible leadership . There is a lot of focus on learning disabilities and physical disabilities are also important. We should consider what we can do in the workplace and reflect it in the report more strongly. The organisation needs to ensure that we are as good as we can be as we continue to accommodate people who are learning disabled as well as those clients who are physically disabled.

#### 4.3 The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes

Baseline January 2012	September 2014
Developing	Developing

As a provider of NHS services, but a non-NHS organisation, we have made a conscious decision to apply the principles behind the Competency Framework for Equality and Diversity Leadership, however not adopt the entire scheme. As a social enterprise we are developing its own competency framework, which will have equality and diversity at its heart.

As already outlined in 3.1, we undertake a best-practice recruitment and selection process, and this process applies to staff at all levels.

Senior staff are engaged in the development of equality objectives and supported at board level to achieve these through their individual and joint objectives, the reporting of these objectives at board meetings, and the allocation of resources to ensure that targets are achieved. Development is offered to senior staff to underpin this process. We are very proud of the visible leadership that is provided by senior and middle managers. The chief executive has an open door policy and staff may access the CEO via email, via a blog or through regular meetings.

## Section 3: Reportable information

The information that all organisations with more than 150 employees must declare.

In line with the requirements of the 2010 Equality Act, we are also happy to share the following reportable information on its workforce and services.

Bromley Healthcare CIC was established on 1 April 2011 and is a social enterprise delivering community health care on behalf of the NHS predominantly to the residents of Bromley - a population of around 300,000, which is projected to grow by 1.7 % by 2018.

At 1 June 2014 the organisation had a workforce of 796 individuals (working both full and part-time on permanent contracts).

Workforce data does not include bank workers who work on a temporary basis for the organisation.

### **Reportable data July 2014: Workforce**

The race, disability, gender and age distribution of your workforce

An indication of likely representation on sexual orientation and religion and belief, provided that no-one can be identified as a result

## Ethnicity

	Number	%
A White British	554	70%
B White – Irish	28	3.48%
C White - Any other white background	87	11%
D Mixed - white & black Caribbean	4	0.50%
E Mixed - white & black African	2	0.25%
F Mixed - white & Asian	0	0.00%
G Mixed - Any other mixed background	3	0.37%
H Asian or Asian British: Indian	18	2.24%
K Asian or Asian British: Bangladeshi	1	0.12%
L Asian or Asian British: Any other Asian background	7	0.87%
M Black or black British :Caribbean	18	2.24%
N Black or black British: African	38	4.73%
P Black/black British: Any other black background	4	0.50%
R Chinese	1	0.12%
S Any other ethnic group	3	0.37%
SE Other specified	4	0.50%
Z Not stated	24	2.99%
Total	796	100%

## Disability

	Number	%
No	222	28%
Yes	37	5%
Undefined	536	67%
Not declared	1	0%
Total	796	100%

## Gender

	Number	%
Men	62	8%
Women	734	92%
Total	796	100%

## Age distribution

	Number	%
20-29	61	8%
30-39	126	16%
40-49	213	27%
50-59	304	38%
60-69	86	11%
70+	6	0%
	796	100%

An indication of any issues for transsexual staff, based on your engagement with transsexual staff or voluntary groups

At present, gender identity and sexual orientation information is not routinely gathered, although this may be considered an option in the future, however we are not aware of any transsexual staff currently employed by the organisation (but recognize that they may choose to not disclose this information). Our annual staff survey offers the opportunity for staff to feed back their thoughts on issues and we will continue to monitor this.

## Other reportable information

### Return to work rates after maternity leave

Number due to return to work during period	14
Number returned to work during period	13
Staff on paternity leave during the period	0

### Success rates of job applicants

The following figures are a breakdown of individuals applying for roles with Bromley Healthcare, who were shortlisted – shown by protected characteristic groups when this information is gathered.

For the period September 2013 to March 2014, we short-listed 672 candidates for 233 roles

#### Gender

Male	Female	Undisclosed	Total
Applied for roles			
171	501		672
25.4%	74.6%		100%

#### Disability

Yes	No	Undisclosed	Total
Applied for roles			
32	636	4	672
4.8%	94.6%	0.6%	100%

## Ethnicity

White			Asian or Asian British			
British	Irish	Any other white background	Indian	Pakistani	Bangladeshi	Any other Asian background
Applied for roles						
284	11	24	44	14	10	24
42.3%	1.6%	3.6%	6.5%	2.1%	1.5%	3.6%

Mixed				Black or Black British		
White & Black Caribbean	White & Black African	White & Asian	Any other mixed background	Caribbean	African	Any other black background
Applied for roles						
4	4	4	2	48	172	4
0.6%	0.6%	0.6%	0.3%	7.1%	25.6%	0.6%

Other			Total
Chinese	Any other	Undisclosed	
Applied for roles			
5	9	9	672
0.7%	1.3%	1.3%	100%

## Age

<20	20-24	25-29	30-34	35-39	40-44	45-49
<b>Applied for roles</b>						
1	43	87	107	97	82	102
0.1%	6.4%	12.9%	15.9%	14.4%	12.2%	15.2%

50-54	55-59	60-64	65-69	70+	Undisclosed	Total
<b>Applied for roles</b>						
91	43	15	2	1	1	672
13.5%	6.4%	2.2%	0.3%	0.1%	0.1%	100%

## Religion

Atheism	Buddhism	Christianity	Hinduism	Islam
<b>Applied for roles</b>				
53	3	435	30	46
7.9%	0.4%	64.7%	4.5%	6.8%

Jainism	Judaism	Sikhism	Other	Undisclosed	Total
<b>Applied for roles</b>					
0	1	5	53	46	672
0%	0.1%	0.7%	7.9%	6.8%	100%

## Sexual Orientation

Lesbian	Gay	Bisexual	Heterosexual	Undisclosed	Total
<b>Applied for roles</b>					
3	3	5	618	43	672
0.4%	0.4%	0.7%	92%	6.4%	100%

**Applications for promotion and success rates. *Cannot be reported.***

We were formed on 1 April 2011. Due to an interruption to the continuity of data, this particular factor cannot be meaningfully reported. Records for staff groups prior to transfer cannot be accessed and do not currently contain data relating to the majority of protected characteristics.

**Applications for flexible working and success rates. *Cannot be reported.***

We are a new organisation as of 1 April 2011. Due to an interruption to the continuity of data, this particular factor cannot be meaningfully reported. Records for staff groups prior to transfer cannot be accessed and do not contain data relating to the majority of protected characteristics, however we are working towards this.

**Other reasons for termination for the period reported**

During the period reported we had four redundancies and 28 retirements' 11 of which were flexible retirements.

### Length of service/time on pay grade.

The following table shows the approx. length of service by pay grade for the period reported.

Pay scale Description	Years of Service
Band 2	4.4
Band 3	7.7
Band 4	8.9
Band 5	8.2
Band 6	8.9
Band 7	11.1
Band 8A	9.6
Band 8B	12.9
Band 8C	6.4
Band 8D	32.7
Band 9	23.6
Medical & Dental	9.3
Others	4.5

### Pay gap for other protected groups. *Cannot be reported*

We operate Agenda for Change pay scales and staff are paid according to the prevailing salary for their role. As such, we were unable to identify any pay gaps according to protected groups.

### Take up of training opportunities by EDS groupings on which data is collected

#### Gender

	Courses compliant	%	Workforce %
Male	372	6%	7%
Female	5423	94%	93%
Total	5795	100%	100%

## Ethnicity

	Courses compliant	%	Workforce %
White	5812	85%	84%
Black	459	7%	6%
Asian	232	3%	4%
Other	105	2%	2%
Not declared	211	3%	4%
Total	6819	100%	100%

## Disability

	Courses compliant	%	Workforce %
Disabled	190	3%	4%
Not disabled	1143	20%	20%
Not declared	4437	77%	76%
Total	5770	100%	100%

## Age

	Courses compliant	%	Workforce %
20-29	368	6%	7%
30-39	806	14%	14%
40-49	1664	29%	29%
50-59	2274	40%	37%
60+	644	11%	13%
Total	5756	100%	100%

## Reportable data: Services

Performance information relating to functions relevant to furthering the aims of the duty, especially around outcomes (for example, attainment, recovery rates)

Whilst information regarding outcomes for patients is regularly recorded as part of our ongoing service monitoring activities, at present, information as it relates to protected characteristics is limited.

The following tables outline what we currently know about service users in relation to access to services.

### Age

Our patient age data closely reflects the age demographic for the borough of Bromley as a whole. Bromley has the highest number of over 85 year olds of any London borough. The 2001 census figures from the Office for National Statistics reveals that Bromley has 1.44% of it's population aged between 85 and 89 years, a significantly higher number than the London average of 1.06%. 35% of our patients are over 75 years old and around 52% are over 50 years old. Around 14% of Bromley's population is retired and over 65 years old, just above the national average of 13% and higher than the figure for London at 10%.

This shows that these age groups within the borough are being well or even over represented at Bromley Healthcare.

The next significant age groups represented in the data are newborns and infants aged between 1 and 4 years. These two age categories occupy an 11% and 9% share respectively of our patients. The Office for National Statistics data show that Bromley has a higher than national average fertility rate of 64.9 births per 1 000

women of child bearing age, compared to 63.7 births per 1 000 women for England as a whole.

Given that the many services offered by us are targeted at the very young and the very old, these statistics suggest that patients accessing services are representative of the local community and balance of services.

## Gender

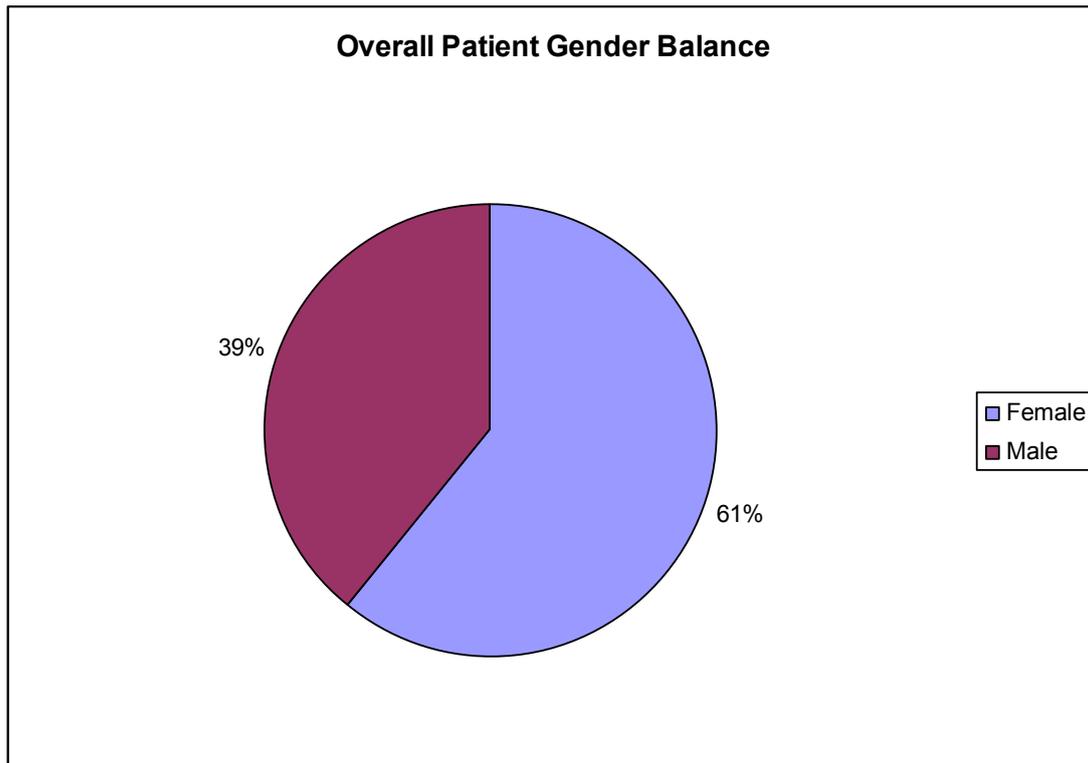


Fig 2: Patient gender balance at Bromley Healthcare

Statistics for gender of our patients show a disproportionate imbalance towards females which account for 61% of patients, in contrast to only 39% of patients being male (Fig 2). Although no gender data for Bromley itself could be accessed, these figures are at odds with the national statistics of 51% female and 49% male. One factor, given the skew towards serving the elderly, is the longer average life expectancy for women at 84 years compared to 80 years for men.

## Ethnicity

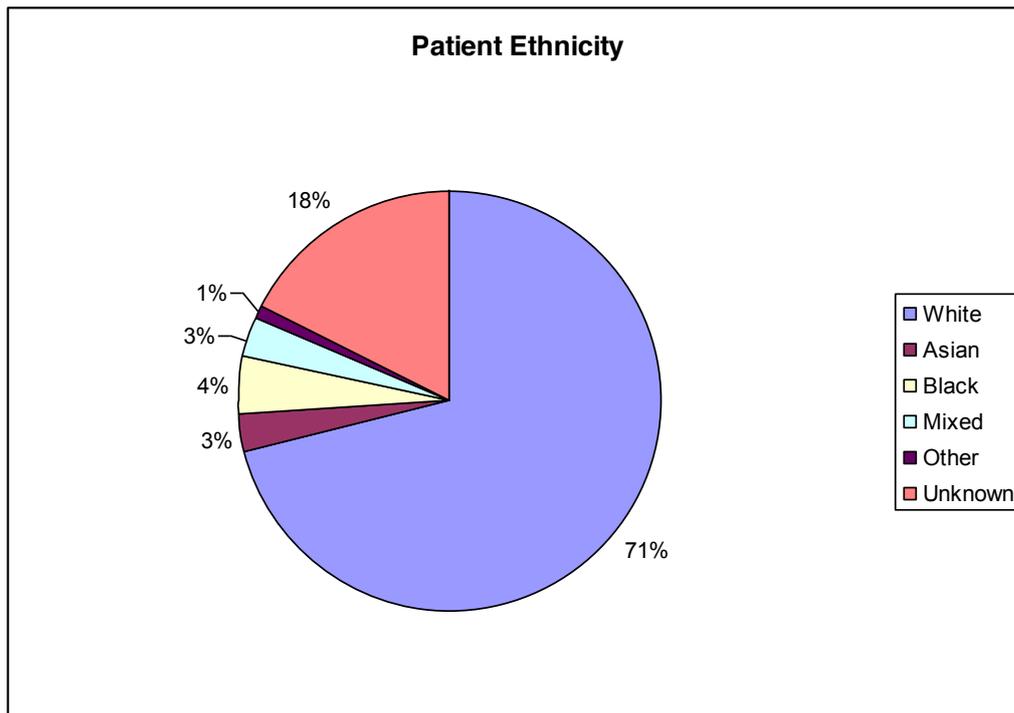


Fig 3: Ethnicity

The level of response for patient ethnicity was good, with a relatively small level of 18% patients of unknown ethnicity. However, the figure of unknown ethnicity is significant enough to mean that direct comparisons of our figures with official demographic statistics are difficult and can only be used as tentative indicators. As Fig 3 shows, minority ethnic groups are using our services in significant numbers, together constituting at least 11% of the total number of patients. This leaves an official figure of 71% patients classifying themselves as 'white', incorporating 'white British', 'white Irish' and 'white other'. In the Office for National Statistics figures from the 2001 census, 86% of Bromley's population classify themselves as 'white British'. Black British and British Africans are over-represented in our figures in comparison to the Office of National Statistics borough-wide data, with percentages of 0.52 and 2.32 and 0.20 and 1.14 respectively. Overall our data for the Asian population match the Office for National Statistics numbers with only the Chinese population being under-represented by 0.2%. Mixed ethnicities make up 3% of patients, the largest groups being white and black Caribbean, white and black African, white and Asian, in descending order of size.

## **Faith**

Only around 3% of patients responded to a request on their faith leaving a 97% omission rate. Therefore the issue of data collection needs to be addressed in order to get fuller statistics. Office for National Statistics data shows that in the 2001 census, Bromley had a population which was 72% Christian, 1% Hindu, 2% Muslim and over 16% who stated that they adhered to no religion.

## **Marital status**

As with faith, the response of patients to declaring their marital status was low, with only 7% of patients offering a record. This again makes it difficult to compare the statistics collected for marital status with those of the Office for National Statistics. For marital status, Bromley also has a profile similar to that of the national average in England and dissimilar to that of central London which has its own individual profile.

## **Conclusions**

Overall a picture has emerged of our services that reveal a good perspective of Bromley's different communities and patient service usage. Three of the six protected characteristics – age, gender and ethnicity – are well reported and can be used as an accurate profile of our patients and the borough's demographic statistics.

We will continue to improve data collection in relation to protected characteristics with the aim of offering a fuller picture of how this relates to patient outcomes in future years.

**Complaints (broken down by protected group, with an indication of reasons for complaints).**

We do not currently collect this data on our reporting system Datix. It is planned to report this information in the future. In addition, we have invested in the Meridian system, which allows for cross-cutting collection and analysis of all patient

experience data, including annual patient surveys, complaints and Patient Experience Trackers (PETs).

The NHS has introduced a requirement for a Family and Friends question to be asked in a number of NHS services. At present, this focuses primarily on acute sector organisations, however we have chosen to introduce this to a number of its services to monitor patient response and satisfaction. In January 2015 the Family and Friends Test will be re launched across all services in line with National guidance and NHS England requirements.

In 2013-14 we ran our annual patient satisfaction survey for both adult and children's services. The current patient survey which includes the Family and Friends Test question across all services have been launched and are in progress for 2014-15.

### Analysis to establish whether your policies and practices further the aims of the equality duty

Bromley Healthcare has embraced the principles behind the EDS, which supports the implementation of the Equality Act 2010 in NHS organisations.

We have analysed the policies and practices of the organisation and believe the following activities evidence efforts to further the aims of the duty:

The human resources team has worked with the Staff Partnership Forum to review and develop a range of policies to enable us to deliver the highest possible patient care in a fair and non-discriminating way. The Staff Partnership Forum was set up in April 2011 as a monthly forum involving recognised trade union representatives, directors, portfolio leads and human resources.

The implementation of the EDS is working to foster good relations between staff (who may or may not share a characteristic) and those who share a relevant

protected characteristic. It will do this by ensuring good levels of awareness, building staff confidence in working with people with a protected characteristic and put in place training and development to ensure that staff feel supported in doing so.

The delivery of our services also helps to minimise disadvantage through clinical interventions and ongoing support for a number of the protected characteristics groups.

In particular, this includes:

- Health visiting services (maternity)
- HIV specialist nursing
- Health improvement for communities (race, sexual orientation, age)
- District nursing service (age/disability)
- Integrated community teams- including physiotherapy, occupational therapy (disability, age)
- Community matrons (age, disability )
- Podiatry (disability, age)
- Tissue viability (age)
- Wheelchair service (disability)
- Children’s physiotherapy and occupational therapy, speech and language therapy. (disability, age)
- Family Nurse Partnership (age/social hardship)
- Hollybank respite children’s service (age/disability)
- Special care dentistry (age/disability)

Dementia (age) Information considered when undertaking this analysis

In undertaking the above analysis we considered:

- Our policies & procedures
- The EDS Equality Delivery system for the NHS eds2 Guidance.

- Feedback received via our annual patient survey
- Our portfolio of services
- Workforce data and other reportable information
- Feedback from stakeholders
- Key activities that have taken place during the year to further our equalities work

### Details of engagement with interested parties concerning fulfilling the equality duty

At the initial development of this policy a number of external stakeholder groups were approached to be involved in evaluating the EDS and reportable information return. These will include Bromley Healthcare governors (staff representatives)

# Equality objectives

Along with the results of any engagement undertaken in developing them.

Bromley Healthcare can report progress with its equality objectives as follows:

<b>1. Increase the numbers of referrals made to Carers Bromley by community services and primary care by 30%</b>
<p>We have widely promoted this initiative amongst staff and also to primary care colleagues to ensure that there is a good awareness of the services offered.</p> <p>A representative from Carers Bromley has spoken at management team meetings to ensure that managers were more familiar with the range of services. Ongoing monitoring meetings are helping to progress this objective, however progress has not been as rapid as we would have hoped. Referrals from primary care have increased from three to nine. Referrals from our services have also increased, but not to the degree we aspired to.</p> <p>This increase does mean that the 30% target has been achieved; however we are keen to build on this further and exceed expectations in future years. We are currently reviewing both information and processes to support this aspiration in the coming year.</p>
<b>2. Ensure induction loops are in place in all our clinics that patients attend</b>
<p>To date we have undertaken an audit of the availability of hearing loops in its clinics and also reviewed staff knowledge on the use of these devices.</p> <p>In doing so, we have identified a number of concerns with regard to the equipment used and also some development needs amongst staff. These are in the process of being addressed:</p> <ul style="list-style-type: none"><li>• Reception staff at clinics have received briefings on the use of current</li></ul>

hearing loop systems where they exist

- Notices have been put up in clinics to make patients aware of the presence of the hearing loop
- The IT department has investigated an upgrade to the current dated system to a more efficient digital system and new equipment has been purchased.
- There is currently a re-organisation of premises use within the organisation. Once the review and implementation of changes is complete the digital system upgrade will be reviewed.

### **3. To maintain and improve the quality of data held on the workforce in relation to the nine protected characteristics**

We recognise that workforce data on the protected characteristics can be sensitive and that not all staff will be willing to disclose some information. However, as reported in the Reportable Data section of this document this data does exist for some groups.

Our Confidence with Difference programme intended to provide a foundation for the gathering of additional workforce data to supplement this. One objective of this programme was to raise awareness and confidence in dealing with protected characteristics groups. The programme also aimed to promote the thinking behind gathering data on membership of these groups to help the organisation monitor and improve performance.

The board are keen that the quality of data that is collecting relating to disability both amongst applicants and the workforce itself should be improved.

#### 4. Improve the use of ethnic coding data, ensuring that service plans reflect any gaps identified

Ethnic coding data from the RIO patient record system has been analysed alongside other available data on protected characteristics groups with a view to gaining a better understanding of potential gaps in service reach.

An initial analysis report was produced in Summer 2012. This initial analysis was reviewed by the director of quality, business partner (learning & development) and EDS lead.

The implementation of the EMIS system will further support both the collection of ethnic coding and analysis across the services. Staff training in EMIS is currently being rolled out across the organisation.

For 2014/16 we intend to continue developing these objectives in support of the EDS. It will be noted that there are some objectives which were previously reported as 'achieving'. The fact that some are now reported as 'developing' is testament to the fact that the work at Bromley Health care surrounding equality in access for our staff and clients is continually evolving in order to meet changing needs.

#### References

- A Refreshed Equality Delivery System EDS 2 making sure that everyone counts. November 2013 NHS Publication
- Equality Act 2010. Government Equalities Office Publication June 2011
- Patient Experience of Hard to Reach Groups Quarter 4 2013/14 Health Improvement service internal document.

#### External feedback

Sincere thanks to, Healthwatch Bromley representatives: Folake Segun, (director) and Linda Gabriel (chairperson) for their feedback and advice.

## Want to know more?

If you would like more information about our equalities work or any of our services, or would like to give us feedback, then please contact us.

We can also provide this EDS document in a different format, such as large-print, braille or another language. Let us know if you'd like this.

Phone: 0208 315 8880

Email: [contact@bromleyhealthcare-cic.nhs.uk](mailto:contact@bromleyhealthcare-cic.nhs.uk)

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