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Introduction

This report highlights key findings from the 2016 equality information demonstrating initiatives used to attain our equality objectives and equality priorities in 2016.

Our aim is to provide a fair and inclusive working environment and services within The Royal Marsden NHS Foundation Trust and community, which meet the personal needs of our patients and staff.

About The Royal Marsden

The Royal Marsden was the first hospital in the world dedicated to cancer when it opened in 1851. Its founder, William Marsden, had a vision to create a pioneering cancer hospital dedicated to the treatment and care of people with cancer and research into the underlying causes of cancer. Today we continue to build on this legacy as a world-leading cancer centre specialising in cancer diagnosis, treatment, research and education.

Our academic partnership with The Institute of Cancer Research, London (ICR), makes us the largest comprehensive cancer centre in Europe. Through this partnership, we undertake groundbreaking research into new cancer drug therapies and their treatments.

We have two hospitals: one in Chelsea, London, and another in Sutton, Surrey. Also in Surrey, we have a Chemotherapy Medical Daycare Unit at Kingston Hospital.

Since April 2011, The Royal Marsden has been responsible for the effective delivery of Sutton and Merton Community Services. Together we are ensuring that treatment and care is of the highest quality and seamless between hospital and home environments.

Our commitment to equality, diversity and inclusion

The Royal Marsden is committed to ensuring equality, diversity, inclusion and human rights are central to the way we deliver healthcare services to our patients and how we support our staff. We want to be known as an organisation that promotes equality, values and celebrates diversity and has created an inclusive environment for receiving care and for employment.

One of our core organisation values is compassionate. This means that we work to ensure that our staff provide inclusive services to all patients, which meet their needs and are delivered with kindness, dignity and respect, irrespective of any equality characteristic such as gender, race, religion or disability status. We also want to ensure that all our staff are treated similarly with kindness, dignity and respect.

We are committed to ensuring an environment where harassment, bullying and discrimination are not tolerated and where our culture ensures that all people including those who are often marginalised, for example, the homeless, those living in poverty and those who are vulnerable are treated fairly and compassionately.

The Public Sector Equality Duties of the Equality Act 2010 help us to put in place a framework for monitoring and measuring our equality performance against the requirements. This report and the equality information profile illustrate how we are doing this through:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
• Advancing equality of opportunity between people who share a protected characteristic and people who do not share it

• Fostering good relations between people who share a protected characteristic and people who do not share it.
Key achievements

We are proud of the progress we have made this year with our equality priorities. Specific achievements we wish to celebrate include:

✓ The Care Quality Commission (CQC) report, received in January 2017, rated our caring as Outstanding and made significant reference to the work to progress equality and inclusion for our patients and staff. Specifically they noted the improvements made in our Workforce Race Equality Standard findings, workforce demographics and equality governance. The report also highlighted that staff demonstrated awareness and understanding of equality issues in a patient context and that people were “treated with kindness, dignity, respect and compassion whilst they received care and treatment from staff.” This is a tremendous achievement.

✓ A change in the demographic data of staff to be more reflective of the population of London and the South East including an increase from 26% to 28% of staff from BME backgrounds

✓ Improvements in staff survey findings for BME staff related to harassment and bullying, experiencing discrimination and believing equal opportunities for career progression and promotion as reported in the Workforce Race Equality Standard 2016

✓ 2% of all staff in Bands 4, 5 and 6 applied to the new career development mentoring scheme offered to all staff in these bands but targeted specifically at Black and Minority Ethnic staff and staff with disabilities. 47% of applications were from staff from Black and Minority Ethnic backgrounds and 6% from staff with disabilities.

✓ Being highly commended by the 2016 BMA Patient Information Awards for our resource on supporting children with cancer in school

✓ Developing a cultural awareness training programme to support staff working with international patients

✓ Launching a BME staff forum to listen to the experiences of BME staff at work, six meetings have been held this year

✓ Re-launching the Lesbian, Gay, Bisexual and Transsexual staff network in partnership with the ICR, holding two meets across site. A leaflet has been developed for staff induction and a closed Facebook group created for the network to encourage wider participation

✓ 13 referrals for mediation following the launch in August 2015. Of these, 5 mediations have successfully taken place, 2 are ongoing and 6 were not taken forward

✓ Launching the Above and Beyond staff reward scheme in 2016, to ensure local recognition of all staff. Two winners received a staff achievement award for going Above and Beyond, which was presented at the Staff Achievement Awards Ball in November 2016 to Keetje Gull, Clinical Nurse Lead, Critical Care Unit and to Tony Donovan, Estates Officer
Supporting achievement of the Athena SWAN Silver Award which recognises commitment to advancing the careers of women in science, technology, engineering, maths and medicine (STEMM) employment in higher education and research

A review of promotions data by ethnicity showed a broadly similar profile to the ethnic profile of staff in The Royal Marsden

Ward Hostess Gifty Brobbey, who works on Horder Ward in Chelsea, has been named regional Operational Services Worker of the Year for London in the national Health Heroes Awards 2016 because she always goes the extra mile for the diverse group of patients she serves and puts the wellbeing of those in her care at the centre of her work

Supporting the Living with Diabetes event in Sutton, focusing on those patients from different faiths who fast as part of their religion

Training 253 staff as Dementia Friends

Attaining 89% compliance for equality and diversity training and delivering bespoke training for catering staff on collaboration with Nutrition and Dietetics
Equality Strategy

We are in the process of updating our Equality Strategy and this is due for completion in May 2017. As part of this work programme, a consultation exercise with staff and patients has been undertaken and the strategy is being developed jointly with operational senior management.

Governance

The Equality, Diversity and Inclusion (ED&I) Steering Group are responsible for discussing and approving equality information to be published including this Equality Report. The Group monitor equality performance against The Royal Marsden’s Equality Objectives and action plans. To ensure regular representation at ED&I Steering Group meetings, additional governors have been sought.

The CQC noted that “The trust had an identified lead for Equality and Diversity and there was an identified director with executive accountability.” They also acknowledged the ED&I Steering Group and its function for the organisation.

Equality Objectives for 2016 - 2017

Our 2016/2017 Equality Objectives were agreed by the ED&I Steering Group in March 2016 and have been monitored by this group on a bi-monthly basis. The objectives were selected in response to the findings from our equality information including our staff survey, in order to focus on those areas where there is variation in experience or treatment. We also wanted to ensure that there is equality in the way that our services are accessed and in the profile of those who we engage with.

The charts below show good progress in the majority of areas and identify areas where further work is needed.

Patient Services Objectives

Progress against the patient objectives as at December 2016 are detailed below:

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<td>Work completed/ on track</td>
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<th>Objective</th>
<th>Details of progress</th>
<th>Progress</th>
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<tr>
<td>To accomplish comprehensive and accurate data for complaints and analyse this data including complaint themes by protected</td>
<td>Complaint information is now gathered by gender, ethnicity and age and reviewed by theme and is being monitored regularly and reported in the annual equality report. The proportion of complaints where the complainant did not disclose their equality information needs to be reduced to enable effective comparison.</td>
<td>✓ ✓</td>
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To embed best practice for vulnerable adult patients including wide promotion and use of patient centred resources such as the hospital passport and accessible signage

Actions have been taken to embed best practice for vulnerable adult patients which include

- Dementia awareness week and dementia friendly training sessions for 253 staff
- Enhancing ward signage to improve orientation for patients with dementia
- Using Hospital passports for adults with learning disabilities
- Using My extra care information sheet for vulnerable patients transferring from Critical Care
- Developing a reflux symptom tool for use with patients with learning disabilities exhibiting signs of reflux
- Developing a reminiscence therapy unit
- Setting up a dementia champions group

The Inpatient survey has been analysed by age and by health condition and these did not highlight any differences for patients over the age of 70 or patients with long standing conditions.

To ensure that our patient/ carer and public engagement mechanisms include people across the different protected equality characteristics

Equality data has been analysed for Governor representatives including the ethnicity of applicants for new Governor roles and outcomes from the recruitment process. This shows that 20% of Public Governors are from BME backgrounds with 3% of Patient and Carer Governors from BME backgrounds.

The Membership and Communications Group are focusing on increasing the diversity of The Royal Marsden members and addressing gaps in engagements across the different protected equality characteristics including schools work.

### Workforce Objectives

Progress against the workforce objectives as at December 2016 are detailed below:

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<td>To develop a process to audit and check recruitment decisions, to ensure that these are fair</td>
<td>The KPMG audit awarded us a green rating for compliance with NHS standards and the percentage of BME staff has increased by 2% point since the last report. These both give us confidence that our practices are fair. In addition, the Audit Committee approved an audit of Band 6, 7 and 8 vacancies to be conducted over a month. During this period there were 45 recruitment files for the audit sample. As of 1/12/16, 27% of files have been received and sent to the audit team for review.</td>
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<td>To achieve robust data for promotions and to consider this data by protected characteristic and implications for further career development support</td>
<td>Promotions information for ethnicity was analysed and a report was presented to the Equality, Diversity and Inclusion Steering Group which showed that the ethnic profile of The Royal Marsden is broadly the same as the ethnic profile of promotions apart from promotions for staff from White Other backgrounds who have a slightly higher rate of promotion when compared with the proportion of White Other staff employed. The report has also been discussed with the BME staff forum. The Career Development Mentoring Scheme will be monitored to ensure that it continues to engage staff from BME backgrounds and staff with disabilities to participate.</td>
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<td>To establish a second review of disciplinary decisions before these are confirmed, to ensure they are fair</td>
<td>All Employee Relations cases are now sense checked for consistent practice when initial contact is made using a standard Initial Contact Checklist. The Deputy Director of HR conducted a second review of all cases (4 cases) where final warnings and dismissals were being considered, challenging the decisions before these were confirmed to ensure fair and consistent decision making. We are confident that decisions made were fair but will continue to review decision making for potential gross misconduct cases during 2017.</td>
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<td>To increase our understanding of the experiences of staff with disabilities and health conditions and how we can</td>
<td>A questionnaire has been used to develop our understanding of the experiences and needs of staff with disabilities and health conditions. Initial findings from the survey show that 31% of respondents with disabilities or health conditions said that their disability/health condition had little or some impact on</td>
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<tr>
<td>Improve areas of concern</td>
<td>their working life, with 69% of respondents with disabilities or health conditions saying that it had no impact. 50% of respondents said if there was a network for disabled staff they would join. A significant proportion of respondents were aware of the wellbeing and support services available to staff which is encouraging but further promotion is planned for 2017. The findings from this survey are to be shared with the Health and Wellbeing Forum in early 2017 and an action plan agreed. We are also exploring the potential for partnering with DisabledGo to develop access guides for each of our buildings which will support both our staff and our patients and their carers and visitors.</td>
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Develop a system of career development mentorship by the members of the leadership team, with specific encouragement to BME staff and staff with disabilities

- Following drop in information sessions and other promotion, the Career Development Mentorship Scheme for staff in Bands 4, 5 and 6 was launched.
- 36 applications to the scheme were received. Equality data for mentee applications has been analysed. 47% of applications were from staff from BME backgrounds and 6% of applications were from staff with a disability. Both of these are above The Royal Marsden overall profile for staff from BME backgrounds (28%) and staff with disabilities (2%).
- The first cohort were matched and participated in a joint training programme in September 2016. The 9 mentoring partnerships have been meeting regularly and a mentee action learning set was held in January 2017. A second cohort is planned for March 2017 and further cohorts will be arranged for later in the year.

To progress the actions to support the ICRs Athena Swan Silver Award

- The Silver Athena SWAN award has been achieved by the ICR which is a tremendous achievement. The Royal Marsden worked with the ICR to address common issues affecting women’s careers and supported the Women in Science Network which brings together senior researchers and consultants from the ICR and The Royal Marsden.
- A joint ICR/ Royal Marsden mentoring pilot for female junior clinician researchers considering the next steps in their research career, has run during 2016. This is a key element of the ICR Athena SWAN programme. We are supporting the evaluation of the scheme.
Equality Delivery System 2 (EDS2)

The EDS2 is a framework for assessing the equality performance of NHS organisations and for identifying areas for improvement. The Royal Marsden is currently assessing performance against the EDS2 goals and outcomes. During this year, we completed the assessment of the workforce goals which supported our Equality Objectives for 2016/2017. We conducted an assessment of our Children’s Community Speech and Language Therapies and undertook a stakeholder engagement event to grade our goals and agreed action plans.

Equality Information

We collect, analaye, report, monitor and annually publish our workforce and patients data by protected characteristic. This report provides an overview of our analysis of the workforce and patient data provided in the Equality Information Report January 2017 and highlights some of the qualitative information we have gained this year.

The findings of our staff survey, broken down by protected characteristic are available on the equality pages of The Royal Marsden’s website, along with our 2016 Workforce Race Equality Standard findings. Both of which have been taken into account in the development of this report.

In the report we have grouped some ethnic categories to enable comparison with data from previous years. Black and Minority Ethnic (BME) is defined as Asian (Indian, Pakistani, Bangladeshi), Mixed (White Black/ Asian), Black (Caribbean, African) and Other (Chinese and Any Other). White is defined as White British/ Irish and White Other background.

Equality Analysis

As part of policy and service development and organisational change, we undertake equality analysis in the form of equality impact assessments (EIAs), to identify any potential for discrimination. During this year, 97 EIAs were completed for policies. An EIA for business planning was introduced this year and a template agreed. There have been 9 EIAs completed for business planning cases since the template was agreed which is encouraging.

A review of EIAs for business cases highlighted a need for clarity and guidance for managers completing these which is being actioned.

Our annual EIAs audit showed an 82% compliance rate for policies, which is the same rate as last year. Our EIAs help us to ensure that we make good business decisions that take into account the needs of people with specific protected characteristics.

Findings from this year’s EIAs include:
The CQC inspected The Royal Marsden in April 2016 and their report was received shortly prior to the publication of this report. We were one of the first organisations where the CQC focused on equality and diversity issues as part of their new approach to inspection.

Focus groups were conducted with BME staff to discuss their experiences of working at The Royal Marsden. Senior managers, members of the Equality, Diversity and Inclusion Steering Group and members of the LGBT group were interviewed and asked questions related to equality and diversity during these interviews. The CQC also observed how staff practically demonstrate their understanding of equality issues in a patient context.

The overall finding for The Royal Marsden’s performance was Good, and the result for the Caring indicator was Outstanding which is a key part of the patient experience and a tremendous achievement.

Throughout this report we have integrated comments from the CQC report into the relevant sections.
**Workforce**

The Workforce section explores what it is like to work at The Royal Marsden, both in the hospital and community environment. In this section we consider equality information for the different stages of the employee journey, from recruitment and selection to how staff experience working at The Royal Marsden, from the support staff can access to data on those that leave.

**Headline data**

- 78% female
- 2% disabled
- 26% part time
- 28% BME staff
- 43% single
- 4% over 60 years old
- Gender reassigning support
- 74% religion or belief declared
- 75% declared sexual orientation

The findings are broadly similar to those of previous years for the overall equality profile and include:

- A significant increase of 2% for staff from BME backgrounds (28% 2016, 26% 2015). The Census profile in 2011 for BME residents in England and Wales was 14% (Office for National Statistics 2011)

- 16% of staff are recorded as White Other background compared with 14% in 2015 and 13% in 2014. This ethnic group saw the largest change in the 2001 to the 2011 Census findings for England and Wales with an increase of 1.8 percentage points.

- A slightly higher proportion of men work in Bands 1 and 8 and above, than the proportion of men working in The Royal Marsden

- The medical workforce is more evenly split by gender, 55% female staff compared with 78% female staff in the overall workforce

- The proportion of BME staff amongst the medical workforce is the same as the proportion of BME staff in the overall workforce (28%)
• Proportionally there are fewer staff aged 16 – 30 in Bands 7 and above

• A slightly higher proportion of staff with disabilities in Bands 1, 6 and 7 and in Nursing and Midwifery and Admin and Clerical staff groups

• Where religion and belief is disclosed the majority of staff are Christian with a broad of other religions/ no religion represented which compares similarly with last year

We will now explore the different stages of the employee journey.

Recruitment and selection

The Royal Marsden ensures that all recruitment procedures and processes comply with relevant legislation and NHS guidance and that appropriate training in their implementation is available for all staff engaged in the recruitment process. The Royal Marsden aims to build a fully inclusive organisation through the recruitment and retention of a high calibre workforce, which is able to deliver a high quality service. The recent KPMG compliance audit highlighted the high level of consistency and excellent standards for all our recruitment and selection processes which provides us with confidence that our recruitment practices are fair and inclusive.

Our recruitment and selection procedures and guidance ensure that recruitment practices are effective and non-discriminatory and make sure that we recruit the best person available for any vacancy. These procedures cover all stages of recruitment from the point when a vacancy first arises to appointment, promoting good practice throughout the whole recruitment process.

From 1 October 2015 – 30 September 2016 there were 21,891 applications made to The Royal Marsden, 5451 applicants were shortlisted and 887 applicants were appointed. From reviewing the recruitment activity data, the findings are broadly similar to previous years.

As with previous years there are lower proportions of appointed BME applicants (30%), compared with the proportion of shortlisted BME candidates (50%), this information is reported in our Workforce Race Equality Standard findings, however there is a 2% increase in the proportion of BME staff in the overall workforce in 2016.
A higher proportion of job applications were made by females (67.1%) to the Royal Marsden than males (32.3%), 0.6% of all applicants did not state their gender. This proportion increases at both the shortlisting and appointment stage with 79.6% of appointed candidates being female compared with 20.3% of males. The gender profile of the workforce is 78% female and 22% male.

There are no significant differences in the outcomes by age, disability or sexual orientation but slight variances for religion and belief.

This year we have recruited 14 nurses from the Philippines and currently have 11 more nurses in the pipeline. To help them make the transition to working in the United Kingdom and to quickly feel settled, we provide support and advice in the following:

- Sourcing accommodation
- Welcome pack at accommodation including bedding, pots, cutlery and plates
- Support with opening bank accounts
- Information on how to get to and from work
- How to use public transport/Oyster Cards
- How to use mobile phones
- Safety in London
- How to register for a GP and Dentist
- Information on local churches
- Meeting and greeting with their nurses colleagues prior to starting

**Guaranteed Interview Scheme**

The Royal Marsden is committed to the employment and career development of disabled people. To show this we use the Disability Confident Symbol awarded by Jobcentreplus.
The Royal Marsden guarantees to interview anyone with a disability whose application meets the minimum criteria for the post. By ‘minimum criteria’ we mean that applicants must provide evidence in their application which demonstrates that they meet the level of competence required, as well as meeting any of the qualifications, skills or experience defined as essential.

The chart below shows the proportion of all applicants who applied under the guaranteed interview scheme during the reporting period and the proportion of all applicants who were shortlisted and appointed through this scheme.

**Training, education and development of staff**

The Royal Marsden is committed to supporting the continuing education and the development of its entire workforce. Policies which support funding for external study as well as time off to study underpin this. All staff are eligible to apply for funding for external study as well as leave to study.

The funding provided covers study at all academic levels including PhDs as well as attendance to short courses and conferences. Applications are reviewed by the Study Leave Committee and funding allocated in line with principles outlined in the Study Leave Policy.

In addition to support for external programmes, The Royal Marsden also provides a variety of in-house training and development opportunities for staff. These include leadership and management development, vocational programmes such as apprenticeships clinical courses, personal development and mandatory training. In addition there is also access to salary supported secondment for professional education.

The CQC reported “staff in all the focus groups were very positive about the organisation and the support provided and the investment made in staff to develop; again this was reflected in the NHS staff survey 2015, where the trust was placed in the top 20% of all trusts with regards to the percentage considering the quality of non-mandatory training, learning and development to be good.”
Professional Development: Access to Funding for External Study Leave

The percentage of employees by sexual orientation and disability who accessed study leave funding was broadly in line with the percentage of employees in each of these groups, across The Royal Marsden. However, slight variations were seen when the number of employees of accessing study leave was reviewed by gender, ethnicity and age.

The proportion of male staff that access all types of training (11%) is less than the proportion of male staff in the workforce (22%).

Whilst employees from BME backgrounds make up 28% of The Royal Marsden’s workforce, only 18% of employees who accessed study leave funding were from BME backgrounds. 81% of employees accessing the funding were from White British or White Other backgrounds against a workplace proportion of 70%.

My experience is that manager support is very important to BME career development. My manager has been very proactive in identifying professional development opportunities for me, advising, prompting and support me in completing a number of academic courses throughout the year.      A Radiographer

On further analysis, the ethnicity of staff accessing the study leave fund for Post Graduate Certificates and Diplomas was broadly in line with the profile of staff across The Royal Marsden. However, the proportions of BME staff on higher level academic programmes were not in line with the proportions of staff across The Royal Marsden. 15% of those completing MScs were from BME backgrounds against an organisational profile of 28% and 100% of staff on PhDs were White British or White Other. This finding is as expected as there are lower proportions of BME staff in higher bands but this is expected to change.

The proportions of staff in 16-30, 31-40 and 41-50 were broadly in proportion to the staff in these groups across The Royal Marsden. However, a variation was seen for staff in the 51+ age groups who represent 25% of employees within The Royal Marsden, with only 14% of staff in these age groups accessing funding for study leave.

Internal Training and Development: Access to Mandatory and Non-Mandatory Training

I have always felt supported to do mandatory training and personal development courses at The Marsden. A Receptionist

A wide range of internal training is available to all staff. This includes mandatory training and non-mandatory training such as leadership and management development, personal effectiveness, IT and clinical skills. The training is offered face to face and over the last 12 months The Royal Marsden has increased accessibility to learning with the introduction of its new Learning Management Systems which provide an increased portfolio of e-learning for staff.

The percentage of female (80.62%) and male (19.38%) employees accessing mandatory training were broadly in proportion with the percentage of employees in these groups.
Furthermore the proportions of staff by disability, ethnicity, sexual orientation and gender accessing mandatory and non-mandatory training were broadly in line with the number of employees with within these groups across The Royal Marsden.

The only notable difference was seen in the ethnic profile of staff completing the Care Certificate for Bands 1-4 staff. Though BME groups make up 28% of the workforce, 38% of those completing the care certificate were from BME backgrounds.

Appraisals

An annual appraisal, at which performance, individual development plans and behaviours linked to The Royal Marsden values are discussed, is expected for all staff. The appraisal rate for The Royal Marsden is 84%.

Appraisals completions are monitored through regular reporting and in discussion at monthly performance review meetings for each division within The Royal Marsden.

Compared with the overall equality profile of the workforce there are no significant differences between staff with a protected characteristic and staff without.

Career Development Mentoring Scheme

We have launched a career development mentoring scheme for staff in Bands 4, 5 and 6 who are keen to develop their careers within the NHS and who want to gain insights and support from senior managers in The Royal Marsden. We have particularly aimed this initiative at staff from Black and Minority Ethnic backgrounds and staff with disabilities in these bands, as these were the groups of staff who reported the worst experiences in the staff survey for “believing equal opportunities for career progression and promotion”.

Of the 36 applications received for this programme, 47% of these were staff from BME backgrounds and 6% of these were from staff who have a disability, both proportions are higher than The Royal Marsden profile for these equality groups. This is encouraging given the focus for increased participation by staff in these groups (The Royal Marsden profile: BME staff 28%, Disabled staff 2%). In Bands 4, 5 and 6, 29% of staff are from BME backgrounds and 2% have a disability.

Royal Marsden Apprenticeships

The Royal Marsden aims to ensure a diverse workforce and apprenticeships provide an opportunity to attract underrepresented groups to new roles and enhance service delivery. We have offered apprenticeships previously in a number of areas for example, engineers in Estates which will continue but we are also implementing a new model across all the professional groups which include apprenticeships in Healthcare Support Work, Business and Administration, Management and Finance.

We recognise that Apprenticeships are a way to ensure we develop existing, and newly recruited staff, to a national standard. The Royal Marsden's intention is to offer apprenticeship opportunities to existing and newly recruited employees fairly and to promote inclusive practice.

From data analysis of the first cohort of Business and Administration apprentices, it is encouraging that 54% of apprentices are over 40 as traditionally apprenticeships are
perceived as applicable to younger people – see below. However there is a lower proportion of BME apprentices (20%) compared with the proportion of BME staff in The Royal Marsden in Bands 1 – 4 (38%) and there are no male apprentices. Looking forward we will focus on actively promoting future apprenticeship opportunities to all staff groups to ensure wider participation.

**Care Certificate**

The **Care Certificate** aims to equip health and social care support workers with the knowledge and skills to provide safe, compassionate care. Health care support workers at The Royal Marsden are some of the first in the country to achieve this qualification.

Over 50 staff successfully completed the Care Certificate this year to gain qualifications which help them develop in their role and provide them with a stepping stone in their career development. The majority of these staff are in Bands 1-4 where there are higher proportions of BME staff (38% of staff in Bands 1 – 4 are from BME backgrounds compared with an overall ethnic profile of 28% BME staff).
Employee Relations

The Royal Marsden ensures that all our employee relations procedures comply with relevant legislation and they are regularly reviewed to ensure continued compliance. The Royal Marsden aims are to ensure that employee relations within The Royal Marsden are fully inclusive and consistent to ensure best practice and that our people management processes are fair and transparent.

Our findings this year are similar to those reported in previous years. The proportion of BME staff that are subject to formal employee relations procedures is higher than the proportion of BME staff in the workforce. The number of employee relations cases in The Royal Marsden is relatively small however so these figures should be treated with caution.

A rolling programme of training is provided by the Employee Relations Team for line managers on managing sickness, investigations and poor performance. Through this training, managers develop consistent skills, knowledge and practice in conducting investigations and producing a management statement of case.

A Mediation service was launched in August 2015 to support staff who are in conflict with one another, where communication between the parties has broken down but they are both prepared to use a third party to help them communicate. The service has been well received and since the launch there have been 13 cases referred for mediation up to the 30th September 2016. Of these, 5 mediations have taken place, 2 are ongoing and 6 did not take place, either because one of the parties was not willing to participate or because managers were supported to facilitate discussions locally themselves. Of the staff referred by managers for mediation 31% were from BME backgrounds and 73% were female.

The CQC report noted the introduction of the mediation service to help support staff resolve issues promptly and without the need for formal escalation.
Promotions

Promotions information for ethnicity was analysed and a report presented to the ED&I Steering Group which showed that the ethnic profile of The Royal Marsden is broadly the same as the ethnic profile of promotions apart from promotions for staff from White Other backgrounds who have a slightly higher rate of promotion compared with the proportion of White Other staff employed.

The report has also been discussed with the BME staff forum. The Career Development Mentoring Scheme will be monitored to ensure that it continues to encourage staff from BME backgrounds and staff with disabilities to participate.

Flexible working

The proportion of all staff working less than full time hours is 26% and there is flexible working across all pay bands for both male and female staff. There are higher proportions of staff working part time in Nursing, Allied Health Professionals and Additional Clinical staff groups.

Broadly the findings from the staff survey are similar for full time and part time staff although full time staff report suffering more work related stress than part time staff (36% full time and 25% part time) but higher scores for good communication between senior management and staff (43% full time and 31% part time).

A full range of flexible working options are available and we adhere to legislation regarding the rights of staff to be able to request flexible working arrangements for family, carer or for other purposes. Requests for flexible working are managed locally; however appeals against decisions are managed in line with the Flexible Working and Employment Break Policy. The Healthroster system, enables staff to have greater personal choice in requesting work patterns, subject to service provision.
A Home and Mobile Working Policy has been developed this year to support staff who work from home on an ad-hoc or routine basis, setting out a framework for effective communication and team working and safety while working from home.

Wherever possible our policies support and enable people to observe the requirements of their religion, for example having time to pray or changing their working hours to meet religious needs.

**Health and Wellbeing**

The health and wellbeing of our staff is very important to us. As part of our Workforce Strategy, the core priority for health and wellbeing is to Champion the mental and physical health and wellbeing of every member of staff.

The CQC noted under **Outstanding Practice** that senior staff actively promoted staff welfare and had provided a range of programmes to promote health and wellbeing at work.

We recognise that some staff from protected equality groups are less likely to use support services or engage in physical activities provided by The Royal Marsden and some staff are more likely to experience problems related to their health and wellbeing. We are signing up to the Time to Change pledge to support employee wellbeing.

We are taking steps to increase participation by male staff in our occupational health and wellbeing services and facilities, by introducing a wider portfolio including more physical activities and promoting these services widely to staff.

Findings from the staff survey show that disabled staff report worse experiences across a number of key findings. We have sought feedback from all staff about the issues through a further focused survey on disability with a view to identifying what we can do to support disabled staff and those with long term health conditions at work.

Initial findings from the survey show that 31% of respondents said that their disability had little or some impact on their working life and 50% of disabled respondents said if there was a network for disabled staff they would join. A significant proportion of respondents knew about the different wellbeing and support services available to staff which is encouraging but further promotion is planned for 2017.

There are three Staff Support counsellors who provide professional support to staff and many staff participated in the Mindfulness Sessions delivered by the counsellors at Sutton and Chelsea.

The charts below highlight usage of the Staff Support team and the nature of the issues raised by staff. Personal issues discussed include bereavement and relationship issues which are impacting on a member of staff's ability to be present and concentrate in the workplace.
Workplace Advisers have been trained to provide a confidential listening service to staff experiencing or witnessing harassment and bullying at work. Between the period 1.10.15 – 30.9.16, there were 20 calls to the Workplace Adviser helpline, 16 were from females (80%) and 4 from males (20%) which compares with The Royal Marsden’s gender profile.

Staff Networks

Within the Trust we have a range of networks for staff to join which include the:

Stonewall Diversity Champions and LGBT Staff Network

The Lesbian, Gay, Bisexual and Transsexual staff network has been re-launched this year in partnership with the ICR. There have been 3 meetings this year and membership has grown to 25 members. The Chief Operating Office/ Deputy Chief Executive is the Executive Lead for our Stonewall Diversity Champions programme.

Key focus has been to develop a leaflet for new staff to promote the network and The Royal Marsden’s approach to equality and inclusion for LGBT staff. Also a closed Facebook group enables staff to keep in touch with other members of the group and has opened up opportunities for members unable to make meetings.

The network considered a draft Transgender policy and The Royal Marsden is included in the Stonewall Starting Out Careers Guide, including the Stonewall logo in all our job advertisements.

BME Staff Forum

The CQC noted that a BME staff forum had been launched to assist staff in discussing findings from the NHS staff survey as well as offering a regular means for engaging with BME staff.

There have been six meetings of the BME Staff Forum this year and members were asked to participate in focus groups for the CQC inspection in April. There has been increasing attendance at the Chelsea group with lower levels of participation at Sutton. Following discussion with the group, promotion is being strengthened to increased attendance at the meetings. The group are focusing on a terms of reference and priorities for the coming year.
Support for disabled staff and applicants

A new scheme, Disability Confident has been launched to replace the Disability Two Ticks scheme. In April we migrated to Level 2 of the new scheme and are reviewing how we maintain Level 2 in 2017 and actions to be taken to attain Level 3.

A network for disabled staff is being considered as part of the work stream to improve the experiences of disabled staff at work.

We have a duty to make **reasonable adjustments** to remove barriers that prevent disabled persons from integrating fully into the workplace. During the reporting period we have made various adjustments for applicants and existing staff which include:

- flexing hours and shift patterns
- workstation assessments and changes to VDU equipment
- extending assessments to support candidates with dyslexia
- varying sickness absence triggers
- redeploying staff to another area to accommodate their individual needs
- offering sedentary duties in the short term

Staff Benefits

We offer a salary sacrifice childcare vouchers scheme in which currently there are 278 staff participating and we also have an on-site nursery at the Sutton site. Discounts are negotiated with local nurseries to reduce the cost of childcare for staff.

In addition, the Trust fund eye tests and contribute to new prescriptions where glasses or lenses are needed for Display Screen Equipment (DSE) users.

Partnership working

During 2017 we **strengthened joint working on equality and inclusion** within The Royal Marsden, across the NHS and with the ICR. Equality and diversity is now a standing item on the Trust Consultative Committee agenda, which includes an update from the BME and LGBT staff networks. We participate in the Pan-London equality network, who work to progress the equality and inclusion agenda across the NHS in London, sharing best practice and developing group strategies.

A priority this year has been to develop closer working relationships with the ICR, ensuring mutual support to Equality Committees, reviewing equality information and policies. We support the ICR’s Clinical Academic Career Mentoring Scheme for women and the Women in Science Network, which brings together senior researchers and consultants from the ICR and The Royal Marsden. Also we delivered teaching sessions on HR issues and leadership support at a joint ICR/ Royal Marsden women in leadership training programme, Future Female Leaders. We are extending our health and wellbeing strategies to work collaboratively with the ICR.
During this year, the ICR has attained the Silver Level Award for Athena SWANN, which is a great achievement, recognising progress to enhance opportunities for female scientific researchers and academic clinicians which we have contributed to through the work above.

**Leavers**

There was no significant difference for leaving rates by gender, disability, sexual orientation and religion.

There was a slightly lower proportion of leavers with a White British ethnic background and a slightly higher proportion of leavers with a BME- Black background, compared with the ethnic profile of staff across the Trust.

A slightly higher proportion of staff under 40 and a slightly lower proportion of staff between 41 and 60 years left the Trust, compared with the proportion of staff in these age groups.

The proportion of married and single staff leaving the Trust was higher than the proportion of staff in these groups, although the proportions of staff in the other groups are very small which may skew the findings.

**Staff Engagement**

One of the ways that we measure staff engagement is through the annual staff survey. In the 2015 survey, there was a 47% response rate (1744 staff). The findings show significant improvement since 2014 with 18/32 or 56% of the findings above those for average specialist trusts compared with 8/29 or 28% of the findings in 2014.

The CQC noted positive staff survey results for 2015, specifically that The Royal Marsden was rated in the top 20% of all trusts in the country for findings which include:

- the percentage of staff considering the quality of non-mandatory training, learning and development to be good
- the percentage of staff reporting fairness and effectiveness of procedures for reporting errors, near misses and incidents
- the percentage of staff feeling pressured in the last 3 months to attend work when feeling unwell
- the percentage of staff who reported good communication between senior management and staff; effective team working; recognition and value of staff by managers and the organisation.

The CQC report also noted “During the inspection and in the focus groups, staff described the Trust as somewhere they felt they were listened to and were engaged in the future strategy of the trust.”

For BME staff, there have been positive improvements in a number of areas, including those areas which are reported in the Workforce Race Equality Standard which the CQC noted.
Staff survey 2015 findings for areas reported in the Workforce Race Equality Standard

<table>
<thead>
<tr>
<th></th>
<th>RM Survey Score 2015</th>
<th>Average (median) for acute specialist trusts</th>
<th>RM Survey Score 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>% experiencing harassment, bullying or abuse from patient, relatives or the public in last 12 months</td>
<td><strong>White</strong> 17%</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td><strong>BME</strong> 15%</td>
<td>19%</td>
<td>21%</td>
</tr>
<tr>
<td>% experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td><strong>White</strong> 21%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td><strong>BME</strong> 24%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>% believing Trust provides equal opportunities for career progression or promotion</td>
<td><strong>White</strong> 90%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td><strong>BME</strong> 76%</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>In the last 12 months have you personally experienced discrimination at work from manager / team leaders or other colleagues?</td>
<td><strong>White</strong> 5%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td><strong>BME</strong> 12%</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>

* 47% of staff responded to the staff survey and the figures above only relate to perceptions of these staff and not of all staff

** Blue responses denote an improvement in findings since 2014

There were no significant variations for findings by gender which is similar to previous years. For disabled staff most findings were worse than those for staff without a disability which is a common finding across the NHS. A national NHS Workforce Disability Equality Standard is being considered for 2017, which will support our equality objective of exploring the experiences of staff with disabilities and taking actions to address areas of concern.

There are some slight variations but broadly there are similar findings for staff across the different age groups.

The CQC noted “The culture amongst staff across the Trust was aligned to the sixteen key values of the organisation.”
Patient Services

In this section of the report, we present information about our patient services, both the hospital and the community related to protected equality characteristics. The areas highlighted below showcase only a small portfolio of the extensive work that we are doing to promote equality and inclusion in the way we diagnose, treat and care for our patients.

Here is the headline information about our patients.

**Headline data: The Royal Marsden Hospital patients (NHS and Private Care)**

- 51,809 patients
- 62% females
- 38% males
- 57% married or in civil partnership
- 15% BME (Private Care only)
- 20% BME (Private Care only)

The findings are broadly similar to those from previous years.

- The highest proportions of female patients were seen in the Breast, Gynaecology and Gastro-Intestinal (GI) Tract Clinical Units. The three most common cancers for women reported by the Office for National Statistics (ONS) in 2011 were breast (30%), lung (12%) and bowel (11%).

- The highest proportions of male patients were seen in the Urology and GI Tract Oncology Clinical Units. The three most common cancers for men reported by the ONS were prostate (25%), lung (14%) and bowel (14%).

- There was a higher proportion of BME Private Care patients when compared with the proportion of BME NHS patients which is as expected because of the high proportion of international patients seen or treated in Private Care.

- The highest proportion of patients were aged between 50 and 79.

- Marital and civil partnership findings are similar to last year. The 2011 Census data shows that 35% of the population in the UK was single with 47% married.
The proportion of Muslim private patients is higher than the overall proportion of Muslim patients (NHS and Private Care combined) which reflects the proportion of international private patients who come from Arabic speaking countries where Islam is the majority faith.

**Headline data: The Royal Marsden Community Services patients**

- 51,956 patients
- 58% females
- 20% BME
- 42% males
- 57% married or in civil partnership

The data for this reporting period only considers Royal Marsden Community Services patients who used services that were provided before and after disaggregation. Comparison with previous years is therefore not possible.

- A higher proportion of female patients are seen or treated compared with male patients, which reflects the large proportion of mothers who are seen

- The children’s services (Occupational Therapy (OT) and Speech and Language Therapy (SLT)) saw the largest proportions of male patients. Nationally there are more boys than girls with speech and language difficulties and more boys than girls have autism, sensory processing or co-ordination difficulties. The SLT and OT services both see a high proportion of children with autism, sensory processing and co-ordination difficulties.

- 20% of patients are from BME backgrounds which compares with the 2011 Census ethnic profile for Sutton of 11%.

- A higher proportion of BME patients were seen by the Immunisations teams compared with the proportion of BME patients seen across all services (20%). This broadly reflects the BME profile of school pupils served by these teams.

- A high proportion of patients under 10 years old were seen or treated compared to all other age groups. Each child is seen at various points throughout their childhood and this profile reflects the nature of the services provided in the community.
Patient engagement

Seeking patient feedback is really important to us and we want to ensure that we gain this valuable information from patients and carers across all the protected equality groups so we take steps to ensure our feedback tools are inclusive and accessible.

‘The information we receive from patient feedback can help us tailor our services to the need of our patients & can offer useful suggestions. It can be difficult for a service to demonstrate the need for services through quantitative data alone. Patient feedback can help us to explain the need for changes or new services in the patient’s words, which is so valuable.’

Occupational Therapy Lead, The Royal Marsden Community Services

In the CQC’s Inpatient Survey, we were ranked joint first nationally which is a great achievement. We were ranked as a ‘best performing trust’ in the 10 sections of the survey relevant to us, and our overall patient experience was rated 9/10, the highest score for any Trust.

Key findings from the 2016 National Impatient Survey results have been broken down by age, ethnicity, gender and healthy condition so that we can explore the patient experience for these groups in areas such as being treated with dignity and respect, getting information on how to complain, being helped with meals if needed help, having privacy when being examined or treated.

Of the 694 respondents, 60% were female and 40% male, 80% were aged between 40 and 79 years, 10% were from BME backgrounds, 66% had a long standing health condition or illness, 71% were Christian and 2% were lesbian, gay, bisexual or other sexual orientation. For some of the groups the actual numbers are quite small.

There was a slightly higher proportion of male respondents who felt they were given enough privacy when discussing their condition or treatment compared with female respondents (98% male 96% female). A higher proportion of male respondents (35% male 31% female) responded that they saw or were given information about how to complain. 99% of female and male respondents rated the overall care they received as 100%.

99.5% of all respondents by ethnic group felt they were treated with respect and dignity while in the hospital. All ethnic group respondents rated the overall care they received as 100%.

Of the 30% of respondents who needed help with eating their meals, 27% responded that they did get help and this response is broadly similar across all age groups. The numbers are very small here however. A slightly higher proportion of respondents aged 16 – 59 did not feel they were given enough privacy and dignity when discussing their condition or treatment compared with other age groups. 99% of all respondents by age group felt that they were treated with respect and dignity while in the hospital and rated the overall care they received as 100%.

100% of respondents with long term health conditions rated the overall care they received as 100% and “felt treated with dignity and respect” and 99% “felt well looked after”. 100% of all respondents with a long standing condition felt that they were given enough privacy when examined or treated.
In the Annual National Cancer Patient Experience Survey, we ranked 27 out of 146 Trusts and did particularly well in the areas of treating patients with dignity and respect where we scored 93% against national average of 87%.

The Friends and Family Test asks patients How likely are you to recommend our inpatient ward to friends and family if they needed similar care or treatment? Over the reporting period 1/10/15 – 30/09/16, we were above the national NHS average rate for recommended care and treatment.

We use a variety of different tools to seek feedback from patients and carers for example symbol surveys for adolescents or adults who find symbols more accessible and picture versions for children. Surveys can be delivered by phone, web link, paper and mobile tablet devices depending on the suitability for the service.

The CQC have rated The Royal Marsden as Outstanding for caring because:

- feedback from patients and their relatives was consistently positive about all aspects of their care
- all staff consistently communicated with patients in a kind and compassionate way and treated them with dignity and respected their privacy.
- they observed and were told of many examples of staff at all levels going the extra mile to meet patients' needs.

In addition they noted as Outstanding Practice, “The environmental adaptations in the Chelsea CCU demonstrated exemplary focus on individual care and attention to detail. This included adapted environments for patients with dementia, bariatric patients and teenagers.”

**Protected equality characteristics**

In addition to the headline data, we want to highlight specific areas of work undertaken to support and improve the experiences of patients from protected characteristic groups.

**Age**

**Older patients**

28% of patients seen or treated in the hospital were over 70 and in the community this rises to 32%. We take steps to ensure that we look after the safety of all our patients and visitors but recognise for this particular group there may be some specific needs to meet.

All inpatients over the age of 65 are assessed at admission for their risk of falling and steps are then taken to reduce the risk identified for those more at risk. Weekly reviews are conducted for patients over 65 as their treatment may impact on their likelihood of falling and includes mobility, eyesight, footwear and urinary frequency.

One of our Quality Account priorities for 2016/2017 is to increase the number of relevant community services patients who have a falls risk assessment completed. The adult services team have developed an integrated falls risk assessment and are ensuring that at least 65% of patients who are identified as being at risk of falls have a falls risk assessment undertaken.
Dementia

We screen all patients over the age of 75 for dementia at admissions stage and where appropriate make reasonable adjustments as a result including permitting more flexible visiting hours. A dementia strategy has been developed for The Royal Marsden that provides a forward plan.

We have a Dementia Champions group, which combines multi-disciplinary colleagues to progress dementia initiatives. The Occupational Therapy team have trained 253 staff to be Dementia Friends. Gemma Richardson, Safeguarding Adults Lead said “Hospitals can be disorientating and frightening for someone with dementia so it’s vital that patients and their carers feel supported when they visit. We are looking after increasing numbers of patients with dementia as a secondary condition, which is why it’s so important that our staff become Dementia Friends.”

Feedback from a member of the Radiotherapy Journal Club who attended the Dementia Friends training said:

“They made us aware of how useful it is to know the different type of dementia as this aids treatment and the help required. Amy explained how dementia not only affects memory but everyday tasks, it’s a disease of the brain, and we discussed how it is possible to live well with Dementia. It was a well presented and an interesting Journal Club.”

During Dementia week the Alzheimer’s Society were present at the Sutton dementia awareness roadshow to help us talk to people about dementia. When the stand was being set up, a man who was sitting next to the area approached the team and told them that he had recently been diagnosed with dementia and that he thought it was encouraging to spread a positive message about dementia.

In January the Trust will launch two new initiatives; dementia friendly signage in the allocated Dementia Friendly Wards to help orientate patients on the ward and maintain independence and a pilot reminiscence therapy unit in Sutton. The pre-loaded system can be used by patients themselves or with nurses/therapists/carers to engage patients in a wide variety of activities, including relaxation music, BBC archive clips, photos, interactive games, famous speeches etc. It also has an easily utilised ‘life collage or life story book’ facility, which can be completed with relatives or staff to further personalise care. The therapy system has also been effective in calming a distressed or anxious patient as its bright and varied content has something for everyone, quickly accessible at the touch of a button.

The CQC noted that “Staff used a blue butterfly symbol on the patient notice board to discreetly highlight where a patient had additional needs such as a language barrier, communication problem or those identified as living with a form of dementia.” They also noted the “dementia friendly bed-bay in the Chelsea critical care unit. This bed bay had adapted lighting, dark blue curtains and flooring to reduce sensitisation and improve orientation amongst patients with dementia. It also had large clocks to help patients orientate themselves of the time of day.”
Children, Teenagers and Young Adults

We ensure that we provide services for children, teenagers and young adults that meet their different needs, use our experiences to support families, schools and colleges and regularly seek feedback.

We provide information and support to schools, to help them facilitate children into school both during and after cancer treatment, to ensure their different needs are understood. We were Highly Commended by the 2016 BMA Patient Information Awards for our resource on Supporting children with cancer in school.

Responding to the different age needs is essential for encouraging children and young people who may have a reduced appetite because of their treatment to eat. We therefore run events such as the “brunch club” and party style gatherings so that children, teenagers and young adults have opportunities to meet with others from similar age groups and try different sorts of food in a less formal environment.

We support our younger cancer patients to meet other similar patients and to do fun things together, these have included enabling patients to attend the Teenage Cancer Trust conference and arranging for the local Fire Brigade to show younger children a fire truck.

The CQC noted that “The trust proactively engaged with children, young people and their families and took appropriate action based upon the feedback they received.”

Safeguarding Vulnerable Adults and Children

We have achieved our aim for 2016 with 92% compliance for training on safeguarding vulnerable adults and 90% compliance for training on safeguarding children. This is great progress however we need to sustain and increase this level of performance and will continue
to ensure all mandatory training is reporting for individuals and managers and to Divisions through the monthly scorecard.

Disability

An essential element of our work, both within the cancer hospital and within the community, is helping patients to come to terms with temporary or permanent changes in their physical and mental ability and to adjust to these, maintaining as much independence as possible. Where there is significant physical change, our Rehabilitation teams work very closely with patients to assess them and develop personal plans to promote well-being and independence during and following treatment. Also we aim to identify in advance those patients who may develop complications following treatment or surgery, perhaps because of a health condition and help them to take steps to improve their outcomes, for example through ceasing smoking.

Adjustments are made to support patients with eating and drinking, for example the Radiotherapy Department purchased some adaptive cups to assist patients with drinking fluid comfortably.

A course was run for Health Care Support workers and patient facing staff in Bands 1 – 4 to develop their understanding of the needs and experiences of people with mental health conditions, dementia and people with Learning Disabilities, in order to make a difference to the quality of care they provide.

The CQC noted that “The Speech and Language Therapy team provided specialist assessments for patients who experienced communication difficulties.”

Learning Disabilities

Ensuring that all of our services are accessible and inclusive to people with learning disabilities is very important to us. We always speak to patients directly where possible and use alternative ways to communicate if needed using picture books, easy read handouts and makaton. We use the This is me hospital passport for adults and are developing a child hospital passport too. The aim of the hospital passport is to assist people with learning disabilities to provide staff with important information about them and their health when they are admitted to hospital or receiving care or treatment in the community. The CQC noted that “Patients with learning disabilities received a “passport” during their pre-assessment visit to the critical care unit.”

We actively work with local organisations to increase our awareness and expertise to support patients with learning disabilities and this including attending the speak up partnership in Sutton which is an advocacy group for people with Learning Disabilities.

We use our experience and expertise to support patients with learning disabilities and those that care for them. The case study below illustrates how we do this.
Caring for patients with learning disabilities, a case study

The Royal Marsden doesn’t just treat a patient’s condition: the whole person is treated and their health and psychological needs are taken into account.

An elderly man with a learning disability who used non-verbal communication was referred for, and diagnosed with, unresolved dysphagia (swallowing difficulties) after experiencing weight loss, refusal of foods and vomiting after eating.

The patient had a long term history of challenging behaviour and carers were unable to provide adequate support as he frequently hit out. He had stopped eating with others and had become isolated. Our Nursing Team for Adults with Learning Disabilities considered that unresolved dysphagia, untreated reflux and pain was the likely cause of the behaviours that challenged his carers.

The team advised a number of actions to improve his physical and social health including recommending an endoscopy, which identified that his oesophagus was raw and ulcerated and likely to be causing extreme pain. Changes to diet to increase intake and hydration were also proposed.

After 1 month of treatment no further vomiting occurred. The patient enjoyed a varied diet, no longer refused meals, appeared more relaxed and his aggressive behaviours were dramatically reduced. His carers were able to sit at the dining table to eat with him and felt more relaxed in his presence, enabling him to have more positive life experiences and company. The Mental Health Team was also able to reduce his psychotropic medications as there was a significant change in his behaviour and mood.

Several initiatives were subsequently introduced to improve patient care for those with learning disabilities as a result of this patient’s journey. A reflux symptom indicator tool was developed, training was provided to carers and the Mental Health Team consultants on dysphagia management and reflux disorder and The Royal Marsden has been invited to attend a Dysphagia Conference to present work on recognising reflux in people with a learning disability.

Facilities for people with Disabilities

Both of our hospitals are accessible to patients and visitors with disabilities with wheelchair access via ramps and lifts and wheelchair accessible toilets. Reception desks have hearing loops to help hearing impaired patients. Hearing loops are available at most reception desks in wards, departments, pharmacies and the help Centres. Telephone adaptors for patients with hearing aids are also available.

Disabled Go

We are exploring opportunities for working in partnership with DisabledGo, an organisation that develops detailed online access guides to help people with disabilities visit the places they want to which include hospitals and clinics.
Psychological Support/ Psychiatric Liaison Service

The Psychiatric Liaison team provide mental health assessment to cancer patients with challenging psychological needs and arrange ongoing support either through advice to the clinical team, through direct care to the patients or by onward referral to other service such as Psychological Support Service or community mental health teams.

The CQC noted in their inspection report, “We observed a commitment to providing care that was of a consistently high standard and focused on meeting the emotional, spiritual and psychological needs of patients as well as their physical needs.” Also staff “recognised when people needed additional information and support to help them understand and be involved in their care and treatment and facilitated access to this.”

They also noted that "Counselling support was available for all patients and offered at pre-assessment and throughout the patient’s treatment. Staff at pre-assessment, set aside time for discussion of patients emotional needs. Psychological care and counselling services were available however this was a service, which was under significant pressure due to limited staff numbers. If patients became upset during pre-assessment appointments, the Psychological Support Team was able to respond.”

Psychological Support services monitor their clients by gender, ethnicity and age and the following charts show the usage of these services by equality characteristic. The profile of patients seen is broadly similar to The Royal Marsden profile for gender, ethnicity and age.
Accessible website

Our website has been designed with accessibility features that can be accessed easily through browser settings. The site has been designed to enable sensible reading and navigation by screen readers, speech browsers and mobile devices and conforms to WCAG 2.0 Level AA, with the exception of pages that include embedded audiovisual content. The keyboard controls have been set up to enhance accessibility, for example the space bar advances through a page. We are continuously looking to improve our website and should any users experience any difficulty accessing the site, we encourage them to get in touch.

Gender

Patient Advice and Liaison Service (PALS)

Data from the PALS online usage survey shows that male responses to the survey are representative of the proportion of male patients using the hospital.

Male and female responses to the survey were broadly similar, although there was a slightly higher proportion of male respondents who felt they were treated with courtesy and respect when compared with female respondents.

Gender reassignment

The LGBT staff network have discussed a proposed Transgender policy for the ICR, which will be developed into guidance to support The Royal Marsden patients, staff and managers.

Marital/ Civil Partnership status

Sometimes our patients and their partners wish to marry or become civil partners while under our care. In the past year a number of such ceremonies have taken place at both our hospital sites. The chaplain always offers prayer and blessing following the civil ceremony and this has happened on many occasions during the past year both at the bedside or in one of our hospital chapels.

Maternity and Pregnancy

The health visiting team work with parents and carers in Sutton, who have children under five, providing advice and support on areas such as help with feeding, sleep issues, speech,
language and communication, immunisation advice and safeguarding work with children and families in need of extra help.

Race

Translation, interpretation and patient information

If English is not a patient’s first language, we offer a telephone interpreting service to help them which is provided by The Big Word. The organisation invested over £69,000 in translation and interpreting services in 2016. Arabic is the second most used language of our patients after English and within our International Centre we have increased the number of International Patient Relationship Officers and interpreters to support the expanding number of international patients.

In their report, the CQC noted that “On the Chelsea campus, Arabic was the second most common language spoken by patients and their relatives. To facilitate better communication, publications were available in Arabic and an interpreter was available on site. Translators were trained in medical terminology and were able to attend ward rounds and handovers. Staff also had access to communication cards to aid them with communication.”

The Royal Marsden has complied with The Accessible Information Standard since July 2016. A broad spectrum of leaflets and information has been translated in to other languages, for example the Falls leaflet has been translated into Arabic as we have an increasing number of Arabic patients within Private Care. We also have information on the signs and symptoms of cancer in Polish, Urdu, Arabic and Portuguese.

The recently launched Macmillan Hotline is a 24 hour, 7 day a week telephone helpline service available to Royal Marsden registered patients, their carers and professionals for advice and/or management on the side effects and complications of cancer treatments. Where patients need advice in another language, the hotline nurse will arrange for a 3-way conference call with The Big-Word in whichever language is required. Patients with impaired verbal communication, for example those with head and neck cancer are provided with the RMMH email address in order to email the RMMH nurses. The initial call message is also offered in Arabic with a twin menu of options provided in English and Arabic.

We have an ongoing programme of identifying the highest priority patient information for translation. We also use extensive translated information provided by Macmillan on topics such as signs and symptoms (e.g. breast cancer symptoms, lung cancer symptoms), treatment of cancer (e.g. chemotherapy, radiotherapy, surgery), living with cancer (e.g. claiming benefits, what you can do to help yourself) and end of life. Information in braille or large print can be provided in request.

Cultural awareness training

A cultural awareness programme for Private Care staff has been developed and is to be piloted in 2017 to raise awareness and build understanding of the cultural differences and
needs of international patients including those who are Arabic speaking. An e-learning package is to be developed to use this learning across The Royal Marsden.

**Communication in Care**

Over 50 Health Care Support Workers attended a training programme to help them communicate effectively in their work which included how to respond respectfully to people from different backgrounds and cultures.

**Patient aids**

We provide breast prosthesis and lymphodema sleeves in a variety of different skin colour shades and we support patients, if they need specific help to source wigs that will meet their personal needs.

**Religion and belief**

The Chaplaincy team provide spiritual and religious care for patients and their families and staff from all faith backgrounds and include care for a significant proportion of people with no religion (14.4%).

The team is made up of representatives of the Church of England, the Roman Catholic Church, the Free Churches, the Muslim Faith and a number of pastoral volunteers from a variety of traditions serving our hospital communities in Chelsea and Sutton. Representatives of other faith traditions are also available on request through the chaplains’ office.

In their report, the CQC noted “The hospital ensured the faith needs of its patients were met. The chaplaincy team provided spiritual support for different faiths. The team was supported by a range of pastoral volunteers and an extensive network of connections with faith leaders from other religious traditions who visited patients of other religions if required.” They also commented that “Patients pastoral needs were responded to quickly.”
We observe a number of special religious and memorial occasions including World Holocaust Day in January each year which originated from the Jewish Community but is now completely inclusive of all religions and cultures many of which might have been affected by holocaust/genocide since the Second World War. We hold a number of Memorial Services at both our hospital sites including a service for the children and young people who have died in the previous year at our Sutton hospital. All of the memorial services which we offer are inclusive of all religions and none and all are welcome irrespective of their particular religious tradition.

At both sites multi-faith facilities are available for patients, visitors and staff to use. During significant festivals we provide guidance to staff to help them meet the needs of patients from these religious groups, for example we circulated an NHS Employers guidance sheet to staff during Ramadan. We work with patients to ensure that they are able to eat food that meets their religious and cultural needs, by providing Kosher, Halal, vegetarian and vegan food and adapting menus to meet specific preferences.

We have increased awareness of fasting with diabetes and delivered a talk during the “Living with Diabetes” event organised this year by the Sutton Clinical Commissioning Group that focussed on those patients from different faiths who are involved in fasting as part of their religion. The Diabetes Service distributed leaflets on fasting during Ramadan to clinics where people could read them and then discuss with their GP or the Diabetes Team. The leaflet gave practical advice on the impact of fasting with diabetes, guidance on what foods to eat and helps people make informed choices. Positive feedback was received from patients.

Sexual Orientation

Macmillan LGBT and Cancer Taskforce Engagement Event

A member of the LGBT Staff Network represented The Royal Marsden at the Macmillan LGBT and Cancer Taskforce Engagement Event this year. The aim of the event was to bring together LGBT people affected by cancer with a cross-section of experts and healthcare professionals all supporting the LGBT community to work together to define the issues and to co-design potential solutions to these problems.

Concerns and complaints

For the period 1 October 2015 -30 September 2016, there were 121 complaints raised. Equality data is gathered after a complaint has been resolved which is dependent on positive rates of return. Since April 2016, complainants who are not the patient have been asked for their ethnicity, gender and age have also been added to the post-complaint form since September 2016. Previously this data was not gathered.

The data below shows the number of complaints received during the reporting period split by hospital and community services.
Complainants

<table>
<thead>
<tr>
<th>Complainants</th>
<th>The Royal Marsden (n 100)</th>
<th>RMCS (n 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>68</td>
<td>7</td>
</tr>
<tr>
<td>Family member</td>
<td>48</td>
<td>13</td>
</tr>
<tr>
<td>Other individual</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

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Complaints information by gender

43% of all complaints were made by female complainants, which compares with the patient gender profile for The Royal Marsden of 60% female. The proportion of complainants who did not disclose their gender is 38% which may skew the data. For both male and female complainants, communication is the most raised complaint theme (50% of female complainants and 57% of male complainants.)

Complaints information by ethnicity

12% of all complaints are made by BME complainants, however the proportion of complainants who did not disclose their ethnicity is 42% so may skew the data. For Asian complainants, the main theme of complaints relates to diagnosis and treatment (67%) while for White complainants the main theme of complaints relates to communication (52%). The numbers for other ethnic groups were too low to be able to analyse the themes for these.
Complaints information by age

The largest proportion of complaints was made by complainants aged 36 – 79 which compares with the proportion of patients in these age groups. Across all age ranges except for 80 and over, communication issues were the most raised complaint, however for this age group there were very low numbers of complaints received.

The CQC noted that “As part of the inspection we reviewed 5 randomly selected complaints and associated documents. We considered that in each case, there was evidence that support had been provided to the patient; complaints were risk assessed based on the trusts local policy; there were consistently high levels of investigation carried out in each case; records were up to date and there was evidence of a documented outcome and associated actions.”

Equality priorities for action for 2017/2018

This report provides the key findings from our equality information and outlines the steps we have been taking to ensure that we promote equality, diversity and inclusion in our services and employment. Improvements in the Workplace Race Equality Standard findings show that initiatives to improve race equality are having a positive impact, but we acknowledge that there is still some way to go and we need to sustain the efforts in this area and expand them to improve disability equality. Equality data for complainants is being captured now but the quality of this data needs to be improved to enable fuller reporting in 2018.

As a result of this report and equality data including the Workforce Race Equality Standard findings and Staff Survey findings, the following areas are recommended for developing into Equality Objectives for 2017/2018. CQC recommendations were not specific to the equality and diversity agenda and are therefore not included here.

Service objectives

1. Improve the experience of disabled patients including access and support
2. Explore the patient experiences of LGBT patients
3. Improve the level of equality reporting for patient complaints
Workforce priorities

1. Develop and implement an action plan from the disability survey to improve the experience of staff with disabilities
2. Improve the take up of all staff support services by male employees
3. Fully embed the career development mentoring scheme into The Royal Marsden and evaluate the impact of this for future schemes

Recommendations

The Board is asked to:

- note the 2017 Equality Report
- support the actions planned for the 2017/2018 Equality Objectives