Contents

1. Introduction
2. Key achievements
3. The Royal Marsden
4. Public Sector Equality Duty
5. Equality Strategy
6. Governance
7. Equality Objectives
8. Equality analysis
9. Equality information
10. Workforce
11. Patient Services
12. Summary
1. Introduction

This report highlights the key findings from our equality information and showcases some of the work we have been undertaking to progress our equality objectives and priorities over the past year.

Our aim is to provide a fair and inclusive working environment and fair and inclusive services within the cancer hospital and in the community, which meet the personal needs of each of our patients.

We therefore place significant importance on the collection, analysis, review and monitoring of equality information including staff surveys, friends and family test, patient surveys and equality data from staff and patients to gain a deeper insight into patient and staff experiences. We use this equality data and information to help us know what we are doing well and the areas where we need to make improvements.

This year we received the Global Equality and Diversity in Business Impact Award for our use of equality information to improve our services and employment. This was a great encouragement and we want to build on this, by ensuring that our equality priorities are directly linked to our equality information and that we share and discuss this information with our staff, managers and patients.

We are pleased with the progress that has been made towards our first set of Equality Objectives but also recognise that there is more to do. We acknowledge the Workforce Race Equality Standard as a significant step, to ensuring race equality across the NHS workforce. In response we are embedding a Black and Minority Ethnic (BME) Forum for our BME staff, chaired by our Chief Nurse and identifying specific steps to approach the areas of difference. The Equality Delivery System 2, as an additional approach for helping us to assess and monitor our equality performance for patients and staff will help us to identify areas for our 2016 equality objectives.

At the heart of the work of The Royal Marsden, is providing equity in our services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of cancer and community health services and as an employer.
2. **Key achievements**

We are really proud of the achievements that have been attained during the reporting period 1\textsuperscript{st} October 2014 to 30\textsuperscript{th} September 2015.

- Awarded Unicef Baby Friendly Award for supporting mothers and babies with breastfeeding
- Global Equality and Diversity in Business award for impact (achieved in November 2015)
- Incorporated Privacy and Dignity Checklists into Equality Impact Assessment (EIA) documentation and EIAs into business case proposal documentation and management training
- Increased attendance at equality and diversity training to 82%
- Increased the number of patient and public younger members by 81% from 21 to 38
- Ran two roadshows to promote services available for older people in the cancer hospital, in conjunction with Age UK for staff, patients and visitors
- Launched a forum for Black and Minority Ethnic (BME) staff to share their experiences of working in the Trust
- Delivered recruitment masterclasses for experienced recruiters with a focus on unconscious bias in recruitment and selection decision making
- Launched a mediation service to support staff in conflict at work with the aim of reducing the number of cases that reach a formal level
- Developed and piloted a protocol for managing reasonable adjustments in the workplace including dyslexia
- Were re-awarded Disability Two Ticks employer status
- Case study included on NHS England Equality Delivery System best practice case studies for using equality information to improve patient services
- Increased proportion of staff with declared sexual orientation to 71%
3. **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 ground breaking research into new cancer drug therapies and their treatments.

We have two hospitals: one in Chelsea, London, and another in Sutton, Surrey. We have a Chemotherapy Medical Daycare Unit at Kingston Hospital and strong clinical research collaborations with the Mount Vernon Cancer Centre. Since April 2011, the Trust 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.

The Trust is also the host and one of the founding members of the London Cancer Alliance (LCA), which brings together 16 providers in west and south London and over 3,000 cancer clinicians to improve patient pathways and create common data sets for driving change and improvement in the quality of cancer care for 5.9 million people.

4. **Public Sector Equality Duty**

Under the Equality Act 2010 we are required to demonstrate how we are meeting the requirements of the Public Sector Equality Duties. This report and the Equality Information profile illustrate how we are doing this by:

- 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.
5. **Equality Strategy and Board Statement**

In May 2012, the Board approved our statement for equality, which sets out our equality values:

The Royal Marsden NHS Foundation Trust believes in providing equity in our services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of cancer and community health services and as an employer.

Our Equality Strategy builds upon this, to harness our equality priorities and includes our equality objectives to support the overall priorities of The Royal Marsden and our values.

**Equality, diversity and inclusion in practice**

<table>
<thead>
<tr>
<th>Equality Priorities</th>
<th>Equality Outcome</th>
<th>Measures</th>
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</thead>
<tbody>
<tr>
<td>✓ We meet the diverse needs of our patients</td>
<td>• Our patients have a positive experience of using our services and their diverse needs are understood and met</td>
<td>• In and out-patient surveys</td>
</tr>
<tr>
<td></td>
<td>• We are able to recruit and retain the very best people to deliver our services</td>
<td>• National Cancer Experience Survey</td>
</tr>
<tr>
<td>✓ Our equality and diversity values are embedded across the organisation</td>
<td>• Our staff are thoughtful and sensitive to the needs of each other</td>
<td>• Friends and Family Test</td>
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<tr>
<td></td>
<td>• Our staff feel valued</td>
<td></td>
</tr>
<tr>
<td>✓ We use equality to inform our decision making</td>
<td>• We identify and address potential risks and opportunities as we develop our plans and services</td>
<td>• Staff engagement surveys, training participation, E&amp;D, Employee Relations, recruitment and selection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Equality Impact Assessment for service development and organisational change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Equality information</td>
</tr>
</tbody>
</table>
6. Governance

The Equality, Diversity and Inclusion Steering Group are responsible for discussing and approving equality information to be published including this equality report. The Group monitor equality performance against the Trust’s Equality Objectives and action plans.

7. Equality Objectives

We are pleased with progress made towards achieving our first set of Equality Objectives and enhancing our equality performance.

As the charts below show we have met some of the key workforce indicators, which is positive but we still have further work to do.

Initially we agreed four yearly Equality Objectives, however going forward we will set annual objectives that are clearer with attainable and realistic measures.

These Objectives were agreed in April 2012 and they have been monitored by the Equality, Diversity and Inclusion Steering Group on a quarterly basis.

Workforce Objectives

Progress against the workforce objectives as at December 2015 are detailed below:

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<tr>
<td>✓ ✓ ✓</td>
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<table>
<thead>
<tr>
<th>Objective</th>
<th>Details of progress</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual increase in % of staff undertaking equality and diversity training to achieve and maintain 90%</td>
<td>Training compliance has increased from 41% to 82% (end of Q2 2015/16) and we remain on track to achieve 90% by April 2016.</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Increased number of staff declaring sexual orientation</td>
<td>Increase from 38% of staff declaring sexual orientation to 71% (September 2015). Lesbian, Gay Bisexual and Transsexual Network and Stonewall Diversity Champions</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td><strong>Equality Impact Assessments (EIAs)</strong> are conducted for all organisational changes</td>
<td>EIAs conducted by service areas with support from Human Resources. 28 EIAs conducted highlighting issues for consideration including ensuring accessible building design and supportive working patterns for carers.</td>
<td>✓✓✓</td>
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<tr>
<td>---</td>
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<tr>
<td><strong>Improvements in staff survey findings for BME staff</strong></td>
<td>Slight improvement in findings for the proportion of BME staff reporting harassment and bullying from 35% to 27%. Overall staff engagement score is slightly higher for BME staff than White staff. Mediation services have been launched to support staff in conflict to resolve issues promptly. Decrease in believing Trust provides opportunities for career progression and promotion from 83% to 72% but improvement in BME staff experiencing discrimination from 29% to 20%. BME Forum launched to discuss key findings and to establish regular means for talking with BME staff. Recruitment masterclass for experienced recruiters including impact of unconscious bias in decision making.</td>
<td>✓✓</td>
</tr>
<tr>
<td><strong>Improvements in staff survey findings for staff with disabilities</strong></td>
<td>Slight improvement in findings related to harassment and bullying by patients, relatives or the public from 26% to 22% but increase in proportion of disabled staff reporting harassment and bullying by staff from 21% to 30%. Mediation services have been launched to support staff in conflict to resolve issues promptly. Decrease in proportion of disabled staff believing Trust provides equal opportunities for career progression and promotion from 88% to 77%. Recruitment masterclass for experienced recruiters including impact of unconscious bias in decision making. Focus groups to discuss harassment and bullying with staff and managers including case study scenarios and increased promotion of Workplace Adviser service to staff.</td>
<td>✓✓</td>
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</table>
**Patient Objectives**

Progress against the patient objectives as at December 2015 are detailed below:

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<table>
<thead>
<tr>
<th>Objective</th>
<th>Details of progress</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in the number of patient and public younger members (16-21 year olds) to 50 members</td>
<td>There has been an increase in the number of younger members from 21 to 38. Targeted recruitment in schools has encouraged younger public membership.</td>
<td>✔️✔️✔️</td>
</tr>
<tr>
<td>2% increase in Black and Minority Ethnic (BME) members (where ethnicity is disclosed)</td>
<td>There has been an increase of BME members from 809 to 952 patient and public members which is an increase of 18%.</td>
<td>✔️✔️✔️</td>
</tr>
<tr>
<td>All new or returning cancer hospital patients who meet the recognised definition of learning disability are offered a Buddy and hospital passport</td>
<td>18 patients have been referred for support.</td>
<td>✔️✔️✔️</td>
</tr>
<tr>
<td>Improvements of some key findings and maintenance of positive findings for outpatient or</td>
<td>Improvements made in findings for given information about condition or treatment from 90% to 96% and treated with respect and dignity from 94% to 98%. Other findings related to privacy and dignity when discussing treatment or being examined or treated remained consistently good.</td>
<td>✔️✔️✔️</td>
</tr>
<tr>
<td>day case patient surveys</td>
<td>Improvements in patient survey findings for inpatients</td>
<td>✓ ✓ ✓</td>
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<tr>
<td>------------------------------------------</td>
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<tr>
<td></td>
<td>Findings remained the same for information given about condition and treatment and information given to family. Improvement in information given on how to complain from 36% to 64%.</td>
<td></td>
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<tr>
<td></td>
<td>Slight improvement for findings for privacy and dignity when discussing treatment or being examined or treated.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight improvement in findings for being treated with dignity and respect always from 93% to 95%</td>
<td></td>
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<tr>
<td></td>
<td>Audit conducted with older patients and findings from this shared with wards to ensure consistent practice.</td>
<td></td>
</tr>
</tbody>
</table>

**Equality Delivery System 2 (EDS2)**

The Equality Delivery System (EDS) 2 is a framework for assessing the equality performance of NHS organisations and for identifying areas for improvement and we are currently assessing our performance against the EDS2 goals and outcomes. By April 2016 we will have completed our assessment and through this, identified and published Equality Objectives for 2016/2017.

**8. Equality analysis**

As part of policy and service development and organisational change we undertake equality analysis in the form of equality impact assessments (EIA), to identify any potential for discrimination. During this year we have reviewed the EIA process and guidance for completion and incorporated a specific section on privacy and dignity into the EIA form to ensure we consider how we promote privacy and dignity in our services.

Our annual EIA audit showed an **82% compliance rate for policies**, steps have been taken to improve this through requiring EIAs to be present at first stage committee discussions and greater follow up on non-compliance.

Our EIAs help us to ensure we make good business decisions that take into account the needs of people with specific protected characteristics. Some of the findings from the EIAs include:
Equality Impact Assessment Findings

Patients from certain groups may want to have food brought in from home and relatives and friends can bring in certain foods for patients in compliance with the Brought in Food policy.

The Breaking Bad News policy is broadly orientated to a western cultural perspective; however it encourages professionals to make individual and ongoing assessment of individual factors.

We talk with our staff who predominantly work unsociable hours about their continuous professional development and mandatory training. As they may be juggling career opportunities, we now offer more mandatory training through e-learning to enable this.

We need to ensure that the building design of the Maggie’s Centre considers access arrangements for people with mobility issues and provides equitable changing and toilet facilities.

In September processes were reviewed to ensure that EIAs are completed for business case proposals and going forward we will review the outcomes of these.

9. Equality Information

We collect, analyse, report, monitor and annually publish our workforce and patient 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 2016 and highlights some of the qualitative information we have gained this year.

Our Workforce Race Equality Standard findings for 2015 are available on the equality and diversity pages of our website and have been taken into account in the development of this report.

For some categories in the report, we have grouped ethnic categories of staff: 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 any White Other background.
10. Workforce

In the Workforce section of the report, we will consider protected characteristic information for the different stages of our employee journey, from recruitment and selection to how staff experience working at the Trust, the support they receive and then leaver information.

10.1. Headline data

The findings are broadly similar to those of previous years for the overall equality profile and also for recruitment and selection, training, education and development and employee relations which will be considered further in the report.
The overall workforce findings include:

- The highest proportion of men are in either Band 1 or Band 8 posts with the highest proportion of women in Bands 5, 6 and 7
- There is an increased proportion of staff with declared sexual orientation (71%)
- The proportion of BME staff in Bands 1 – 4 is 31% and 66% for White staff compared with the Trust profile of BME staff (26%) and White staff (71%)
- There is a slightly higher proportion of BME staff working in Medical roles (29%) compared with the Trust profile of BME staff (26%).
- There are part time staff across all staff groups
- The largest proportion of staff are aged between 31 and 50 years old
- The highest proportion of staff report that they are Christian, however there is a wide spectrum of different religions and beliefs represented.

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

10.2. Recruitment and selection

The Trust 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 Trust 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.

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 identified 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 2014 – 30 September 2015 there were 11,637 applications made to the Trust, 3,030 applicants were shortlisted and 433 were appointed. From reviewing the recruitment activity data, the findings are broadly similar to previous years.

A higher proportion of job applications were made by females (64%), than males (36%) to the Trust, this proportion increases at the appointment stage, 76% of appointed candidates are female compared with 24% of males. The gender profile of the workforce is 79% female and 21% male.
As with previous years there are lower proportions of appointed BME applicants, compared with the proportion of shortlisted BME candidates, this information is reported in our Workforce Race Equality Standard.

**Employment Activity by Ethnic Origin**

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>Total shortlisted</th>
<th>Total appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>Mixed</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Black</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>30%</td>
<td>16%</td>
</tr>
<tr>
<td>White</td>
<td>33%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Total applicants = 11,293*

*Does not include ethnic background unknown
There are no significant differences in application outcomes by age or declared disability but slight variances for sexual orientation and religion.

Within the staff survey findings, staff from BME groups (72%) and staff with disabilities (77%) had worse scores than White staff (90%) and staff without disabilities (88%) for believing that the Trust provides equal opportunities for career progression or promotion.

We commissioned a **recruitment masterclass for experienced recruiters** which includes the impact of unconscious bias in recruitment and selection decision making to ensure consistent, non-discriminatory practice.

### 10.3. Working at The Royal Marsden?

This section explores what it is like working at The Royal Marsden and includes reference to our staff survey findings.

**Training, education and development of staff**

All staff are eligible to apply for leave to study and for funding external courses. Funding applications can include courses and study days at all academic levels, up to PhDs and are made via the Study Leave Committee and allocated according to the principles outlined in the Study Leave Policy.

A wide variety of training and development opportunities are provided in-house by the Trust to staff. These include management development, clinical courses, vocational programmes, apprenticeships, personal development and mandatory training. In addition there is also access to salary supported secondment for professional education.

**External study leave**

Proportionately more females (87%) than males accessed study leave in the reporting period compared with the Trust average (79%). Proportionately more White British staff (64%) accessed this type of development than the percentage of Trust staff in that ethnic group (57%), with proportionately fewer BME – Asian (6%) and BME – Black (6%) staff accessing it than the Trust average for those ethnic groups (9% and 10% respectively). Of the 173 staff supported to undertake study at Masters level, 10% were BME – Black and 60% were White – British, in line with the overall staff proportions. 3% were BME – Asian although 11% of the 9 staff supported to study at Doctorate level were from this ethnic group.

The proportion of staff in age bands 31 – 40 and 41 – 50 accessing study leave was broadly in line with the overall proportion of staff in these age bands. More staff in the age band 16 – 30 (26%) accessed external study leave than the overall percentage of staff in this age group (19%), with fewer in the older age groups accessing it, although 33% of the 15 staff who undertook external certificate, diplomas or NVQ level courses were in the age group 51 – 60. The
proportion of staff with a declared disability (3%) who accessed external study leave was broadly in line with the overall proportion of staff with a declared disability in the Trust (2%).

**Internal training and development**

A range of internal training is available including mandatory training, management development and other – non-mandatory training (including courses in personal effectiveness, IT and clinical skills). The training is offered face to face and with some options for elearning. The data reported is for the training recorded on the Trust’s Electronic Staff Record (ESR).

Broadly, the proportions of staff accessing internal learning and development by ethnic group, age and disability are in line with the proportions of staff with these characteristics in the Trust. Proportionately more females (82%) access all types of training compared with the overall percentage of females within the Trust (79%). The percentage of staff accessing management development who are White British (65%) is higher than the proportion of these staff employed by the Trust (57%). 15% of those who completed other – non-mandatory training were Black, whereas 10% of the overall workforce is Black. Few staff age 61 or above access management development, or other non-mandatory training if age 65 and above.

The proportion of BME staff in Bands 1 – 4 is 31% and 66% for White staff compared with the Trust profile of BME staff (26%) and White staff (71%). We recognise that the contribution of staff in Bands 1 – 4 is of enormous value to the Trust and investment in their education and development in crucial to maintaining the excellent standards of care we expect.

The Study Leave Policy was updated in April 2014 to promote development for Bands 1 – 4 and to ensure that in most cases they will attract 100% funding and was promoted widely to staff and managers to increase representation of Bands 1-4 receiving study leave and financial support.

An example where 100% study leave funding for staff in Bands 1- 4 has made a real difference to a Physiotherapy Assistant who wanted to study Human Biology through the Open University, they said

“As a mother of two who works part-time as a Physiotherapist Assistant, finding the money for this course would have been a struggle. Studying for this course allows me to take a step closer to my goal of becoming a qualified Physiotherapist one day. You have made my year!”
Care Certificate and Qualifications and Credit Framework

29 staff have successfully completed the Care Certificate and the Qualifications and Credit Framework (QCF) this year, qualifications to help our staff 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 (31% of staff in bands 1 – 4 are from BME backgrounds compared with the Trust profile of 26% BME staff).

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.

Staff achieving QCF Certificates & Diplomas in Support Services and Business Administration included members from the Catering, Rapid Diagnostic & Assessment Centre, Outpatients, Fundraising, Pharmacy, Children & Young People’s Services & Private Patients’ teams.
Currently we have seven staff in training to become Nurses who were healthcare support workers. Below is an interview with one of our Healthcare Assistants who has been seconded to Nurse training.

Rilwan Folami  
Healthcare Assistant, Critical Care Unit  

Tell me a bit about you and your job in the Royal Marsden before your secondment to Nurse training?  
I worked as a Healthcare Assistant in Critical Care Unit (Chelsea) for two years. I am a dedicated, compassionate and good team worker who likes to be at the forefront of good patient care. I received the ‘Above and Beyond Award’ on CCU for exemplary patient care and teamwork.

What are you studying?  
I am studying for a Postgraduate Diploma in Adult Nursing (PGDip Adult Nursing).

It is a two year course. This is because I hold another degree (Mathematics) before going into Nursing. Instead of the normal three years, I started straight from year two and once completed; I will be a qualified nurse.

What do you hope to gain from the studies?  
I hope to qualify as a registered nurse. This will provide me with the opportunity of delivering good patient centred care and also to continue with my development of becoming a practice educator so I can impact my knowledge on colleagues and student nurses.

What difference has the secondment to training made to you?  
My secondment to training has provided me with a great development opportunity and has enabled me to acquire skills and knowledge, which I can put into practice. It will also provide me the opportunity to improve my career.

What would you say to someone who is considering doing what you are doing?  
It’s a big decision to make which requires plenty of commitment and hard-work. It is important to plan your move carefully. Keep yourself fully informed of what will be expected of you by the university and placement areas, otherwise it might be a difficult time. For me it is a privilege to look after someone. If you are really passionate like me, then, it is worth giving it a good go!
**Appraisals**

All staff are expected to have an annual appraisal, to discuss their personal performance and personal development plans. The appraisal rate has increased to 85% by improving the frequency of reporting, making it part of incremental progression processes and tackling data quality issues and reinforcing importance of appraisals with managers and staff. Within appraisals, Trust values are discussed and behaviours required to demonstrate these at work. Appraisals are monitored as part of mandatory monitoring.

Compared with the overall equality profile of the workforce there are no significant differences between staff with a protected characteristic and staff without. There are no significant differences for different groups for responses in the staff survey related to appraisals.

**Employee Relations**

The Trust ensures that all our employee relations procedures comply with relevant legislation and they are regularly reviewed to ensure continued compliance. The Trust aims are to ensure that employee relations within the Trust are fully inclusive and consistent to ensure best practice and that our people management processes are fair and transparent. Employee Relations training is provided to employees in the Trust who have line management responsibility to ensure our people management practices are consistently applied across the Trust.

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

The staff survey findings showed that women are more likely to report harassment and bullying from patients relatives and the public compared with men, (22% women/ 12% men). This may be because more women are working in patient/ public facing roles than men. Also the findings reported that staff with disabilities experience more harassment and bullying from other staff than staff without disabilities and that BME staff experience slightly more violence from patients than White staff. There is a slight difference in the experiences of younger staff (aged 16 – 30) who report less harassment, bullying or abuse from staff, compared with staff aged over 30.
10.4. Support to staff

**Flexible working**

The proportion of all staff working less than full time hours is 30% and there is **flexible working across all pay bands** for both male and female staff. There are higher proportions of flexible working in Bands 2, 3 and 7 for women and Bands 1, 2 and 8a and above for men.

From the staff survey findings, there were no significant differences between the responses of full time and part time staff.

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 and for other purposes. Requests for flexible working are managed locally; however appeals against decisions are managed in line with the Flexible Working Policy. The Healthroster system, enables staff to have greater personal choice in requesting work patterns, subject to service provision.

Wherever possible we have polices to support and enable people to observe the requirements of their religion for example time off to pray and working part time within service requirements.

**Staff Support Services**

In August 2015 we launched a **Mediation Service** to support staff who are experiencing conflict at work through a team of trained Service and HR staff.

The service offers an alternative means of resolving relationship problems at work and potentially will reduce the number of cases that reach formal complaint level.

Since the services launched there have been two cases supported and two more are currently being considered. We will monitor the service usage to ensure there is fair and representative usage.

The **staff support leaflet** which outlines all staff support services has been promoted regularly and to ensure that it is engaging for staff has been adapted in response to staff feedback.
The Trust has a team of **Workplace Advisers** who have been trained to provide a confidential listening service to staff who are experiencing or witnessing harassment and bullying. Harassment and bullying behaviour related to protected characteristics is included in the training for Workplace Advisers.

**Investigations’ training** for managers has been delivered to ensure managers are confident to apply the appropriate principles and practices when carrying out investigations.

**Stonewall Diversity Champions and LGB&T Network**

The **lesbian, gay, bisexual and transsexual (LGB&T)** network has reviewed policies including Special Leave and Maternity and Adoption, to ensure they are inclusive of LGB&T staff and provide equal benefits. It is positive to see an increase in the proportion of new starters and staff reporting their sexual orientation. We are included in the Stonewall Starting Out careers guide and include the Stonewall logo on job advertisements.

**BME Forum**

Our Chief Nurse and Equality, Diversity and Inclusion Lead held two initial meetings with BME staff, to explore setting up a **BME Forum** and to discuss the staff survey findings. There was a positive response to these meetings and further meetings are planned for 2016.

**Disability Two Ticks**

We reviewed progress against our Disability Two Ticks action plan including the guaranteed interview scheme to maintain our Two Ticks employer status.

**Reasonable adjustments**

A process was developed to ensure a consistent approach across the Trust for applicants, new starters and staff who become disabled during the course of their employment including an approach for dyslexia, building relations with the British Dyslexia Association.

**Childcare Support**

We offer a salary sacrifice childcare vouchers scheme in which currently there are 269 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 and an emergency childcare service is available.
**Athena Swan Award and support to the ICR**

The Equality Challenge Unit’s Athena SWAN charter encourages and recognises commitment to advancing the careers of women in science and medicine employed in academic institutions.

The ICR currently holds an Athena SWAN Bronze and is now aiming for the next step – a Silver Award to recognise progress made in enhancing opportunities for all female scientific researchers and academic clinicians. While the focus of the award is on the experience of female researchers, many of the issues it addresses also benefit men.

We have 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.

“It was inspiring to hear very senior women speak so frankly about their career and the challenges they’ve overcome. It’s particularly reassuring to know that it is difficult to balance work and family life but it isn’t impossible. Seeing other female colleagues from both ICR and The Royal Marsden in itself was really motivating.”

*(Participant at recent Women in Science event)*

We were asked to undertake an assessment of the ICR’s recruitment materials to ensure that there was no implicit gender biases within them. The Royal Marsden has also increased numbers of childcare places available to ICR staff in the Sutton site nursery. Planned joint initiatives include establishing a mentoring programme for female clinical researchers.

**10.5. 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 – Asian, BME- Black and BME- Other ethnic 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.
11. Patient Services

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

Here is the headline information about our patients.

11.1 Hospital patients: headline data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Of 49,356 hospital patients</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>61%</td>
</tr>
<tr>
<td>Male</td>
<td>39%</td>
</tr>
<tr>
<td>Over 60 years old</td>
<td>46%</td>
</tr>
<tr>
<td>Christian/Roman Catholic</td>
<td>58%</td>
</tr>
<tr>
<td>Black and Minority Ethnic</td>
<td>15%</td>
</tr>
</tbody>
</table>

All patients with a cancer diagnosis have a disability

From the data provided in the Patient and Workforce Equality Information report, we see that the findings are broadly similar to findings 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 slight increase in the number of patients from Black and Minority Ethnic (BME) backgrounds seen or treated in the hospital (15% 2015, 13% 2014).

• The highest proportion of patients were aged between 60 and 69 with higher proportions of breast unit patients aged between 40 and 59 and higher proportions of urology patients aged between 60 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.

11.2 Community Services patients: Headline data

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Over 60 years old</th>
<th>Black and Minority Ethnic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59%</td>
<td>41%</td>
<td>30%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Of 88,131 community patients

From the data provided in the Patient and Workforce Equality Information report we see that the findings are broadly similar to findings from previous years.

• 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 Contraceptive and Sexual Health service saw the largest proportion of female patients which reflects national usage of these services.

• 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.
There has been a small increase in the percentage of patients from Black and Minority Ethnic (BME) backgrounds (2015 29% 2014 27% 2013).

A higher proportion of BME patients were seen by the Immunisations teams (65%) compared with the proportion of BME patients seen across all services (29%). This broadly reflects the BME profile of school pupils served by these teams.

A significantly higher proportion of BME patients are seen by the HIV team (77%) compared with the proportion of BME patients seen across all services (29%). Across the country there is a higher incidence of HIV amongst BME groups, particularly amongst people from Black African backgrounds compared with White ethnic backgrounds.

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.

12. What do our patients say about us?

Key findings from the 2014 National Impatient Survey results have been broken down by age, ethnicity, gender and health 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 468 respondents, 58.5% were female and 41.5% male, 71% were aged between 40 and 79 years, 80.5% had a long standing health condition or illness and 10.5% were from BME backgrounds. 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 (98.5% male 96% female). A higher proportion of female respondents (40% female 31% male) responded that they saw or were given information about how to complain. Both female and male respondents rated the overall care they received as 100%.

All respondents by ethnic group felt they were treated with respect and dignity while in the hospital and responded in a similar way for seeing or being given information about how to complain. All ethnic group respondents rated the overall care they received as 100%.

88% of respondents aged 60–69, 95% of respondents aged 70–79 and 82% of respondents aged 80 or over responded that they got enough help from staff to eat their meals if they needed help to eat. The numbers are very small here. A slightly higher proportion of respondents aged 40–49 did not feel they were given enough privacy and dignity when discussing their condition or
treatment (5.6%) compared with other age groups. Respondents from all age groups felt that they were treated with respect and dignity while in the hospital, felt well looked after by hospital staff and rated the overall care they received as 100%.

Both respondents with long term health conditions and without long term health conditions rated the overall care they received as 100% and “felt treated with dignity and respect” and “felt well looked after”. A slightly higher proportion of respondents with a long standing condition (6%), deafness or severe hearing impairment (6%) did not feel they were given enough privacy when discussing their condition or treatment.

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 1/10/14 – 30/09/15, we were above the national NHS average rate for recommended care and treatment.

Patients are encouraged to give their views, constructive suggestions, and feedback on their experiences. These comments are a valuable source of patient feedback and are analysed to help the Trust improve the experience of patients and their families, friends and carers.

12.1 Protected characteristics

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

i Age

Older patients

24% of patients seen or treated in the hospital were over 70 and in the community this rises to 30%. 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. In the hospital we have developed established practices such as the “Red Serviette marker” to identify those patients who needs additional help with eating and the “Red Slippers marker” to identify those patients at risk of falling.

Two roadshows were run this year in conjunction with Age UK, to promote the services available for older people. There was positive feedback received from patients, visitors and staff who attended.

A survey of the experiences of older patient’s treatment and care was carried out by the Older Person’s Champions at the Sutton and Chelsea sites of the hospital, surveying patients over 65 years. The findings have been discussed with the Vulnerable Adults Working Group and shared with wards, to ensure consistent practice and raise awareness of the needs of older patients.
The findings include:

100% of respondents said they felt they were treated fairly whilst an inpatient

95% of respondents said they felt their privacy and dignity was respected at all times

Of those who needed assistance with mobilisation, 100% said they received adequate assistance

85% of respondents said they were asked the name they would like to be addressed by

Of those respondents who needed assistance at meal times, 24% said they received the right amount, 5% said they did not receive enough, with 66% of respondents saying the question was not applicable and 5% not being able to remember

We have been trialing medic alert bands for patients who are on chemotherapy and are more vulnerable, for example because they live alone and are elderly. If a patient goes to another hospital and they are wearing a band, then clinical staff at the hospital will know that this patient is receiving chemotherapy and who they can call within the hospital for more information.

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.

The Dementia Strategy Group identified two wards at Sutton and Chelsea and assessed these using the Kings Fund tool, to highlight areas where dementia friendly improvements could be made. Actions arising include ensuring clocks can be seen from all beds, laminated labels and signs for use at patient’s bedside to improve orientation and Who am I cards that provide information specifically about a patient’s needs and preferences.
Four Dementia Champions support Trust staff with dementia advice and support. Dementia training is part of mandatory training for nurses.

**Alzheimer’s Society**

The Community Dementia Nurses within the Community Services teams supported an Alzheimer’s Society Dementia Roadshow Bus in Wimbledon, which was run for the public to drop in and discuss any concerns they have about family members and friends, and to be sign posted in the right direction.

**Children, Teenagers and Young Adults**

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

Our School Nurses have been helping to develop the content related to sexual health into the Personal Health and Social Education programmes run at local secondary schools. The Check It Out team ran a stand at Carshalton College on Valentine’s Day and encouraged students to focus on healthy relationships.

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.
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.

**Safeguarding Vulnerable Adults and Children**

We have achieved **88% compliance** with training on safeguarding vulnerable adults and **89% compliance** with training on safeguarding children. This is great progress and our aim is to achieve 90% by the end of March 2016 and sustain this level of performance. We plan to improve our compliance further through increasing capacity for training and greater visibility of current compliance levels including 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 develop personal plans. 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.

**Learning disabilities**

We provide accessible information and support for patients with learning disabilities, for example patients with additional needs are supported to participate in assessment and intervention for dysphagia through written or picture information, or with the assistance of an interpreter, and by ensuring that wherever possible families and carers are involved.

The Hospital Passport system is being relaunched to ensure that patient needs and preferences are fully understood and we are developing accessible leaflets to improve how we communicate with patients with learning disabilities.

**Disabled facilities**

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 available.

Support for students with hearing impairments

The Check It Out team have run a special group session for hearing impaired students at Merton College on sexual health. As a result there is an improvement in awareness of the services amongst this client group and an increase in young people accessing the service.

Psychological support/ psychiatric liaison service

A telephone counselling service provides psychological support to those cancer patients who are too sick or have difficulties travelling to an appointment. The Psychiatric Liaison Team provide mental health assessment to cancer patients with challenging psychological needs and arranges ongoing support either through advice to the clinical team, through direct care to the patients or by onward referral to other services such as Psychological Support Service or community mental health teams.

Diabetes week

Diabetes week was supported across the community by awareness raising through community clinics to support and help people to learn more about the condition.

Disability training for staff

Specifically focused training sessions have been provided for example deaf awareness and sign language to help our staff support others with these disabilities.
**Accessible Website**

Our **new 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.

### iii Gender

**Patient, Advice and Liaison Service (PALS)**

Data from the PALS usage survey shows that men and women are using the service broadly in line with the gender profile of hospital patients (39% male and 61% female).

**Use of the Patient Advice and Liaison Service by gender (from walk in survey data)**

![Pie chart showing gender distribution]

- Male (36%)
- Female (56%)
- Not Known (8%)

### iv Gender reassignment

Where patients are undergoing gender reassignment we take into account their specific needs and ensure compliance with legislation. Where we need support we use information and advice from the Gender Identity Research and Education Society.

### v Marital / civil partnership status

Sometimes our patients and their partners wish to marry or become civil partners while under our care. This year the hospital has officiated and witnessed several ceremonies with family and friends. It is a privilege to be able to do this.
vi Maternity and Pregnancy

Unicef Baby Friendly Award

The prestigious Unicef Baby Friendly Award was awarded to Community Services staff for meeting the highest standards in supporting infant feeding. The award is part of the global Baby Friendly initiatives set up by Unicef and the World Health Organisation to support health services to improve the care they provide for mother and babies.

What mothers said..

100% were aware of support available and how to access it
97% had the opportunity to discuss issues affecting breastfeeding and thought the discussion was helpful
89% understood baby-led feeding and how to recognise feeding cues

Family Nurse Partnership

Our Family Nurse Partnership (FNP) programme provides is an intensive home visiting programme for pregnant young people under the age of 20 who are expecting their first baby. Through the programme the FNP Nurses develop therapeutic relationships with the teenagers, facilitating greater understanding of pregnancy, childbirth, and sensitive responsive parenting.

This programme has been imported from America where the outcomes include a reduced incidence of child abuse and neglect, fewer childhood injuries, reduced premature and low birth weight babies, reduced smoking in pregnancy and increased breast feeding.

vii Race

Translation, interpretation and patient information

If English is not a patient’s first language, we offer a telephone interpreting service to help them. A broad spectrum of leaflets and information has been translated into 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 have an ongoing programme of identifying the highest priority patient information so we can translate it and we also use extensive information provided by Macmillan.
**Cultural awareness training**

Cultural awareness training is being developed for the Private Care staff to raise awareness of the cultural differences of international patients and to enable staff to handle conflict professionally.

**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**

The majority of our patients are Christian but we care and treat patients from a wide variety of different religions and beliefs. We therefore provide a multi-faith Chaplaincy service with whose usage reflects our patient profile.

**Percentage of people using chaplaincy service by religion**

The Chaplaincy team provide spiritual support to the patients and families from all faith backgrounds and none and help prepare patients for death which may include helping them plan and arrange their funeral if requested. They will also liaise with faith leaders from non-Christian religions to support the patient and / or their family at the end of life if this is required.
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. All of the memorial services which we offer are inclusive of all religions and none.

We work with patients to ensure that they are able to eat food that meets their religious and cultural needs, by providing Kosher, Halal and vegetarian food and adapting menus to meet preferences. Also supporting patients when fasting for example during Ramadan we would ensure food is available at a time that it is needed.

**ix Sexual Orientation**

**Training for staff**

The Royal Marsden School provide courses on the sexual consequences of cancer and its treatment which includes same sex relationships.

**Contraceptive and Sexual Health and Check-It Out Services**

All our services are provided to patients to take into account their personal needs and our staff are trained to meet these.

**Healthcare Equality Index**

Although we did not participate in the Stonewall Healthcare Equality Index this year, the 2014 feedback was discussed with the LGB&T Network Chair and a network meeting held to consider the LGB&T patient needs.

**12.2 Concerns and complaints**

We have had no complaints from patients, relatives or visitors during this reporting period related to equality or diversity matters.

The ethnic group of patient, relative or visitor complainants is shown below, for the reporting period 1st April to 24th December 2015.

<table>
<thead>
<tr>
<th>Complainants (Hospital and Community Services)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>62%</td>
</tr>
<tr>
<td>Family member</td>
<td>31%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Not stated</td>
<td>2%</td>
</tr>
</tbody>
</table>
Of the 53 patient complainants, 75% were from a White ethnic background, with 13% from a BME ethnic background with 32% male and 68% female.

13. Priorities for action

This report provides the key findings from our equality information and outlines the steps we have been taken to ensure we promote equality, diversity and inclusion in our services and employment. We are pleased with the progress that has been made to achieve our priorities and enhance our equality performance but there is still further work to be done.

As a result of this report and the Workforce Race Equality Standard findings, Equality Objectives for 2016/2017 have been agreed by the Equality, Diversity and Inclusion Steering Group, as follows:

**Service objectives**

1. To accomplish comprehensive and accurate data for complaints and analyse this data including complaint themes by protected characteristic.
2. To re-launch the Hospital Passport, This is Me, to support patients with Learning Disabilities.
3. To ensure that our patient/carer and public engagement mechanisms including people across the different protected equality characteristics.

**Workforce objectives**

1. To develop a process to audit and check recruitment decisions, to ensure that these are fair
2. To achieve robust data for promotions and to consider this data by protected characteristic and implications for further career development support.

3. To establish a second review of disciplinary decisions before these are confirmed, to ensure they are fair.

4. To increase our understanding of the experiences of staff with disabilities and health conditions and how we can improve areas of concern.

5. Develop a system of mentorship by the members of the leadership team, with specific encouragement to BME staff.

6. To progress the actions to support the ICRs Athena Swan priorities.

A plan for the delivery of the Equality Objectives is being developed, with progress to be monitored by the Equality, Diversity and Inclusion Steering Group. On completion of the assessment of our performance against the Equality Delivery System additional priorities may be identified.

In addition we will continue to ensure that our staff are trained to meet the diverse needs of patients and that they provide culturally sensitive services.

This report along with the equality information profile will be published on the equality and diversity pages of the internet and intranet.