The ROYAL MARSDEN
NHS Foundation Trust

Equality Report 2018

January 2018
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Introduction

Our aim is to provide fair and inclusive services and employment within The Royal Marsden NHS Foundation Trust, which meet the diverse and personal needs of our patients and staff. This report highlights key findings from the 2017 equality information, demonstrates progress towards our 2017/2018 equality objectives, includes a summary of our 2017 Workforce Race Equality Standard (WRES) findings and outlines our equality objectives for 2018/2019. Our gender pay gap data and report, which is currently being developed will be published by 31st March 2018 and included in the annual equality report to the Board.

This report was approved by the Equality, Diversity and Inclusion Steering Group on the 17th January 2018.

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

Leading RM Partners, as part of the National Cancer Vanguard we aim to ensure that everyone receives the best cancer care when and where they need it. As the community health care provider of the Sutton Homes of Care Vanguard, we support the vision to provide vibrant, high-quality care homes in Sutton delivering care that embraces the national nursing values of patient care through integrated care, care staff education and development and quality assurance and safety.

Our commitment to equality, diversity and inclusion

The Royal Marsden is committed to ensuring equality, diversity 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 inclusion and provides the best environment for receiving care and treatment.

Every day we are working 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.

The workforce strategy, Aspiring to Excellence, details our commitment to ensuring an open, transparent and inclusive environment where feedback is encouraged, staff feel engaged and where we learn from our mistakes and celebrate our successes.

We have a zero-tolerance approach to all forms of harassment including sexual and racial harassment and will take all complaints of this nature extremely seriously.
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.

**Partnership Working**

During 2017 we continued to build our partnerships on the equality and inclusion agenda ensuring equality and diversity as a standing item on the Trust Consultative Committee agenda and participating in the Pan-London equality leads network, to improve equality and inclusion across the NHS in London, sharing best practice and developing London wide strategies.

We continue to develop close relationships with the ICR, ensuring mutual support to Equality Committees, strengthening our joint staff equality networks and reviewing equality information and policies. We have worked collaboratively with the ICR on our health and wellbeing strategies.

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 both the ICR and The Royal Marsden. We continue to support the ICR to maintain and progress the Athena SWANN award, to enhance opportunities for female scientific researchers and academic clinicians.

A number of staff have joined the London Women’s Leadership Network which is open to men and women to explore strategies for reducing glass ceilings at work and improving gender equality across the NHS in London.

**Care Quality Commission (CQC) Feedback**

Within the reporting period for this year’s equality report, we received feedback from the CQC inspection which included significant reference to how we demonstrate equality, diversity and inclusion in both our patient care and service and in our employment.

In January 2017, the CQC 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 and the work of the Forum for BAME staff. 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.” The CQC noted “The culture amongst staff across the Trust was aligned to the sixteen key values of the organisation.”

Feedback noted specific examples of steps taken to meet individual patient needs including religion or belief, learning disabilities, dementia and younger and older patients. The CQC noted “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.” Our interpreting services were also highlighted in the report and information that we have produced in other languages including communication cards.
Key achievements

✓ 97% of respondents said they were treated with respect and dignity in the latest national Cancer Inpatient Survey

✓ Finalist for the Strengthening Diversity award in national HR competition and invited to showcase our equality achievements to other NHS providers in London

✓ Commissioned DisabledGo, funded by The Royal Marsden Cancer Charity, to develop online access guides and best practice recommendations to support our patients and visitors, to launch by 1st April 2018

✓ Strengthened governance arrangements for encouraging staff to speak up through launch of the Freedom to Speak Up network, with Divisional Champions appointed

✓ The Learning Disabilities buddy network was re-launched, with a strong commitment from staff across a range of services to support service users who have a learning disability

✓ Equality, Diversity and Inclusion Steering Group trained as Dementia Friends

✓ Paediatric and Adolescent Drug Development team were highly commended in the Cancer Care Team of the year category of the BMJ awards

✓ Achieved 90% compliance for equality and diversity training for staff

✓ 3% point increase in Black, Asian and Minority Ethnic (BAME) staff since 2015

✓ 1% point increase in staff with a disability since 2016 which reflects improved reporting and greater transparency

✓ Three cohorts completed the Bands 4 – 6 Career Development Mentoring Scheme with 48% of mentees from a BAME background (28% BAME staff in Bands 4 - 6) and 9% of mentees having a disability (2% disabled staff in Bands 4 -6)

✓ Piloted cultural awareness training to support staff to provide culturally inclusive best services to our patients from the Middle East

✓ Increased participation and membership of the Joint Forum for Black Asian and Minority Ethnic staff from 27 in 2016 to 48 in 2017 and hosted a cultural food celebration event for 100 people to celebrate the diversity of our staff along with United Nations Day and Black History Month

✓ Strengthened the Joint Lesbian, Gay, Bisexual and Transsexual (LGBT+) Network, developing terms of reference, allocating work roles and organising inaugural social events

✓ Increasing the diversity of the Workplace Adviser service, supporting staff with concerns of harassment and bullying

✓ Launching the “Because you matter” campaign to harness all health and wellbeing initiatives in order to promote and improve the uptake of all support and opportunities available for staff

✓ Introducing a Homeworking and Mobile Working Policy
Governance and strategy

The Equality, Diversity and Inclusion (ED&I) Steering Group are responsible for setting the strategic equality priorities and equality information to be published including this Equality Report. Membership of the group is multi-disciplinary, across different levels and includes Executive Board members, Patient Governors and members of the Patient and Carer Advisory Group. The group monitor equality performance against our Equality Objectives and action plans. The 2017/2020 Equality Strategy was approved by the ED&I Steering Group in November 2017 setting out the strategic aims for equality, diversity and inclusion.

The Equality Delivery System (EDS2) is a framework for assessing the equality performance of NHS organisations and for identifying areas for improvement. We develop our Equality Objectives in line with the EDS2 goals, focusing on areas of development identified.

Equality Objectives 2017/2018

Our 2017/2018 Equality Objectives were agreed by the ED&I Steering Group in March 2017 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. 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 services objectives as at December 2017 is detailed below:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Details of progress</th>
<th>Progress</th>
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<tbody>
<tr>
<td>To improve the experience of disabled patients including access and support (Goal 2 EDS2)</td>
<td>A partnership has been agreed between The Royal Marsden and DisabledGo to develop access guides and best practice recommendations for the hospital sites, supported by The Royal Marsden Cancer Charity. Implementation started in September 2017 when surveyors commenced their studies. The guides are being approved with involvement of clinical and operational staff and with support from two patient governor representatives. The new guides will be launched by April 2018.</td>
<td>✔️ ✔️ ✔️</td>
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<tr>
<td>To explore the patient experiences of LGBT patients and use this knowledge to build awareness across The Royal Marsden</td>
<td>Research into LGBT patients has been identified by the LGBT+ network and learning from this has been included in the development of guidance to support transgender staff. Also the learning has been shared with our equality and diversity trainer to build awareness through the course content. Patient survey findings report positively for LGBT</td>
<td>✔️ ✔️ ✔️</td>
</tr>
</tbody>
</table>

Legend:
- ✔️ Work completed/ on track
- ✔️ Work in progress
- ✔️ Work started
- ✔️ Work not started
(Goal 2 EDS2) patients for being treated with respect and dignity with 90% saying always yes, however two responses were sometimes yes so we will continue to raise awareness of issues for LGBT patients with staff.

To improve the level of equality reporting for patient complaints The equality monitoring form is sent with all complaint acknowledgements. Marketing and Communications are enhancing the form to make it easier for recipients to complete in order to increase the response rate. Further work is required to improve the level of equality reporting by ensuring all complainants understand why we monitor this information.

Workforce Objectives
Progress against the workforce objectives as at December 2017 is detailed below:

<table>
<thead>
<tr>
<th>Legend</th>
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</thead>
<tbody>
<tr>
<td>Work completed/on track</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Details of progress</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop and implement an action plan from the disability survey to improve the experience of staff with disabilities</td>
<td>The survey identified that three actions were required: <strong>1. Establish a network for staff with disabilities and health conditions</strong> The Consultant Physiotherapist, Community Services has chaired three discussion groups at Sutton, Chelsea and Wallington to explore the experiences of staff with disabilities and health conditions at work and the role that a network could have for them and for the organisation. Further meetings are to be held in 2018 to develop a terms of reference, aims and priorities. <strong>2. Raise awareness of disabilities and particularly disabilities and health conditions that are less visible</strong> Mental health awareness sessions were run during Diversity and Dementia Week 2017 and from September a programme of Wellbeing Workshops were launched in Chelsea including a focus on stress, confidence and relaxation. On World Mental Health Day, the Staff Support Team visited staff across the Trust to share tips and information on improving mental health. Management training on how to support staff mental health is being considered. Staff support is included as part of the new initiatives.</td>
<td></td>
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induction and on-boarding programme, known as The Royal Marsden Welcome.

3. **Build understanding of reasonable adjustments at work and how Access to Work can support staff**

A new Managing Reasonable Adjustments Policy is being developed to clarify the Trust’s approach and ensure consistent practice. The policy supports a more centralised and structured approach to recording reasonable adjustments expenditure and monitoring equipment purchased to ensure it can be reused if staff leave or no longer require the equipment.

Access to Work is a specialist disability service delivered by JobCentre Plus, which gives practical advice and support to disabled people. Access to Work is provided where someone needs support or adaptations beyond the reasonable adjustments which an employer is legally obliged to provide under the Equality Act. Information about Access to Work is included in the policy.

| To improve the take up of all staff support services by male employees | Enhancements have been made to reporting systems to improve the robustness of gender reporting of staff support services, however there has been a decrease in the proportion of male staff using the Staff Counsellors (7% 2017, 10% 2016) and the Workplace Advisers (11% 2017 20% 2016).

The 2017 staff survey findings for organisation/management action on health and wellbeing for males and females remain similar, with slightly better scores for males than females. At the recent Health and Wellbeing Roadshows held at Sutton, Chelsea and Wallington 10% of all attendees who completed an evaluation form were male (25/ 242) which compares with 21% male staff in the overall workforce.

There is more work to be done to increase the uptake of male staff to support services. |

| To fully embed the career development mentoring scheme into The Royal Marsden and evaluate the impact of this for future schemes | Three cohorts of the Career Development Mentoring Scheme for Bands 4 – 6 commenced in 2016/2017.

The scheme was aimed at all staff but we were particularly keen to target Black, Asian and Minority Ethnic (BAME) and disabled staff as data suggests these staff groups are underrepresent at the higher grades. It is positive that:

- 48% of mentees are from a BAME background, compared with the BAME profile of staff in Bands 4 – 6 (29%)
- 9% of mentees have a disability or health |

|✅|✅|✅|
A full evaluation is underway to inform the development of a new scheme for staff in Bands 1 – 3, where mentees from cohorts 1, 2 and 3 will be invited to become alumnae mentors. All schemes will continue to be open to all staff but with a particular encouragement to staff from BAME backgrounds and staff with disabilities.

It is encouraging that 35% of the mentees have made career changes or taken on more responsibility in their role or in one of the staff networks (where information is known).

**Equality Information**

We gather, analyse, report and monitor our workforce and patients equality data by protected characteristic. This report includes an overview of this analysis including patient and staff survey findings, which is provided in full in the Equality Information Report January 2018 and is published on our intranet.

In the report we have grouped some ethnic categories to enable comparison with data from previous years. Black, Asian and Minority Ethnic (BAME) 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.
Workforce

In this section we consider different stages of the employee journey including recruitment and selection, employee relations, learning, development and education and turnover.

Headline data

The full set of equality information is detailed in the Equality Information Report, which can be found on our website. Highlights from the workforce equality information are detailed below.

The main findings are similar to previous years but to note:

- 3% point increase of BAME staff since 2015 (29% 2017, 26% 2015). In the Census 2011 data 14% of residents in England were BAME.
- 1% point increase of disabled staff in 2017 (3% 2017 2% 2016) which compares with 3% of the NHS workforce who disclosed they had a disability in 2015 (NHS Employers)
- A slightly higher proportion of males work in Bands 1 and 8 and above, compared with the proportion of males working in The Royal Marsden
- 43% of staff working in Estates and Ancillary roles and 30% of staff working in the medical workforce are from a BAME background
- Of those staff who said they have a disability, a slightly higher proportion work in Nursing or Administration and Clerical staff groups
- Where religion and belief is declared the majority of staff are Christian, with a broad selection of other religions/ no religion represented
- 42% of staff in Band 5 are aged between 16 – 30 years
- During 2017 we have provided support to staff undergoing gender reassignment.

We will now consider the workforce data during the different stages of the employee journey.

**Recruitment and Selection**

The workforce strategy, Aspiring to Excellence, details our vision is to attract, retain and develop the brightest and best people locally, nationally and internationally. We aim 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. We ensure guidance and that appropriate training in their implementation is available for all staff engaged in the recruitment process.

**Recruitment and Selection training**

A new Recruitment and Selection programme with an emphasis on unconscious bias has been developed. The new session also focused on best practice, organisational process and policy. The programme was designed and delivered in-house by the Learning and Development and Recruitment teams to allow for the greatest level of internal knowledge to be utilised and to create a programme of best fit.

Following the successful pilot, which was well evaluated and had participation from across different staff groups including administration, nursing, allied health professionals and research scientists, a regular programme is planned to commence in 2018.

**Recruitment activity**

From 1 October 2016 – 30 September 2017 there were 18,045 applications made to The Royal Marsden, 4632 applicants were shortlisted and 826 applicants were appointed. From reviewing the recruitment activity data, the findings are broadly similar to previous years.

68% of applications were made by females and this proportion increases to 75% for females shortlisted and to 83% for females appointed. Whereas 32% of applications were made by males and this proportion decreases to 25% for males shortlisted and 17% for males appointed.

There are lower proportions of appointed BAME applicants compared with the proportion of shortlisted BAME candidates. This outcome is reported in our Workforce Race Equality Standard (WRES) findings.

There is a lower proportion of applicants appointed compared with the proportion shortlisted who do not state whether they have a disability or not, the proportion of disabled applicants to appointed applicants is the same.

The streamlining of the recruitment service has continued and a range of recruitment initiatives have been implemented including successful international campaigns, an improved online presence on social media and a number of recruitment videos to support our campaigns.

**Women on Boards - 50/50 by 2020**

The **50/50 by 2020** campaign aims to fulfil gender equality on all Boards by 2020. In March 2017, the proportion of women on boards across NHS trusts was 42.6% and within The Royal Marsden currently 33% of our Board members are female.
In our overall workforce, there is a higher proportion of females in Band 7 (85%) and a lower proportion in Bands 8 and above (69%) compared with the overall gender profile (79%). 60% of Medical staff are female.

We will continue to ensure that executive search agencies working for us always provide us with a balanced long list that reflects the diversity of the London recruitment pool for all future Board appointments, as they did for the recent appointment of two Non-Executive Directors.

**International Nurses Day – Friday 12 May 2017**

International Nurses Day is celebrated around the world every May 12, to mark the anniversary of Florence Nightingale’s birth. To celebrate International Nurses Day, Eamonn Sullivan, Chief Nurse, and Sarah Rushbrooke, Deputy Chief Nurse, thanked hundreds of nursing staff across the Trust by delivering fruit and cakes to the hospital sites at Chelsea, Sutton and to Community Services.

We tweeted a globe map showing the diversity of countries where our nurses come from. Some of our international nurses gave live feedback about their experiences of working for The Royal Marsden.

![Globe Map](image)

In response to staff concerns about the impact of Brexit on the NHS, we invited Kate Ling from the European Office of the NHS Confederation, the body which represents Health Service organisations in England, to provide us with an update and to answer questions. We recognise the significant value of a diverse workforce and are supportive of all of our international and European staff. We continue to work with other NHS providers to monitor the impact of Brexit, which is reflected on our risk register. The monitoring highlighted that approximately 12% of the current workforce is from EU countries. Over the last few months, we have not seen any changes to this figure.

**Workforce Race Equality Standard 2017**

The Workforce Race Equality Standard (WRES) has been implemented as a mandatory requirement for all NHS Providers and NHS Commissioning Groups to improve race equality across the NHS. The WRES is required as part of the NHS Standard Contract and the indicators form part of well led assessments of organisations as a way to help develop understanding of the experiences of minority groups, which formed part of our CQC inspection in 2016.
The WRES comprises nine indicators, four of these are based on workforce data, four are based on data from the national staff survey indicators and one considers Board composition. These metrics consider any difference between White and BAME staff and we have used this information to target particular actions to reduce the gaps in experience and treatment between White and BAME staff.

The 2017 findings are shown below with comparison to the 2016 findings and baseline year 2015. Four of the indicators are the same or better and five indicators are worse, however three of the four staff survey indicators have improved since 2015 when the WRES commenced.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator description</th>
<th>Comparison of 2017 and 2016 findings</th>
<th>2017 compared with 2015 baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proportion of staff in bands</td>
<td>Similar to 2016 findings</td>
<td>**</td>
</tr>
<tr>
<td>2</td>
<td>Likelihood of White staff being appointed from shortlisting</td>
<td>Slightly worse than 2016 findings 2.42 more likely in 2017 1.91 more likely in 2016</td>
<td>**</td>
</tr>
<tr>
<td>3</td>
<td>Likelihood of BAME staff entering formal disciplinary process</td>
<td>Similar to 2016 findings 2.25 more likely in 2017 2.20 more likely in 2016</td>
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<tr>
<td>4</td>
<td>Likelihood of BAME staff accessing non-mandatory training and CPD</td>
<td>Similar to 2016 - equal outcomes for BAME and White staff</td>
<td>**</td>
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<td>5</td>
<td>Harassment bullying or abuse from patients (staff survey)</td>
<td>2017 BAME 17% White 17% 2016 BAME 15% White 17% 2015 BAME 21% White 19%</td>
<td>**</td>
</tr>
<tr>
<td>6</td>
<td>Harassment bullying or abuse from staff (staff survey)</td>
<td>2017 BAME 28% White 22% 2016 BAME 24% White 21% 2015 BAME 27 % White 23%</td>
<td>**</td>
</tr>
<tr>
<td>7</td>
<td>Believes Trust provides equal opportunities for career progression or promotion (staff survey)</td>
<td>2017 BAME 74% White 91% 2016 BAME 76% White 90% 2015 BAME 72 % White 90%</td>
<td>**</td>
</tr>
<tr>
<td>8</td>
<td>Experienced discrimination from manager/ team/ leader or colleagues (staff survey)</td>
<td>2017 BAME 11% White 5% 2016 BAME 12% White 6% 2015 BAME 14% White 5%</td>
<td>**</td>
</tr>
<tr>
<td>9</td>
<td>Percentage difference between Board voting membership and overall workforce</td>
<td>As the proportion of BAME staff overall has increased from 26% to 28%, this finding has increased from -26% to -28%</td>
<td>**</td>
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** The way in which the indicator is calculated has changed from baseline year, making year on year comparisons not applicable
We have taken a number of steps to reduce these differences which include:

- Launching a career development mentoring scheme for staff in bands 4 – 6 with particular encouragement to BAME staff
- Ensuring a diverse selection of shortlisted candidates for recent Non-Executive Board appointments
- Introducing “career journey” conversations with the forum for staff from BAME backgrounds
- Establishing mediation services and encouraging consistent practice through the introduction on an employee relations checklist and a second review of disciplinary cases where the outcome could be dismissal or final warning
- Running “managing difficult conversations” training for managers
- Maintaining 90% competence in equality and diversity training which is mandatory for all staff
- Strengthening the diversity of the Workplace Adviser service, supporting staff with concerns of harassment and bullying

In 2018 further actions will include:

- Launching a career development mentoring programme for staff in Bands 1-3 with particular encouragement to staff from BAME backgrounds
- Launching a new leadership development programme including a careers advisory service

Training, education and development of staff

Induction

Our Workforce Strategy has a clear focus on improving workforce retention as a means of improving workforce supply. In 2017 we reviewed the corporate induction and onboarding process in light of staff feedback from the quarterly new joiners survey, to create a new programme rooted in the organisation’s values and improves new starter and patient experience. Greater opportunities for new staff to consider their relationships with each other and patients has been added as has a new session dedicated to patient experience and quality, led by the Chief Nurse.

Since the launch of the Workforce Strategy, the Trust invested in a deep dive diagnostic in to staff retention which involved over 200 staff. The outcome from this informed the approved bid to The Royal Marsden Cancer Charity to support staff engagement initiatives which will focus on four distinct areas for action. These are appreciation including the red tape challenge and enhancing our existing recognition schemes, outstanding for care which will include a refresh of our organisational values, a communication portal and bespoke mental health and emotional resilience programme and career development which will include the launch of a career advisory scheme, preceptorship programmes and new career pathways.

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

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 via e-learning for staff, the provision of which continues to grow.

Statutory and Mandatory Training
The percentage of female (77.97%) and male (17.85%) 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 within these groups across the Trust.

Management and Leadership Development

The Trust makes available a range of management and leadership courses to all staff. The proportion of staff who identify as BAME accessing management and leadership development (30%) is broadly similar to the percentage of staff who identify as BAME (29%).

Non-Mandatory Training

Access by staff to personal effectiveness and other non-mandatory programmes was broadly representative of the organisational profile with respect to ethnicity, gender, age and disability.

Career Development Mentoring Scheme

In 2016/2017 three cohorts commenced the Career Development Mentoring Scheme for Bands 4 – 6. The scheme was open to all staff but we wanted to encourage BAME and disabled staff as data suggests these staff groups are underrepresented at higher grades. It is positive that the scheme has been so well received and participation from the target groups is high:

- 48% of mentees come from a BAME background, compared with the BAME profile of staff in Bands 4 – 6 (29%)
- 9% of mentees have a disability or health condition compared with the disability profile of staff in Bands 4 – 6 (2%)

Feedback was sought from mentees and mentors during the mentoring, to see how the mentoring matches were working and to identify any additional training needs for either party. Comments have been received from mentees about their experiences which include:

**What difference has Career Development Mentoring made?**

- **My career journey has become a lot faster through the mentoring scheme**
  - Biomedical Scientist
- **My mentor helped me to prepare my job applications, to be more independent and think for myself about my career**
  - Administrator
- **The Mentoring programme is a great initiative and has been very beneficial for my own personal development**
  - Clinical Trials Research Administrator

Professional Development: Access to Funding for External Study Leave

The percentage of employees by age, gender and sexual orientation who accessed study leave funds during the reporting period stayed broadly the same as the previous year. Employees in
the 31-40 age group continue to access the most study leave funds which is in line with previous years.

In 2017, we have worked to improve access to development opportunities for all staff groups. We recognise that the data in previous years indicated that BAME staff do have the same formal opportunities as white staff. In 2017, the percentage of employees from a BAME background who accessed study leave funds during the reporting period has increased from 18% to 24% and is now more in line with workforce composition. This corresponds with a slight decrease in employees from white backgrounds accessing study leave funds from 80% in 2015/2016 to 74% in 2016/2017.

There has been an increase in the percentage of employees during the reporting period who have stated that they have a disability accessing study leave funding from 1.7% in 2015/2016 to 3.3% in 2016/2017.

Internal Nurse Transfer Scheme

The Royal Marsden has implemented an internal transfer process for Band 5 nurses seeking a sideways opportunity within the Trust. The aim of the initiative is to provide our nursing workforce with opportunities to develop their clinical skills and achieve their professional goals. Where possible bank shifts are offered to staff wishing to transfer as a taster to what the role and new specialty would entail before they apply for a transfer.

Royal Marsden Apprenticeships

We recognise that apprenticeships will be key to future workforce development and we want to ensure equality of access to these development opportunities. Since the implementation of the Apprenticeship Scheme in September 2016, 36 new apprenticeships have started. The Royal Marsden offers a wide range of apprenticeship programmes, from entry to higher and degree level including, Pharmacy Services, Engineering, Business and Administration, Team Leading and Management and HR Management. Healthcare apprenticeships are also being launched.

It is encouraging that 52% of apprentices that started between the 1.10.16 – 30.9.17 are over 40 years as traditionally apprenticeships have been perceived as more appropriate for younger people. The proportion of BAME apprentices (27%) shows an improvement when compared to the proportion reported last year (20%). Two of the apprentices are male which is an improvement but continued efforts must be made to promote these opportunities widely.
Employee Relations

The Royal Marsden ensures that all our employee relations procedures comply with relevant legislation and are regularly reviewed to ensure continued compliance, consistent practice and fairness and transparency.

The proportion of male staff who were disciplined this year is higher than last year and higher than the proportion of male staff in the overall workforce. The proportion of BAME staff that were subject to formal employee relations procedures is higher than the proportion of BAME staff in the workforce. The total number of employee relations cases in 2016/2017 is relatively small with 69 cases and 12 appeals and of the 69 cases, 10 related to harassment and bullying.

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. Guidance has been developed to support staff who are transgender, specifically focusing on supporting those who are undergoing gender reassignment. The guidance was discussed with the LGBT+ staff network.

Wherever possible we try to address problems at an early stage, to avoid them escalating and we launched the Mediation Service two years ago to support staff who are in conflict with one another to resolve their issues together. Between 1.10.16 and 30.9.17, there were 16 cases referred for mediation with 11 cases mediated and of these 10 were successfully resolved (91%).

We launched the Freedom to Speak up network, aimed at encouraging staff to speak up where they have concerns about patient or staffing issues. In 2017, Freedom to Speak Up Divisional Champions were appointed to support the Trust Freedom to Speak Up Guardian. There is also a Guardian of Safe Working in place to support junior doctors in training to raise concerns about their working conditions or educational experience.

Workplace Advisers provide a confidential listening service to staff experiencing or witnessing harassment and bullying at work. Between the period 1.10 – 30.9.17, there were 18 calls to the helpline, 16 were from females (89%) and 2 from males (20%) which is higher than the gender profile of the workforce (78% female). The Workplace Adviser service was nominated for a staff achievement award in recognition of the support they give to their colleagues which is over and above their day to day role.

Health and Wellbeing

The Five Year Forward View makes a commitment to ensure the NHS as an employer sets a national example in the support it offers to champion the emotional, mental and physical health and wellbeing of every member of staff. We have taken a number of steps to ensure this for all of our staff which include:

- developing a distinct health and wellbeing brand to improve visibility of services and programmes across the organisation
- promoting onsite therapy services such as massage and physiotherapy and wellbeing classes including yoga and Pilates
- delivering mental and emotional wellbeing sessions including mindfulness and relaxation

In addition to the standard Staff Friends and Family Test questions, in quarter 1 2017, we included a supplementary question ‘Over the 12 months the Trust has provided opportunities to access a range of Trust health and wellbeing activities, benefits and links to discount schemes. As a result, have you taken any action to improve your physical well-being?’ 35% of
respondents confirmed that as a result of the schemes and initiatives that the Trust offers they have taken action to improve their physical wellbeing.

Staff Support Counselling

It has been well documented that effective staff support enhances emotional well-being of staff and thereby improves patient experience. (NICE 2009: Promoting mental wellbeing at work) Three staff support counsellors support staff in the workplace through individual counselling, debriefing, staff support groups, mediation and clinical supervision.

Services are available to all staff who are experiencing problems that may be affecting their ability to function at work. Over 80 group sessions and 500 individual appointments are offered to staff each quarter.

On Tuesday 10th October, to support this year’s theme for World Mental Health Day the Staff Support Team highlighted mental health in the workplace, visiting staff to share tips and information on improving mental health.

Flexible working and staff benefits

We recognise that at certain times of life staff may need greater flexibility in their working pattern, either on a short term or long term basis. Flexible working opportunities are an essential retention tool and we offer a diverse range of options where the service enables this. 26% of our staff work a flexible pattern with flexible working across all pay bands for both male and female staff. There are higher proportions of staff working part time in Nursing and Allied Health Professionals. A full range of flexible working options are available and wherever feasible we endeavour to enable staff to work flexibly for family, carer or for other purposes. The Healthroster system, enables staff to have greater personal choice in requesting work patterns, subject to service provision.

Broadly the findings from the staff survey are similar for full time and part time staff. A Home and Mobile Working Policy launched in 2017 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 we 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.

269 staff (6% of all staff) participate in a childcare vouchers scheme 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.

Staff Networks

Within The Royal Marsden we have a range of networks to support staff with protected characteristics. These include the:

Forum for BAME staff

The Forum which is chaired by the Chief Nurse is jointly run with the ICR and provides BAME staff with the opportunity to network with other BAME staff, to hear from senior leaders about their career journeys, to influence employment practice and policy and to organise social events for all staff.
Membership has increased steadily over 2017, a terms of reference for the network agreed and the setting of annual priorities.

In October the Forum hosted a Cultural Food Celebration to celebrate the rich diversity of staff at The Royal Marsden and ICR for United Nations Day and Black History Month. All staff were invited to taste authentic dishes from around the world and learn more about the different cultures represented by staff across the ICR and The Royal Marsden. Staff were encouraged to wear traditional dress and the evening was a great celebration.

LGBT+ staff network

The Lesbian, Gay, Bisexual and Transsexual (LGBT+) staff network has grown in strength this year, with increasing numbers and the development of a focused terms of reference and set of priorities. Several members have taken on developmental roles in the group including a Deputy Chair.

The network held two social events in 2017 including a karaoke evening and they also provided feedback on a guidance note for supporting transgender staff at work and the ICR Transgender Policy.

Network for staff with disabilities and health conditions

In response to the findings of the disability staff survey, initial meetings have been held with staff, chaired by the Consultant Physiotherapist, Sutton Community Services to explore the potential role for a network for staff with disabilities and health conditions.

The meetings were well received with positive conversations about how a network could support both staff and the organisation to improve the experiences of staff with disabilities and health conditions at work. Terms of reference will be developed in 2018.
Support for disabled staff and applicants

In October we resubmitted our application to become a Disability Confident employer and were again awarded Level 2.

We have a duty to make reasonable adjustments to remove any barriers that prevent disabled people from integrating fully into the workplace. This year we have developed a Reasonable Adjustments Policy to ensure consistent practice and centralised monitoring of adjustments.

Examples of reasonable adjustments made this year include:

- Changing hours and working patterns
- Carrying our workstation assessments and making changes to Visual Display Unit (VDU) equipment
- Purchasing equipment such as voice recognition software and modified computer equipment and chairs

Leavers

There were no significant differences for leaving rates by gender, ethnicity, disability, sexual orientation or religion and belief. A higher proportion of staff between 16 – 30 left the Trust (33%) compared with the proportion of staff overall in this group (19%).

Staff engagement

One of the ways that we measure staff engagement is through the annual staff survey. In the 2016 survey, there was a 48% response rate (1815 staff).

There were no significant variations for findings by gender, however female staff reported slightly more harassment and bullying by patients than male staff.

There is broad similarity across many findings for White and BAME staff including levels of staff engagement, however BAME staff reported worse scores than White staff for experiencing discrimination and believing there is equal opportunities for career progression or promotion.

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 2018, which will support both the national and our local priorities for improving the experiences of staff with disabilities.

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

In this section of the report, we present information about our patient services related to protected equality characteristics for both hospital and community services. 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.

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

At the Royal Marsden, we deal with cancer every day so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best.

For the full set of equality findings, please refer to the Hospital Patients section of the Equality Information Report, which can be found on our website.

The 2017 findings are broadly similar to those from previous years.

- The highest proportions of female patients were seen in the Breast, Gynaecology Sarcoma 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 BAME Private Care patients (20%) when compared with the proportion of BAME patients overall (16%) 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, with 29% aged over 70.

Marital and civil partnership findings are similar to last year. The 2011 Census data shows that 35% of the population in the UK were single with 47% married.

The proportion of Muslim Private Care patients was 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.

**Headlines: Sutton Community Services patients**

Through our Community Services we care for the health of people in Sutton, through our Children and Family Services and through our Adult Therapy Services and Adult Nursing Services. 49,758 patients were seen or treated in the community.

For the full set of equality findings for both Adults and Children’s Services, please refer to the Sutton Community Services Patients section of the Equality Information Report, which can be found on our website.

The 2017 findings show similarity with previous years:

- A higher proportion of female patients were seen or treated compared with male patients.

- 20% of patients were from BAME backgrounds which is higher than the 2011 Census ethnic profile for Sutton of 11%, although it is likely in 2017 that this ethnic profile has increased.

  In relation to language, 92% of Sutton residents speak English as their main language. However this does vary by age, with the lowest percentage in the 25-34 year olds (82%) which could be linked to economic migration.
• A significant proportion of patients who were seen/treated were aged over 70 years. Also a high proportion of patients who were seen or treated were under 10 years, when compared to all other age groups. Each child under 16 years is offered 9 routine checks throughout childhood and this profile reflects the nature of the services provided in the community.

• 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. It is noted that Sutton has a highly valued education system that manages children with autism and ADHD and parents move to the borough because of it.

Patient engagement

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

We undertake a range of engagement mechanisms to encourage a variety of people to get involved in our work. These include formal groups such as the Patient Experience and Quality Account Group, whose members include public and patient governors and representatives from Healthwatch Sutton and Chelsea. Also the Patient and Carer Advisory Group who work with us on a variety of projects to improve the experience of patients cared for by the Trust.

The Teenage and Young Adult (TYA) Facebook Group was set up to enable younger cancer patients, who may be physically remote from each other, to maintain and benefit from ongoing communication at a time when they most require it. The group is moderated by The Royal Marsden and enables the posting of information on events and activities for young people by the Teenage Cancer Trust Youth Support Worker.

In addition we involve our patients in specific projects and initiatives such as the Patient-Led Assessments of the Care Environment (PLACE) and our partnership with DisabledGo to develop access guides for our Sutton and Chelsea sites. We also host and participate in specific user groups related to services and tumour types, which enable us to listen and gain feedback on things we are doing well and areas for improvement.

We engage with our patients about our service developments, to ensure that future services and buildings enhance the patient experience and meet patient needs. In 2017, we held patient and public involvement events about our proposed Centre for Clinical Care and Research, to enable patients and the public to draw on their own experience to input into the new service and building design.

In the Care Quality Commission’s (CQC) annual Adult Inpatient Survey, which looks at the experiences of adult patients in all NHS trusts, The Royal Marsden was ranked in the top four NHS trusts in England. We had consistently high scores from more than 680 inpatients who completed the survey in September 2016, with the overall patient experience rated 9 out of 10.

Key findings from the survey are broken down by age, ethnicity, gender, religion and belief and sexual orientation. For some of the groups the actual numbers are quite small.

Of the 686 respondents:

- 60% were female and 40% male,
- 79% were aged 51 years and over
- 9% were from BAME backgrounds
- 71% were Christian
- 2% were lesbian, gay, bisexual or other sexual orientation.
97% of male and female respondents said they were always given enough privacy when being examined or treated. A slightly higher proportion of male respondents said they were always treated with respect and dignity (male 98% female 95%). 100% of female and male respondents rated the overall care they received as 100%.

96% of all respondents by ethnic group felt they were always treated with respect and dignity while in the hospital, which is the same across all ethnic groups. There was a slightly lower response for Asian respondents for always being given enough privacy and dignity when examined or treated compared with other ethnic groups. All ethnic group respondents rated the overall care they received as 100%.

There were some slight variations in responses by age but all age groups rated the overall care they received as 100%.

97% of all respondents by age felt they were always given enough privacy and dignity when being examined or treated, with 96% of respondents responding that they were always treated with respect and dignity. 100% of all respondents 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 96% felt they were always treated with dignity and respect. 97% of respondents felt they were always given enough privacy when being examined or treated.

There was a slight difference between responses from lesbian, gay, bisexual and other respondents compared with heterosexual/straight respondents for always treated with respect and dignity (96% heterosexual/straight 90% lesbian, gay, bisexual or other).

In the National Cancer Patient Experience Survey, which monitors the progress made on cancer care nationally, The Royal Marsden was ranked among the top three most improved providers out of 148 NHS trusts. We scored an outstanding 8.9 out of 10 for the overall rating and above the national average in 30 of the survey questions.

‘The Friends and Family Test’ is for all providers of NHS funded acute services for inpatients including independent sector organisations and for outpatients, community services, dental, ambulance, accident and emergency, maternity, mental health and general practices. The Trust asks all patients the question ‘How likely are you to recommend our ward to friends and family if they needed similar care or treatment?’

At The Royal Marsden patients being discharged from wards or leaving outpatient areas are given a questionnaire that can be completed anonymously and left in a box on the ward or outpatient area.

The Trust also asks additional questions around cleanliness and helpfulness of staff and gains valuable feedback from patients who complete the forms. Actions are taken to rectify and areas for improvement. Results are displayed in clinical areas and results are reviewed by the Trust Board committee.

**Protected equality characteristics**

We now want to highlight specific areas of work that have been progressed to support and improve the experiences of patients from protected groups.

**Age**

**Older patients**

A significant proportion of patients seen or treated in both the hospital (29%) and the community (30%) during the last reporting year were over 70 years and it is therefore essential that we provide services that take into account the needs of older people. Specific measures that we have taken to support older people include ensuring that all inpatients over the age of 65 are
A 73 year old man with sudden onset of cancer of the spine, was unable to use his right hand and had become unsteady on his feet with an increased risk of falling while on the ward.

The Occupational Therapy team made a thermoplastic splint for his right hand to prevent it becoming contracted and adhered Velcro to the splint and phone so the patient could use his phone with his left hand. They provided relaxation sessions which the patient enjoyed, “I use the relaxation when I feel tired, it helps me achieve some proper rest so that I can manage the rest of the day.”

The Physiotherapy Team provided exercise programmes to build his muscle strength. The Massage Therapist provided hand and foot massage to help him relax and improve his poor sleep pattern and extreme anxiety. The patient had not used aromatherapy before but said “I always use my aromatherapy stick to help me cope when I start to feel myself tense up.”

Dementia

We undertake dementia screening for all patients over the age of 75 at pre-assessment which allows us to flag if we are caring for people that may have cognitive difficulties and require additional support. We have dementia friendly wards to help orientate patients on the ward and help them maintain independence.

During Diversity and Dementia Week 2017 a number of events were delivered including dementia friends training and holding a dementia awareness stall for staff and patients hosted by the Alzheimer’s Society. In June 2017, the Equality, Diversity and Inclusion Steering Group were trained as Dementia Friends.

Children, Teenagers and Young Adults

We ensure that we provide services for children, teenagers and young adults that meet their different needs and use our expertise to support families, schools and colleges. We aim to create an environment that is familiar and enable our younger patients to meet other similar patients and to have fun together, for example hosting party style gatherings, having pizza evenings and inviting the local Fire Brigade to show children around a fire truck.

Safeguarding Vulnerable Adults and Children

Raising the profile of Safeguarding Vulnerable Adults and Children, has continued to be a ongoing key focus for the Trust. We increased capacity within the safeguarding teams, recruiting a permanent Specialist Safeguarding Adults Advisor to support across the Trust and Safeguarding Children’s Advisor working in the Oak Centre for Children and Young People to support staff in our safeguarding duties.
We have maintained our mandatory training compliance for safeguarding adults and children across the Trust. This included all paediatric community staff attending mandatory safeguarding children’s updates, with a focus on critical decision making and application of Local Safeguarding Children’s Board threshold document which determines level of need in relation to risk and harm.

We have also developed Safeguarding adults A5 cards outlining the categories of abuse and key safeguarding contacts; trained 141 or 73% community clinical staff in the Mental Capacity Act; rolled out a new programme of Level 3 safeguarding adults training for identified staff; and held a “Mental Capacity Act Forum for Consultants and Senior Decision Makers” in December delivered by affiliates of Hempsons (Health and Social Care Lawyers).

We have also increased safeguarding supervision for staff within RM Community Services Sherwood Park and Cedar Lodge due to complexities of needs of younger people with disabilities and the looked after children’s nurse has continued to work closely with care leaver’s services to support health needs for young unaccompanied asylum seekers in Sutton.

Disability

We are delighted to be working in partnership with DisabledGo, the leading provider of access information for disabled people in the UK. DisabledGo surveyors have assessed our Sutton and Chelsea site service buildings to produce online access guides for these which will help our cancer patients and their visitors to plan their time at the hospital.

A multi-disciplinary team has formed to ensure that the project goes smoothly. The guides are being developed to reflect the needs of a variety of people with a wide range of impairments and feedback from disabled people is taken into account in their development. Two of our Patient Governors will be involved in the approval process for the access guides which will be launched by April 2018 and refreshed annually.

Collaborative working

As a community services provider, we are a key member of a multi-disciplinary group with Epsom and St Helier University Hospitals NHS Trust that meets regularly to review patients who have complex needs and require a multi-disciplinary team approach to discharge planning. We work collaboratively to ensure patients are discharged home in a timely and safe manner.

Therapies support

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. 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.

We provide a variety of services to support the health and wellbeing of our patients which include free yoga sessions, “look good, feel good” skin care and make up workshops to help women and teenagers manage the physical side effects of cancer treatment and Spring into Action, a diet and physical activity advice clinic.
Adult Psychological Support Team

The Adult Psychological Support Team provide psychological 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 Adult Liaison Psychiatry Team or community mental health teams.

The proportion of female patients using the Adult Psychological Support Team services (69%) is higher than the overall proportion of female patients (61%). The ethnic profile and the age profile are similar to the overall patient profile for ethnicity and age.

Understanding autism

This year we have delivered training to help hospital and community staff understand autism and how it can affect the patient experience, including the issues that autistic people commonly face, including sensory issues and considering different ways of working so that support is relevant.

Learning Disabilities buddies

The learning disabilities buddies network has been re-launched in 2017. Buddies consist of staff from clinical areas from both the hospital and community services who have expressed a wish to support patients with learning disabilities through their health care journey. 17 staff received learning disabilities buddy training in 2017 and the network meets on a quarterly basis to share good practice and feedback to the wider nursing team. Hospital nursing staff have also received learning disabilities awareness training as part of their mandatory training programme.

Gender

We see a higher proportion of female patients both in the hospital and in the community. Occasionally patients ask for a nurse or other member of staff who is caring for them to be of a specific gender, normally for religious reasons or where intimate care is being given. Wherever possible we try to meet the needs of all of our patients.
Gender Reassignment

Findings from research about the experiences of transgender people in the healthcare system and more broadly has been used to develop a new guidance document to support transgender staff in the workplace.

Marital/ Civil Partnership

The Chaplains support patients and their partners who wish to get married or become civil partners while in our care, supporting the civil ceremonies either at the bedside or in one of the chapels.

Maternity and Pregnancy

The health visiting team work closely with parents and carers in Sutton who have children under 5 years, providing advice and support on areas such as feeding, sleeping, language and communication, immunisations and provide support to children and families in need of additional help. The health visiting service was awarded, at their revalidation, the UNICEF Level 3 Baby Friendly Breast Feeding Award.

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. We invested over £140k in translation and interpreting services in 2017. Arabic is the second most used language of our patients after English and within our International Centre we have strengthened our International Team to support the expanding number of international patients.

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 (RMMH) 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.

Feedback from a recent RMMH patient survey is extremely positive, with 95% of respondents saying that they find it easier to contact the hospital now that the hotline is in place and 98% saying that they would use the hotline again.

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 on request.

Cultural Awareness training

A Cultural Awareness training programme, focusing specifically on Middle Eastern culture has been piloted and launches in February 2018 which includes case studies developed with staff who regularly work with patients from this area of the world.

Patient Support

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

Religion and belief

The Chaplaincy team continues to provide spiritual and religious care for patients and their families and staff from all faith backgrounds including a significant proportion of people with no religion (12%). The team is made up of representatives of the Church of England, the Roman Catholic Church, the Methodist Church and the Muslim Faith and includes 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 response to the increased number of beds for private patients, many of whom are from the Middle East we have appointed during this past year an additional Muslim Chaplain who is with us in Chelsea each Wednesday and in Sutton each Thursday thus ensuring a regular Muslim presence at both our hospital sites.

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 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.

**Sexual Orientation**

We provide inclusive services that treat people with dignity and respect and are continuously looking at how we can improve our understanding of the needs of our patients. The LGBT+ network provide advice and guidance on the needs of LGBT+ patients and this learning is fed to the equality and diversity trainer, for inclusion in the mandatory equality and diversity training.

We also recognise that there will be specific needs for some of our patients, for example school children and we support our staff to undertake focus training on the impact of sexual orientation for the services they provide. Lesbian, Gay, Bisexual and Transgender History month was promoted this year.

**Membership**

Having a diverse membership that represents the people we serve, our workforce and our communities matters to us and the charts below show our membership by gender, ethnicity and age. Through our Membership and Communications Group we consider strategies for encouraging greater representation from under-represented groups. We provide our Governors with equality and diversity training to ensure they are aware of our responsibilities and our diversity and inclusion priorities.
Concerns and complaints

During the period 1 October 2016 - 30 September 2017, there were no complaints related to equality and diversity matters. 63% of complaints were made by females which is slightly higher than the proportion of female patients in the hospital (61%) and in the community (57%). 12% of complaints were made by complainants from BAME backgrounds which is lower than the proportion of BAME patients seen in the community (20%) and in the hospital 16%. The largest proportion of complaints is made by people aged between 50 – 65.

Equality priorities for 2018/2019

This report provides 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. We will continue to focus on the priorities arising from our WRES findings and recognise the need for a sustained effort in this area. The Workforce Disability Equality Scheme is expected to launch in 2018, which will provide us with a systematic means for assessing our disability equality performance and benchmarking this with other trusts.

Service priorities (to be confirmed in March 2018)

The following areas are recommended to be developed into Equality Objectives for 2018/2019.

1. To launch DisabledGo and ensure wide promotion both to our patients and visitors and to our staff and monitor usage. (EDS Goal 2 Improved patient access and experience)

2. To undertake a service evaluation assessing equity of access by gender to the Adult Psychological Support Team. (EDS Goal 2 Improved patient access and experience)

3. To improve the signage and our clinical environments, to create a dementia friendly hospital site. (EDS Goal 1 Better health outcomes)

Workforce priorities (to be confirmed in March 2018)

1. To launch the Leadership Development programmes which incorporates a focus on inclusion and diversity and the Careers Advisory Service, ensuring representative usage of these. (EDS Goal 4 Inclusive Leadership)

2. To develop an organisation development programme, to refresh our organisational values and define behaviours associated with these. The aim of the programme is to
further develop high performing, positive and inclusive culture. (EDS Goal 3 A representative and supported workforce)

3. To launch a network for staff with disabilities and health conditions and enhance closer monitoring of reasonable adjustments. (EDS Goal 3 A representative and supported workforce)

We will support the Pan-London project to improve WRES indicator 3 (discipline) which will be integrated into our work.

**Recommendations**

The Equality, Diversity and Inclusion Steering Group approved this report at their meeting in January 2018 including the high level equality priorities for 2018/2019.

The equality priorities will be developed into Equality Objectives for 2018/2019, to be ratified at the March 2018 Steering Group meeting, prior to discussion with the Board in April 2018.