

The ROYAL MARSDEN
NHS Foundation Trust



NHS

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What is a Quality Report?

All NHS trusts have to publish their annual financial accounts. Since 2009, as part of the drive across the NHS to be open and honest about the quality of services provided to the public, all NHS trusts have had to publish a Quality Report.

You can also find information on the quality of services across NHS organisations by viewing the Quality Reports on the NHS Choices website at [nhs.uk](https://www.nhs.uk).

The purpose of this Quality Report is to:

1. Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2020/21
2. Set out our quality priorities and objectives for 2021/22.



To begin with, we will give details of how we performed in 2020/21 against the quality priorities and objectives we set ourselves under the categories of:



First, where we have not met the priorities and objectives we set ourselves, we will explain why, and set out the plans we have to make sure improvements are made in the future.

Second, we will set out our quality priorities and objectives for 2021/22, under these same categories. We will explain how we decided on these priorities and objectives, and how we aim to achieve these and measure performance.

Quality Reports are useful for our Board, who are responsible for the quality of our services, as they can use them in their role of assessing and leading the Trust. We encourage frontline staff to use the Quality Report, both to compare their performance with other trusts, and also to help improve their own service.

For patients, carers and the public, this Quality Report should be easy to read and understand. It should highlight important areas of safety and effective care being provided in a caring and compassionate way, and also show how we are concentrating on improvements we can make to patient care and experience.

It is important to remember that some aspects of this Quality Report are a compulsory legal requirement for including in the report. They are about significant areas and are usually presented as numbers in a table. If there are any areas of the Quality Report that are difficult to read or understand, or if you have any questions, please contact us through the Assurance Team on 020 7808 2702 or visit our website at royalmarsden.nhs.uk.

This Quality Report is divided into three sections:

Part 1	Introduction to The Royal Marsden NHS Foundation Trust and a statement on quality from the Chief Executive
Part 2	Performance against 2020/21 quality priorities and setting our quality priorities for 2021/22
	Reviewing progress of the quality improvements in 2020/21 and choosing the new priorities for 2021/22
	Statements of assurance from the Board
Part 3	Other information

Part 1

Introduction to The Royal Marsden NHS Foundation Trust and a statement on quality from the Chief Executive

The quality of care that patients and their families receive, and their experiences, are central to all that we do. The Royal Marsden NHS Foundation Trust is the largest cancer centre in Europe and, in association with The Institute of Cancer Research (ICR), is responsible for the largest cancer research programme in the UK.

Our commitment to meeting the challenges of continuing to provide quality care and experience within a cost-effective framework underpins the following four corporate objectives for 2020/21:

1. Improve patient safety and clinical effectiveness
2. Improve patient experience
3. Deliver excellence in teaching and research
4. Ensure financial and environmental sustainability.

Our commitment to improving quality is demonstrated by the following achievements in the year from 1 April 2020 to 31 March 2021.

Five-Year Strategic Plan 2018/19 to 2023/24

Launched in June 2018, the Trust's Five-Year Strategic Plan outlines four core themes:

1. Research and innovation
2. Treatment and care
3. Modernising infrastructure
4. Financial sustainability and best value.

There are also four cross-cutting themes: workforce, quality, The Royal Marsden Cancer Charity and Private Care.

Cancer Hub

In response to the COVID-19 pandemic, The Royal Marsden Cancer Surgical Hub was stood up on 23 March 2020 to support the continued provision of cancer surgery across north and south west London, and ran until 30 April 2021. The role of the Hub was to provide COVID-19-protected capacity for west London surgeons to perform time-critical cancer operations, prioritising access to theatres across The Royal Marsden and Bupa Cromwell hospitals on the basis of clinical need. In total, 1,351 patients from external trusts underwent surgery within the Cancer Hub.

ISO9001:2015 accreditation

Our accreditation was maintained for chemotherapy and radiotherapy services throughout the year. Virtual inspections were undertaken in March 2021, due to restrictions in place throughout the COVID-19 pandemic. No new non-conformities were raised and none were outstanding from previous inspections completed in March 2020. The Trust continues to meet all the requirements of this globally recognised quality standard for both these services, which helps to ensure high standards and continual improvement.

Quality Standard for Diagnostic Imaging

The Quality Standard for Diagnostic Imaging (QSI) is now well established into routine practice, as we reached just over the halfway point in the four-year accreditation cycle. A further documentation submission and review by the UK Accreditation Service was completed in September 2020. This was successfully passed with 12 minor findings being raised, all of which were quickly and successfully closed by January 2021. The standard covers a number of areas of operation including: clinical practice, safety, facilities and resources, and patient experience – all of which were found to meet the requirements. Plans are underway to extend the scope of this accreditation to include our newly opened Cavendish Square site.

JAG (Joint Advisory Group on GI Endoscopy)

Our JAG accreditation was maintained for our endoscopy unit throughout the year. Virtual inspections were undertaken in November 2020, due to restrictions in place throughout the COVID-19 pandemic. The onsite environmental visit was carried out in April 2021, extending this accreditation for a further five years. The Trust was congratulated for the high standard of achievement and the findings from the assessment included only two recommendations to further enhance practice.

Customer Service Excellence

The Customer Service Excellence standard tests in depth those areas that research has indicated are a priority for customers, with a particular focus on delivery, timeliness, information, professionalism and staff attitude. The latest assessment was held virtually on 14 December 2020. The Trust was rated as compliant across all elements, with the assessor impressed with the Trust’s work in response to the pandemic, including the Cancer Surgical Hub which allowed cancer operations to continue based on clinical priorities for several different organisations. A further highlight for the assessor was the transparency of the Trust in its publication of its promises on timeliness and quality of service. Thirteen of the 57 elements that make up the five criteria against which the Trust is assessed against over a three-year cycle are rated as Compliance Plus (best practice/top rated).

COVID-19 vaccination programme

A COVID-19 vaccination group was established to oversee the roll out of a vaccination programme to staff and patients. This initially made use of the Pfizer vaccine to vaccinate staff from The Royal Marsden, other healthcare workers from south west London and priority patient groups such as those who are aged over 80 or 75. Due to logistics and to avoid wastage, when the number of Royal Marsden staff requiring the vaccine reduced to below 1,000, it was then necessary to switch to the AstraZeneca vaccine as this can be stored for longer and at fridge temperature. The focus of the programme was then split between the remaining staff who needed the vaccine (with a focus on black, Asian and minority ethnic [BAME] staff) and those priority patients in conjunction with existing clinic attendances. We have also been able to opportunistically vaccinate carers, such as parents of paediatric patients, who fall within the priority group as they were approved to visit The Royal Marsden. Like many NHS trusts, the proportion of BAME staff who have chosen to be vaccinated is proportionately lower, and a variety of communication methods were adopted to address any remaining questions that this group may have with bespoke Q&A sessions and individual clinical consultation.

We closed the vaccine programme on 21 May 2021 after having delivered 19,111 vaccines. We have vaccinated 87 per cent of around 4,200 staff, and BAME staff are at 81 per cent. We are now preparing for the booster programme which is likely to start in the later summer/early autumn.

The Royal Marsden and its Board has tried to take all reasonable steps to make sure the information in this Quality Report is accurate. On behalf of the Board of The Royal Marsden NHS Foundation Trust (the Trust) I can confirm that, as far as I know and believe, the information in this Quality Report is accurate.



Dame Cally Palmer
Chief Executive
June 2021

Part 2

Performance against 2020/21 quality priorities and setting our quality priorities for 2021/22

Introduction

The quality priorities and targets for 2020/21 are shown in the table below. The priorities and targets in **blue** are reported by all NHS trusts as part of the Single Oversight Framework (improvement.nhs.uk/resources/single-oversight-framework). We recognise their importance and so incorporate them within our quality priorities. The priorities and targets in **black** are the ones we have set ourselves. These have been discussed and agreed throughout the year with both internal and external stakeholders, and you can find further details of this from page 45. Our performance against the targets is summarised in the table below. The table also shows which quality priorities we have set ourselves for 2021/22.

Table 1: Quality priorities and targets for 2020/21 and 2021/22

Category	Quality priority	Target for 2020/21	Performance for the year 2020/21	Target set for April 2021 to March 2022
Safe care	<p>1</p> <p>To reduce the number of cases of healthcare-related infections (Clostridium difficile [C.difficile] and Escherichia coli [E.coli]).</p> <p>Applies to hospital inpatient beds at The Royal Marsden.</p>	<p>a. For there to be fewer than 67 attributable cases of C.difficile infection per annum</p> <p>b. For there to be fewer than 65 attributable cases of E.coli blood stream infection (BSI) per annum</p>	<p>a. Achieved</p> <p>b. Achieved (Information provided by the Trust)</p>	<p>Awaiting national targets</p> <p>Applies to hospital inpatient beds at The Royal Marsden.</p>
Safe care	<p>2</p> <p>To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death.</p> <p>(A ‘near miss’ is when an event had the potential to harm the patient and the staff prevented it from happening.)</p> <p>(A patient safety incident is an incident that could have harmed or did harm a patient.)</p>	<p>For the rate of reported patient safety incidents that have caused severe harm or death to be below 0.06 per 1,000 bed days.</p> <p>(A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.)</p> <p>Applies to hospital inpatient beds at The Royal Marsden.</p>	<p>Achieved (Information provided by the Trust)</p>	<p>To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death.</p>

Category	Quality priority	Target for 2020/21	Performance for the year 2020/21	Target set for April 2021 to March 2022
Safe care	3 To implement the 'Call4Concern' initiative.	a. To implement 'Call4Concern' across the inpatient areas within the Trust b. To set monthly metrics and targets to monitor activity and aid action planning	a. Achieved b. Not achieved (Information provided by the Trust)	a. To roadshow and promote 'Call4Concern' through a marketing campaign b. To set monthly metrics and targets for the Board and to monitor activity through 'Harm free care' campaign
Effective care	4 To develop and implement new models of care that promote early diagnosis to improve survival.	a. To continue to develop new models of care that promote early diagnosis b. To develop metrics and set reporting targets in line with national guidance	a. Partially achieved b. Achieved (Information provided by the Trust)	a. To continue to develop new models of care that promote early diagnosis b. To develop metrics and set reporting targets in line with national guidance
Effective care	5 To reduce harm from sepsis.	a. For more than 90 per cent of patients who meet the local criteria for suspected sepsis to be screened for sepsis b. For more than 90 per cent of patients to be given antibiotics within one hour of sepsis being diagnosed	a. Achieved b. Achieved (Information provided by the Trust)	Awaiting national targets. Priority target to be set in line with this.

Category	Quality priority	Target for 2020/21	Performance for the year 2020/21	Target set for April 2021 to March 2022
Patient experience	6 As patient experience is inextricably linked with staff experience, to focus on staff retention and reduce nursing leavers.	a. Trust-wide review of health roster systems to develop best-practice rosters b. Design career pathway for nurses c. Strengthen staff engagement through targeted focus groups	a. Not achieved b. Achieved c. Partially achieved (Information provided by the Trust)	a. Trust-wide review of health roster systems to develop best-practice rosters b. Design career pathway for nurses c. Strengthen staff engagement through targeted focus groups
Patient experience	7 To co-ordinate and implement our Patient Experience Commitment.	To implement and monitor objectives as identified in the Patient Experience Commitment	Partially achieved (Information provided by the Trust)	To implement and monitor objectives as identified in the Patient Experience Commitment
Patient experience	8 To focus on patients with additional needs to improve patient experience.	a. To undertake a review of the cancer journey of our patients with additional needs b. To implement reporting metrics for the Board, with meaningful data and action planning	b. Achieved c. Not achieved (Information provided by the Trust)	To implement reporting metrics for the Board, with meaningful data and action planning

The next section gives more detail of the quality priorities, the progress we made in meeting the targets set for 2020/21, how we will improve our performance, and how our performance will be monitored and measured.

Priority 1

To reduce the number of cases of healthcare-related infections (Clostridium difficile [C.difficile] and Escherichia coli [E.coli])

Targets

- a. For there to be fewer than 67 attributable cases of C.difficile infection per annum
- b. For there to be fewer than 65 attributable cases of E.coli blood stream infection (BSI) per annum



This year has been the most challenging year in recent history due to the COVID-19 pandemic. The Infection Prevention and Control Team (IPCT) has played a major part in the Trust's work to keep patients and staff safe, as well as continuing to manage other important infections to maintain patient safety and keep services running throughout the Trust.

What we did in 2020/21

- In response to the COVID-19 pandemic, we have worked hard to ensure that patients and staff are not exposed to the risk of COVID-19.
- This has included participating in key decision making, interpreting and responding to the rapidly changing national guidance, and developing standard operating procedures (SOPs) around systems and processes.
- Guidance was developed on the use of personal protective equipment (PPE) to advise and support staff.
- We developed and supported a test and trace system for the management of COVID-19 in a structured and transparent manner.
- We have continued to review attributable E.coli cases at a learning review panel held monthly and chaired by the Director for Infection Prevention and Control (DIPC).
- E.coli work with our cancer collaborative of five trusts continued, with further data analysis of cases in 2020.
- We have developed new reporting frameworks to simplify data collection and analysis for E.coli and C.difficile infection.

How we performed in 2020/21

- There were 73 C.difficile cases in 2020/21. Of these, 52 cases were deemed attributable to the Trust. Therefore, the target was achieved.
- There were 70 E.coli cases in 2020/21. Only 33 of these were identified more than 48 hours after admission and deemed attributable to the Trust. Therefore, the target was achieved.

Actions to improve our performance

- We will review and update our Infection Prevention and Control Strategy.
- We will review the use of antimicrobial prophylaxis for invasive procedures to reduce the risk of infection.

How improvements will be measured and monitored

- We will continue to present our monthly figures to the Trust Board.
- We will continue to monitor and report attributable healthcare-associated infections and undertake actions where required.
- We will continue to monitor E.coli numbers and maintain the review panel.

Priority 2

To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death

Target

For the rate of reported patient safety incidents that have caused severe harm or death to be below 0.06 per 1,000 bed days.



What we did in 2020/21

- We updated the risk registers to reflect the pervasive impact of COVID-19 across all services.
- We delivered workplace COVID-19 risk assessments in clinical and non-clinical areas.
- We supported the establishment of the Cancer Surgical Hub, which included cross-organisational investigations and review of hub-related incidents.
- We recruited Trust-level Patient Safety Specialists as part of the new national Patient Safety Strategy, who will act as the lead patient safety experts. They will provide leadership, visibility and expert support to the patient safety work at the Trust.

How we performed in 2020/21

- We achieved our target with a rate of 0.05 per cent.

Actions to improve our performance

- We will streamline and unify our reporting to ensure consistency across all services.
- We will ensure that staff have access to real-time information by rolling out the new Datix IQ system (an incident reporting database) to streamline the time taken to report incidents and enable staff to rapidly respond to patient safety concerns.
- We will work collaboratively with our NHS partners to implement the new Patient Safety Strategy.

How improvements will be measured and monitored

- We will undertake annual audits and review other data sources to monitor improvements such as staff surveys, patient surveys and Care Quality Commission (CQC) intelligence reports.
- Our Duty of Candour will continue to be audited every six months.
- We will continue to undertake an annual audit of our risk management and incident reporting processes.

Priority 3

To implement the 'Call4Concern' initiative

Targets

- a. To implement 'Call4Concern' across the inpatient areas within the Trust
- b. To set monthly metrics and targets to monitor activity and aid action planning



What we did in 2020/21

- We achieved our target of implementing 'Call4Concern', a patient safety initiative enabling inpatients and families to call for immediate help and advice when they feel concerned that they are not receiving adequate clinical attention.
- Due to the COVID-19 pandemic, unfortunately we have been unable to hold roadshows to promote the 'Call4Concern' initiative. This has meant that contact through 'Call4Concern' has been limited.

How we performed in 2020/21

- We achieved our target of implementing 'Call4Concern'.
- We did not achieve our target of setting monthly metrics and targets to monitor activity and aid action planning. This is due to the limited number of calls received to benchmark and agree targets. We anticipate this being completed in the next financial year when we are able to 'roadshow' and promote this initiative.

Actions to improve our performance

- Once the COVID-19 restrictions are lifted, we will hold roadshows and promote 'Call4Concern' through a Trust-wide marketing campaign.
- We hope that this will increase awareness of the initiative among patients and relatives, so that they utilise this service if needed.

How improvements will be measured and monitored

- We will develop monthly metrics and targets which will be monitored through our monthly divisional scorecards, board reporting dashboards, and reviewed and discussed at our monthly Divisional Quality, Safety and Risk meetings.
- Where learning is identified, actions plans will be developed. These will also be monitored through these groups.

Priority 4

To develop and implement new models of care that promote early diagnosis to improve survival

Target

- To continue to develop new models of care that promote early diagnosis
- To develop metrics and set reporting targets in line with national guidance



When a patient's cancer is diagnosed at an early stage, there is a much greater chance of being able to treat the disease successfully, often with less invasive procedures and fewer long-term side effects. However, too many people are being diagnosed with cancer at later stages.

It is also important that we diagnose cancers as fast as possible so that treatment can start quickly, as accurately as possible – for example, identifying the genetic make-up of an individual's tumour tells us how best to treat it – and that we diagnose relapse as early as possible.

At The Royal Marsden, we are continually working to increase early diagnosis, from carrying out pioneering genetic sequencing, to identifying mutations that mean an individual has a higher risk of developing cancer, through to regular screenings of those with a genetic pre-disposition to certain cancers.

What we did in 2020/21

- We continued the development of our respiratory diagnostic services, working with the Royal Brompton hospital.
- Additional sites have opened for the LIBRA early diagnosis trial (a study that will research whether machine learning can be used to predict which patients will develop lung cancer) and the OCTAPUS-AI early diagnosis trial (a study investigating if artificial intelligence (AI)/radiomic analysis of CT and chest X-ray imaging could be used to help distinguish causes of lung changes).
- We have a team in place to lead the set-up of an early diagnosis centre.
- We carried out early diagnosis audits of lung cancer, secondary cancer and radiotherapy data.
- We continued to contribute to the system leadership of early diagnosis opportunities, such as the national targeted lung health check programme.
- We engaged patients and the public in our research, highlighted research studies to the media and produced patient videos (via RM Partners).
- During COVID-19 we supported Epsom and St Helier University Hospitals with their Lung Two Week Rule Service and Chelsea and Westminster with their prostate biopsy service to ensure that patients were not delayed in receiving a cancer diagnosis and could start treatment at the earliest opportunity.

How we performed in 2020/21

- We continued with the design phase of our early diagnosis long-term plan through the financial year and the work was regularly presented to the Board.
- A number of projects are underway, but as this is a longer-term plan, there is still work to be done.
- We achieved our target as far as possible at this stage and will continue with this in the upcoming year, and will carry it over as a Trust quality priority.

Actions to improve our performance

- We will aim to gain a better understanding of our patients who are currently diagnosed with breast or prostate cancer, to help with stage distribution (the proportion of new cancers cases among all cases in a year).
- We will increasingly focus on risk stratified screening using genetic risk, to improve our ability to find cancer earlier.
- We are broadening our collaborations through the DART InnovateUK-CRUK-funded research programme into AI and biomarkers in the national targeted lung health check programme.
- We will identify, empower and steer early diagnosis champions to lead initiatives in early diagnosis.
- We will use research to drive the change management programme to identify opportunities for improved early diagnosis.
- We will develop early diagnosis exemplar projects, led by tumour-specific champions.

How improvements will be measured and monitored

- We will evaluate data on cancer types, stage distribution and treatment outcomes.
- We will continue to monitor project milestones.

Priority 5

To reduce harm from sepsis

Targets

- For more than 90 per cent of patients who meet the local criteria for suspecting sepsis to be screened for sepsis
- For more than 90 per cent of patients to be given antibiotics within one hour of sepsis being diagnosed



Patients with cancer are at risk of developing infections and potentially sepsis. Sepsis is the most common oncological emergency. Preventing sepsis, together with identifying and treating cases early, can improve outcomes for patients. Minimising harm associated with sepsis is one of the Trust's highest priorities. Sepsis is also one of the Trust's Harm Free Care initiatives. Our overall aim is to continue to reduce harm from sepsis.

What we did in 2020/21

- A new sepsis and acute kidney injury (AKI) nursing lead started in January 2021. The post has been broadened to include being the lead for Harm Free Care, a patient safety initiative for frontline staff.
- The Trust's sepsis policy has been updated to merge neutropenic and non-neutropenic sepsis, as well as to incorporate paediatric guidance. The paediatric guidance has been developed following the introduction of new Paediatric Early Warning Score (PEWS) charts.
- E-learning is in place, along with regular 'drop-in' sepsis workshops for nursing staff.
- Patient Group Directions have been created and updated for first-line antimicrobials, in order to reduce delays in administration. Sepsis champions are trained to administer these medications.
- Root cause analysis of Datix-reported incidents relating to sepsis are now undertaken by the lead nurse, so that themes for ongoing improvement can be developed.

How we performed in 2020/21

- From April 2019/20, a retrospective random sample of 50 patients who have 'Sepsis' recorded in their electronic patient records were audited over a period of three months (one quarter). 99.1 per cent of patients from this audit were appropriately screened for sepsis, therefore this target was achieved.
- From July 2020/21, this process changed and 'Sepsis' patients were instead audited per month, with a total of 60 patients per quarter. 95.8 per cent of patients from this audit that were positive for sepsis received intravenous (IV) antimicrobials within one hour, therefore this target was also achieved.
- We have seen an improvement in first-line antimicrobials, and provided step-by-step instructions on reconstitution and administration of antimicrobials. The antimicrobial information is also available on a micro-guide app.

Actions to improve our performance

- We will take part in the new sepsis CQUIN, which will examine recording of national Early Warning Scores (NEWS2), escalation and response time for unplanned critical care admissions.
- Work is underway to integrate Situation, Background, Assessment and Recommendation (SBAR) documentation into our Electronic Patient Record (EPR) system to help with Trust-wide implementation and improve our ability to audit.
- A specific sepsis and AKI webpage is under development on the Trust intranet.

How improvements are measured and monitored

- Monthly audits will be carried out to measure compliance against the key performance indicators.
- The Sepsis Committee will meet six times a year to review performance and monitor actions.
- Sepsis will also be monitored through the Harm Free Care Committee and audit results presented quarterly to the Infection Control Committee.
- Sepsis will also be monitored by the Antimicrobial Committee and audit results presented monthly.

Priority 6

As patient experience is inextricably linked with staff experience, to focus on staff retention and reduce nursing leavers

Target

- Trust-wide review of health roster systems to develop best-practice rosters
- Design career pathway for nurses
- Strengthen staff engagement through targeted focus groups



What we did in 2020/21

- During 2020/21, all rosters were adapted to respond to COVID-19, including units closing and staff being redeployed to support both internally and externally. This unfortunately prevented further work on the rosters.
- The Trust has developed and launched a new career development platform, the Career Hub, which will go live in April 2021. The online platform is accessible to all staff and includes career pathways across a number of professional groups, including nursing. The nursing pathways include an overview of roles and skills required, as well as career stories from colleagues.
- The Trust ran COVID-19-specific staff engagement sessions during 2020/21, as focus groups could not be facilitated in a face-to-face setting due to COVID-19 restrictions. A COVID-19 questionnaire was distributed over the summer of 2020 to identify how staff had found working at the Trust during the first wave of the pandemic. Work also took place on two wards where there was particular COVID-19 pressure through the year. This was organised within the constraints of COVID-19 and led to changes to support staff after the difficult year.

How we performed in 2020/21

- During 2020/21, the nursing voluntary turnover improved from 15.4 per cent in March 2020 to 11.2 per cent in March 2021. This is an improvement on the Trust target of 12 per cent. The turnover for Bands 5-6 reduced from 19 per cent in March 2020 to 11.7 per cent in March 2021, ensuring more stability on our wards.

Actions to improve our performance

- As the Trust moves into the recovery phase of the pandemic, the rosters will be reviewed against the best practice guidance produced by the NHS.
- Over the next six months, further work is planned for phase 2 of the career pathways, which will be updated to include the Clinical Academic route.
- The Trust has implemented a new pulse survey to get more instantaneous responses on how staff are feeling, to help identify areas for improvement. Staff focus groups will also be held in areas where turnover starts to increase.

How improvements will be measured and monitored

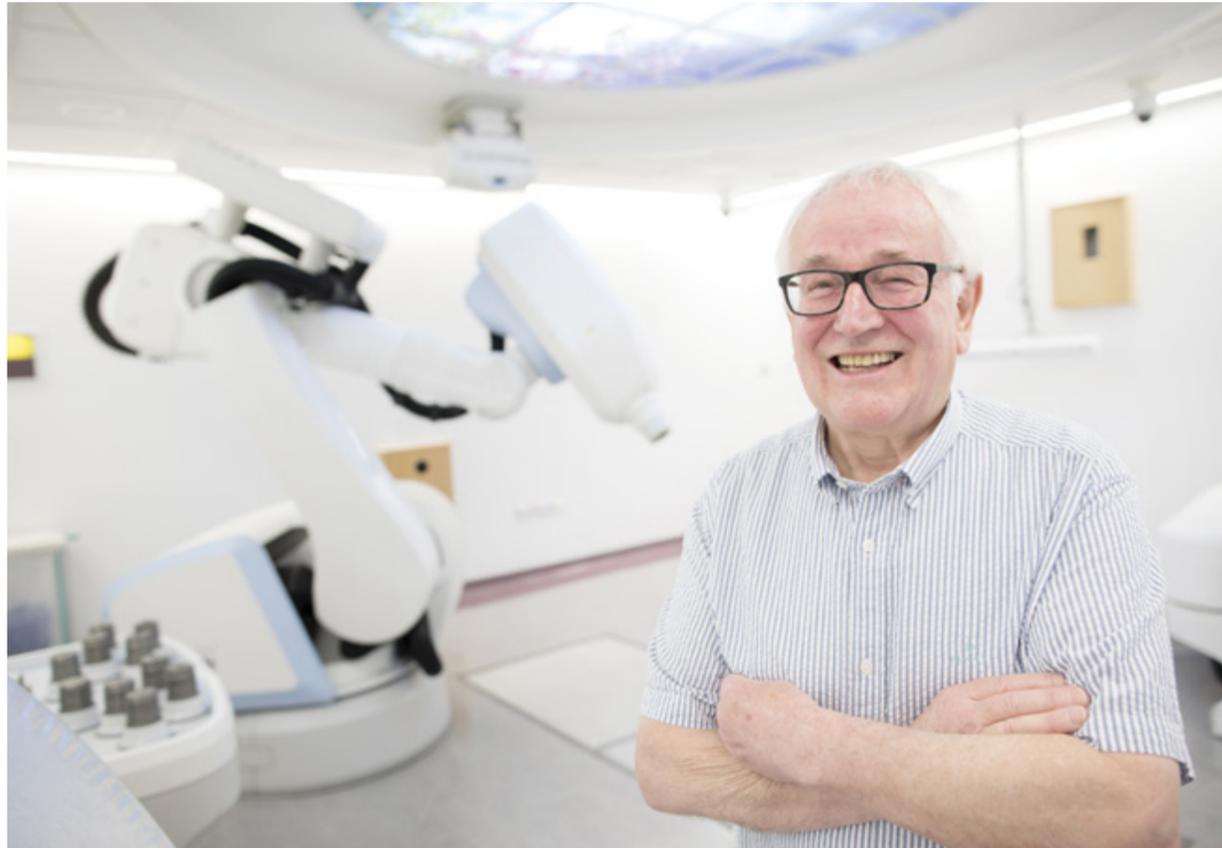
- Voluntary turnover will continue to be measured along the patient safety standards.
- There will be regular reporting and feedback on staff focus groups.

Priority 7

To co-ordinate and implement our Patient Experience Commitment

Target

To implement and monitor objectives as identified in the Patient Experience Commitment



The Patient Experience Commitment was developed in line with our primary aim ('deliver the best cancer treatment through world leading research, operating a bench to bedside strategy with our academic partner, the Institute of Cancer Research'), the core themes of our overall Strategic Plan (2019-2024) and, importantly, our Trust values.

We plan to achieve our shared aim and our vision by committing to the following to improve the experience of all our patients:

1. We will listen, hear and act
2. We will communicate clearly in ways you can understand
3. We will involve and engage with you every step of the way
4. We will continue to lead on the development of innovative ways to obtain your feedback, involve and engage with you. We will then review and act upon your feedback, involvement and engagement in a timely way.

What we did in 2020/21

- The Patient Experience Commitment 2020-2024 was published.
- We developed a comprehensive publication and dissemination plan for the Patient Experience Commitment.
- Trust-wide action plans for all staff groups have been developed to address feedback from national surveys.
- Although the national data uploads for the Friends and Family Test were paused due to the COVID-19 pandemic, the Trust continued to gain valuable feedback to enable us to learn about patient experiences and to take immediate action to make improvements where possible. This included a patient experience survey undertaken via SMS, email and post for patients that were referred and treated through the Cancer Surgical Hub.

How we performed in 2020/21

- Due to the COVID-19 pandemic and other frontline work pressures and priorities, we were unable to proceed with plans to roadshow our Patient Experience Commitment. However, we are working with our PR and Communications team to reactivate this work when appropriate and once restrictions have lifted.
- Although we have reviewed the Patient Experience Commitment through our Patient Experience and Quality Account Committee, the development of SMART actions are still underway and will be reviewed and monitored through our Patient Experience groups.
- Despite the pressures of the COVID-19 pandemic and the vast changes to treatment and processes, our patients continued to report a positive experience, with 99 per cent of our inpatients reporting that their overall experience as very good/good and 97 per cent of our outpatients rating their experience as very good/good (based on a rating of 1-5 from very good to very poor).
- We introduced a new patient and public involvement group, the Parents Involvement Group, which, alongside the Teenage and Young Adults Forum, involve and engage patients and carers who were not involved previously.
- We designed, developed and launched an innovative digital way of involving and engaging patients, carers and members of the public.

Actions to improve our performance

- We will work with our PR and Communications team to roadshow and promote our Patient Experience Commitment.
- We will develop SMART actions to embed our Patient Experience Commitment, which will be monitored through our Patient Experience groups.

How improvements will be measured and monitored

- We will continue to monitor Trust-wide action planning through our Patient Experience Groups.
- We will develop 'You said, we did' communications for patients, to show how their feedback makes a difference.

Priority 8

To focus on patients with additional needs to improve patient experience

Target

- a. To undertake a review of the cancer journey of our patients with additional needs
- b. To implement reporting metrics for the Board, with meaningful data and action planning



In September 2020, The Royal Marsden supported a Darzi Challenge that involved reviewing the cancer journey for patients with additional needs. After an initial scoping period, a project plan to explore the experience of patients with a learning disability at The Royal Marsden was proposed and approved.

The project aims to capture the experience and 'what matters' to patients with a learning disability who are under the care of The Royal Marsden, and their carers (both family and paid care staff).

What we did in 2020/21

- We established and ran regular reporting of patient data to identify patients with additional needs due to attend for outpatient appointments or admissions.
- We implemented a flagging system and liaised with relevant clinical teams to ensure additional needs of the person are identified and reasonable adjustments are made to improve patient contact and experience of services.

How we performed in 2020/21

- We achieved our target of undertaking a review of the cancer journey for patients with additional needs. As part of this review, we have identified that there is no detail within the flag of additional needs, thus all types are grouped together.
- Due to staff focusing on frontline duties in response to the pandemic, we did not achieve our target of implementation of reporting metrics, however, we plan to undertake this in quarter one 2021/22.

Actions to improve our performance

- To enable us to identify and support patients and staff better to improve patient experience, we are working with performance and with the IT EPR team to refine 'additional needs'.
- We will conduct patient and carer interviews for people with a learning disability about their experience at The Royal Marsden.
- We will facilitate a staff focus group to explore staff perspectives on what a positive patient experience looks like for a person with a learning disability at The Royal Marsden.

How improvements will be measured and monitored

- We will start reporting meaningful data with planned actions in quarter one 2021/22.
- We will produce a final report of findings from both patient and carers interviews and staff experiences, to highlight possible challenges within the system that will inform recommendations for future service improvement, as well as promoting examples of good practice.

Reviewing progress of the quality improvements in 2020/21 and choosing the new priorities for 2021/22

Due to the COVID-19 pandemic, no detailed requirements for Quality Reports were published for 2020/21, nor was there a requirement for foundation trusts to have their Quality Reports checked by external auditors. The Trust continued to monitor the quality priorities and engage with stakeholders to incorporate their views into the Quality Report where possible.

The process for reviewing the Quality Report and agreeing quality priorities for 2021/22 was as follows, with all meetings to review the report held virtually:

November 2020

Held a Quality and Patient Experience Committee meeting to review progress against our priorities for 2020/21.

December 2020

Held a Council of Governors meeting to agree on quality priorities for 2020/21. Council of Governors agreed to carry over all quality priorities for 2021/22 in light of many of the priorities being paused to allow staff to concentrate efforts on responding to the COVID-19 pandemic.

February 2021

Held a Quality and Patient Experience Committee meeting to review progress against our priorities for 2020/21.

The Nursing, Allied Health and Pharmacy Committee considered and agreed to carry over all quality priorities.

Updated reporting requirements for the annual report were released in light of the COVID-19 pandemic. NHS providers were advised that again they were longer required to obtain assurance from their external auditor or to include the Quality Report in the annual report.

May 2021

Further guidance released advising of a publication date of 30 June 2021. Drafted the final version of the Quality Report. External stakeholders were given the opportunity to review the draft and provide stakeholder statements. Report circulated to the Quality and Patient Experience Committee for review and sign off.

June 2021

Quality Report reviewed and agreed at the Quality, Assurance and Risk Committee as delegated by the Board.

Statements of assurance from the Board

Review of services

We have reviewed all the information we have on the quality of care provided by all our relevant health services.

The information provided in Part 3 of this Quality Report covers the three aspects of quality: patient safety, clinical effectiveness and patient experience.

Seven-day services

During 2020/21, the Trust's inpatient improvement work has been focused on responding to the COVID-19 pandemic. However, many of these initiatives have also supported the seven-day clinical standards, building on the work undertaken in previous years.

There has been a large programme of work since 2017, including:

- Development of the Trust's acute oncology service.
- Introduction of a joint oncology consultant rota, providing onsite oncology consultant presence at both hospitals at weekends.
- Implementation of a 14-hour electronic review template.
- Review of handover arrangements and introducing electronic handover.
- Introduction and development of The Royal Marsden Macmillan Hotline (RMMH).
- Development of an out-of-hours standard operating procedure for specialist registrars (SpRs) and introduction of changes to the rota to support senior house officers (SHOs). This also includes further improvements to processes such as handover and improvements in night working.

In addition, in 2020/21 the Trust has introduced the following initiatives:

- Implemented a consultant triage and virtual assessment (if required) of patients who contact the RMMH and require medical review. Monday to Friday (in hours) this is carried out by an acute oncology service (AOS) consultant and by the consultant on-call at weekends. The purpose is to carry out an assessment of the patient, to confirm if the patient requires admission and to set out a plan for the patient. If admission or urgent clinical review is required, patients are directed to the most appropriate Royal Marsden site or to their local trust (in the case of a non-cancer related issue or medical emergency). If the patient does not require admission, an attempt is made to resolve the clinical issue virtually or to organise a clinic appointment with the tumour site specific team.
- Piloted an additional anaesthetic registrar supporting the Hospital at Night team assisting with senior clinical decision making and ensuring prompt assessment of unwell patients.
- Setting up of a Discharge Treatment Unit at both sites, where patients can be transferred to release ward beds for admissions.
- Continuing with a programme of work relating to discharge, therapies support and patient flow, including the implementation of the SAFER patient flow bundle, which blends several elements of best practice. Embedding daily senior clinician review, promoting early discharge, and improving engagement and communication between clinicians and ward-based teams, ensuring all patients have a clear plan of care.
- Introduction of a treatment escalation plan within 24 hours of a patient's non-elective admission.
- Continuing to improve the Trust's access policy through the development of site-specific access criteria.

Prior to the COVID-19 pandemic, a process of board assurance was in place, reported through the Trust's Quality, Assurance and Risk (QAR) Committee. There was no national requirement to carry out an audit during 2020/21. However, the Trust has established a non-elective recovery workstream, which is tracking the senior clinical review KPIs and ensuring government guidance is implemented.

Learning from deaths

During 2020/21, we continued to review all deaths in the hospital each month. Table 2 shows the number of patients who died between April 2020 and March 2021.

During 2017/18, a policy was introduced that outlined how we would make sure that all deaths at the Trust would be reviewed and how we would share learning across the Trust. The policy was approved at the Trust's Board meeting and at the Integrated Governance and Risk Management Committee in September 2017.

Table 2: Number of patients who died and number of case record reviews and investigations

	Number of patients who died at The Royal Marsden	Number of cases where a record review or an investigation was completed	Number of cases where a record review and an investigation was completed	Number of deaths due to a problem in care provided	Percentage of deaths due to a problem in care provided*
April to June 2020	73	73	24	0	0
July to September 2020	47	47	11	0	0
October to December 2020	49	49	9	0	0
January to March 2021	67	67	19	0	0
Total	236	236	63	0	0

*Note: The percentages have been estimated using the Royal College of Physicians' suggested framework 'Structured Judgement Review' (SJR) to carry out the investigation.

From April 2020 to March 2021, 236 case record reviews and 63 investigations were carried out in relation to all of the deaths shown in Table 2.

In 63 cases, we carried out both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown in Table 2.

No problems in care were identified to between April 2020 and March 2021.

Actions and learning from case record reviews and investigations of deaths:

- Clinical documentation on EPR should be concise and relevant to that consultation, and should avoid copying and pasting of identical information from day to day during inpatient admissions.
- Visiting anaesthetists and surgeons should be made aware of and encouraged to engage in training, and use the electronic clinical documentation methods at The Royal Marsden.
- Treatment escalation plans should be recorded for all non-elective admissions and if a day case patient is admitted unexpectedly.
- During the COVID-19 pandemic, visiting restrictions, communication of clinical information between patients, their families (if consent is given) and the clinical team should be prioritised and recorded on EPR.
- All discussions with the Coroner/Coroner's Officer regarding cause of death should be annotated on EPR.
- Staff should include the time of clinical review/discussion, especially if written in retrospect on EPR.
- For all non-elective admissions, a treatment escalation plan (TEP) should be completed and filed in the notes, and scanned onto EPR. They should also be updated if changes occur during the admission and if a day case patient is admitted unexpectedly.
- Patients who are at risk of falls will be identified by red socks and a red square on their door or table. They should have a falls risk assessment completed on admission and if their condition changes.
- TEP forms are to be reviewed by the treating medical team when patients leave critical care and return to ward.

Taking part in clinical audits

At The Royal Marsden, we undertake many clinical audits for quality improvement. We participate in all the national cancer audits that apply to our organisation. This allows us to compare ourselves against other hospitals in England and sometimes across the world. We also have a comprehensive programme of local clinical audits which clinical staff including consultants, junior doctors, nurses and allied health professionals conduct regularly to improve local areas of care.

Between April 2020 and March 2021, 32 national clinical audits and one national confidential enquiry covered relevant health services that The Royal Marsden provides.

National clinical audit and confidential enquiries

National confidential enquiries are 'inspections' that are carried out nationally to investigate areas of care where there may have been problems or where the patients may be particularly vulnerable. All hospitals are asked to take part in them so that all care across England can be monitored.

Between April 2020 to March 2021, The Royal Marsden registered or took part in 33 (100 per cent) of the national clinical audits and all national confidential enquiries in which we were eligible to take part in (Table 3). At The Royal Marsden, we cannot carry out many of the national audits carried out by other hospitals because we only have patients with cancer.

The national clinical audits and national confidential enquiries that The Royal Marsden took part in, and which information was collected for in 2020/21, are listed on the following pages, including cases submitted to each audit or enquiry as a percentage of the number of registered cases required under the terms of that audit or enquiry (Table 4 and Table 5).

Table 3: National clinical audits we took part in during 2020/21

No	NHS England Quality Accounts national clinical audits clinical outcome review programme	Cases submitted, expressed as a percentage of the number of registered cases required
1	National Oesophago-Gastric Cancer Audit (NOGCA)	100%
2	National Bowel Cancer Audit (NBOCAP)	100%
3	National Lung Cancer Audit (NLCA)	Data taken directly from the monthly Cancer Outcomes and Service Dataset (COSD) upload. Note: Tertiary provider.
4	National Emergency Laparotomy Patient Audit (NELA)	100% identified
5	The Royal College of Surgeons of England National Prostate Cancer Audit (NPCA)	Data taken directly from the monthly COSD upload. Note: Tertiary provider.
6	Intensive Care National Audit & Research Centre (ICNARC): Case Mix Programme (CMP)	100%
7	ICNARC National Cardiac Arrest Audit	100%
8	Learning Disabilities Mortality Review Programme (LeDeR)	There have been no notifications made to LeDeR by the Trust, nor have we been contacted for information in relation to current LeDeR reviews. Continued to engage with Sutton LeDeR steering group and local learning, as well as the Trust mortality review group. Two staff members trained as reviewers.
9	Breast Cancer in Older People (NABCOP)	Data already collected from national organisations in England and Wales (including the National Cancer Registration and Analysis Service (NCRAS) in England and Cancer Network Information System Cymru (CANISC) in Wales).
10	Perioperative Quality Improvement Programme (PQIP)	100% identified
11	Inpatient Falls Audit	100% identified
12	BAUS Management of the Lower Ureter in Nephro-ureterectomy audit	100% identified
13	Mandatory surveillance of bloodstream infections and Clostridium difficile infection	100%
14	Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	100%
Other national audits		
15	United Kingdom COVID Gynaecological Cancer Study (UKCOGS)	100% identified
16	The B-MaP-C study: Breast Cancer Management Pathways During the COVID-19 Pandemic. A national audit	100% identified
17	Outcomes of elective cancer surgery during the COVID-19 pandemic crisis: an international, multicentre, observational cohort study	100%
18	CovidTrach: A UK national service evaluation of mechanically ventilated COVID-19 patients undergoing tracheostomy (ENT UK)	100% identified

No	NHS England Quality Accounts national clinical audits clinical outcome review programme	Cases submitted, expressed as a percentage of the number of registered cases required
19	Safety of Reintroducing Minimally Invasive and Open Oesophago-Gastric Cancer Surgery for Patients and Staff	100% identified
20	Determining the optimal timing for surgery following SARS-CoV-2 infection (GlobalSurg-CovidSurg Week)	100% identified
21	A UK Study of the Diagnostic Pathway for Surgically Treated Peri-ampullary/Pancreatic Ductal Adenocarcinoma	100% identified
22	Determining Post-Operative Morbidity & Mortality Following Gynaecological Oncology Surgery: a Multicentre, International, Prospective Cohort Study led by the Global Gynaecological Oncology Surgical Outcomes Collaborative	100% identified
24	Distribution of lymph node metastases in oesophageal carcinoma	100% identified
25	Rates of toxicity in patients receiving prostate radiotherapy on the Elekta Unity MR Linac (International)	100% identified
26	National Unilateral Nipple Discharge Study (NUND)	100% identified
27	Decisions About Mastectomy Margins	100% identified
28	Paediatric Intubation (South Thames Paediatric Network)	100% identified
29	Renal tumour biopsy Audit (Children's Cancer and Leukaemia Group; Paediatric Oncology Trainees Group)	100% identified
30	Dysphagia in Parkinson's Disease	Not appropriate
31	Physical Healthcare of Inpatients in Mental Health Hospitals	Not appropriate
32	Epilepsy	Not appropriate

In 2020/21, we reviewed the reports of 11 national clinical audits. Where appropriate, we will take actions to improve the quality of healthcare we provide.

Table 4: National clinical audits reports published and actions taken

No	National clinical audit reports published in 2020/21	Description of actions
1	NABCOP 2020 Annual Report	Annual Report reviewed at Clinical Audit Committee.
2	The Learning Disabilities Mortality Review (LeDeR) Annual Report 2019/2020	Recommendations reviewed by safeguarding team. Action plan includes: auditing the use of the learning disability EPR flag in pre-admission and wards; audit of reasonable adjustments (considerations and use) to support patient access to clinical services with family/care worker involvement; audit of capacity assessments and best interest decisions. Use of hospital passports to support patient contact with outpatient and inpatient services encouraged.
3	ICNARC Intensive Care Audit Report	Regular reports reviewed by the Critical Care Unit Team.
4	National Lung Cancer Audit Annual Report	Report disseminated to clinical teams for review.
5	The 6th National Emergency Laparotomy Audit Report	Annual disseminated to clinical teams and Clinical Audit Committee.
6	National Oesophago – Gastric Cancer Audit	Report disseminated to clinical teams and Clinical Audit Committee. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
7	National Bowel Cancer Audit	Report disseminated to clinical teams and Clinical Audit Committee. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
8	ICNARC National Cardiac Arrest Report	Report reviewed at Resuscitation Committee and Clinical Audit Committee.
9	NPCA Annual Report 2020	Report disseminated for review.
10	National NABCOP 2020 Annual Report	Report disseminated to clinical teams for review. In line with expectations.
11	Annual SHOT Report 2019	Report discussed at Blood Transfusion Committee.

The report of a national confidential enquiry was reviewed by The Royal Marsden in 2020/21.

Table 5: National confidential enquiries reports published and actions

No	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Description of actions (local) taken on receipt of report
1	Balancing the pressures	Report disseminated through Clinical Audit Committee. Trust local reporter provides an annual report to the Integrated Governance and Risk Management Committee.

Between April 2020 and March 2021, the reports of 121 local clinical audits, quality improvement projects and local action plans were reviewed by The Royal Marsden's Clinical Audit Committee. Some examples of audits and quality improvement projects completed between April 2020 and March 2021, and the actions, are given below.

If you need more information about the local audits, please contact the Assurance Team on 020 7808 2702 or email qualityassurance@rmh.nhs.uk.

Table 6: Examples of local audits reviewed and the actions

Retrospective audit of imaging verification for pelvic node radiotherapy in prostate cancer patients	<ul style="list-style-type: none"> – Radiographer training on identifying patients at CT planning and reviewing cone beam computed tomography (CBCT) images for this group of patients. Discuss and plan with radiotherapy audit leads for urology and imaging. – Clinician awareness of different anatomy and positive pelvic lymph nodes (PLNs) to inform planning and treatment decisions, especially PLN margins. – Organise similar audit for prostate bed and pelvic lymph node patients after current work on prostate bed radiotherapy is complete.
Children and Young People's Advanced Care Plan (ACP) Documentation	<ul style="list-style-type: none"> – Feedback by our bereaved parents group regarding the wishes section of the ACP. – Feedback by our bereaved parents group with regards to parents signing ACPs. – Provide further education and support to healthcare professionals in completing ACPs. – Provide further support for medical professionals completing ACPs with regards to organ donation. – Updated ACP paperwork to include a 'not applicable' option where relevant, to enable accurate information for governance purposes.

Taking part in clinical research

The Royal Marsden and The Institute for Cancer Research (ICR) form the largest centre for cancer research in Europe. This is important because it means that our patients and our staff are always aware of the latest research in treatments, medicines and therapies that make such a big difference to outcomes and patients' experiences of care. If you would like to find out more about our research work, visit our website at royalmarsden.nhs.uk.

From 1 April 2020 to 31 March 2021, we recruited 4,790 patients as part of 508 different open to recruitment clinical studies in research approved by a research ethics committee.

Overall, there are 508 open to recruitment clinical studies that the Trust participated in during this period.

Table 7: Number of patients taking part in clinical research studies

Year	Number of patients	Number of clinical studies
2020/21	4,790	508
2019/20	4,147	514
2018/19	3,334	490
2017/18	3,983	548

Revalidation of doctors

Between January and March 2021, there were two doctors due for revalidation (the process of making sure that doctors, except trainees, can stay registered). We made two (100 per cent) positive recommendations for revalidation. This is a low number as revalidations were deferred by the General Medical Council (GMC) due to COVID-19 pressures.

At the end of March 2021, 93 per cent of eligible doctors (92 per cent of consultants) were recorded as having completed an appraisal in the last 12 months. An annual report on appraisal and revalidation was produced in March 2021, with a clear action plan to increase the number of doctors with a valid appraisal and reduce the number of deferrals to the GMC. This plan included recovery steps to maintain compliance following the expected increase in submissions due from March 2021 following the deferral of revalidations in March 2020 to February 2021.

Commissioning for Quality and Innovation (CQUIN)

CQUIN is a mechanism for commissioners to reward quality by linking a proportion of our income (1.25 per cent in 2020/21) to our success in meeting quality improvement goals.

There were no CQUINs during 2020/21 due to them being suspended by NHS England during COVID-19.

What others say about The Royal Marsden

Registration with the Care Quality Commission

The Royal Marsden NHS Foundation Trust (the Trust) must be registered with the Care Quality Commission (CQC). Their current registration status is 'registered with no conditions'.

The CQC has not taken enforcement action against the Trust during 2020/21.

The Royal Marsden has not been involved in any of the CQC's special reviews or investigations during 2020/21.

Care Quality Commission ratings

The last CQC assessment was undertaken in 2019, with the Trust receiving a rating of 'outstanding'. During the COVID-19 pandemic, scheduled inspections were paused, however unannounced inspections were still undertaken but this has been completed based on the organisation's risk. The Trust provided the CQC with a detailed plan on its response to the COVID-19 pandemic and the measures put in place to protect patients and staff. Virtual quarterly inspection meetings continued to take place and a plan to reintroduce routine inspections is underway.

Quality of information

Good quality information is very important for effectively providing the best patient care.

During 2020/21, the Trust sent all mandated commissioning datasets as required (these datasets are included in national databases which contain details of all admissions, outpatient appointments and Accident and Emergency (A&E) care at NHS hospitals in England). The percentage of the Trust's records published in the statistics, and which included the patient's valid NHS number, was 99.97 per cent for admissions, 99.97 per cent for outpatient appointments, and none for A&E care (The Royal Marsden does not have an A&E). The percentage of records that included the valid General Medical Practice Code for the patient's GP practice was 99.89 per cent for admissions, 99.84 per cent for outpatient appointments and none for A&E care. See Table 8 for more information.

Table 8: Percentage of complete records provided

Details included		Admissions – inpatient and day case	Outpatient appointments
Patient's NHS number	2015/16	99.9%	99.9%
	2016/17	99.94%	99.93%
	2017/18	99.95%	99.94%
	2018/19	99.95%	99.94%
	2019/20	99.97%	99.97%
	2020/21 – first quarter	99.94%	99.93%
	2020/21 – second quarter	99.92%	99.93%
	2020/21 – third quarter	99.88%	99.92%
	2020/21 – fourth quarter	99.96%	99.95%
	2020/21	99.91%	99.92%
	Patient's GP practice	2015/16	99.8%
2016/17		99.7%	99.7%
2017/18		99.80%	99.75%
2018/19		99.87%	99.81%
2019/20		99.89%	99.84%
2020/21 – first quarter		99.81%	99.73%
2020/21 – second quarter		99.80%	99.72%
2020/21 – third quarter		99.75%	99.64%
2020/21 – fourth quarter		99.84%	99.65%
2020/21		99.79%	99.69%

Although the quality of information is very good, the Trust aims for continual improvement. The Trust performs the following actions to improve the quality of information:

- A dedicated data quality team is responsible for running routine checks and reports to identify mistakes and inconsistencies.
- Monthly communications throughout the Trust promote the importance of accurate information and data collection for all Trust staff.
- Trust-wide audits of the quality of key information points are conducted once a year.

Data Security and Protection Toolkit (DSPT) attainment levels

The Information Governance Toolkit is a legal framework under which NHS organisations must assess themselves against Department of Health and Social Care policies and standards. However, this year's toolkit has undergone a complete re-design and has been renamed the 'Data Security and Protection Toolkit' (DSPT).

The requirements of the DSPT are designed to encompass the National Data Guardian (NDG) review and 10 data security standards. The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR), identified in the NHS GDPR checklist document.

Compliance with the new toolkit is achieved by submitting evidence for all mandatory questions. The Trust has submitted evidence for all mandatory questions for the toolkit. The DSPT is available on NHS Digital's website (dsptoolkit.nhs.uk). The deadline for submission for the DSPT has been moved from 31 March 2021 to 30 June 2021. The Royal Marsden NHS Foundation Trust's Information Governance Assessment Report overall score for the DSPT is expected to be 'Standards Met' for all mandatory questions.

Information governance incidents

Since the introduction of GDPR, which took effect on the 25 May 2018, and the Data Protection Act 2018, incident reporting requirements have changed. There are now three types of breaches reportable under the new regime: Confidentiality, Integrity and Availability. In addition, the UK is implementing the EU Directive on the security of Networks and Information Systems (the NIS Directive). The fines for a breach of the new data protection legislation have increased from £500,000 to a maximum €20,000,000, or four per cent of gross annual turnover.

The Royal Marsden has reported one incident in 2020/21. The incident met the requirement for reporting to the Information Commissioner's Office (ICO). This was in relation to inappropriate sharing of a staff letter containing sensitive information. This incident was reported to the ICO via the DSPT. The ICO has concluded its investigation and decided that no further action was necessary, therefore this incident has been closed.

To date, The Royal Marsden has not been levied a fine for breaching data protection legislation and regulatory requirements.

Payment by Results clinical coding error rate

Clinical coding is translating the medical terminology written by clinicians into a coded format for statistical, clinical and financial purposes. Clinical coding describes a patient's complaint, diagnosis, treatment and reason for getting medical attention. We were not subject to the Payment by Results clinical coding audit during 2020/21.

Table 9: Clinical coding

Coding accuracy	2017/18 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2018)	2018/19 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2019)	2019/20 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2020)	2020/21 (figures taken from the DSPT Clinical Coding Audit signed off in March 2021)
Primary diagnosis code correct	91.5%	92.5%	95.5%	94.5%
Primary procedure code correct	96.0%	96%	93.0%	96.5%
Secondary diagnosis code correct	95.8%	94.6%	97.0%	96.7%
Secondary procedure code correct	93.2%	94.7%	93.4%	92.3%

Reporting against core indicators

Please see Appendix 3 for the quality indicators where national information is available from NHS Digital.

Part 3

Other information

Please see Part 2 of this report for an overview of the quality of care offered by the Trust.

Review of quality performance (previous year's performance)

Table 10: National targets

Cancer waiting times targets	Performance 2019/20	National target – 2020/21	Performance – quarter 1 2020/21	Performance – quarter 2 2020/21	Performance – quarter 3 2020/21	Performance – quarter 4 2020/21	Overall performance 2020/21
All urgent GP referrals seen within 14 days	89.2%	93%	96.1%	95.4%	92.2%	95.8%	94.6%
All referrals for breast symptoms seen within 14 days	93.2%	93%	97.4%	98.8%	99.0%	98.9%	98.6%
Treatment within 31 days of decision to go ahead for first treatment	97.7%	96%	91%	97.1%	98%	97.9%	96.1%
Subsequent surgical treatment started within 31 days of decision to go ahead with surgery	95.5%	94%	83.9%	91.6%	96.9%	90.5%	90.8%
Subsequent drug treatment started within 31 days of decision to go ahead with drug treatment	99.1%	98%	98.9%	98.5%	99.8%	99%	99.1%
Subsequent radiotherapy treatment started within 31 days of decision to go ahead with radiotherapy treatment	95.5%	94%	96.6%	97.4%	98.5%	97.5%	97.5%
Treatment started within 62 days of urgent GP referrals (reallocated position shown in brackets)	75.5% (81.9%)	85%	62.8% (68.9%)	82.6% (89.8%)	78.7% (83.9%)	76.0% (82.9%)	74.8% (81.7%)
Treatment started within 62 days of recall date for urgent screening centre referrals (reallocated position shown in brackets)	89.1% (93.4%)	90%	64.7% (46.9%)	100% (100%)	90.2% (96.9%)	83.7% (84.6%)	81.9% (84.6%)

Note: The reallocated position adjusts the Trust's figure for late referrals of patients to the Trust in accordance with updated national guidelines published in 2016.

Patients should start treatment within 18 weeks of referral. Complex rules and guidance apply to how performance against these targets is measured and reported. As a specialist provider receiving referrals from other Trusts, a key issue is reporting progression for patients who were first referred to other providers.

The 'incomplete pathways' measure in Table 12 is the proportion of patients at the end of the reporting period who are still waiting for treatment and have waited for less than 18 weeks since their initial referral.

Table 11: Referral time to treatment

	Overall 2018/19	Overall 2019/20	Overall 2020/21	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	Overall 2020/21	National target 2019/20
Referral time to treatment (RTT), incomplete pathways	97.7%	95.8%	95.8%	89.7%	91.2%	96.6%	93.6%	92.8%	92%

This is the only NHS waiting time standard that is reported while the patient is still waiting. For this reason, it creates unique challenges in making sure the most up-to-date information is reported accurately each month. We rely on receiving information rapidly from external sources to assess whether the patient is on an 18-week pathway (18 weeks of treatment) and to determine the start date of the pathway.

In order to tackle the challenges above, we calculated a revised figure for the RTT standard. This was in order to assess the size of the changes that are made to the information during the 18-week pathway. The revised figure showed that the materiality was negligible (approximately 0.18 per cent).

Table 12: Access targets

	Percentage of operations cancelled by the Trust at the last minute	Percentage of cancelled operations not subsequently performed within one month
2016/17	0.4%	0%
2017/18	0.3%	0%
2018/19	0.6%	0.01%
2019/20	0.4%	0.1%
Quarter 1 of 2020/21	0.0%	0.0%
Quarter 2 of 2020/21	0.0%	0.0%
Quarter 3 of 2020/21	0.0%	0.0%
Quarter 4 of 2020/21	0.0%	0.1%
Overall for 2020/21	0.0%	0.01%

Outpatient waiting times

Table 13: Outpatient waiting times – number of patients seen and time waited

Period or quarter	Patients seen within 30 minutes	Patients seen after 30 minutes but within one hour	Patients seen after one hour	Grand total
Total 2016/17	139,224 (83.6%)	17,846 (10.7%)	9,390 (5.6%)	166,460
Total 2017/18	145,824 (85.3%)	16,658 (9.7%)	8,487 (5.0%)	170,969
Total 2018/19	159,418 (89.2%)	13,066 (7.3%)	6,219 (3.5%)	178,703
Total 2019/20	163,245 (89.6%)	12,507 (6.9%)	6,460 (3.5%)	182,212
Quarter 1 2020/21	37,492 (98.3%)	494 (1.3%)	169 (0.4%)	38,155
Quarter 2 2020/21	49,068 (97.1%)	1,155 (2.3%)	314 (0.6%)	50,537
Quarter 3 2020/21	51,649 (97.8%)	906 (1.7%)	262 (0.5%)	52,817
Quarter 4 2020/21	52,472 (99.3%)	672 (1.7%)	187 (0.4%)	53,331
Total 2020/21	190,681 (97.9%)	3,227 (1.7%)	932 (0.5%)	194,840

The number of outpatients attending appointments has increased by between two per cent and five per cent a year, over the past five years. See Table 13 for the numbers for the years from 2016/17 to 2020/21. Despite an increasing number of patients, the length of time patients wait has remained similar.

Rota gaps and vacancies

The Trust, in partnership with the Guardian of Safe Working, regularly reviews Exception Reports to ensure safeguards are in place to maintain safe hours of work and service commitments do not compromise the educational experience of trainees.

A total of 15 exceptions were reported, of which none were highlighted as immediate safety concerns for 2020/21.

Of the 15 reports, 11 were due to hours/rest and five were based on understaffing issues which were addressed immediately.

Work schedule reviews took place for seven doctors across three rotas; all of these were resolved at the first review stage with either compensation, time off in lieu or no action required.

The latest information indicates that there are 15 vacant doctors in training posts as of March 2021.

Appendix 1

Statements from key stakeholders

Statement from the Council of Governors at The Royal Marsden

During the year under review, the Trust continued to work under the constraints imposed by the coronavirus pandemic. Governors would like to acknowledge the immense challenge this posed to the Trust while it continued to maintain its commitment to the quality priorities the Trust had set for the year as a whole. We are pleased to note that the majority of the eight objectives in the three quality priority areas of safe care, effective care and patient experience were met when measured by the performance and improvements of the staff at The Royal Marsden during 2020/21.

Each year, Governors, Members of the Trust and staff take part in choosing the priorities for quality improvement for the following year. Progress against these standards is monitored and results are presented each quarter to the Council of Governors. A subset of Governors, through their membership of the newly formed Quality and Patient Experience Committee, meet quarterly and have the opportunity to comment in greater depth on the ongoing data, review feedback from patients (including the frequent feedback surveys) and influence the questions used in these surveys to reflect patients' interests. There are also newly formed site-specific Patient Experience Groups who will monitor and advise on patient experience at a local level.

The priority of reducing harm to patients from healthcare-related infections is extremely important for the Trust, especially as cancer patients are highly susceptible to hospital-acquired bacterial infections; this priority was carried over from 2019/20. Governors recognise the significant efforts of the Infection Prevention and Control Team in a very difficult pandemic climate and are pleased to note that in 2020/21, the Trust met its priority of reducing cases of E.coli and C.difficile, which is an improvement from the previous year. This is not an insignificant achievement for the Trust, bearing in mind the challenges brought on by the pandemic, and which continue.

A [new] quality priority introduced in 2020/21 concerned staff retention and reducing nursing leavers, in light of reported burnout suffered by NHS staff working under the strain of the past year. It is noted that during the year 2020/21, the nursing voluntary turnover fell from 15.4 per cent in the year 2019/20 to 11.2 per cent as at March 2021, which is better than the Trust target of 12 per cent. It is further noted that the Trust will take steps to review staff rosters against NHS best practice guidance and strengthen staff engagement, recognising the importance of focusing on staff retention, as patient experience is inextricably linked with staff experience. Governors are encouraged by these steps taken by the Trust.

In keeping with the Trust's Five Year Plan, the need for earlier and faster cancer diagnosis remains an important priority. It is well documented that an earlier diagnosis generally leads to greater success in treatment of the disease. There are several workstreams being undertaken at the present time and we look forward to an update of this work in 2021.

Improving patient experience is at the heart of everything that is done at The Royal Marsden and the monitoring and improving of patient experience remains a continuous priority. We realise that this previous year has been an extraordinarily difficult one for all staff and we acknowledge the tremendous hard work that is constantly being practised to contribute to improved patient satisfaction and therefore increased patient experience.

*Council of Governors
June 2021*

Statement from Patient and Carer Advisory Group at The Royal Marsden

Members of the Patient and Carer Advisory Group (PCAG) of the Royal Marsden NHS Foundation Trust (The Trust) have considered and commented on the Trust's Annual Quality Account for the period 2020/2021.

We congratulate the Trust in their achievements in keeping patients, their carers and its staff safe throughout this pandemic year and are pleased to see that almost all of the quality priorities and objectives have been achieved, despite the challenges this year has presented. In response to the COVID-19 pandemic, we welcomed the establishment of the Cancer Hub, which supported the continued provision of complex cancer surgery across north and south west London and which ran until April 2021.

With regard to the priorities relating to safe and effective care, we acknowledge that the Infection Prevention and Control Team (IPCT) played a key role in the Trust in maintaining patient safety. We are pleased to see that the three targets to reduce the number of incidents of E.coli, C.difficile and harm from sepsis were all met. We note that the target to reduce the total number of C.difficile cases was achieved for inpatients and patient safety incidents resulting in severe harm or death was reduced to 0.06 per 1,000 bed days. We also note that the target was achieved with regard to E.coli, cases. Of the 70 cases, only 33 were attributable to the Trust and were identified no more than 48 hours after admission. We are pleased with the steps taken to reduce harm from sepsis with early screening and antibiotic prescription.

We applaud the successful introduction of the Call4Concern initiative and look forward to full promotion of the scheme post-pandemic.

We are pleased to see the Trust is actively developing and implementing new models of care promoting early diagnosis in respiratory services and applaud progress in national targeted lung health checks and lung nodules, engaging patients and the public via RM Partners in the research and preparation of documentation and patient-facing videos.

We welcome the publication of 'The Patient Experience Commitment' embedding the Trust's values in line with the Strategic Plan (2019-2024) and note that roadshows to publicise this had to be put on hold during the pandemic. However, we were pleased to see that patients' satisfaction with their experience remained high, despite the challenges of COVID-19, with 99 per cent of inpatients reporting a very good/good overall experience and 97 per cent of outpatients stating a very good/good experience too.

As staff are intrinsically linked to patient experience, we note progress has been made in developing initiatives to ensure staff retention and reduce nursing leavers.

We welcome that the support of patients with additional needs is being reviewed and explored.

Overall, PCAG congratulates the Trust on its Quality Accounts and its achievements in this testing year. We look forward to working with the Trust to help bring further improvements to the care and experience of the Trust's patients in the year 2021/22.

*Lila Mann
Chair of the Patient and Carer
Advisory Group (PCAG)
June 2021*

Appendix 2

Statement of Trust Directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the Board over the period April 2020 to March 2021
 - feedback from specialist commissioners dated April 2020 to March 2021
 - feedback from governors dated June 2021
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2021
 - the National Inpatient Survey 2019 published July 2020 and the National Cancer Patient Experience Survey 2019 published June 2020
 - the National Staff Survey dated March 2021
 - CQC inspection report dated 16 January 2020.

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's Annual Reporting Manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Approval of the Quality Report:



Dame Cally Palmer
Chief Executive
June 2021



Charles Alexander
Chairman
June 2021

Appendix 3

Quality indicators where national data is available from NHS Digital

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators, using data made available to the Trust previously by the Health and Social Care Information Centre (HSCIC), and now from NHS Digital.

The Royal Marsden NHS Foundation Trust considers that these data are as described, as taken from the nationally defined data sources.

The Trust has taken actions to improve the percentage and so the quality of its services (see priorities for each indicator in Part 2 of this Quality Report for further information).

Not all of the core indicators are relevant to The Royal Marsden, for example those relating to the ambulance response times (as there is no A&E at the Trust). The tables that follow show those core indicators that are relevant and how the Trust compares against other trusts. The tables show the highest and lowest national scores. The information is the latest that is made available nationally by NHS Digital. All information provided by the Trust is validated and checked before it is reported.

The Royal Marsden considers that these data are as described, as taken from NHS Digital.

Trust Quality Priority 1 (please see page 10 for more information)

Core indicator 24. The data made available to The Royal Marsden NHS Foundation Trust by the HSCIC with regard to the attributable cases of C.difficile infection reported within the Trust among patients aged two or over during the reporting period. The rate per 100,000 bed days of cases of C.difficile infection reported within the Trust among patients aged two or over during the reporting period.

Indicator 24: Rate of C.difficile infection

April 2018 to March 2019: Community onset healthcare associated (COHA)/Hospital onset healthcare associated (HOHA) rates per 100,000 bed days	April 2019 to March 2020: COHA/HOHA rates per 100,000 bed days	Comparator group	Comparator – Highest apportioned C.difficile COHA/HOHA infection rate per 100,000 bed days (April 2019 to March 2020)	Comparator – Lowest apportioned C.difficile COHA/HOHA infection rate per 100,000 bed days (April 2019 to March 2020)
100.45	84.96	All acute trusts	84.96	0

Although not yet published by NHS Digital during 2020/21, the Trust has reported 52 cases of C.difficile infection (hospital onset, hospital associated or community onset, hospital associated).

Trust Quality Priority 2 (please see page 12 for more information)

Core indicator 25. The data made available to The Royal Marsden NHS Foundation Trust by NHS Digital with regard to the number and, where available, the rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Indicator 25a: Patient safety incidents that resulted in severe harm or death

Indicator	April 19 to September 19	October 2019 to March 2020	National average (October 2019 to March 2020)	Comparator group	Comparator – Highest (October 2019 to March 2020)	Comparator – Lowest (October 2019 to March 2020)
25a	3	0	1.7	Specialist Trusts	8	0
25b	0.1%	0%	0.1%	Specialist Trusts	1.3%	0%

Core indicator 23. The data made available to The Royal Marsden NHS Foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism (VTE) during the reporting period.

Indicator 23: Patients admitted to hospital who were risk-assessed for VTE

Quarter 3 2019/20	Quarter 2 2019/20	National average (Quarter 3 2019/20)	Comparator group	Comparator – Highest (Quarter 3 2019/20)	Comparator – Lowest (Quarter 3 2019/20)
96.87%	96.12%	95.25%	Acute trusts	100.00%	71.59%

Core indicator 19. The data made available to The Royal Marsden NHS Foundation Trust by NHS England with regard to the percentage of patients aged i) 0–16; and ii) aged 16+, readmitted to a hospital that forms part of the Trust within 30 days of being discharged from a hospital that forms part of the Trust during the reporting period.

Indicator 19a: Patients readmitted to a hospital within 30 days of being discharged (aged 0 to 16)**Indicator 19b: Patients readmitted to a hospital within 30 days of being discharged (aged over 16)**

Indicator description	April 2011 to March 2012	April 2010 to March 2011	National average April 2011 to March 2012	Comparator group	Comparator – Highest April 2011 to March 2012	Comparator – Lowest April 2011 to March 2012
19a	Data not published nationally as small numbers may allow identification of an individual					
19b	9.47%	7.61%	11.45%	Acute specialist	14.09%	0%

Note: Updated experimental statistics were due for 2020, but many national data collections were paused due to the COVID-19 pandemic.

Core indicator 20. The data made available to The Royal Marsden NHS Foundation Trust by NHS England with regards to the Trust's responsiveness to the personal needs of its patients during the reporting period.

Indicator 20: Responsiveness to the experience of care

Adult Inpatient Survey 2017/18	Adult Inpatient Survey 2018/19	National average April 2018/19	Comparator group	Comparator – Highest April 2018/19	Comparator – Lowest April 2018/19
85.0%	84.2%	67.2%	All trusts	85.0%	58.9%

Core indicator 21.1. Friends and Family Test – Patients. The data made available to The Royal Marsden NHS Foundation Trust by NHS England for all acute providers of adult NHS-funded care, covering services for inpatients and patients discharged from A&E (types 1 and 2). The Trust's score from a single question survey, which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

Indicator 21.1: Patient Friends and Family Test (FFT): Inpatient

Inpatient FFT Jan 2021	Inpatient FFT Feb 2021	National average Feb 2021	Comparator group	Comparator – Highest (Feb 2021)	Comparator – Lowest (Feb 2021)
100%	99%	94%	All trusts	100%	41%

Core indicator 21. The data made available to The Royal Marsden NHS Foundation Trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

Indicator 21: Staff who would strongly recommend the Trust to their family or friends

Inpatient FFT Feb 2020	Inpatient FFT Jan 2020	National average Feb 2020	Comparator group	Comparator – Highest (Feb 2020)	Comparator – Lowest (Feb 2020)
98%	99%	96%	All trusts	100%	79%

Indicator 12b: The percentage of patient deaths with palliative care coded at either diagnosis or specialty level

October 2016 to September 2017	October 2015 to September 2016	National average	Comparator group	Comparator – Highest	Comparator – Lowest
Trust data not published nationally for this indicator					

Appendix 4

Our values

The Outstanding Care; Outstanding Culture programme was launched by the Chief Executive in May 2018 to review/refresh the Trust values with the aim of:

- ensuring alignment between the values and the new Five Year Strategic Plan
- driving an inclusive culture in which all staff have an outstanding experience at work given the link between staff experience and patient experience
- addressing the underlying causes of negative behaviours through a holistic programmatic approach rather than fragmented initiatives.

The Trust values are an essential part of The Royal Marsden's culture as they represent our approach and commitment to our work; the way we treat our patients and the way we treat each other. More than 350 staff and patients were involved in the review and refresh of the values through workshops and surveys.

In May 2019, the Trust's new Values and Behavioural Framework was launched. The framework outlines behavioural descriptors for each of the four new values, which are:

Pioneering Change

We lead the way in cancer research and drive continuous innovation to improve the lives of patients.

Pursuing Excellence

We strive to be experts in our field, working to deliver outstanding quality in all that we do.

Working Collaboratively

We work in an inclusive way bringing together different expertise, partners and resources to achieve the best possible outcomes.

Showing Kindness

We aspire to create a world class experience where all patients, staff and partners feel valued and respected.

The new Trust Values and Behavioural Framework is being integrated into every stage of the employee life cycle. The new values are reflected in our recruitment, induction, training and appraisals, but most importantly it is about how our staff live them daily.

Appendix 5

Glossary

Bacteraemia Having bacteria in the blood.

Care Quality Commission (CQC) The independent regulator of health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. They also protect the interests of people detained under the Mental Health Act.

Chemotherapy Treatment with anti-cancer drugs to destroy or control cancer cells.

Clinical coding The process whereby information written in the patient notes is translated into codes and entered onto hospital information systems. This usually happens after the patient has been discharged from hospital and must be completed within strict deadlines so hospitals can receive payments for their services.

Clinical Commissioning Groups (CCGs) NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They took over many of the functions of primary care trusts.

Clostridium difficile infection (C.difficile) Bacteria that are a significant cause of infections arising in hospital.

CNS Clinical Nurse Specialist.

Commissioning for Quality and Innovation (CQUIN) A payment framework that lets commissioners link a proportion of a healthcare provider's income to the achievement of local quality improvement goals.

Customer Service Excellence (CSE) Standard The Government's standard for customer service. This scheme replaced the Charter Mark.

EPR Electronic Patient Record.

Escherichia coli (E.coli) Bacteria that live in the intestines of humans and animals. Although most types are harmless, some cause sickness.

Foundation Trust Foundation Trusts have a significant amount of managerial and financial freedom when compared to NHS hospital trusts. They are considered to be like cooperatives, where local people, patients and staff can become members and governors, and hold the trust to account.

Friends and Family Test A simple questionnaire to get feedback about services. Patients are asked if they would recommend the services they have used and staff are asked if they would recommend the services offered at their workplace, or if they would recommend it as a place to work.

Healthcare-associated infection An infection arising in a patient during the course of their treatment and care.

Healthwatch The independent consumer champion to gather and represent the views of the public at a national and local level. Healthwatch England works with local Healthwatch groups and has the power to recommend that the CQC take action where there are concerns about health and social care services.

Information governance A process that makes sure that organisations achieve good practice relating to data protection and confidentiality.

Key performance indicators (KPIs) Organisations use key performance indicators to evaluate their success or the success of a particular activity.

Multi-disciplinary team (MDT) A team made up of healthcare professionals from different fields who work together.

NHS Improvement (NHSI) The independent regulator of NHS Foundation Trusts.

National Institute for Health and Care Excellence (NICE) NICE reviews medicines, treatments and tests. It makes clinical guidelines and public health recommendations.

National Early Warning Sign (NEWS) An early warning score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs.

Patient and Carer Advisory Group (PCAG) Works to improve the experience of patients at The Royal Marsden. It is a self-managed group of patients, carers and members of the public who play a vital part in continually improving the care and services we provide.

Patient Group Directions (PGDs) PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

Pressure ulcers Bed sores or pressure sores.

Radiotherapy The use of high-energy rays to destroy cancer cells. It may be used to cure some cancers, to reduce the chance of cancer returning, or to control symptoms.

Root Cause Analysis (RCA) A method of identifying the root cause of a problem.

Sepsis Situation Background Assessment Recommendation (SBAR) The four letters of SBAR indicate the Situation (problem being discussed), Background (the medical history of the patient and treatment to date), Assessment (of the patient) and Recommendation (of the person leading the discussion).

Standardised mortality ratio An indicator of the quality of healthcare. It measures whether the death rate at a hospital is higher or lower than expected.

Venous thromboembolism (VTE) A blood clot, typically occurring in the leg but which can form in any blood vessel.

Life demands excellence

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.

That's why the pursuit of excellence lies at the heart of everything we do. No matter what we achieve, we're always striving to do more. No matter how much we exceed expectations, we believe we can exceed them still further.

We will never stop looking for ways to improve the lives of people affected by cancer. This attitude defines us all, and is an inseparable part of the way we work. It's The Royal Marsden way.

You can visit, write to or call The Royal Marsden using the following details:

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Sutton, Surrey

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royalmarsden.nhs.uk



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