

The ROYAL MARSDEN
NHS Foundation Trust

Quality Report 2021/22



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 2021/22
- 2. Set out our quality priorities and objectives for 2022/23.



To begin with, we will give details of how we performed in 2021/22 against the quality priorities and objectives we set ourselves under the categories of:

Safe care
Effective care
Patient experience

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 2022/23, under these same categories. We will explain how we decided on these priorities and objectives, and how we aimed 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 2021/22 quality priorities and setting our quality priorities for 2022/23
	Reviewing progress of the quality improvements in 2021/22 and choosing the new priorities for 2022/23
	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 2021/22:

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

Despite the continuing pressures due to the COVID-19 pandemic, the Trust continued to prioritise and deliver high-quality care to our patients. Our commitment to improving quality is demonstrated by the following achievements in the year from 1 April 2021 to 31 March 2022.

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.

The ISO9001:2015 Radiotherapy

The Trust’s radiotherapy service was externally assessed, and a six-monthly surveillance visit was conducted by the British Standards Institute (BSI). The Trust successfully gained accreditation for a further three years until May 2024. The assessment managers were impressed with the high-quality service that radiotherapy continues to offer to its patients and its continued commitment to quality during the pandemic.

The ISO9001:2015 Chemotherapy

The Trust’s chemotherapy service was also externally assessed and underwent a six-monthly surveillance visit conducted by the BSI. Again, the Trust gained accreditation for a further three years until May 2024. During this assessment, no non-conformances or opportunities for improvement were noted and the assessors were impressed with the development of the service, despite the challenges of the pandemic, and the positive changes that the Trust is taking to increase capacity of chemotherapy delivery.

Quality Standard for Imaging (QSI)

The Quality Standard for Imaging (QSI) has been developed by The Royal College of Radiologists and the College of Radiographers to set out the criteria that defines a quality Imaging service. UKAS accreditation of imaging services is a patient-focused assessment that is designed to give stakeholders, service users, patients and their carers, confidence in their diagnosis and all aspects of their care. The QSI provides a framework for the NHS and private sector to provide consistently high-quality services delivered by competent staff working in safe environments. UKAS assesses imaging services to ensure that the standard’s requirements are maintained through regular annual monitoring. Accreditation to standards is supported by NHS England, NHS Northern Ireland and NHS Wales, and is recognised by the Care Quality Commission (CQC).

The Royal Marsden Imaging Service has been accredited annually since February 2018 and completed its new document submission process in September 2021. The documentation submission process changed significantly this year and following the re-accreditation visit on the 3-4 November 2021, the lead inspector was able to recommend us for a further cycle of QSI accreditation pending close out of 22 mandatory findings. There were also 23 recommendations which do not require evidence to be submitted but can be used to improve our Imaging Quality management system. All evidence for both mandatory and recommendations were submitted by the end of February 2022 and re-accreditation was confirmed in May 2022.

Customer Service Excellence

The Trust was assessed in February 2022 and successfully retained its accreditation against the Customer Service Excellence standard with full compliance. The assessor was impressed with how patients are put at the heart of service delivery in the Trust, with staff focusing on patients at all levels. Staff were ‘passionate’ in promoting customer focus and ‘committed’ to the customer service culture. Of the elements assessed this year, the assessor identified a further six elements that are worthy of ‘Compliance Plus’, bringing the total to 19. Compliance Plus is where the Trust has demonstrated it has gone beyond the requirements of the element. These include projects to engage disadvantaged communities that are under-represented in the Trust’s patient population; promotion and participation in a patient-focused culture; and benchmarking performance and learning from others to improve services for patients.

Veteran Aware Accreditation

The Trust was formally accredited as a Veteran Aware NHS Trust and awarded the Bronze Award by the Defence Employer Recognition Scheme (DERS). This is in recognition of our commitment and support towards both staff and patients who serve, or have served, in the UK armed forces. Awarded by the Veterans Covenant Healthcare Alliance (VCHA), the Veteran Aware accreditation highlights NHS trusts that have made a series of pledges, including ensuring members of the armed forces community are never disadvantaged when receiving care, and that our staff receive training on veteran-specific needs.

As an employer, The Royal Marsden fully supports the employment of veterans, recognising military skills and qualifications in the recruitment and selection process. Those who are members of the Reserve Forces will be granted additional leave for training, supporting any mobilisations and deployment, and we also encourage staff to become Reservists. The Trust is continuing to work on these pledges and has applied for the Silver Award in April 2022.

COVID-19 vaccination programme

The COVID-19 vaccination programme for NHS staff, patients and their families has been a huge success with over 10,000 vaccines delivered since starting the booster programme on 23 September 2021. This is in addition to the 19,075 delivered as part of the first and second dose vaccine programme. We also opened the 5-11-year-old programme for vulnerable patients at the earliest opportunity in February 2022. As the only hospital site in south west London vaccinating this age group, we have opened up bookings for non-Royal Marsden vulnerable patients in south west London.

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.

C. Palmer

Dame Cally Palmer
Chief Executive
June 2022

Part 2

Performance against 2021/22 quality priorities and setting our quality priorities for 2022/23

Introduction

The quality priorities and targets for 2021/22 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 (england.nhs.uk/get-involved/involvementguidance/ccg-iaf/). 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 there are further details about this from page 46. Our performance against the targets is summarised in the table below. The table also shows which quality priorities we have set ourselves for 2022/23.

Table 1: Quality priorities and targets for 2021/22 and 2022/23

Category		Quality priority	Target for 2021/22	Performance for the year 2021/22	Target set for April 2022 to March 2023
Safe care	1	To reduce the number of cases of healthcare-related infections (Clostridium difficile [C.difficile] and Escherichia coli [E.coli]). Applies to hospital inpatient beds at The Royal Marsden.	a. For there to be fewer than 56 attributable cases of C.difficile infection per annum b. For there to be fewer than 52 attributable cases of E.coli blood stream infection (BSI) per annum	a. Achieved b. Achieved (Information provided by the Trust)	A focus on Surgical Site Infections Surveillance (SSIS) (New priority – benchmarks to be set Q2)
Safe care	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. (A ‘near miss’ is when an event had the potential to harm the patient and the staff prevented it from happening.) (A patient safety incident is an incident that could have harmed or did harm a patient.)	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. (A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.) Applies to hospital inpatient beds at The Royal Marsden.	Not achieved (Information provided by the Trust)	To implement Datix IQ and transition to Learning from Patient Safety Events (LFPSE) Service – replacement to National Learning Reporting System (NRLS) (New priority)

Category		Quality priority	Target for 2021/22	Performance for the year 2021/22	Target set for April 2022 to March 2023
Safe care	3	To implement the 'Call4Concern' initiative.	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'	a. Partially achieved b. Not achieved (Information provided by the Trust)	To implement Ward Accreditation (New priority)
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. Achieved b. Achieved (Information provided by the Trust)	To reduce the incidence of category 3 pressure sores and category 4 pressure sores developing in patients while they are receiving hospital care (New priority)
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)	To reduce harm from sepsis.

Category		Quality priority	Target for 2021/22	Performance for the year 2021/22	Target set for April 2022 to March 2023
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 focus groups	a. Achieved b. Achieved c. Achieved (Information provided by the Trust)	As patient experience is inextricably linked with staff experience, to focus on staff retention and reduce nursing and allied health professional (AHP) leavers.
Patient experience	7	To coordinate 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 reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times. (New priority)
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	a. Achieved b. 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 about the quality priorities, the progress we made in meeting the targets set for 2021/22, 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 56 attributable cases of C.difficile infection per annum
- b. For there to be fewer than 52 attributable cases of E.coli blood stream infection (BSI) per annum



This year has again been challenging due to the COVID-19 pandemic. The Infection Prevention & 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 2021/22

- We worked with the multidisciplinary teams to continuously review rapidly changing guidance, as well as supporting clinical areas in the use of personal protective equipment.
- We developed strategies that incorporated staff wellbeing in managing the increasing challenge of working in an unprecedented time.
- There was further focus on hand hygiene and we continued the use and promotion of ‘Sure Wash’, a hand hygiene training tool that teaches staff how to assess hand hygiene technique and deliver infection prevention and control education.
- We worked collaboratively with the Estates Department in risk stratification of the ventilation requirements for the Trust.
- We implemented an audit that focused on five elements of infection prevention within the clinical setting, which allowed for feedback and action planning in a timely manner. The impact of the audit can be seen in the continue decline of C.difficile cases, following on from higher than predicted numbers in July 2021.

How we performed in 2021/22

- There were 56 attributable C.difficile cases in 2021/22. Of these, 53 cases were deemed attributable to the Trust. Therefore, the target was achieved.
- There were 40 E.coli cases in 2021/22. Of these, 40 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 continue to deliver our collaborative programme with Barts Health NHS Trust, The Christie NHS Foundation Trust and The Clatterbridge Cancer Centre, focusing on all elements of infection prevention and control, as well as looking to standardise approaches across the cancer specialty.
- We will continue to implement our E.coli reduction strategy, while incorporating other gram-negative organisms.
- We will continue to work with other multidisciplinary teams in ensuring the environment is safe from an infection prevention and control perspective.

How improvements will be measured and monitored

- We will continue to monitor and present our figures monthly to the Trust board via the Director of Infection Prevention and Control.
- We will present data and action plans via divisional meetings to learn from infection control incidents and reviews.

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 2021/22

- The Trust has been working with the Patient Safety Specialist to ensure delivery of the Patient Safety Strategy.
- Some of the key areas have seen implementation of level 1 and 2 training, which has been made available for all staff on our learning hub portal.
- In preparation for the Patient Safety Incident Response Framework, the Trust has and is continuing to undertake a thematic review of incidents.
- The Trust has introduced the use of System Safety Recommendations to ensure that complex actions and change can be monitored and tracked through governance committees.
- We continued to ensure a safe environment for patients and staff through the delivery of workplace COVID-19 risk assessments in clinical and non-clinical areas.
- We continued to maintain the ISO 22301 Business Continuity Standard which ensures that we have robust processes in place should there be a service disruption.

How we performed in 2021/22

- There were 0.12 patient safety incidents resulting in severe harm or death per 1,000 bed days reported for the Trust in 2020/21; therefore we did not achieve this target.
- We have undertaken a comparison of the last 12 months against the previous financial year, which showed that across acute specialist trusts there has been an increase of incidents with moderate severity and above.
- As part of an ongoing thematic analysis, these incidents are being reviewed to identify any further learning opportunity for the Trust and to aid action planning.
- In March 2021, the Care Quality Commission (CQC) published updated guidance on meeting the requirements of regulation 20 – Duty of Candour. As a result of this change, the Trust has observed an improved reporting culture whereby we are seeing an increase in incidents being reported which are recognised complications of treatment.
- All incidents were reviewed in line with the Trust investigation policy and, where appropriate, a root cause analysis (RCA) was undertaken, or a multidisciplinary panel convened to look at any areas for improvement in patient safety.

Actions to improve our performance

- 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. As part of the roll out, we will be working towards integrating our systems with the Learning from Patient Safety Events (LFPSE) service.
- We will streamline and unify our reporting to ensure consistency across all services.
- We will launch ‘Harm Free Care’ training for Trust clinical staff.
- We will work collaboratively with our NHS partners to implement the new Patient Safety Strategy.

How improvements will be measured and monitored

- We will continue to undertake regular audit and review sources of data to monitor improvements, such as staff and patient surveys and the Duty of Candour.
- We will continue to undertake thematic analysis and implement necessary action plans.
- We will continue to regularly report on patient safety through divisional Quality Safety Risk (QSR) groups as well as other governance meetings.

Priority 3

To implement the ‘Call4Concern’ initiative

Targets

- 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’



What we did in 2021/22

- We implemented ‘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.
- We promoted the service via staff and made patient information materials available on wards and in the inpatient care packs.
- We continued to monitor the ‘Call4Concern’ line to respond to any patient safety concerns promptly and efficiently.

How we performed in 2021/22

- Calls to the dedicated line have been very limited and only one call was received in 2021/22. Despite the service being promoted with staff and advertised on wards as well as within inpatient packs, this has not resulted in an increase in patients using the helpline. We believe that this is due to the Trust having The Royal Marsden Macmillan Hotline (RMMH), a dedicated outpatient helpline for patients and relatives to raise clinical queries and concerns. This helpline appears to be the contact of choice. Metrics and key performance indicators (KPIs) are in place to monitor the hotline activity and action planning in place where required.

Actions to improve our performance

- We will review the current arrangements in place for ‘Call4Concern’ to determine whether the helpline is required or if it would be more appropriate to direct efforts and resource to RMMH due to this being the contact of choice.

Priority 4

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

Targets

- 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



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 2021/22

- We implemented the ‘Man Van’ project, which went live December 2021. This initiative aims to improve healthcare access for men who are less likely to receive regular health checks, and are at risk of having cancer diagnosed late.
- In partnership with the ICR and working closely with RM Partners, the Trust is establishing an Early Diagnosis and Detection Centre, which aims to speed up diagnosis and improve outcomes for patients.
- The Early Diagnosis and Detection Centre website was launched on 10 September 2021, with a further revamp in December 2021 to raise awareness.
- We continued the development of respiratory diagnostic services and understanding of partnered working between The Royal Marsden and Royal Brompton Hospital.
- Additional sites have opened for the LIBRA early diagnosis trial (a study researching 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 continued to drive the national lung screening agenda, including holding an agenda-setting workshop in collaboration with the National Screening Committee (NSC), alongside the launch of the NSC public consultation on lung cancer screening.

How we performed in 2021/22

- There have been a great number of achievements in our goal to develop new models of care that promote early diagnosis, including successful bids for funding to continue with this crucial work.
- A number of these projects are underway, but as this is a longer-term plan, there is still work to be done.
- As no national targets have yet been set, we achieved our target as far as possible at this stage and will continue to progress with this priority.

Actions to improve our performance

- As multi-centre studies are dependent on the National Institute for Health and Care Research (NIHR) Clinical Research Network (CRN), resources have been impacted by COVID-19 studies over the past year, impacting on the recruitment to studies. We will continue take action to mitigate this, including:
 - identification of funding to support recruitment activity were possible
 - seeking assurances for prioritisation of study support with NIHR partners.

How improvements will be measured and monitored

- We will continue to 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

- a. For more than 90 per cent of patients who meet the local criteria for suspecting 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.



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. Our overall aim is to continue to reduce harm from sepsis. Sepsis also forms part of the Trust’s Harm Free Care initiative, a Trust-wide quality improvement programme which aims to deliver continuous and demonstrable improvements in the quality and safety of patient care.

What we did in 2021/22

- We introduced sepsis champions on shifts within all clinical areas, and this is now recorded and monitored through our electronic staff system Healthroster.
- We have separated the emergency and non-emergency audits for sepsis to improve understanding and to better focus on our patients’ needs.
- We have created a profile page on the intranet to signpost staff to relevant information and clinical documents.

How we performed in 2021/22

- We continued to audit a retrospective random sample of 20 patients monthly, with a total of 60 patients per quarter, who have ‘Sepsis’ recorded in their electronic patient records.
- 99.5 per cent of patients from this audit were appropriately screened for sepsis; therefore this target was achieved.
- 98 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.

Actions to improve our performance

- We will create decision-making tools for each patient group direction (PGD), a 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).
- This will help to increase compliance with PGDs by nursing staff.

How improvements are measured and monitored

- We will continue to conduct monthly audits to measure compliance against the KPIs.
- The Sepsis Committee will continue to meet four 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, as well as to 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

Targets

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



What we did in 2021/22

- We continued to review the rosters and respond to the challenging staffing conditions and absence due to COVID-19 pandemic. Twice-yearly reviews are undertaken by the Chief Nurse’s office to ensure the rosters continue to meet the patient numbers and their acuity.
- The new career pathways were launched and promoted to all staff to enable staff to view progression opportunities during one-to-ones and appraisals. The pathways were also used during career mentoring and coaching sessions delivered via our pool of trained career coaches and mentors – 53 staff participated in this.
- Staff also accessed the large range of career resources available on the Trust’s internal career hub, with 960 visits to the career hub in 2021/22.
- We also supported five healthcare support workers to start an apprenticeship pathway to becoming registered nurses.
- We have used different ways to engage with staff, due to the hybrid working introduced due to the pandemic. In 2021/22, the Trust introduced a new Pulse Survey run by the NHS which is easier for staff to complete and asks broader questions around their experience in the workplace. Focus groups and smaller sessions were also run in line with the introduction of the government legislation on vaccination as a condition of deployment, so that staff could make informed decisions.

How we performed in 2021/22

- During 2021/22, the nursing voluntary turnover increased from 11.2 per cent in March 2021 to 14.8 per cent in March 2022.
- This is over the Trust target, therefore this target was not achieved. However, it is in line with expectations of staff movement at the end of a pandemic.
- The turnover for Bands 5-6 increased from 11.7 per cent in March 2021 to 17.1 per cent in March 2022.

Actions to improve our performance

- We will develop a preceptorship programme for allied health professionals (AHPs).
- We will develop and implement model of career conversations to be held locally.
- We will create a ‘map’ detailing how learning and development opportunities link to career progression and succession planning, with the aim of improving retention and developing our staff.
- We will implement ‘grow your own’ proposals for unqualified nurses to undertake their nurse training.

How improvements will be measured and monitored

- Voluntary turnover will continue to be measured and monitored locally and through governance oversight committees.
- There will be regular reporting and feedback from staff through the Pulse Survey and local team meetings in order to aid action planning to improve staff experience.

Priority 7

To coordinate and implement our Patient Experience Commitment

Target

To implement and monitor the 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 (2018/19 – 2023/24) 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 2021/22

- We developed Trust-wide action plans for all staff groups in response to feedback received as part of National Patient Experience Surveys.
- The Patient Experience Commitment was incorporated into local and corporate induction for all staff.
- We implemented an online Friends & Family Test survey as well as via SMS to enable more real-time feedback and to allow patients to provide feedback at their own convenience. This has resulted in a significant increase of the number of responses we receive each month and has allowed us to better identify any trends or themes in specific areas.

- Voluntary services have implemented new opportunities where volunteers make a significant contribution to improve patient experience. These roles are developed to fulfil the objectives as defined by the Trust’s patient experience commitment; in addition, we recognise that by enhancing the patient experience through a structured volunteer programme, we are also able to contribute to enhanced staff experiences and workforce challenges. Our volunteer roles are being developed to meet the needs of our patients, this includes as outpatients, inpatients and within the community. New initiatives introduced include discharge volunteers, befriending and supportive listening volunteers, carers support and digital volunteers. These are in addition to our team of committed volunteers supporting various departments in roles that include deliveries, meet and greet, art therapy, pharmacy and many more. Our focus is to continue the development of these roles and increase the impact of volunteering across the whole Trust.

How we performed in 2021/22

- 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 continuing to work with our PR and Communications team to reactivate this work when appropriate and once restrictions have lifted.
- We continued to develop SMART actions in response to the four are still underway and will be reviewed and monitored through our Patient Experience groups.
- Despite the pressures and challenges of the COVID-19 pandemic, which included 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).

“Things were explained very clearly, e.g. what to expect and waiting times. I liked that they would do everything required on the same day for the initial assessment and that most results were told on the day. Friendly staff willing to answer all my questions. Happy atmosphere. Very good clean environment. Well done to everyone.”

“CCU gave me excellent care after surgery. I cannot fault the caring and compassionate services of all the staff. My heart felt thanks to all.”

“The kindness and continuity of having the same nurse all day, everything explained at all times, the Doctor who did my operation then even came to the day unit later on to explain how it went and what to expect in the coming days. It was an excellent experience on a very nervous day many thanks to you all.”

“I have had package 5 star holidays where the service wasn’t as good. From breakfast to cleaners to beautiful nurses who obviously enjoy their job. Not a grumpy one amongst them, all giving 110% every day.”

“I have to say I have come to this hospital three times and with each visit from the staff at the front door, to when you leave the service has been amazing. I couldn’t think of anything I would change. Everyone has time for you to answer questions, treated with so much respect from everyone I have met. It is the best hospital I have ever visited. it has been a pleasure coming here. Great staff.”

Actions to improve our performance

- We will work with our PR and Communications team to roadshow and promote our Patient Experience Commitment.
- We will continue to develop on our SMART actions in response to patient feedback and in order to embed our Patient Experience Commitment.

How improvements will be measured and monitored

- Attendance and completion of Trust induction will be monitored by the Learning and Development team.
- Trust-wide action plans will continue to be monitored by our Quality and Patient Experience Committee (QPEC), to ensure timely completion and implementation of actions.

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 2021/22

- As part of the Darzi project, 17 patients with a learning disability and their families, identified via the electronic patient record (EPR), were invited to share their stories.
- There was overwhelmingly positive feedback on the care that patients and families had received at The Royal Marsden. Below are some examples of the comments received:

“every aspect of the care was wonderful – staff were kind, actively listened and had genuine concern and regard for our care needs.”

“meticulous in the detail within our care” and repeatedly families said that they felt *“listened to”*. What mattered most to both patients and families was *“the relational rather than functional aspects of care”*.

- We became a Veteran Aware Trust in order to support our patients who serve, or have served, in the UK armed forces, to ensure that they never disadvantaged when receiving care, and that our staff receive training on veteran-specific needs and how to support this.

How we performed in 2021/22

- We achieved our target of undertaking a review of the cancer journey for patients with additional needs.
- We did not achieve our target of implementing reporting metrics. As part of the above review, we have identified that there is no detail within the flag of additional needs within our EPR system, thus all types are grouped together. This will be rectified when the new Digital Health Record (DHR) is implemented in March 2023, as we will have the functionality to identify specific and separate additional needs.
- This will also allow us to establish reporting metrics with meaningful data and aid action planning to ensure that we are supporting our entire patient population.

Actions to improve our performance

- To enable us to better identify and support patients and staff to improve patient experience, as above, we are working with our Performance and Digital teams to refine ‘additional needs’ and ensure the appropriate recording of this in patient records.
- We will conduct patient and carer interviews for people with a learning disability, about their experience at The Royal Marsden to better learn from and improve on patient experience.
- 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 develop and report on meaningful data with planned actions in quarter one of 2022/23.
- 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 2021/22 and choosing the new priorities for 2022/23

The National Quality Board has been undertaking a review of quality reports to determine how they could be improved and updated. This review does not affect the 2021/22 quality report requirements; however, it is anticipated that changes may come into effect for the 2022/23 requirements.

Due to the COVID-19 pandemic, no detailed requirements for quality reports were published for 2021/22, 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 2021

Held a Quality and Patient Experience Committee meeting to review progress against our priorities for 2021/22.

April 2022

Held a Quality and Patient Experience Committee meeting to review progress against our priorities for 2022/23.

A draft copy of the quality report was circulated for stakeholder statements.

The Council of Governors considered and agreed to carry over all quality priorities.

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

May 2022

Report circulated to the Quality and Patient Experience Committee for review and sign off.

June 2022

Quality report reviewed and agreed at the Quality, Assurance and Risk (QAR) 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 2021/22, the Trust’s inpatient improvement work has continued to be 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.
- Development of an Emergency Junior Doctor and Specialty Registrar Cover Standard Operating Procedure. In addition, the introduction of changes to the rota to support junior doctors, including improvements to processes such as handover and night working, as well as the recruitment of night Resident Medical Officers.

- Implementation of a consultant triage and virtual assessment (if required) of patients who contact The Royal Marsden Macmillan Hotline and require medical review. On Monday to Friday (in hours) this is carried out by an acute oncology service (AOS) consultant, supported by the AOS specialist registrar (SpR), and by the consultant on-call on 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 a clinic appointment is organised with the tumour site specific team.
- 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.

In addition, in 2021/22 the Trust has introduced the following initiatives:

- Continuing with a programme of work relating to discharge, therapies support and patient flow, including reminding staff of the importance of planned discharges (including To Take Out (TTOs) medication and nurse-led discharge where appropriate). Documentation relating to the consultant-led ward round was also embedded within the Trust’s clinical documentation.
- Including SpRs in the AOS as part of their training.
- The addition of on-site night clinical fellows to support the senior house officers (SHOs).

Prior to the COVID-19 pandemic, a process of board assurance was in place and reported through the Trust’s QAR committee. There was no national requirement to carry out an audit during 2021/22. However, the Trust has a well-established non-elective recovery workstream, which is tracking and auditing the senior clinical review KPIs and ensuring government guidance is implemented, including any improvement actions.

Learning from deaths

During 2021/22, we continued to review all deaths in the hospital each month. Table 2 shows the number of inpatients who died between April 2021 and March 2022.

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 2021	46	46	13	0	0
July to September 2021	50	50	6	0	0
October to December 2021	47	47	10	1	2.1
January to March 2022	57	57	11	0	0
Total	200	200	40	0	2.1

*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 2021 to March 2022, 200 case record reviews and 40 investigations were carried out in relation to all of the deaths shown in Table 2.

In 40 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.

One problem in care was identified to between April 2021 and March 2022 and this was also investigated as a serious incident.

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

- In light of visiting restrictions due to the COVID-19 pandemic, timely communication with relatives is necessary to share clinical updates.
- All communications regarding a patient’s care with relatives/named contact should be documented within the medical record,
- All non-elective medical admissions require completion of a Treatment Escalation Plan (even if that includes for full escalation) and this will require a review if there are changes in the patient’s condition.
- Following discussion with the patient regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), an offer to discuss this with the patient’s relatives or friends should be made.

Points of good care to note were:

- The use of rapid debrief for staff following a sudden death was beneficial for the whole clinical team involved.
- Excellent end of life care provided for sudden deterioration of patient that required transfer to the ward for dignified death.
- Excellent end of life care provided to patient with recurrent bacteraemia with E.coli, involving multiple disciplines.

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 2021 and March 2022, 17 national clinical audits and two national confidential enquiries 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 2021 to March 2022, The Royal Marsden registered or took part in 19 (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 2021/22, are listed below 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 3 and Table 4).

Table 3: National clinical audits we took part in during 2021/22

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% identified
2	National Bowel Cancer Audit (NBOCA)	100% identified
3	National Lung Cancer Audit (NCLA)	Data taken directly from the monthly Cancer Outcomes and Service Dataset (COSD) upload. Note: Tertiary provider
4	The Royal College of Surgeons of England National Prostate Cancer Audit (NPCA)	Data taken directly from the monthly COSD upload. Note: Tertiary provider.
5	National Breast Cancer in Older People (NABCOP)	Data from national organisations in England and Wales, including the National Cancer Registration and Analysis Service (NCRAS) in England and the Cancer Network Information System Cymru (CANISC) in Wales.
6	National Emergency Laparotomy Patient Audit (NELA)	100% identified
7	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	100% identified
8	ICNARC/Resuscitation Council UK National Cardiac Arrest Audit	100% identified
9	NHS England 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.
10	Perioperative Quality Improvement Programme (PQIP)	100% identified
11	Royal College of Physicians Fall and Fragility Fracture Programme: Inpatient Falls Audit	100% identified
12	Mandatory Surveillance of bloodstream infections and clostridium difficile infection	100% identified
13	NHS Blood and Transplant National Comparative Audit of Blood Transfusion 2021: Audit of perioperative management of anaemia in children undergoing elective surgery	100% identified
14	BAUS Cytoreductive Radical Nephrectomy Audit	100% identified
15	National Audit of Care at the End of Life (NACEL)	100% identified
16	Breast and Cosmetic Implant Registry (BCIR)	100% identified
Other national audits		
17	National audit of the management of Head & Neck Squamous Cell Carcinoma of Unknown Primary (HNSCCUP)	100% identified
18	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Physical Healthcare in Mental Care Hospital	Not appropriate
19	NCEPOD Transition from child to adult services	100% (organisational questionnaire submitted)

In 2021/22, we reviewed the reports of 18 national clinical audits and publications. Where appropriate, we will take the following actions to improve the quality of healthcare we provide. Please see Table 4 for details of actions.

Table 4: National clinical audits reports published and actions taken

No	National clinical audit reports published in 2021/22	Description of actions
1	National Oesophago-Gastric Cancer Audit	Report disseminated to clinical teams and Clinical Audit Committee.
2	NBOCA Annual Report 2021	Report disseminated to clinical teams and Clinical Audit Committee.
3	National Lung Cancer Audit Annual Report 2021	Report disseminated to clinical teams and Clinical Audit Committee. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
4	NPCA Annual Report 2021	Report disseminated to clinical teams and Clinical Audit Committee.
5	NABCOP Annual Report 2021	Report disseminated to clinical teams and Clinical Audit Committee.
6	The 7th National Emergency Laparotomy Audit Report	Report disseminated to surgical audit meeting and Clinical Audit Committee. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
6	ICNARC Intensive Care Audit Report	Regular reports reviewed by the Critical Care Unit Team. Presentation at surgical audit meeting.
7	ICNARC National Cardiac Arrest Report	Report reviewed at Resuscitation Committee and Clinical Audit Committee.
8	Annual SHOT (Serious Hazards of Transfusion) Report 2020	Report discussed at Blood Transfusion Committee.
9	LeDeR programme annual report and action from learning reports 2020 (University of Bristol)	Adult safeguarding team reviewed the recommendation. Review cancer guidance and resources from LeDeR annual report and promote the use of relevant and appropriate resources for tertiary service.
10	The B-MaP-C study Breast Cancer Management Pathways During the COVID-19 Pandemic – A national audit	Result disseminated to clinical teams.
11	Outcomes of elective cancer surgery during the COVID-19 pandemic crisis: an international, multicentre, observational cohort study	Results disseminated to clinical teams.
12	CovidTrach: A UK national service evaluation of mechanically ventilated COVID-19 patients undergoing tracheostomy (ENT UK)	Results disseminated to clinical teams.
13	Safety of Reintroducing Minimally Invasive and Open Oesophago-Gastric Cancer Surgery for Patients and Staff	Results disseminated to clinical teams.
14	Determining the optimal timing for surgery following SARS-CoV-2 infection (GlobalSurg-CovidSurg Week)	Results disseminated to clinical teams.
15	Distribution of lymph noted metastases in oesophageal carcinoma	Results disseminated to clinical teams.
16	Rates of toxicity in patients receiving prostate radiotherapy on the Elekta Unity MR Linac (International)	Results disseminated to clinical teams.
17	National Unilateral Nipple Discharge Study (NUND)	Results disseminated to clinical teams.
18	Decisions About Mastectomy Margins	Results disseminated to clinical teams.

The reports of two national confidential enquiries were reviewed by The Royal Marsden in 2021/22.

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	Hard to Swallow: Dysphagia in Parkinson's Disease	Report disseminated through the Clinical Audit Committee.
2	In Hospital Care of Out-of-Hospital Cardiac Arrest	Report disseminated through the Clinical Audit Committee. Local NCEPOD Reporter provides an annual report to the Integrated Governance & Risk Management Committee.

Between April 2021 and March 2022, the reports of 124 local 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 2021 and March 2022, and the actions, are given below.

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

Table 6: Examples of local audits reviewed and the actions

Assessing vendor recommended prostate cancer patient set up procedure on MR Linac against current clinical standard	<ul style="list-style-type: none">– Vendor method for patient set-up to be implemented as the standard method for pelvic irradiation on the MR Linac.– The change in practice for improved patient comfort with no reduction in treatment accuracy. Results published in Tech Innov Patient Support Radiat Oncol. 2020 Mar; 13:21-23.
‘Beam for Cancer’™: developing a digital health intervention to support optimal physical activity early in the pathway for those treated for cancer	<ul style="list-style-type: none">– Funding is being sought via charities to make this freely available (bespoke oncology supportive and rehabilitation content commissioned and co-created with men treated for prostate cancer, specialist Royal Marsden oncology staff and technology partners for delivery via a digital health platform [i.e. a means of virtual rather than face-to-face content]).– The therapies team is considering the best next steps for its clinical integration ahead of it being freely available to men treated for prostate cancer at The Royal Marsden.– Result disseminated: prostate team, Therapies Quality and Governance meeting, Royal Marsden Therapies Twitter account, Royal Marsden Charity Progress magazine, relevant national and international conferences.
Evaluation of tele-consent and supplemental online educational videos to assist informed consent for early phase clinical trials in era of COVID-19 and social distancing	<ul style="list-style-type: none">– Structured virtual telephone clinic implemented to reduce unnecessary visits to Drug Development Unit (DDU), as cancer patients referred to clinical trial units are often unsuitable to be seen immediately for a range of reasons.– Virtual clinics provide a more efficient and safer service for DDU patients.– Poster presentation at Annual Scientific Meeting for the Clinical Oncology Society of Australia 2020.

Taking part in clinical research

The Royal Marsden and the 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 2021 to 31 March 2022, we recruited 3,524 patients as part of 501 different clinical studies in research approved by a research ethics committee. Overall, there are 501 open 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
2021/22	3,524	501
2020/21	4,790	508
2019/20	4,147	514
2018/19	3,334	490
2017/18	3,983	548

Revalidation of doctors

Between April 2021, and March 2022, the Trust advised 109 positive recommendations for revalidation (the process of making sure that doctors, except trainees, can stay registered). Due to COVID-19 pressures, revalidations were deferred by the General Medical Council (GMC) in March 2020 to February 2021, and therefore we have seen a significant increase in the number of submissions due across the year.

We anticipate a large proportion of revalidation recommendations will continue throughout 2022 and the Medical Workforce Team are working closely with the Responsible Officer Lead and doctors directly to help progress paperwork and minimise the number of deferrals to the GMC. At the end of March 2022, 96 per cent of eligible doctors (95 per cent of consultants) were recorded as having completed an appraisal in the last 12 months.

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 2021/22) to our success in meeting quality improvement goals.

There were no CQUINs during 2021/22 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 2021/22.

The Royal Marsden has not been involved in any of the CQC’s special reviews or investigations during 2021/22.

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 on a risk assessment basis by the CQC. The Trust previously 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, although inspections have recommenced, the Trust is yet to be inspected.

Quality of information

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

During 2021/22, 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	99.91%	99.92%
	2021/22 – first quarter	100%	99.98%
	2021/22 – second quarter	99.96%	99.96%
	2021/22 – third quarter	99.71%	99.88%
	2021/22 – fourth quarter	99.76%	99.87%
	2021/22	99.88%	99.93%
Patient’s GP practice	2015/16	99.8%	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	99.79%	99.69%
	2021/22 – first quarter	99.90%	99.86%
	2021/22 – second quarter	99.75%	99.83%
	2021/22 – third quarter	99.64%	99.76%
	2021/22 – fourth quarter	99.69%	99.75%
	2021/22	99.78%	99.82%

- 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 2022 to 30 June 2022. The Royal Marsden’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 £17,500,000, or four per cent of gross annual turnover. The Royal Marsden did not report any incidents in 2021/22. 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 2021/22.

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)	2021/22 (figures taken from the DSPT Clinical Coding Audit signed off in March 2022)
Primary diagnosis code correct	91.5%	92.5%	95.5%	94.5%	96.0%
Primary procedure code correct	96.0%	96%	93.0%	96.5%	97.0%
Secondary diagnosis code correct	95.8%	94.6%	97.0%	96.7%	95.6%
Secondary procedure code correct	93.2%	94.7%	93.4%	92.3%	93.2%

Reporting against core indicators

Please see Appendix 3 for the quality indicators where national information is available from the Health and Social Care Information Centre (HSCIC).

Part 3

Other information

Review of quality performance (previous year’s performance)

Table 10: National targets

Cancer waiting times targets	Overall performance 2020/21	National target – 2021/ 2022	Performance – quarter 1 2021/22	Performance – quarter 2 2021/22	Performance – quarter 3 2021/22	Performance – quarter 4 2021/22	Overall performance 2021/22
All urgent GP referrals seen within 14 days	94.6%	93%	94.3%	88.9%	68.5%	40.8%	73.1%
All referrals for breast symptoms seen within 14 days	98.6%	93%	95.9%	93.8%	75.5%	43.3%	76.2%
28 day Faster Diagnosis Standard (FDS)	New measure	75%	89.4%	88.3%	86.1%	78.8%	86.3%
Treatment within 31 days of decision to go ahead for first treatment	96.1%	96%	95.2%	96.6%	94.9%	94.1%	95.1%
Subsequent surgical treatment started within 31 days of decision to go ahead with surgery	90.8%	94%	85.7%	91.6%	90.3%	87.9%	88.8%
Subsequent drug treatment started within 31 days of decision to go ahead with drug treatment	99.1%	98%	99.6%	99.0%	99.2%	98.9%	99.2%
Subsequent radiotherapy treatment started within 31 days of decision to go ahead with radiotherapy treatment	97.5%	94%	97.0%	96.3%	98.2%	96.0%	96.6%
Treatment started within 62 days of urgent GP referrals (reallocated position shown in brackets)	74.8% (81.7%)	85%	75.7% (81.1%)	73.4% (80.7%)	71.7% (77.0%)	67.6% (75.1%)	72.1% (78.5%)
Treatment started within 62 days of recall date for urgent screening centre referrals (reallocated position shown in brackets)	81.9% (84.6%)	90%	85.7% (94.7%)	77.8% (84.6%)	90.3% (94.4%)	86.0% (90%)	84.9% (91%)

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 are 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 11 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 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22	Overall 2021/22	National target 2021/22
Referral time to treatment (RTT), incomplete pathways	97.7%	95.8%	92.8%	94.8%	94.0%	94.0%	92.4	93.8%	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 referral time to treatment 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%
2020/21	0.0%	0.0%
Quarter 1 of 2021/22	0.0%	0.0%
Quarter 2 of 2021/22	0.3%	0.0%
Quarter 3 of 2021/22	0.8%	0.25%
Quarter 4 of 2021/22	0%	0%
Overall for 2021/22	0.3%	0.06%

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
Total 2020/21	190,681 (97.9%)	3,227 (1.7%)	932 (0.5%)	194,840
Quarter 1 2021/22	54,136 (97.5%)	1,079 (1.9%)	286 (0.5%)	55,501
Quarter 2 2021/22	55,829 (97.4%)	1,165 (2.0%)	305 (0.5%)	52,799
Quarter 3 2021/22	55,442 (97.2%)	1,270 (2.2%)	310 (0.5%)	57,022
Quarter 4 2021/22	57,082 (97.4%)	1,206 (2.1%)	288 (0.5%)	58,576
Total 2021/22	222,489 (97.4%)	4,720 (2.1%)	1,189 (0.5%)	228,398

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 2021/22. 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 comprise the educational experience of trainees.

A total of 402 exceptions were reported, of which none were highlighted as immediate safety concerns for 2021/22.

Of the 402 reports, 383 were due to hours/rest and 19 were due to missed educational opportunities which were addressed immediately.

We are working with the doctors and divisional managers to review the work schedules and the medical staffing establishment to see what processes need to be streamlined and if additional junior doctor support needs to be built into the services.

The latest information indicates that there are 14 vacant doctors in training posts as of March 2022.

Appendix 1

Statements from key stakeholders

Statement from the South West London Integrated Care System

Thank you for sharing the Trust’s 2021/2022 Quality Account with South West London Clinical Commissioning Group (SWL CCG) Having reviewed the Quality Account, we are pleased to see the progress made by the Trust in providing high quality cancer care standards to patients, despite the challenges of the COVID-19 pandemic.

SWL CCG recognises the continuing impact of COVID-19 on The Royal Marsden Foundation Trust and commends the Trust for its focus on the delivery of safer care whilst successfully achieving majority of its set priorities which includes; developing and implementing new models of care that promote early diagnosis to improve survival, implementing the ‘Call4concern’ initiative, reducing harm from sepsis and hospital related infections as well a focus on improving patient experience and reducing nurse leavers in the Trust.

We also acknowledge your role in the delivery of excellent cancer services and your commitment and efforts in the continued recovery of cancer services.

For 2022/2023, the Trust has identified the following key areas of quality priorities:

- To reduce the number of cases of healthcare-related infections (Clostridium difficile [C.difficile] and Escherichia coli [E.coli]).
- 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.
- To implement the ‘Call4Concern’ initiative.
- To develop and implement new models of care that promote early diagnosis to improve survival.
- To reduce harm from sepsis.

- To improve patient experience, by focusing on staff retention and reduce nursing leavers.
- To focus on patients with additional needs to improve patient experience.

The CCG supports the identified quality priorities. We recognise a core priority in your cancer strategy is to tackle health inequalities and the Trust has been working closely with the CCG and wider partners to address this. We recommend that you may want to consider adding tackling inequalities in cancer care as part of your quality priorities in alignment with recommendations from the Care Quality Commission and Provider Collaboration Review Report carried out for cancer services in SWL in October 2021. As the Royal Marsden Foundation Trust is a partner of the newly formed Integrated Care System for SWL, this partnership will bring about increased collaboration and new ways of working. The ICS will focus on the following quality priorities from July 2022:

- The launch of a new System Quality Strategy. The ICS has been active in developing a quality strategy that will enable greater collaboration to improve quality and tackle inequalities across the system
- Our continuous goal is to improve patient safety, experience and outcomes across health and care.
- The SWL ICS is working in collaboration with all system partners to reduce health inequalities and has adopted Core20PLUS5 as a framework to address systemic inequities and discrimination.
- As we establish SWL System Quality and Oversight Committee, we will work collaboratively with all system partners to agree and deliver on our shared system quality priorities.

We look forward to continued work with the Trust under the new arrangements and strengthening our collaborative approach to system quality improvement.

*Dr Gloria Rowland MBE
SWL ICS Chief Nursing and Allied Health Professional Officer
May 2022*

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 2021/22.

We congratulate the Trust in their achievements in keeping patients, their carers and its staff safe despite the continuing pressures due to the COVID-19 pandemic.

We are pleased to see that almost all of the quality priorities and objectives have been achieved, despite the challenges this year has presented.

Regarding the priorities relating to safe care, we acknowledge that the Infection Prevention and Control Team (IPCT) played a key role in the Trust in maintaining patient and staff safety, as well as successfully continuing the running of services despite the COVID-19 pandemic.

We note that the target to reduce the total number of C difficile cases was achieved, with fewer than 56 attributable cases of C difficile infection per annum. We note that there were fewer than 52 attributable cases of E coli blood stream infections for hospital inpatients per annum

We note the successful implementation of the ‘Call4Concern’ initiative but monthly metrics and targets to monitor activity and aid action planning could not be realised at this stage.

We applaud the steps taken to reduce harm from sepsis through early screening and antibiotic prescription within one hour of sepsis being diagnosed.

As staffing numbers are fundamentally linked to the patient experience, we welcome the successful initiatives to ensure staff retention and reduce nursing leavers.

We appreciate that any extra requirements for patients needing additional support are being reviewed and explored.

We applaud the Trust in becoming a Veteran Aware Trust to support patients who serve, or have served, in the UK armed forces.

We note that ‘The Patient Experience Commitment ‘which embeds the Trust’s values (in line with the Strategic Plan 2018/19 – 2023/24) was incorporated into local and corporate induction for all staff. Equally, the ‘Friends and Family Test’ survey was successfully undertaken online and by SMS in order to capture ‘real time’ feedback. This significantly increased patient responses. However, roadshows will start again once restrictions are lifted.

We welcome the development and implementation of new models of care promoting early diagnosis to improve survival rates.

Despite the pressures of the pandemic, which included changes to treatment and processes, patients continued to report a positive experience with 99% of inpatients reporting a very good/good overall experience and 97% of outpatients stated a very good/good experience too (source: Friends and Family Test).

Overall, PCAG congratulates the Trust on its Quality Accounts and its achievements in this most challenging year due to the COVID-19 pandemic. 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 2022/23.

*Lila Mann
Chair, on behalf of the Patient and Carer Advisory Group
May 2022*

Statement from the Council of Governors

During the year under review, the Trust continued to work under the constraints imposed by the COVID-19 pandemic. Governors would like to commend the staff at the Trust for their tireless commitment to the quality priorities the Trust had set for the year as a whole in spite of the disruption caused by the pandemic. We are pleased to note that the majority of the eight objectives in the three quality priorities of safe care, effective care and patient experience were met when measured by the performance and improvements of the staff at the Trust during 2021/22.

Each year, Governors, members of the Trust and staff take part in selecting 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 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 site-specific Patient Experience Groups who will monitor and advise on patient experience at the 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 2020/21. Governors recognise the significant efforts of the Infection Prevention and Control Team in an evolving pandemic climate and are pleased to note that in 2021/22, the Trust has again met its priority of reducing cases of E.coli and C.difficile.

It is noted that during the year 2021/22, the nursing voluntary turnover increased from 11.2 per cent in the year 2020/21 to 14.8 per cent as at March 2022, which was in line with expectations of staff movements as we emerge from the depths of the pandemic. Governors are encouraged by the steps being taken by the Trust to facilitate career conversations to be held locally as well as to create a ‘map’ detailing how learning and development opportunities link to career progression and succession planning, with the aim of improving retention and developing staff.

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 early diagnosis generally leads to greater success in treatment of the disease. There are several workstreams currently underway and we look forward to an update on this work in 2022.

Improving patient experience is at the heart of everything The Royal Marsden carries out, and thus the monitoring and improving of patient experience remains a continuous priority. The Governors acknowledge and highly appreciate the tremendous hard work put in by all staff to contribute to improved patient satisfaction and therefore enhanced patient experience.

Council of Governors
May 2022

Statement from Healthwatch Central West London (CWL)

Response to The Royal Marsden NHS Foundation Trust Quality Accounts 2021/22

We welcome the opportunity to comment on The Royal Marsden NHS Foundation Trust Quality Accounts (QA), and to comment on the quality of the services commissioned locally to meet the health needs of local residents.

We are pleased to have the Healthwatch CWL Authorised Representative on the Trust’s Quality Account and Patient Experience Committee.

Our members commend The Royal Marsden NHS Foundation Trust for its achievements this year, including gaining accreditation for further three years to provide the Radiotherapy and the Chemotherapy service (assessed by the British Standards Institute), as well as retaining the Customer Excellence standard with full compliance.

We congratulate the Trust for receiving the Bronze Award by the Defence Employer Recognition Scheme.

Our members welcome and commend The Royal Marsden NHS Foundation Trust for their work on developing innovative models of care to obtain an earlier diagnosis and improve successful treatment rates. Namely, the launch of the Early Diagnosis Centre and the 'Man Van' project, which delivers men's health checks to high-risk populations, focusing on men from black African and Caribbean ethnic groups and those in manual labour employment.

Comments on Quality Accounts (QA) 2021/2022

QA Presentation and Layout

Overall accessibility of QA

We commend the Trust on its ‘What is a Quality Account overview’ and ‘Introduction to the Royal Marsden NHS Foundation Trust’ which provide a good background to the Quality Accounts and a good introduction of the Five-Year Strategic Plan 2018/19 to 2023/24. We appreciate the Trust’s clear use of headings, sub-headings and colour throughout the QA as well as links to websites directing to additional information.

Use of graphs and tables

Our members welcome the use of tables to highlight the key information. We feel that the table, used on pages 7-9, clearly presents the quality priorities for the year 2021/22 and the progress required to achieve them.

Our members are pleased to see that tables were used across the QA, but would like to see more graphs representing the numbers, making it not only more visual but also easier to understand (where possible).

Quotes

We welcome the Trust’s use of quotes when talking about the experience of patients with additional needs (p23).

Our members would like to encourage the Trust’s use of quotes to represent qualitative data, especially when talking about patient feedback and the Friends and Family Test.

Patient Engagement

Friends and Family Test

We commend The Royal Marsden for moving to new ways of collating patients’ experiences which increased the number of responses. And, despite the pressures and challenges of the COVID-19 pandemic, 99% of patients report overall experiences of the services as positive.

We recommend illustrating those results using quotes.

Patients with additional needs

Our members were pleased to hear that The Royal Marsden NHS Foundation Trust supported the Darzi Challenge which involved reviewing the cancer journey for patients with learning disabilities and their families which received overwhelmingly positive feedback.

Targets

Our members agree that supporting staff as well as tackling staff vacancies and rota gaps, are important objectives in achieving better care for patients and ensuring safeguarding.

We welcome the initiative to develop a preceptorship programme for Allied Health Professionals which will provide further support for new staff members.

We are pleased to see that the Trust will continue to engage with patients with learning disabilities and their families, identifying further steps for improving their experiences. We are looking forward to seeing the final report and recommendations (page 24).

Our members are also very pleased to see actions to improve the performance and how it will be measured (where relevant).

However, we would have liked to have seen more emphasis on shortening GP referral times.

Conclusion

Our members commend The Royal Marsden for its ongoing commitment to patient care and engagement.

We are pleased to see that your efforts are supported by the NHS England data, which shows that responsiveness to patients' experience of care is way above the national average (page 48).

Healthwatch CWL and our members would like to congratulate The Royal Marsden for such a good and comprehensive document which informs all levels of interest knowledge and enquiries. We look forward to continuing to work with The Royal Marsden NHS Foundation Trust in improving the care and support of patients.

*Odetta Pakalnyte
Engagement Manager
Healthwatch Central West London
June 2022*

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 2021 to March 2022
 - papers relating to quality reported to the Board over the period April 2021 to March 2022
 - feedback from South West London Integrated Care System dated April 2021 to March 2022
 - feedback from governors dated May 2022
 - feedback from PCAG dated May 2022
 - feedback from local Healthwatch organisations dated June 2022
 - the Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2022
 - the National Inpatient Survey 2019 published July 2020 and the National Cancer Patient Experience Survey 2019 published June 2020
 - the National Staff Survey 2021/22
 - 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
22 June 2022

Charles Alexander
Chairman
22 June 2022

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 amongst 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 amongst patients aged two or over during the reporting period.

Indicator 24: Rate of C.difficile infection

April 2019 to March 2020: 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 2020 to March 2021)	Comparator – Lowest apportioned C. difficile COHA/ HOHA infection rate per 100,000 bed days (April 2020 to March 2021)
85.0	87.3	All acute trusts	87.3	0

Although not yet published by NHS Digital during 2021/22, the Trust has reported 56 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	October 2019 to March 2020	April 2020 to March 2021	National average (April 2020 to March 2021)	Comparator group	Comparator – Highest (April 2020 to March 2021)	Comparator – Lowest (April 2020 to March 2021)
25a	0	3	6.4	Specialist trusts	27	0
25b	0%	0.2%	1.1%	Specialist trusts	5.0%	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 years old)

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 2019/20	Adult Inpatient Survey 2020/21	National average 2020/21	Comparator group	Comparator – Highest 2020/21	Comparator – Lowest 2020/21
84.2	85.3	74.5	All trusts	85.4	67.3

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 2022	Inpatient FFT Feb 2022	National average Feb 2022	Comparator group	Comparator – Highest (Feb 2022)	Comparator – Lowest (Feb 2022)
99.5%	99.3%	94.1%	All NHS trusts	100.0%	77.4%

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

Staff Survey 2020/21	Staff Survey 2021/22	National average Staff Survey 2021/22	Comparator group	Comparator – Highest (2021/22)	Comparator – Lowest (2021/22)
93.4%	91.1%	88.2%	Specialist Trusts	94.0%	69.1%

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, the new values 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 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, but 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 new 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:

Chelsea, London

The Royal Marsden
Fulham Road
London SW3 6JJ
Tel 020 7352 8171

Sutton, Surrey

The Royal Marsden
Downs Road, Sutton
Surrey SM2 5PT
Tel 020 8642 6011

royalmarsden.nhs.uk



Radiotherapy and
Chemotherapy Services
F538021 & F538022

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