The ROYAL MARSDEN
NHS Foundation Trust

Council of Governors

14 July 2021, Microsoft Teams, 11am – 1pm

10.45am-11am – Governors only
Nominations Committee Report – Reappointment of William Jackson and Chris Clark

1.	**Apologies for Absence and Declarations of Interest**	
2.	**Minutes of the meeting held on 17 March 2021**	Enclosed
3.	**Matters Arising**	Verbal
	Strategic	
4.	**Role of RM and RMP in new ICS framework** *Chairman/ Cally Palmer, Chief Executive*	Verbal
5.	**Children and Young People's Service Review** *Nick van As, Medical Director*	Verbal
6.	**Joint Hosted Partnership for Thoracic Services update** *Karl Munslow Ong, Chief Operating Officer*	Verbal
7.	**Epsom and St Helier (Specialist Emergency Care Hospital at Sutton)** *Cally Palmer, Chief Executive*	Enclosed
8.	**Financial Plan 2021/22** *Marcus Thorman, Chief Financial Officer*	Enclosed
	Quality and Performance	
9.	**Monthly Quality Account – May 2021 (April data)** *Mairead Griffin, Chief Nurse*	Enclosed
10.	**Key Performance Indicators Q4** *Steven Francis, Director of Performance and Information*	Enclosed
	Operational & Regulatory	
11.	**COVID-19 Recovery and Restoration Plan** *Karl Munslow Ong, Chief Operating Officer*	Enclosed
12.	**Visitor Policy and Associated Arrangements from 19 July 2021** *Nick van As, Medical Director*	Verbal
13.	**Staff Survey Outcomes** *Krystyna Ruszkiewicz, Director of Workforce*	Enclosed
14.	**Organisation Health and Wellbeing** *Krystyna Ruszkiewicz, Director of Workforce*	Enclosed
15.	**Equality and Diversity Report** *Krystyna Ruszkiewicz, Director of Workforce*	Enclosed
16.	**Communications Briefing** – for information	Enclosed
17.	**Any Other Business**	

NHS

Short film on Oak Cancer Centre build – 4 minutes
Short film on Cavendish Square – 4 minutes

Next meeting: 4 October 2021, 11am – 1pm.

The ROYAL MARSDEN
NHS Foundation Trust

Council of Governors

17th March 2021, 11am – 1pm, via Microsoft Teams

Minutes

Present:
Charles Alexander (Chairman)
Governors as per attached attendance list

In attendance:
Professor Martin Elliott (Non-Executive Director)
Ian Farmer (Non-Executive Director)
Heather Lawrence (Non-Executive Director)
Cally Palmer (Chief Executive)
Karl Munslow Ong (Chief Operating Officer)
Marcus Thorman (Chief Financial Officer)
Andrew Dimech (Acting Chief Nurse)
Dr Nick van As (Medical Director)
Steven Francis (Director for Performance and Information)
Lisa Pickering (Associate Medical Director for Strategy) – *item 6.*
Brinda Sittapah (Company Secretary)
Rebecca Hudson (Membership Manager – *minutes*)

MEETING BUSINESS

Nominations Committee Report – Reappointment of Ian Farmer
At the start of the meeting the Council of Governors approved the Nominations Committee recommendation to reappoint Ian Farmer as Non-Executive Director on the Board for a further year commencing 1 July 2021 to 30 June 2022.

1. Welcome, apologies and declarations of interest – *noted in the attached attendance list*
The Chairman introduced the meeting and welcomed new Governor Gordon Stewart, representative for the Institute of Cancer Research (ICR), and Chief Operating Officer for ICR to his first Council of Governors meeting.

The Chairman recognised that this would be the last Council of Governors meeting for Simon Spevack, Lead Governor who will have served 9 years in office in May. He provided his thanks and recognised the valuable contribution he has made to the Council of Governors. It was confirmed that Governor Philippa Leslie will be Lead Governor, from 31 May 2021.

There were no declarations of interests.

2. Minutes of meeting held on the 9th December 2020

The minutes were approved as an accurate record of the meeting held on 9th December 2020 subject to one amendment requested by Governor Tim Nolan on item 5.

3. Matters Arising
It was noted that all matters arising would be covered on the agenda.

The Chairman noted that he has already implemented one of the recommendations from the CoG self-assessment report into account regarding the restructure of the agenda and the time allocated to each section.

4. New Senior appointment

The Chief Executive (CE) was delighted to inform the Council of Governors on the appointment of new Chief Nurse Mairead Griffin who is due to start on 5 July. Mairead is currently Director of Nursing for Cancer and Surgery at Guy's and St Thomas' NHS Foundation Trust. An experienced cancer clinician by background, Mairead has held a series of senior clinical leadership roles at Guy's and St Thomas' including Deputy Chief Nurse and Director of Nursing for Cancer. She led on the recent opening of the new Cancer Centre at Guy's Hospital as well as the new cancer centre at Queen Mary's Sidcup.

The CE thanked Andy Dimech who has been Acting Chief Nurse while Eamonn was at Nightingale Hospital and now on secondment to the NHS Test and Trace programme. It was noted Andy had done a phenomenal job throughout the pandemic and will continue as Acting Chief Nurse until Mairead starts in July.

The Council of Governors noted the appointment of the new Chief Nurse.

5. RM ICS Response and Next Steps

The Chairman introduced the item and explained the key developments with the ICS response which include the publication of the White Paper, introduction of legislation with implementation next April 2022. He emphasised the key points outlined in the White Paper which refers to the establishment of provider collaboratives at a local level to support the implementation of the NHS Long Term Plan and additional proposals to integrate public health, social care, quality and safety all of which require primary legislation. He advised there was no proposal to change the legal basis of NHS Foundation Trusts, it would alter the organisational structure and levers in commissioning and requires collaboration across NHS and Local Authority partners and across NHS organisational boundaries.

The CE emphasised how important it was for the RM team to be engaged with both SW and NW London ICS development, working alongside partners in both sector operations to ensure the work of RM is central and maintains pace, direction and delivery for RM and Cancer Alliance RM Partners to improve survival and quality of life for everyone effected by cancer. The approach was to work more collaboratively as a group of partners, managing the whole pathway of care for patients rather than about each organisation separately. As a specialist cancer centre RM's role and function was different to a standard hospital, to innovate, to research and improve care at a local, and national level, with an international leadership role in improving cancer delivery and ensuring improved cancer survival.

Governor Tom Brown commented on the financial concerns for RM with its strong cash surplus position and redevelopment plans at the Sutton site, that the Trust should retain its financial autonomy and continue to press on with re developments at Sutton which were urgently needed for patient experience. Governor Dee Loughran reiterated the budgetary concerns as RM was in a much better position than other NHS Trusts, which was concerning for Governors as cancer needs to be a priority within the ICS.

Governor Janet Evans commented on primary care and patients getting lost by lack of referrals and asked how this would be improved in relation to the ICS. The CE explained there was a national cancer recovery programme focused on getting people into the system, the government had made £1m available for elective recovery and cancer was being prioritised as part of that. Nationally both the government and the NHS will be prioritising cancer and patients that have not entered the system as well as those who are in the system waiting for a decision to treat in the diagnostic part of the patient journey. Overall, treatment levels had been maintained nationally at 89% of pre pandemic levels, the ICS key principle is collaborative working across the whole pathway. The biggest problem for patients is the move from primary to secondary and tertiary care. The ICS framework is precisely the cancer framework being used through RM Partners, working across boundaries, measuring performance and changing the pathway where there are roadblocks of patients to get fast early diagnosis and access to treatment. In principle

the ICS model should help and support the ability to address where the deficits for patients currently are.

The Chairman noted that Governors' will be kept informed as the ICS situation develops.

The Council of Governors noted the RM ICS response and next steps update.

6. Children and Young People's Service Review

The CE advised that due to the response of the pandemic the date for a decision for the Children and Young People's (CYP) service had been moved from end of March to July 2021.

Lisa Pickering, Associate Medical Director for Strategy, provided an update on the CYP Service Review process. She reminded the Council of the key recommendation that the PTC must be co-located with on site level 3 critical care (PICU) for all children whose risk is 5% or greater requiring PICU, in line with the new Children's Cancer Network Service Specification. NHS London were overseeing the process to evaluate different future models from a range of providers who have expressed interest in delivering the South London PTC. RM was working with NHS London through a timeline to submit a final option by the end of April in order for a decision in July.

It was noted that RM was developing two models that meet all the aspects of the new service specification and requirements by Professor Sir Mike Richards. These were RM@ model at St George's; RM with Great Ormond Street. It was advised that both models had differing strengths and challenges, however SW London joint bid with St George's model is highly supported by parents and families who have described three predominant issues of importance to them; that RM continues to deliver the service; that the service is geographically accessible including for young children; that research links and clinical trials are preserved without risk.

In answer to a question from Governor Tom Brown regarding governors involvement in the process, the CE explained the stakeholder's involvement in the London process to date and advised that the Task and Finish Group will consider how to manage the stakeholder position including the input from governors going forward.

Professor Martin Elliott emphasised the complexity of the assessment criteria which had changed during the process making it challenging to share timely information with governors. He thanked Lisa Pickering and the Executive Directors who are doing an immensely good job as part of the process and pulling the report together.

The Council of Governors noted the update regarding Services for Children and Young People with Cancer.

7. Royal Brompton Partnership

The Chairman provided an update to the Council of Governors on the RM and Royal Brompton Hospital (RBH) partnership for the provision of Joint Thoracic Oncology.

He informed the Council of governors about the merger between RBH and Guys and St Thomas (GSTT) that took place on 1st February 2021 and advised that GSTT were committed to the partnership between RBH and RM. It was noted detailed discussions were taking place about the clinical pathways and services. The overall partnership agreement was due for signature between both Boards by the end of March. It was noted GSTT had expressed a greater commitment to the operation of the Brompton on the Fulham Road site for the foreseeable future.

The Chief Operating Officer (COO) added that RM had continued to work closely with the Brompton on the thoracic surgical work within RMs surgical suite. Going forward they will be utilising all assets of physical estates and workforce across both estates to best effect for the joint service model to deliver the joint service model.

Governor Dee Loughran asked if the Trust anticipated any potential difficulties from the joint service. The COO explained how important it was to bring both clinical teams together to feel as one and there was appetite to do so.

Following a question from Governor Janet Evans, the COO confirmed that the paediatric service will move in its entirety, from the Brompton at the Chelsea site to GSTT by 2025-2026.

The Council of Governors noted the Brompton Partnership update.

8. COVID-19 Recovery Plan and Vaccine Deployment

The COO briefed the Council on the work that RM had undertaken since the last Council meeting in December to respond to the latest wave of the COVID-19 pandemic. The Trust had stepped up its Command and Control arrangements including regular Gold and Silver Tactical meetings to oversee operational and strategic decision making. Over recent weeks there had been a reduction in the incidence of COVID-19 positive cases in both patients and staff, therefore the Trust had begun to step down a number of the Command and Control structures which were in place.

The COO commended the staff who had done a remarkable job in maintaining provision of services at pre COVID-19 levels with infection control restriction in place and the challenging environment.

The COO added that during the current wave of the pandemic, RM had continued to staff the main entrances during business hours to help maintain a COVID-19 protected site and oversee the conversion of the McElwain laboratories so that they can deliver in house COVID-19 PCR testing from March. A new COVID-19 research facility had been established to allow RM to bid successfully to undertake trials such as CAPTURE.

The Medical Director reported that the Trust started vaccinating during the end of December with over 9,500 vaccines had been delivered, following the national guidelines which had gone incredibly well. Approximately 82% of staff had already been vaccinated which includes staff from the ICR.

In response to a question, the Medical Director confirmed a mid-high 70% of BAME staff had been vaccinated which was high compared to the rest of London. The Trust had a variety of ways to target staff which were hesitant to have the vaccine these included webinars with the CEO, senior staff members and other members of BAME staff who have had the vaccine, where teams were identified that had low vaccinate rates staff bespoke 1:1's had been beneficial.

Governor Debra Hoe asked if there was a plan for a form of vaccine passport before visitors are allowed into the hospital in the future. The Medical Director advised that the Trust had not made any decisions on a vaccine passport and national guidance is being awaited. He explained that the Trust was not in a position to open doors for visitors given that the infection rates were still high. The Trust needed to be confident it was not putting staff and patients at risk before allowing an increase footfall into the hospital.

Governor Anne Croudass commented on staff fatigue during the pandemic and asked if plans were in place to support staff well-being, whether there was a risk of staff turnover increasing once the pandemic subsides and what could be done to mitigate the risk. The Medical Director advised that the Trust has put in place measures to ensure a COVID-19 safe environment and staff welfare initiatives have been introduced to provide support to staff in a number of different ways. It was noted that the Director of Workforce is also currently working on a wellbeing programme for staff. Regarding staff turnover, the Medical Director stated that RM has a lower staff turnover compared to other hospitals in London, but this could be considered as part of the plan. The Acting Chief Nurse added each individual staff group was asked to look at which support would be required. The various offering was from 1:1 to team meetings, by virtual means for support or counsellor or support person going into an area. Going forward the Trust is looking to provide additional training for frontline staff to enable them to identify within colleagues any signs of stress or concerns.

Governor Dr Ann Smith asked if remote Outpatient consultations were happening at the Trust. The Director of Performance and Information confirmed they were within 37.5% of Outpatient Consultations virtually via phone or video.

Governor Gordon Stewart commented that the support to the ICR from the RM on the vaccination programme had been fantastic.

The Council of Governors noted the COVID-19 - Recovery Plan and Vaccine Deployment update.

9. Monthly Quality Account

Heather Lawrence, Non-Executive Director and Chair of Quality Assurance and Risk Committee congratulated staff who have consistently managed to maintain high quality services during this difficult period noting there was no cause for concern. One area from a patient perspective was outpatient chemotherapy waiting times particularly in Sutton which had been delayed for two reasons the implementation of an EPR and COVID-19, however a good programme of modernisation was in place to get patient treatment more speedily and was a continued focused.

The Acting Chief Nurse reported on the January (December data) Quality Account data. He advised the Trust had twice daily COVID-19 incident review meetings, seven days a week. This was the Trusts internal test and trace process which had enabled the team to identify and minimise any further spread of the virus. The infection prevention and control dashboard produced on a bimonthly basis enabled the hospital to highlight any issues, the key metrics included hand hygiene, cleaning FFP mask fit testing and the use of PPE. The use of PPE monitored through the organisation which gave assurance it was available and used being appropriately. It was noted that staff had access to PPE with no disruption through both waves of the pandemic.

The Acting Chief Nurse drew attention to a few points from the report to indicate the continued reduction in C.Diff, there had been one moderate harm fall but following an investigation it was concluded that there were no lapses in care or further action required. Chemotherapy waiting times particularly in Sutton was an area the Trust continues to focus on which was mentioned earlier by Heather Lawrence. The Trust had seen a nurse turnover rate reduction from 12.7% to 10.9% and 83% of frontline staff received the Flu vaccine an increase from 70% the previous year. There was a slight increase in the total hospital acquired pressure ulcers from 8 to 11, which were all classified as low harm.

In response to a question. the Acting Chief Nurse explained that the environment was an area the Trust needed continued to address, the medical day units where chemotherapy was administered require clear social distancing which for example the introduction of screens, staff having additional break out areas and ensuring the treatment room facilities were used as best as possible with the space available. In terms of the operational delivery the Trust manged to ensure enough space has been provided and meeting the social distancing regulations by utilizing other space such as offices and meeting rooms.

The Council of Governors noted the Monthly Quality Account.

10. Cancer Hub Patient Experience Survey

The Acting Chief Nurse presented the Cancer Hub Patient Experience Survey which was undertaken surveying patients who were treated in the Cancer Hub from April to June 2020. The survey was completed in collaboration with RMP partners and the Trusts referring into the Hub. A total of 841 patients were surveyed with a response rate from 296 patients received (34.8%) with the majority of responses received via text message.

The Acting Chief Nurse advised that over 85% of patients rated their experience of the Cancer Hub as very good, 83% of patients felt totally reassured that the hospital took enough precautions to protect patients during the COVID-19 pandemic, with only one response stating that they did not feel reassured at all. The Acting Chief Nurse spoke to this patient to ensure any concerns were addressed.

The Acting Chief Nurse added that overall, patients were satisfied with the care that they received and their experience of the Cancer Hub. Although all patient's surgery dates were affected, this was to be expected as surgery dates had to be rescheduled with formation of the Hub. It was reassuring that a high percentage of patients felt reassured by the precautions taken by the Trust and the Cancer Hub, particularly as this was early on in the pandemic. There was very little

significant difference in pooled patient satisfaction levels dependent on either referring trust, age, ethnicity, gender or where their surgery was undertaken.

Governor Tim Nolan congratulated RM and the team for the amazing achievement.

Governor Philippa Leslie asked if there was any analysis of the kinds of questions being put to the RMM Hotline. The Acting Chief Nurse explained that all calls which came through the RMM Hotline, the patients would have direct access to specialist cancer nurses with a consultant linked to the team. This ensured any questions could be directly answered including questions related to their surgery. He added an analysis was done on all the questions by a thematic analysis to identify if there were any particular trends. There were no trends identified.

The Council of Governors noted the Cancer Hub patient experience survey results.

11. **Annual Quality Account Priorities**

The Acting Chief Nurse presented the Annual Quality Account priorities for 2021/22. He explained that due to the COVID-19 pandemic, some of the priorities implementation plans had been affected and therefore all priorities for 2020/21 would be carried over for 2021/22, to include any other mandatory requirements that may be set by NHSE/I.

The Council of Governors noted the Annual Quality Account Priorities to be carried over for 2021/22.

12. **Financial Performance Report**

The Chief Financial Officer (CFO) presented the financial position as of 31st January 2021. The high-level position reported was the Trust has a deficit of £9.1m as of January, which was largely driven by the estate revaluation on 31st December 2020 that resulted in an £8m impairment, so at the control total level, the deficit was £6.4m YTD, only £0.7m adverse to budget. The Trust reported a forecast for 2020/21 of a £10.8m deficit, with income mitigations identified to close this to nearer breakeven. The Trust had £136m in cash at the end of January, an increase in £14.5m from the year-end. This was driven by a reduction in NHS debtors as NHSE cleared its debts and paid a top-up income sum in advance to ensure liquidity in the NHS. The Trust is no longer receiving top-up income to return its position to breakeven, so recorded a £6.4m deficit YTD at the control total level. Lower income is driving this adverse performance but is improving monthly and costs are being tightly controlled to mitigate the deficit, the Trust is within its planned spend YTD with all capital schemes progressing.

The CFO was pleased to confirm that the Trust will end the year with a small surplus.

The CFO informed the Council that a draft financial plan was taken to the Audit and Finance Committee last month and the full plan will go to the Board end of March, it was noted there will be a gap of uncertainty with revenue.

In response to a question on what the property/land impairment relates to the CFO explained the Trust has an annual evaluation of the Trusts land and buildings assets, as a result of the current market conditions buildings in central London have reduced in value which is reflective.

Governor Maggie Harkness asked if any provisions have been made for NHS staff to have a pay rise and the CFO advised that this would be set by national bodies if it were to take place.

Ian Farmer, Non-Executive Director and Chair of Audit & Finance Committee (AFC) highlighted that the year had been characterised by one which had quite extreme uncertainty over revenue flows from the normal commissioning areas and private practice, research commercial etc. The organisation enters the new financial year with a balance sheet in good shape and well managed by all accounts. He noted the implication for the new year were the uncertainties around revenue which clearly have a more strategic implication for the Board and how it plans for the future which governors should be made aware of.

The Council of Governors noted the Financial Performance Report.

13. Key Performance Indicators Q3

The Director for Performance and Information presented the Key Performance Indicators for Q3 and emphasised the exceptional green scorecard with 7 red metrics recorded and highlighted the following red ratings:

- The two week target from urgent suspected cancer referral to 1st appointment was attributable to backlog clearance in the Sarcoma Service. The Trust cleared the backlog through additional weekend clinics in December. However, in doing so, led to an increased number of breaches being seen in a short period. Performance against this target is expected to be green going forward.
- It had not met the 62 day standard for first definitive treatment in Q3, with performance at 83.9% against a target of 85%. 62 day performance was particularly challenged in October (79.2%) as services began to recover following the first wave of the COVID-19 pandemic but improved significantly in November (83.0%) and had recovered in December (89.2%). All other waiting Times targets were met in Q3.
- Bed occupancy at Sutton had remained broadly consistent with Q2 performance and remained below the target in Q3. Whilst NHS referrals increased during Q3, they continued to be lower than normal contributing to lower bed occupancy. In addition, Q3 was affected particularly in December, with the onset of the second wave of COVID-19 and the holiday season.
- Q3 referrals had increased compared to Q2, however it remained below the threshold and pre-COVID levels.

The Council of Governors noted the Key Performance Indicators for Quarter 3.

14. Council of Governors Self-Assessment

The Chairman thanked the Governors for completing the self-assessment and noted the main areas for improvement which included reviewing the structure of the Council of Governors meetings, allowing more opportunities for discussion and engagement as a whole. Governor Philippa Leslie suggested she was keen to work on the engagement with governors. It was agreed a meeting would be arranged with the Chairman, Lead Governor Simon Spevack and Deputy Lead Governor Philippa Leslie and a representative from the Trust to discuss the action plan.

The Council of Governors noted the outcomes from the Council of Governors Self-Assessment.

15. Communications Briefing – for information

The Council of Governors noted the communications briefing.

16. Any Other Business

The Chairman closed the meeting and thanked everyone for attending.

Signature: ..... Date: .....

Council of Governors, Attendance List, 17th March 2021

Governors	Constituency	Confirmed
Patient Governors		
Maggie Harkness	Kensington & Chelsea and Sutton & Merton	✓
Philippa Leslie	Kensington & Chelsea and Sutton & Merton	✓
Tom Brown	Kensington & Chelsea and Sutton & Merton	✓
Dee Loughran	Elsewhere in London	✓
Dr Patricia Black	Elsewhere in London	Apologies
Simon Spevack	Elsewhere in England	✓
Dr Nigel Platt	Elsewhere in England	✓
Dale Sheppard-Floyd	Carer	✓
Tim Nolan	Carer	✓
Public Governors		
Debra Hoe	Kensington and Chelsea	✓
Shirley Chapman	Sutton & Merton	✓
Dr Tom Moon	Elsewhere in England	✓
Dr Ann Smith	Elsewhere in England	✓
Staff Governors		
Hardev Sagoo	Corporate and Support Services	✓
Fiona Rolls	Clinical Professionals	✓
Dr Jayne Wood	Doctor	✓
Dorothy Chakani	Nurse	✓
Nominated Governors		
Cllr. Janet Evans	Local Authority: Borough of Kensington & Chelsea	✓
Anne Croudass	Cancer Research UK (Charity)	✓
Cllr. David Bartolucci	Local Authority: Boroughs of Sutton & Merton	✓
Dr Oisin Brannick	West London Clinical Commissioning Group	Apologies
Gordon Stewart	Institute of Cancer Research	✓
TBC	Clinical Commissioning Group	-

The ROYAL MARSDEN
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COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 4.
Title of Document: Role of RM and RMP in new ICS framework	**To be presented by:** Chairman/ Cally Palmer, Chief Executive

Executive Summary

At the Council meeting in March, it was noted that in February 2021, the Department of Health and Social Care had published legislative proposals for a Health and Care Bill. It was noted that the principles outlined in the White Paper seek to codify in law the development of integrated care systems, already established across England, but does not change the legal basis of NHS Foundation Trusts.

NHS England and NHS Improvement (NHSE/I) has recently published the Integrated Care Systems (ICS) Design Framework. This framework builds on NHSE/I's renewed vision for ICSs in the Integrating Care paper (November 2020) and the two-part statutory ICS model proposed in the government's white paper, Integration and Innovation: working together to improve health and social care for all (February 2021). It sets out the operating model for ICSs from April 2022 (subject to legislation and its parliamentary process) and acts as interim guidance for how ICSs need to continue developing and preparing for new statutory arrangements over the next ten months.

The Integrated Care Systems: design framework can be accessed at Report template - NHSI website (england.nhs.uk)

Recommendations

The Council of Governors is asked to note the update.

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COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting:	**Agenda item:**
14 July 2021	5.
Title of Document:	**To be presented by:**
Children and Young People Service Review	Nick van As, Medical Director

Executive Summary

As previously discussed with Governors, RM is developing bids with two partners to meet the requirements of the new service specification for children and young people with cancer, and the recommendations of the Richards Report. The key issue is to ensure any future model of service provides additional benefit and quality for patients and families. Progress is being made with both bids with clinical teams and leads meeting regularly. The SW London bid joint with St George's is well advanced with the plan to run an ''RM@' model. Discussions with Great Ormond Street Hospital teams are ongoing; this bid is a little more challenging due to the greater geographical distance between the sites, although strong in relation to existing and future collaboration in research.

The NHS London process remains complex. NHS London paused the process in May and had scheduled a Programme Board to reconvene in July. However, this is now deferred to 2nd September.

The RM Board has therefore asked the Executive Team to spend time with patients and families to explain the delay which has clearly added uncertainty and concern and to respond to any questions about the future of the service and the future of RM/ICR research into improving survival.

Recommendations

The Council of Governors' is asked to note the position.

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COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 6.
Title of Document: Joint Hosted Partnership for Thoracic Services update	**To be presented by:** Karl Munslow Ong, Chief Operating Officer
Executive Summary This item provides an update for the Council of Governors on the development of the Joint Hosted Partnership for Thoracic Services with the Royal Brompton and Harefield (RBH). A Partnership Agreement has now been signed with the RBH and Guys and St Thomas as the partner organisation following the recent merger. This arrangement includes the Royal Marsden taking on the responsibilities for hosting the joint partnership although clinical services will continue to be delivered from both hospital sites. A business case is currently being developed by both institutions and will be reviewed in autumn 2021 with the aim to launch the new integrated service in April 2022.	
Recommendations Governors are asked to note progress with the collaboration arrangement.	

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COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 7.
Title of Document: Epsom and St Helier (Specialist Emergency Care Hospital at Sutton)	**To be presented by:** Cally Palmer, Chief Executive

Executive Summary

This paper provides a brief update on the progress of the SECH following the outline business case going to the May 2021 Joint Investment Committee (JIC) of NHS England and NHS Improvement.

It includes a recap of the key points of the OBC submitted by Epsom & St. Helier in December 2020, an update on the key lines of enquiry as this was reviewed and a summary of the next steps and timeline for moving RM's involvement in this going forward.

Recommendations

The Council is asked to note the updates and progress on the SECH project and the proposed next steps.

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Epsom & St Helier Specialist Emergency Care Hospital (SECH) at Sutton

Context

In 2019, as part of the first phase of the Health Infrastructure Programme, Epsom & St. Helier (ESH) were granted provisional government funding towards a new build hospital subject to a business case process. After an options appraisal and consultation, they settled on a plan to build a non-elective hospital at their retained Sutton site (as well as requiring some of RM's existing land). An outline business case (OBC) was submitted by ESH to the regulators in late 2020.

The OBC included a core bid and two variants, summarised below (*RM involvement in brackets*)

Core bid: –Includes A&E, 28 bed critical care, non-elective surgery incl. wards and supporting imaging/pathology, maternity services and renal - dialysis/nephrology. Also includes a new Electronic Patient Record for Epsom & St. Helier. (*RM to access Critical care for patients currently transferred from Sutton and shared non elective front door*)

Variant 1: Renal transfer –Renal services move out of SECH and into a new combined unit at St. Georges to merge the two main services in South West London. (*RM has no direct involvement though it opens up the potential for RM to access some Interventional Radiology capacity in the SECH*)

Variant 2: Cancer surgery –Space vacated in SECH by renal move turned into new RM owned and run cancer surgery floor, c. 3 theatres and up to 28 beds/day surgery area. (*Core and variant 1 benefit as well as direct surgical presence and increased CCU use with RM surgical patients compared to core bid*).

Combined with the new critical care in the core bid, variant 2 would support the transfer of a significant level of SW London patients who are currently operated on at our Chelsea site to the proposed new surgical facility in the SECH. This would have the knock-on effect of providing room (on both sites) to absorb the anticipated growth of surgical activity. Detail of the exact activity to transfer is being worked up as part of the surgical strategy work programme.

Review process

The OBC went through a review and scrutiny process involving NHS England, NHS Improvement, the Department of Health and the Treasury between January and April of this year. Queries on the cancer variant focused on the funding of any additional capital cost for the cancer surgery development and affordability of incremental costs of the build (depreciation, facilities, etc.). The following are the key points to note:

- Incremental costs: RM clarified how these will be met, summarised as:
  - Improved efficiency of Sutton theatres (67% to 85% utilisation)
  - Enabled surgical and downstream growth.
  - Collaborating with ESH on clinical synergies (e.g. ensuring no unnecessary duplication of non elective patient pathways)

- Funding: The surgical variant bid is expected to add additional cost compared to the core bid. The Treasury confirmed no further central funding was available so it was proposed once there was greater certainty on the costs it would be funded through a mix of the following, with exact splits to be worked on:
  - Commitment by RM board of some level of cash funding.

- Allocation to the build of the cash that will be made available to fund the purchase of the RM land that is required for the build (value to be determined)
- A discussion with the SWL ICS on any other funds that can be prioritised.

May Joint Investment Committee

On the 25th May the OBC, including the two variant cases and clarifications went to the NHS England and NHS Improvement Joint Investment Committee (JIC) for review.

At that meeting the following was agreed:

- There was enough evidence to support both variants 1 & 2 being worked up in more detail but variant 1 (renal) required a decision from the relevant local governing bodies on whether a further consultation was required.

- The cancer specific option required clarity on the cost and funding solution including how any additional spend would fit within the Treasury's delegated capital spending limit for South West London.

- Finally the design work for the cancer floor was needed to be completed in the same level of detail as the core OBC and an agreed Heads of Terms was needed for the land transfer.

- Subject to the above work, the core OBC and variants should be incorporated into one refreshed OBC to go back to JIC in **October 2021.**

- Should the refreshed OBC receive approval in October, ESH expect to take back to JIC a more detailed Full Business Case (FBC) with further information on synergy delivery and activity. The provisional date targeted is **June 2022** but this is subject to completion of the work above and there is a risk this date slips.

- Since the JIC feedback the ESH design team have been asked to work with a central team who are overseeing the procurement of the construction capacity for all the new hospitals approved under this phase of the 'Health Infrastructure Programme'. This work may also have an impact on the above timeline.

Next steps RM

An RM project group has been formed (chaired by the Director of Strategic Development with support from the Associate Medical Director – Strategy). This group has appropriate clinical, operations, financial and estates expertise with the COO as Exec lead. This group will co-ordinate most of the relevant work, summarised below, while the RM CFO will liaise with the ICS to resolve the CDEL issue.

- External case input: Co-ordinate RM input into the refreshed OBC due in **October 2021** and the more detailed FBC planned for **June 2022**.

- Land & design priorities: The initial priority will be further detailed design work and land transfer agreement required to support the OBC refresh for October. This includes ensuring there is a clear logistic/transport plan agreed between all parties on site and further developing the plan for surgical activity to inform the detailed design of the floor. The designs and draft land transfer Heads of Terms will require approval by **September 2021** at the latest if the October 2021 OBC deadline is to be met.

- Synergies: Develop the proposals for joint working with ESH teams which are required to both provide assurance on the synergies identified at a high level as well as to inform the June 2022 FBC. This will ensure the commitments made to joint working are deliverable. To meet timelines the target date for completing the majority of this work will be **end of February 2022**.

- Business case: Developing an internal business case that will come to EB and Trust board ahead of the June 2022 combined FBC to seek formal support for the financial and service change commitment made by RM. This will include turning the operational agreements and benefits work into a more detailed financial model. The target date for the internal business case will be **March 2022** but will be kept under review depending on the outcome of the October 2021 JIC review.

Both the RM Chair and CEO will continue to maintain regular dialogue with partners in SW London to ensure that the case surgical case remains a key priority for the ICS and its constituent members.

Conclusion

Note the updates and progress on the SECH project and the proposed next steps.

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item** 8.
Title of Document: Financial Plan update 2021/22	**To be presented by** Marcus Thorman, Chief Financial Officer

Executive Summary

This paper provides an outline of the process for business planning for 2021/22, and the budget for the year.

A draft budget was presented to the Board in March 2021, broadly based on current run rates of activity and spend with Business Cases and Recovery Plans built in where approved. The draft budget of a £20m control total deficit, was presented alongside a number of opportunities to mitigate this deficit and an update has been provided in the paper. Capital budgets were reviewed at Capital Programme Board for project prioritisation, with a recommended plan for 2021/22 also presented to Board, which has subsequently been submitted to NHSI. Given the NHS Income regime for Q3 and Q4 2021/22 has not yet been announced, an update to the budget will be needed mid-year when this occurs.

This paper seeks to update the Council of Governors on the latest guidance for both revenue and capital, and the agreement on how to manage the financial position for 2020/21, as well as considering some strategic points for this financial year.

Recommendations

The Council of Governors is asked to note:

- Revised position on the opportunities available to close the control total deficit of £20m to a range around breakeven;
- Draft income budget is based on unconfirmed allocations and that a revision will be brought back to the Board, mid-year, once the financial framework for the second half of the year and the level of income is notified.

Business Planning for 2021/22

Introduction

This paper provides an outline of the process for business planning for 2021/22, and the budget for the year.

Context

2020/21 was a challenging year for the NHS and the financial regime changed significantly to adapt.

In April 2020, the Payments by Results (PbR) system by which NHS Commissioners pay providers for activity was suspended. In its place, a **Covid-19 financial framework** was introduced, with NHS Commissioners instead paying a fixed monthly block to providers, broadly based on the NHS income paid from month 1 to month 9 2019/20, uplifted for inflation. However, any activity contracts that totalled less than £250k pa were deemed immaterial so no income would be paid. Due to the geographical breadth of the Trust's patients, this had a significant impact on the Trust. Recognising that 2019/20 income would not be sufficient to fund the increased costs of treating Covid patients as well as the increased costs of operating in a heightened infection control environment, NHSEI also paid a **retrospective top-up** to bring every Trust back to breakeven, which would in theory also fund any losses from the <£250k contracts removal. While this was warmly received, the Trust had recorded a £21m surplus in 2019/20 (at the control total level) and this would therefore in theory be lost.

In October 2020, the Covid-19 financial framework changed again. The NHS Commissioner block payments continued, but now any contracts under £500k pa were not paid. This had a further impact on the Trust. High cost drugs returned to being funded on a pass-through basis which was beneficial for the Trust given their high usage. The retrospective top-up was replaced with **STP level additional funds**; funds specifically for Covid costs and funds to bring the STP to breakeven based on NHSEIs forecasts of Trusts' performance. The Trust was awarded £7.8m for Covid costs and was expected to deliver a £2.1m surplus and so would receive no further top-up.

NHSEI have since conceded that their forecasts for Trusts to 100% recover non-NHS income in 2020/21 were overly optimistic. They agreed to pay Trusts for an element of this shortfall before year-end, which means the Trust was able to deliver the surplus set by NHSEI.

2021/22

The financial regime for 2021/22 was issued for engagement in November but the formal consultation which was due for December and January was postponed. It was announced that instead, the current **Covid-19 financial framework will continue into Q1 and Q2 2021/22**, albeit with NHS Commissioner block income being uplifted for inflation.

Depending on the impact of Covid-19 through Q1, this extension may be stretched for a further quarter, or the proposals engaged upon in November could be introduced in Q3. The proposals stated that block contracts would continue for the year, with some cost and volume adjustments built on-top. Diagnostics was also an area that was being looked at to remove from the block and pay on tariff in line with activity. The details however were still a work in progress, so it was difficult to estimate the impact on the Trust's NHS income for 2021/22.

A draft budget was presented to the Board in March 2021, broadly based on current run rates of activity and spend with Business Cases and Recovery Plans built in where approved. The **draft**

budget of a £20m control total deficit, was presented alongside a number of opportunities to mitigate this deficit, an update of which is below. Capital budgets were reviewed at Capital Programme Board for project prioritisation, with a recommended plan for 2021/22 also presented to Board, which has subsequently been submitted to NHSI. Given the NHS Income regime for Q3 and Q4 2021/22 has not yet been announced, an update to the budget will be needed mid-year when this occurs.

Business Planning Process

Given the uncertainty of the NHS Income position for 2021/22, as well as the operational pressures resulting from the ongoing Covid-19 pandemic, a **streamlined process** was instigated for Business Planning for 2021/22. The focus was to clarify the underlying run rate of spend.

Due to the impact of Covid-19 and heightened infection prevention and controls, the operating procedures of the hospital have changed with a new demographic of demand, altered capacity and significantly stretched finances. As such it is not appropriate to revert to pre-Covid run rates of spend and budgets currently or in the foreseeable future.

Divisions have based their **new run rates** on divisional income and non-pay spend from August to October 2020, that period being a representative BAU time between Covid peaks. Finance have calculated these run rates and have liaised with budget holders to adjust for any significant non-recurrent items in that period. The impact of any of the Board approved Business Cases (appendix 1) have been added to this position if not included in the existing run rate.

The pay run rates have been based on the **October staff in post** position. Budget holders have reviewed their October HR workforce report and identified any non-recurrent posts at that point for amendment e.g. maternity covers, long term sickness covers, short term contract posts. Any vacancies that have subsequently been filled have been added as have the impact of any of the Board approved Business Cases, if not already in the position. For areas with an approved demand/capacity/resource model, the model has instead been used for the budget (see list in appendix 2). Posts approved through Recovery Plans have also been reviewed as the majority were only intended to be temporary in nature until the year-end.

The Private Care and Clinical Research teams have developed their own holistic plans for 2021/22. Private Care have incorporated the opening of Cavendish Square and the Clinical Research teams have reverted to a breakeven plan for 2021/22 as in prior years.

These divisional plans have been aggregated with NHS Income forecasts to derive a draft 2021/22 budget as detailed in the following section. Q3 Divisional Performance Review Group meetings (PRGs) have taken place with Cancer Services, Clinical Services, Private Care and Clinical Research to review these positions. A first draft of this budget was presented to **Audit and Finance Committee** and has since been updated for refinements in assumptions, including the extension of the Covid-19 financial framework into Q2 2021/22. Given the NHS Income regime for Q3 and Q4 2021/22 has not yet been announced, an **update to the budget will be needed mid-year** when this occurs.

Budget holders have been encouraged to keep in mind risks and opportunities when reviewing the underlying run rates. Any cost pressures would need to be self-funded through **efficiency schemes** or resource reprioritisation. These risks and opportunities were flagged at the Q3 PRG meetings, with costings that followed in the Q4 PRG meetings in May.

A significant assumption is that NHS activity levels will remain the same as month 5-7 average levels, with Private Care providing a forecast of increased activity. Risks and implications of demand rising above this level and exceeding the budgeted capacity have been highlighted at the PRG meetings. It is anticipated that **NHS growth funding** will be covered by the Elective Recovery Fund (ERF), although details on how this will be distributed to Trusts is still to be resolved.

Capital budgets have been reviewed at Capital Programme Board in February for project prioritisation, with the final plan for 2021/22 contained within this paper.

Draft 2021/22 Revenue Budget

	Outturn 19/20 £'000	Forecast 20/21 £'000	Plan 21/22 £'000	Movement from 19/20 to 21/22 £'000
NHS Acute Income	(219,843)	(230,834)	(238,541)	(18,698)
Other NHS Clinical Income	(13,242)	(9,190)	0	13,242
Private Patients Income	(132,290)	(101,131)	(135,537)	(3,247)
Total Patient Care Income	**(365,376)**	**(341,155)**	**(374,079)**	**(8,703)**
R&D income	(12,738)	(12,367)	(12,636)	102
Commercial clinical trials	(15,220)	(12,551)	(16,868)	(1,648)
Grants income (Charitable contributions to Income)	(13,391)	(13,509)	(17,575)	(4,184)
Education income	(5,187)	(4,219)	(5,053)	134
Top up income	(1,291)	(46,952)	0	1,291
Other Operating Income	(35,515)	(24,699)	(25,659)	9,856
Total Other Income	**(83,342)**	**(114,296)**	**(77,791)**	**5,552**
Total Operating Income	**(448,719)**	**(455,451)**	**(451,870)**	**(3,151)**
Substantive	215,889	237,411	250,384	34,495
Bank	11,040	11,105	1,185	(9,855)
Agency	4,880	3,956	471	(4,409)
Total Operating Pay	**231,808**	**252,472**	**252,040**	**20,231**
Drugs	82,438	87,381	98,441	16,003
Clinical Supplies	30,875	32,892	38,682	7,806
Non Clinical Supplies	8,458	8,902	9,122	664
Premises	18,148	19,178	17,384	(764)
Other Non Pay	37,431	39,491	39,413	1,982
Total Operating Non Pay	**177,350**	**187,844**	**203,042**	**25,691**
Total Operating Expenditure	**409,159**	**440,316**	**455,081**	**45,923**
Total Operating (Surplus)/Deficit	**(39,560)**	**(15,136)**	**3,211**	**42,771**
PDC	4,131	3,608	3,911	(219)
Finance Costs	(455)	211	235	690
Donated Asset Income	(14,298)	(19,354)	(46,420)	(32,123)
Depreciation	15,990	17,715	19,352	3,363
(Profit)/Loss on Disposal of Fixed Assets	256	0	0	(256)
Impairment	(5,794)	8,019	1,250	7,044
Total Non operating Income and Expense	**(170)**	**10,199**	**(21,672)**	**(21,501)**
Total (Surplus)/Deficit	**(39,730)**	**(4,936)**	**(18,460)**	**21,270**
Deduct: Donated Asset Income	14,298	19,354	46,420	32,123
Add back: Depreciation on Donated Assets	(5,314)	(6,412)	(6,715)	(1,401)
Add back: Impairment	8,271	(8,019)	(1,250)	(9,521)
Control Total	**(22,476)**	**(14)**	**19,995**	**42,471**

Bridge from 2019/20 to draft 2021/22 plan

Income

- No inflationary or growth uplifts in NHS Income have been built into the 2021/22 plan from 2020/21 (bar drugs income as it is directly pass-through). This is mirrored in expenditure and will be updated when this information is released from NHSEI.

- NHS Income is forecast to increase by £18.7m from 2019/20 to 2021/22. Drugs growth of £9.6m has been forecast, the PET CT contract has added £4.7m income with the Genomics contract also adding £4.7m income. Funding for Covid testing of £3.3m has been forecast and it has been assumed that the Covid cost top-up income will continue for Q1 and Q2 only, generating another £7.8m. To counter this, £5.4m of income received in 2019/20 has been lost due to payments <£250k being suspended. A further £2.9m will be lost from contracts between £250k and £500k. There is a further £3m of other smaller contract reductions.

- Other NHS Clinical Income is forecast to reduce by £13.2m. £9.3m of income was received in 2019/20 to cover increased pension costs (offset in pay below). The Trust has been notified in March of £10m to include within 2020/21 and it is assumed the same process will be followed in 2021/22, however, as the impact will be net zero and the amount is yet unknown, it has not been included within the draft 2021/22 plan. Additionally, in 2019/20, £4m of non-recurrent income was received (Paediatric top-up, Community income, prior-year settlements).

- Private Patients Income should have increased significantly with the opening of Cavendish Square. However, given the current travel restrictions and impact of Covid, the increase is expected to be far smaller, with £9.3m of income generated at Cavendish Square in 2021/22 but lower Chelsea and Sutton income seen which will largely offset this.

- NIHR Research, Commercial Clinical Trial and Grant income is expected to increase by £5.7m from 2019/20. This is primarily in Clinical Research which has recovered well from the impact of Covid and is growing. The additional income will primarily fund increased pay costs.

- Education income has reduced in 2020/21 as the Royal Marsden School has been severely impacted by Covid. This is expected to improve in 2021/22 as more virtual offerings are released but will still be down on 2019/20 levels.

- No top-up income is expected to be received in 2021/22 nor any Provider Sustainability Fund which was received in 2019/20.

- Other Operating Income is forecast to reduce by £9.9m from 2019/20. The largest reduction has been Genomics income (£3m) which has moved to an NHS Acute contract. Catering income is forecast to be £1.2m lower and car parking £0.6m lower, due to lower footfall from Covid being assumed to continue all year. The Royal Marsden Partners funding has been forecast £1m less than 2019/20 but is mirrored with lower spend plans. Income from the conference centre is forecast to continue to be lower in 2021/22 due to Covid restrictions

(£0.5m). c£1.5m of income received in 2019/20 was non-recurrent e.g. community funding, Maggie's funding. The remainder reflects smaller reductions in income across the board, continuing the lower 2020/21 trend.

Pay

- Pay budgets are based on a fully substantive establishment with a small bank allowance in areas that have been approved to run on temporary staffing model to allow flex e.g. CCU. No inflation has been built in for 2021/22 on 2020/21 but this will be updated when the new financial regime is released.

- Pay costs are forecast to increase by £20.2m from 2019/20. However, 2019/20 includes £9.3m of pension costs not included in 2021/22, as the process and amount has not been concluded, so removing this leaves a larger £29.5m increase.

- Inflationary costs of £5.8m were seen from 2019/20 to 2020/21.

- Both the outsourced pharmacy and IT service were brought in house in 2020/21 and 2021/22 moving £3m of costs from non-pay to pay.

- Additional Business Cases pay costs:
  Cavendish Square £3.4m
  Radiotherapy & Physics Recovery/MRLinac/Cyberknife cases £1.5m
  Safer Staffing reviews/Cancer nursing cases £1.4m
  Consultant increases across various cases £1m
  CCU £1m
  Data Warehouse £1m
  Radiology Recovery/MRI cases £0.9m
  Covid-19 Testing £0.9m
  Pharmacy growth to support Ambin and Car-T cases £0.7m
  PET-CT contract £0.5m

- Both Clinical Research (£3m) and Private Care (£0.8m) have further pay costs forecast in 2021/22 to support their recovery and growth.

Non-Pay

- No inflation has been built in for 2021/22 on 2020/21 but this will be updated when the new financial regime is released.

- Drugs costs are forecast to be £16m higher in 2021/22 than 2019/20. £10.4m of this is for NHS drugs, £9.6m of which is pass-through and will be funded directly. Private patient drugs are forecast to increase £3.8m and PET CT drugs £1m.

- Clinical supplies are forecast to be £7.8m higher in 2021/22 than 2019/20. Covid testing costs account for £2.6m of this growth and are anticipated to be fully funded. Cavendish Square costs account for £1m of this growth, £1.2m are PET CT costs and £1m are Genomics costs, all of which will be revenue funded. There are a further £0.7m costs of running the new Cyberknife and £1.3m of other small inflationary and contract increases.

- Non-clinical supplies are forecast to be £0.7m higher in 2021/22 than 2019/20. This represents inflationary increases and contract increases with ISS offset by lower catering provisions due to lower footfall.

- Premises costs are forecast to be £0.8m lower in 2021/22 than 2019/20. The increased costs of the data warehouse upgrade and Cavendish Square rent are offset by the dissolution of Sphere and the conversion of a non-pay service fee to substantive staff as the IT team are brought back in house.

- Other non-pay costs are forecast to be £2m higher in 2021/22 than 2019/20. £1.2m of increased costs are anticipated for the implementation of a new Digital Health Record. Tissue typing costs have increased and are forecast to be £1m higher due to a combination of increased transplant activity and inflationary increased. The Clinical Negligence insurance premium also increased by £0.6m in 2020/21, the amount for 2021/22 is yet to be clarified or how it will be funded, so is not contained within this draft plan. Offsetting these increases are the CIP target.

- £2m of CIPs (1.5% of non-pass through expenditure) have been targeted in this budget; 25% pay, 75% non-pay. This is an initial target, with schemes to be worked up for the Q4 PRGs as well as a review of the % target needed given other movements in the NHS income regime.

Opportunities

The Control Total deficit of £20m is the full year budget, based on the current finance regime extending for the whole of 2021/22. It assumes no additional Covid funding for Q3 and Q4 even though the costs of operating in a heightened infection control environment remain. It is highly likely that either further funding will be provided for this or the infection control measures will be eased nationally. Either way, **a mid-year budget update** will be needed to reflect this as well as any other changes in finance regime. The opportunities identified below show a range of options to close this gap with the update since the plan was submitted to the Board in March:

	March 21	**July 21**
2021/22 Board Approved Control Total Deficit	£20m	£20m
NHS Contribution to loss of non-NHS Income	(£7-9m)	(£9m) secured for Q1-2
Further CIPs above baseline	(£2m)	(£1m) identified
2021/22 Revised (Surplus)/Deficit		**£10m**
Further Opportunities		
Further Covid funding for Q3/Q4	(£1-£3m)	(£1-3m) awaiting NHSI further guidance
Payment for SLA activity <£500k	(£6-8m)	(£3-4m) NHSI negotiations/guidance
Elective Recovery Fund (ERF)		(£6-8m) NHSI guidance
2021/22 (Surplus)/Deficit Range	(£2m)-£4m	(£0-5m)

Draft 2021/22 Capital Budget and Cashflow

The Trust's 5-year capital plan has been updated for project slippage in 2020/21 due to Covid, and for affordability given revised surplus/deficit assumptions. It has been assumed that 2020/21 will be at least breakeven, the 2021/22 position will deliver a small deficit, and subsequent years will return to breakeven.

Given this, the completion of existing schemes is a priority, followed by a minimum level of spend on backlog maintenance, IT, estates, and a commitment to the Sutton Hospital new build in 2024/25. Charitable funds have been forecast for the Oak build as well as ongoing medical equipment support. This is shown in the table below, with more detail in Appendix 3.

5 year Capital Programme £000	20/21	21/22	22/23	23/24	24/25	5 year total £'000
Estates	11,901	9,284	7,651	5,910	34,500	69,246
Private Care	8,991	968	0	0	0	9,959
Medical Equipment	1,222	0	0	0	0	1,222
IT Strategy	372	19,827	22,000	0	0	42,199
IT Schemes	1,404	4,350	2,460	1,000	1,000	10,213
Trust funded sub-total	**23,890**	**34,428**	**32,111**	**6,910**	**35,500**	**132,839**
Donated estates	10,683	46,146	24,825	110	0	81,764
Donated equipment	6,600	9,658	6,500	8,600	10,600	41,958
Donated sub-total	**17,283**	**55,804**	**31,325**	**8,710**	**10,600**	**123,722**
PDC funded sub-total	**3,011**					**3,011**
Total Costs	**44,184**	**90,233**	**63,436**	**15,620**	**46,100**	**259,572**

Incorporating the capital expenditure from the table above, alongside the annual revenue assumptions, loan and working capital movements, the year-end cash balances are forecast to be as shown in the table below.

£'000	19/20	20/21	21/22	22/23	23/24	24/25
Closing Cash Balance	**121,500**	**136,803**	**94,879**	**60,272**	**52,096**	**26,577**

Conclusion

The Council of Governors is requested to note the:

- Revised position on the opportunities available to close the control total deficit of £20m to a range around breakeven;
- Draft income budget is based on unconfirmed allocations and that a revision will be brought back to the Board, mid-year, once the financial framework for the second half of the year and the level of income is notified.

Appendix 1 – Board Approved Business Cases

RM Medicines
Cavendish Square
Oak
DHR
Data Warehouse
Sphere exit
Windows 10
Office 365
Ambin
Car T
Gallium
MR Linac
Lung AOS
Hospital at Night
Covid-19 Testing

Appendix 2 – Areas with approved demand/capacity/resource models

Nursing Safe Staffing
Junior Doctor rosters
CCU
Radiology (including 3rd MRI case)
Radiotherapy (including Cyberknife 2 case)

Appendix 3 – 5-year Capital Programme

	20/21	21/22	22/23	23/24	24/25	Total
IT Schemes	1,308	2,183	1,000	1,000	1,000	**6,491**
IT Strategy	372	19,827	22,000	0	0	**42,199**
Sphere	95	2,167	1,460	0	0	**3,722**
Medical Equipment	1,222	0	0	0	0	**1,222**
Off-site Diagnostic Facility - Building	4,938	568	0	0	0	**5,506**
Off-site Diagnostic Facility - Equipment	4,053	400	0	0	0	**4,453**
Pharmacy Expansion	531	600	0	0	0	**1,131**
Stem Cell Lab	371	40	0	0	0	**411**
CHP Installation - Trust Funded	699	1,443	70	0	0	**2,212**
CHP Installation - Loan Funded	2,170	0	0	0	0	**2,170**
Other Estates Developments	3,581	4,168	2,546	3,000	3,000	**16,294**
Backlog Maintenance	1,520	1,500	1,500	1,500	1,500	**7,520**
Trust funded Oak Cancer Centre	3,029	1,748	2,981	1,410	0	**9,169**
Strategic Capital Programmes	0	0	0	0	30,000	**30,000**
Charity funded Estates	2,084	740	0	0	0	**2,824**
Charity funded Medical Equipment	6,600	9,658	6,500	8,600	10,600	**41,958**
Charity funded Oak Cancer Centre/Sutton Site Development	8,598	45,406	24,825	110	0	**78,940**
PDC Covid capital	587	0	0	0	0	**587**
PDC medical equipment	2,424	0	0	0	0	**2,424**
	44,184	**90,448**	**62,882**	**15,620**	**46,100**	**259,233**

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 9.
Title of Document: Monthly Quality Account – May (April Data) 2021	**To be presented by:** Mairead Griffin, Chief Nurse

Executive Summary

The quality account dashboard was reviewed prior to Q1 of 2021/2022. Due to the number of changes to KPIs in 2020/21, these broadly remain the same. Following consultation, several indicators have altered to improve usability of the dashboard for key stakeholders. These are outlined on page 3 of the report.

Good Performance:

- Numbers of COVID-19 cases have declined significantly, though we are still seeing sporadic cases. These are individually investigated.
- Over 85% of staff (including volunteers) have received their first COVID-19 vaccination. Second vaccinations in progress, with a view to finish on 21st May 2021. Thereafter patients and staff will use other established local services.
- Reduction in falls from 25 down to 17. No identifiable themes and no moderate harms for two months.
- VTE risk assessment compliance maintained for 25 months.
- Reduction in pressure ulcers (n = 7). All low harm.
- FFT national data has just been published for Jan - March 2021. RM scored 100% in inpatient and 96% in outpatients – both above national average of 95%.
- 10% improvement in chemotherapy waiting times in BFAC.
- Decrease in falls – all no / low harm. No moderate harm falls for 2 consecutive months.

Area for Improvement / Note:

- *C.difficile* numbers increased slightly with review undertaken to identify any trends
- Chemotherapy waiting times red/amber in Sutton; however, this is attributable to patient preference for 1 stop treatment vs 2 stop, which is more popular in Chelsea and Kingston. Patients are being encouraged to undergo 2 stop and staff being encouraged to pre prescribe.
- The Trust nurse vacancy rate increased to 8.7%, slightly above the Trust target of 8.0%. There are 70 WTE nurses (19 newly qualified nurses) in the recruitment pipeline of which 21 WTE have an agreed start date.

Recommendations

The Council of Governors are asked to review and comment on this report.

The Royal Marsden NHS Foundation Trust

Monthly Quality Account

MAY 2021 (April Data)

A report by the Acting Chief Nurse: Andrew Dimech

Monthly Quality Account (QA)
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Quality Account Dashboard 21/22 Review

- There was a significant review to KPIs in 20/21. As a result the 21/22 review resulted in minimal changes to existing KPIs in the QA :
  - Number of attributable medication incidents with moderate harm and above – annual target reduced from nine to six, due to better than threshold performance in 2020/21
  - Trust is awaiting the national trajectories on *E. Coli* Bacterium and *Clostridium difficile* (rolled over 2020/21 targets until guidance released).
- Following consultation, the following indicators have been introduced to improve usability of the dashboard for key stakeholders, who review data from a range of dashboards :
  - Datix (staff with >5 overdue incidents) – target under review
  - Investigation outstanding actions – target under review
  - Sickness rate (rolling 12 month average)
  - Trust voluntary staff turnover rate
  - Appraisal & PDP rate
  - Local induction
  - Mandatory Training: % of staff compliant with training
- The following indicator was included in line with Trust priorities
  - Number of RM published CMC records (applies to London CCG only)
  - Cavendish Square will be added as a site in the QA metrics from May data with the activity in the PP dashboard
- The Trust also produces divisional scorecards, which are presented at divisional meetings. These were also reviewed:
  - KPIs updated with changes to the Trust QA (as above)
  - RAG ratings were introduced, to improve usability
- The Trust is carrying out its annual review of the Board Scorecard KPIs and thresholds and will be submitting a paper to the Executive Board and the Chair of QAR in July

Quality Account dashboard 21/22 (1/2)

Apr-21

Indicator		Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	2020/21
Safe care																	
Hospital Standardised Mortality Rate (rolling 12 months, NHS and PP)		80	Below		(Q4 20/21)			(Q1 21/22)			(Q2 21/22)			(Q3 21/22)			N/A
Mortality audit		Green			(Q1 21/22)			(Q2 21/22)			(Q3 21/22)			(Q4 21/22)			N/A
SIs: Number of SIs (including PU cat 4)		7	Below	0												0	7
Datix (staff with >5 overdue incidents)		TBC	Below	59												59	32
Investigation outstanding actions		TBC	Below	79												79	69
Number of diagnoses of Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia		0	Below	0												0	0
Number of diagnoses of Methicillin-sensitive *Staphylococcus aureus* (MSSA) (Attributable)		6	Below	1												1	3
Clostridium difficile (C. Diff)	Number of reportable cases - Community Onset Hospital Associated and Hospital Onset Hospital Associated	67		5												5	52
E-Coli	Total number of E. Coli Bacterium	65		3												3	70
	Number of Attributable E. Coli Bacterium	No target		2												2	33
Covid-19 positive tests	Positive tests – patient admissions (hospital onset, definite and probable)	0		0												0	38
	Staff new positive tests	No target		0												0	590
	Reportable outbreaks	0		0												0	N/A
PPE audit	Trust	95%		96.2%													N/A
Hand hygiene	Trust	95%		97.1%													N/A
Sepsis	% of inpatients screened for sepsis	90%	Above														99.1%
	% of those screened positive who received IV abx within 1 hour	90%	Above														96.5%
Falls	Attributable Moderate Harm Incidents while patient under RMH care	5	Below	0												0	6
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0												0	0
	Attributable Death Incidents	0	Below	0												0	1
Number of patients with attributable pressure ulcers	Number of patients	No target		8												8	130
	Category 1	No target		0												0	29
	DTI	No target		1												1	18
	Category 2	No target		6												6	56
	Category 3	No target		0												0	19
	Unstageable	No target		0												0	8
	Category 4	0	Below	0												0	0
Number of attributable medication incidents with moderate harm and above		6	Below	0												0	4
Number of cardiac arrests		No target	Below	1												1	24
Failure to recognise deterioration in a patient leading to death		0	Below	0												0	0
VTE risk assessment		95%	Above	96.2%												96.2%	95.6%
DoLS applications		No target		1												1	22

Quality Account dashboard 21/22 (2/2)

Apr-21

Indicator		Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	2020/21
Effective Care																	
Chemotherapy waiting times: % chemo patients starting treatment within 1 hr of appointment time	Chelsea	*85%*	Above	85.8%												85.8%	*85.9%*
	Sutton	*85%*	Above	75.6%												75.6%	*76.3%*
	Kingston	*85%*	Above	89.2%												89.2%	*93.5%*
Chemotherapy waiting times: % chemo patients starting treatment within 3 hrs of first appointment of day	Chelsea	*85%*	Above	73.9%												73.9%	*74.8%*
	Sutton	*85%*	Above	82.3%												82.3%	*82.7%*
	Kingston	*85%*	Above	95.8%												95.8%	*96.3%*
Number of RMH published CMC records - applies to London CCG only		*(Target under review)*		22												22	*209*
Caring																	
RMH Inpatient Friends and Family Test: % Recommended		95%	Above	99.2%												99.2%	*99.3%*
RMH Inpatient Friends and Family Test: Number of responses		*No target*		125												125	*1499*
Responsive																	
% of complaints responded to in required timescale		81%	Above	85.7%												85.7%	*91.4%*
Number of complaints		*No target*		4												4	*74*
Number of complaints per 1000 daycase and inpatient discharges		4.08	Below	1.85												1.85	*3.36*
Number of concerns received		*No target*		13												13	*231*
Number of compliments received		*No target*		9												9	*627*
Well-led																	
Number of Freedom To Speak Up (FTSU) alerts		*No target*															*75*
Trust vacancy rate		*7%*	Below	10.3%												10.3%	*10.2%*
Nurse vacancy rate		*8%*	Below	8.7%												8.7%	*9.5%*
Trust sickness rate (one month in arrears)		*3%*	Below	3.0%												3.0%	*4.3%*
Sickness rate (rolling 12 month average)		*3%*	Below	4.0%												4.0%	-
Nurse sickness rate (one month in arrears)		*3%*	Below	4.7%												4.7%	*5.1%*
Trust voluntary staff turnover rate		*12%*	Below	11.7%												11.7%	-
Nurse turnover rate		*12%*	Below	12.1%												12.1%	*12.5%*
Appraisal & PDP rate		*90%*	Above	80.7%												80.7%	-
Local induction		*85%*	Above	82.0%												82.0%	-
Mandatory Training: % of staff compliant with training		*90%*	Above	88.5%												88.5%	*89.4%*

Divisional dashboards are also produced monthly and are shared at divisional governance meetings for discussion and action.

Monthly 'Big Four' (B4) Safety Messages April 2021

The Big 4 is the monthly patient safety bulletin from the Chief Nurse, Medical Director and Chief Pharmacist. The B4 details four key safety messages as well as a '**good-safety-catch**' by a member of staff. B4 can support your local shift safety briefings, local weekly B4 quality huddles or team meetings.
Using the B4 is simple – Team Leaders and Managers are asked to verbally brief and disseminate a copy of the B4 to your teams once per month.

B1 – Patient Handling – Use of Sliding Sheets

Recently there have been instances where some patients transferred internally between departments have not been moved with their patient specific sliding sheets. Where sliding sheets have been used prior to transfer, one of the sliding sheets should be left underneath the patient, where it is safe to do so, to reduce manual handling of the patient.

Patients on one single sliding sheet should not slide during transfer due to the non-slip surfaces present on the beds and trollies used in the Trust, however it is good practice to tuck the sliding sheet away from the patient's feet so that their feet are touching the surface of the bed/trolley and where possible, use the anti-tilt on the bed/trolley to prevent the patient from sliding. If a patient arrives in your department from within the hospital or by transport without their sliding sheet, please report this through Datix. All patients must be transferred with a completed Transfer Risk Assessment form, please report any incidents where this does happen through Datix.

For any manual handling queries please contact the Health & Safety team via Email: HealthandSafety@rmh.nhs.uk or by telephone on Ext. 3035.

B2- Inv. 40 Intrathecal Register Breach

This involved a member of staff covering a list of specific procedures. They had received training in the administration of intrathecal chemotherapy, however after completing the list, they discovered they were no longer on the Trust Intrathecal Register so should not have taken part in these procedures.

The Intrathecal Register contains all designated staff who have been trained and certified competent in prescribing, screening, dispensing, issuing, checking and administering intrathecal chemotherapy.

These checks were not completed in line with the Trust's requirements, but the procedures were completed competently. However, due to the failure of the checks, this was deemed a serious near miss.

Key message: If you are qualified to do a procedure that needs to be logged on a trust register then ensure you are correctly registered. Examples of other trust registers but not limited to are Chemotherapy administration.

B3 – Inv. 59 Controlled Drug Discrepancies

This investigation involves two incidents of five ampoules of Morphine 30mg being unaccounted for on two separate wards.

The Controlled Drugs keys were found not to be safe and secure at all times.

Learning:
1. The registered nurse in charge of the shift has responsibility for the controlled drug keys and should ensure they are in their possession or with a registered nurse at all times.

2. When receiving controlled drugs on the ward, the nursing staff will now need to open all of the full boxes to confirm the amount of individual ampoules received.

B4- Near Miss and No Harm Reporting

The Trust has an excellent incident reporting culture. We would like to encourage all staff members to report anything that could have caused harm to either patients, themselves or other staff members to ensure that we can learn more from these events.

Reporting near misses or events when no harm occurs helps the trust to understand risks and can identify issues before they create a problem. The Chief Nurse gives a monthly 'Good Safety Catch' award to a member of staff.

Monthly 'Big Four' (B4) Safety Messages April 2021

What is the 'Big 4' and how should I use it in my department

The 'Big 4' (B4) is the monthly patient safety bulletin from the Chief Nurse, Medical Director and Chief Pharmacist. The B4 details 'four' key safety messages as well as a '**good-safety-catch**' by a member of staff.

The B4 can support local shift safety briefings, local weekly B4 quality huddles or team meetings.

The 'Good Safety Catch' *award is given by the Chief Nurse to a member of staff or team each month for action intercepting and stopping an error from reaching patients or staff members.*

1. Awarded to Josephine Reimer - Staff Nurse, Medical Day Unit, Chelsea.

Preparing to give cyclophosphamide and spotted an error in labelling. The actual syringe with the drug had a label on it which said: "Cyclophosphamide 700mg". The outer yellow bag had two labels. One of the labels said: "700mg Cyclophosphamide". The other label had patient's name and hospital number on it and said "Fluorouracil 700mg." The Pharmacist was informed and arranged with aseptics to have the correct medication dispensed.

2. Awarded to Caroline Dinen – Pain CNS, Chelsea.

For dealing with and leading on a significant equipment error with all our epidurals on the Chelsea site. It potentially could have been a significant patient safety issue had she not picked it up and acted so quickly. She has gone out of her way to resolve the issue, communicating fantastically with everyone involved and led the matter in an exemplary manner.

Suggestions for the B4 or safety catch, can be sent to helen.mills@rmh.nhs.uk

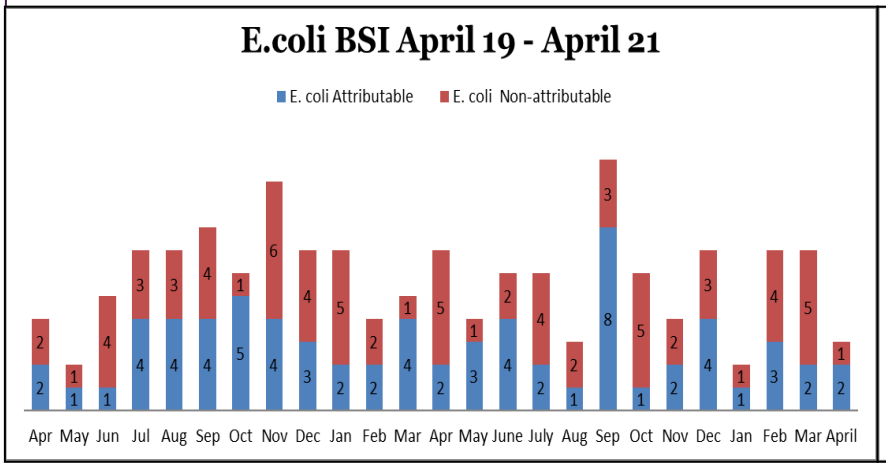
Healthcare Associated Infections & Hand Hygiene

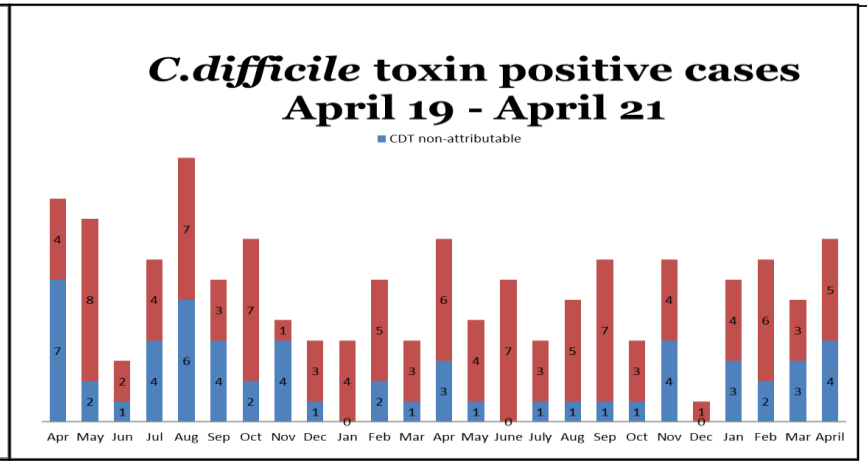
Data Owner: Pat Cattini – Deputy Director of Infection Prevention and Control.
Review of reportable attributable *C.difficile* and *E.coli* infections is used to identify opportunities for improvement through a healthcare infection learning panel. There was a small reduction in *E.coli* this month but it remains inconsistent. *C.difficile* numbers were up slightly and further work is being undertaken to identify any trends and ensure there are no lapses.

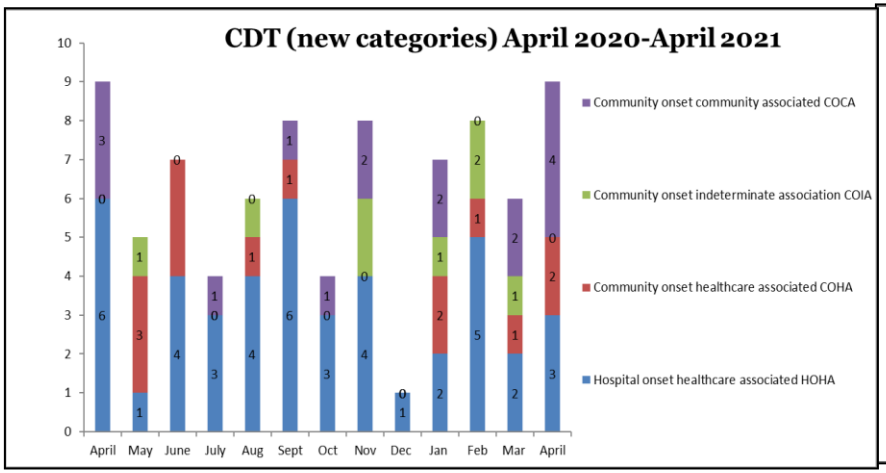
Hand hygiene and other audits continue via the 'Perfect Ward' app. We continue to work with the matrons to maintain high standards despite the pandemic.

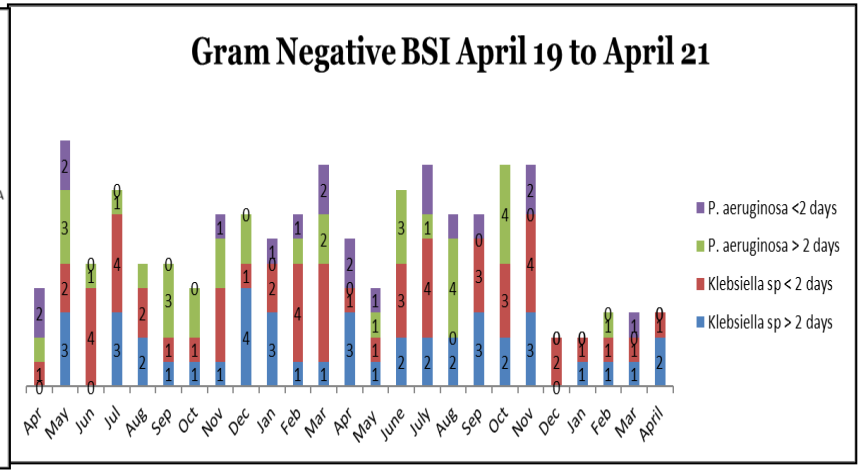
The IPC and Micro teams continue to support the COVID-19 effort. The numbers have declined significantly, though we are still seeing sporadic cases. Incident meetings are held to assess any positive cases if required. There remains a focus on use of masks and visors, face mask fit testing and appropriate use of PPE. Advice also includes patient flows, assessment of working environments and continued staff support.

There is a concerted programme to vaccinate staff against COVID-19. Over 85% of staff have had a first dose and second doses are in progress. The vaccination service is due to finish on 21st May and thereafter staff and patients will use other local services, which have been set up.

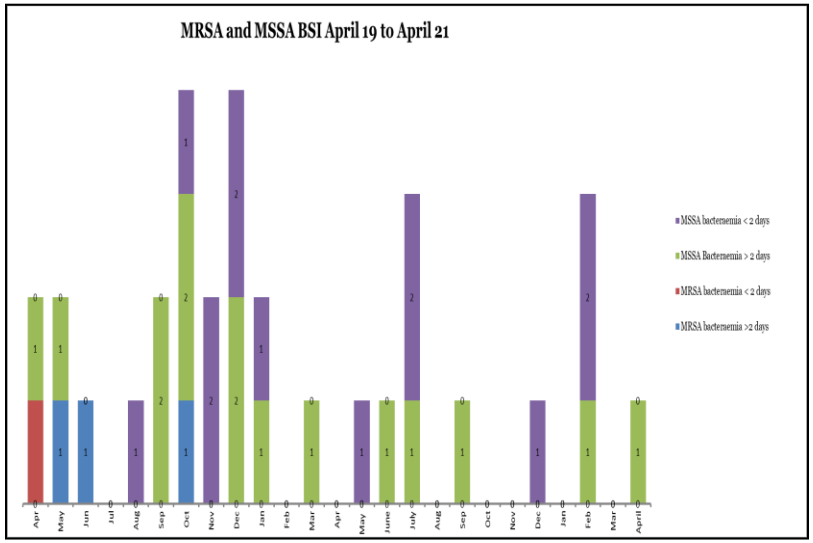


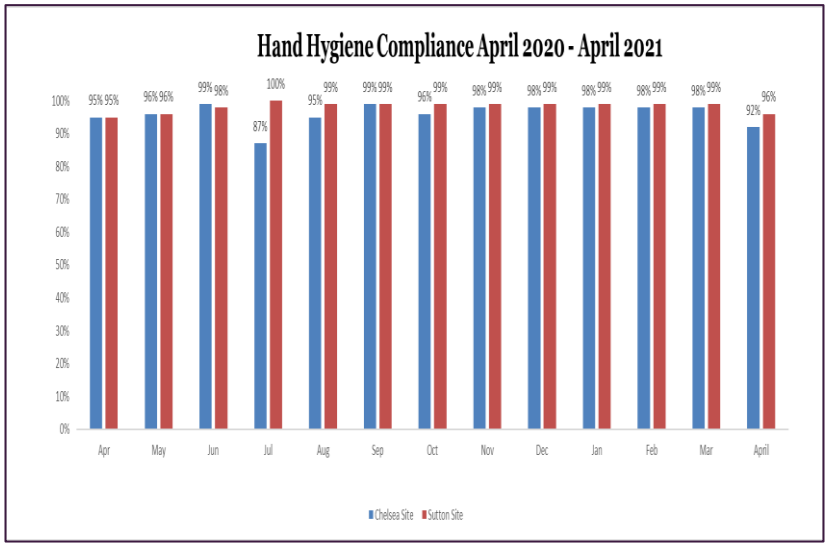


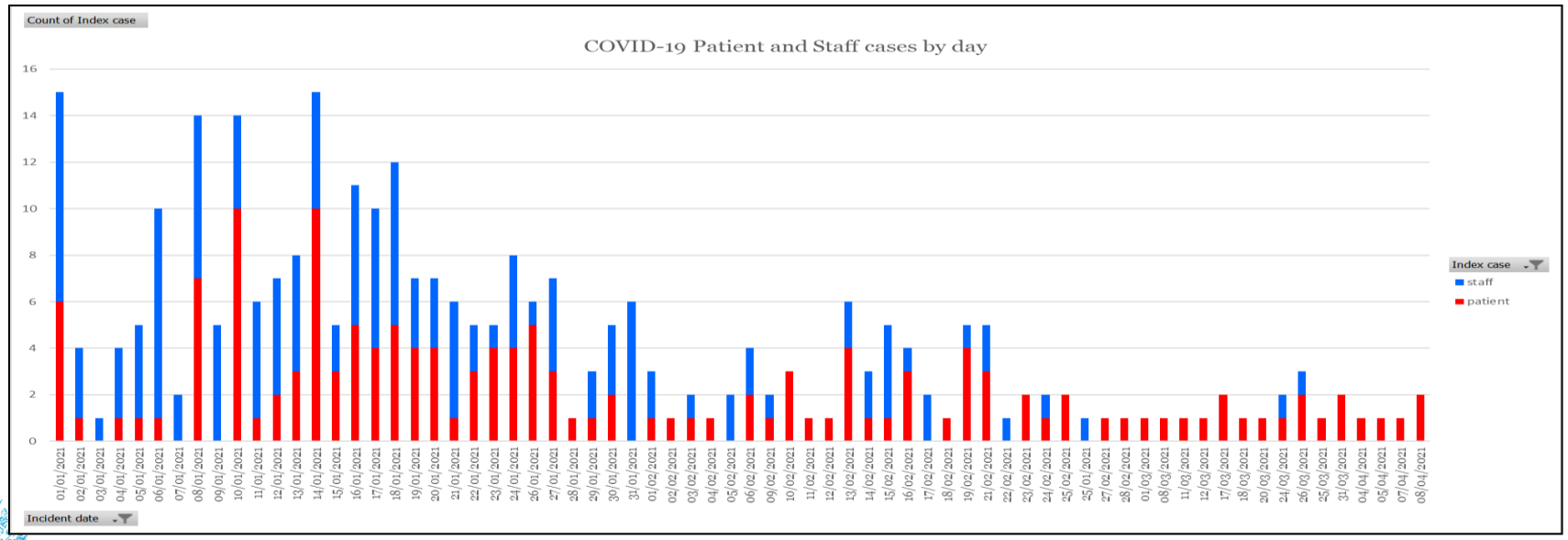




Healthcare Associated Infections & Hand Hygiene

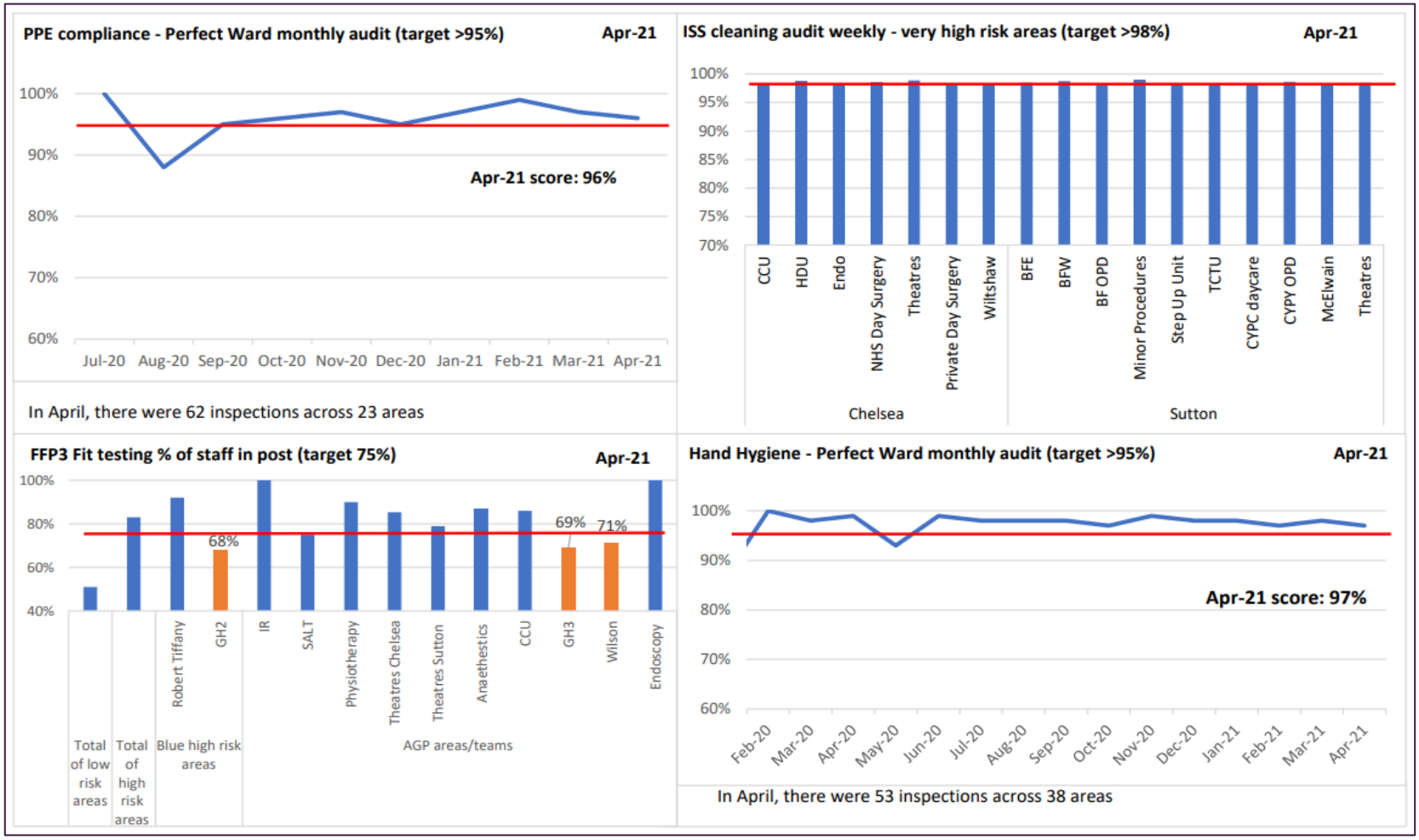






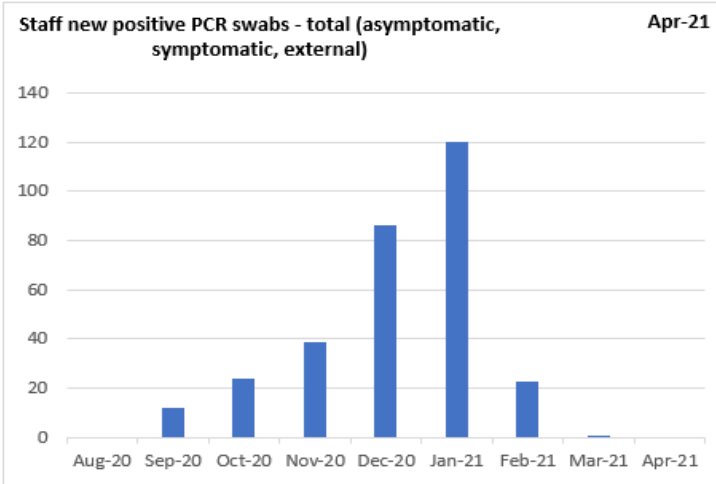
IPC COVID dashboard (1/2)

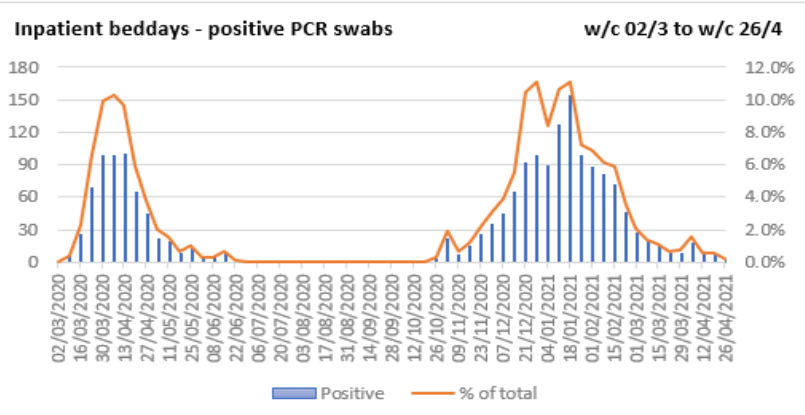
Apr-21



IPC COVID dashboard (2/2)

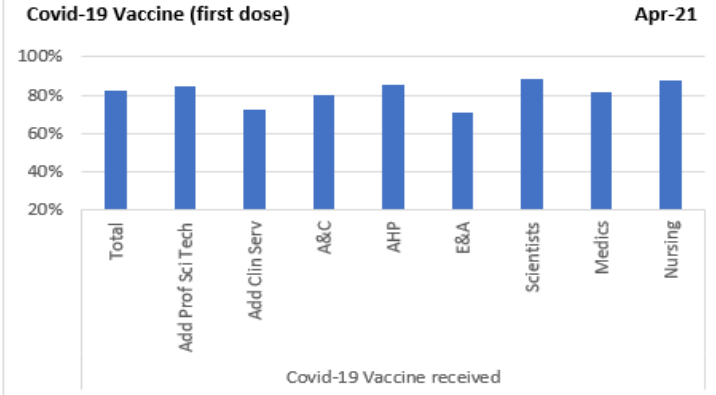
Apr-21



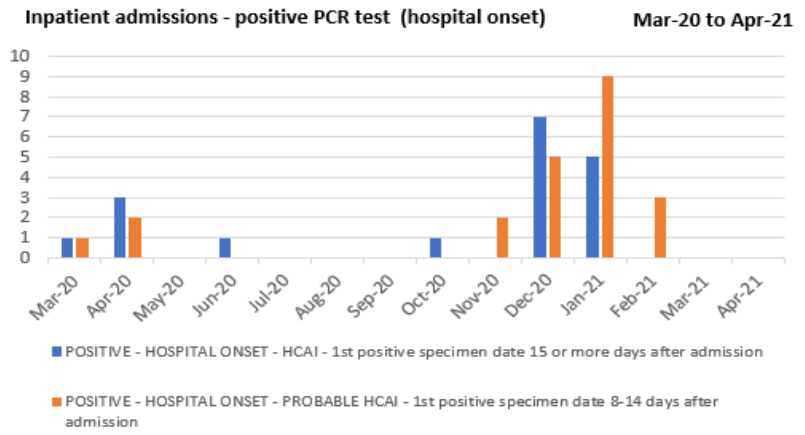


1,847 positive beddays

6,8961 negative beddays



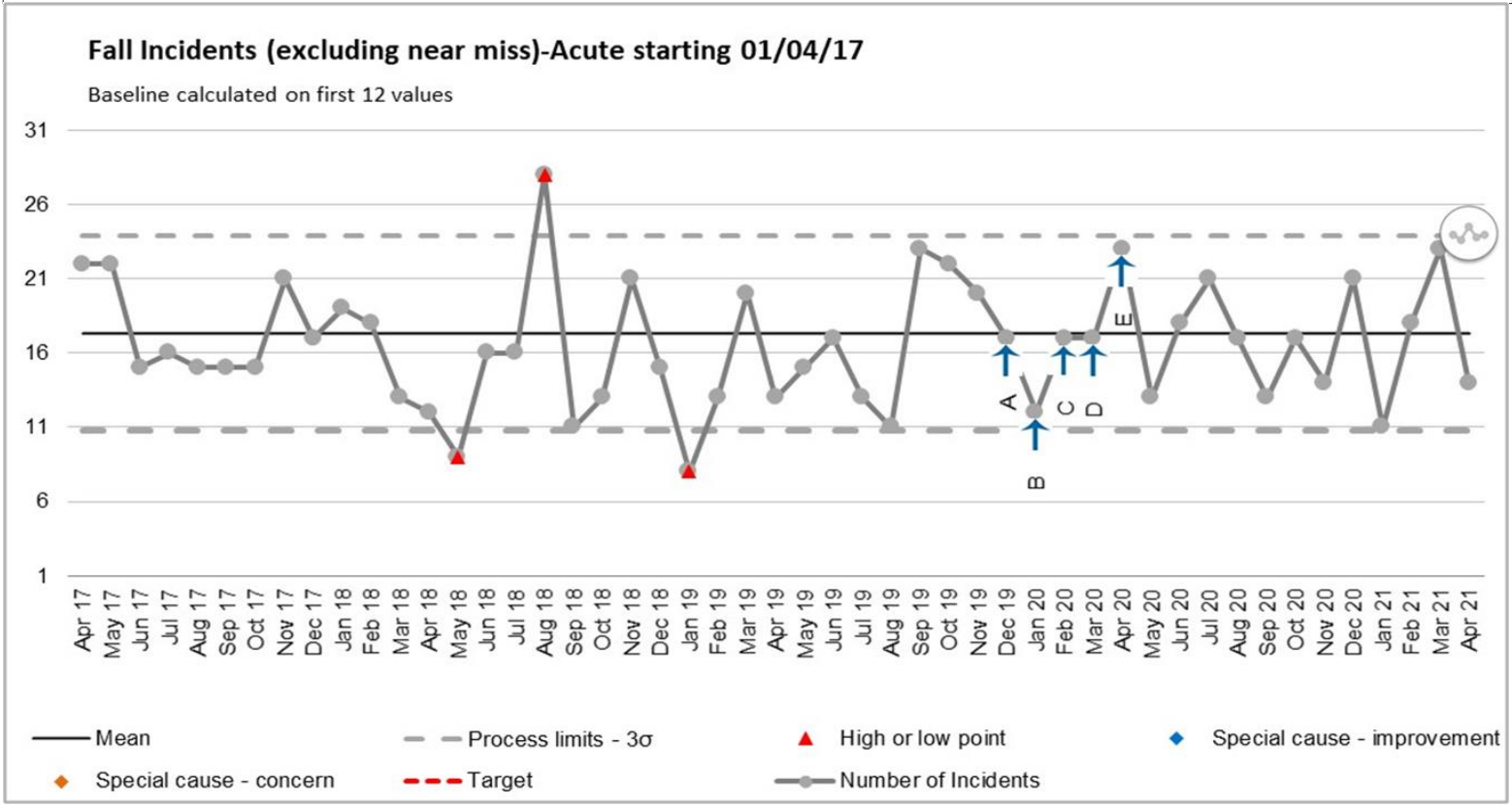
All staff (100%) have been offered the Covid-19 vaccination



Patient Fall Incidents

Target: <0.7 falls with moderate or above harm

Data Owner: Teresa Deakin, Matron
There were 18 reported falls in April in comparison to 25 last month. One recorded fall now re-categorised as near miss following review of Datix with Matrons reduced the number to 17. No moderate harm or above for the last two months. Reduction in Trust wide actual falls/ward falls in comparison to previous 12 months.
Themes observed: Nil
Trends observed: Nil



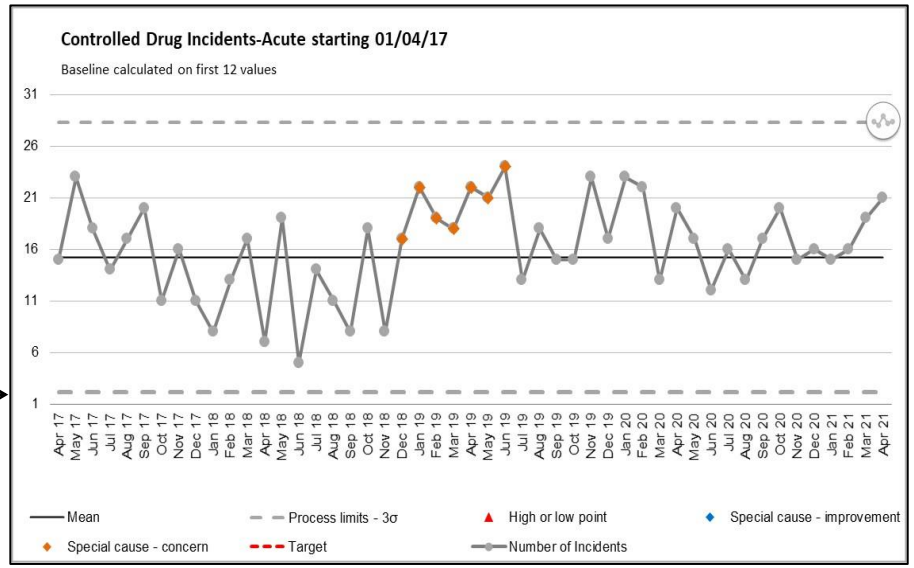
Key Interventions

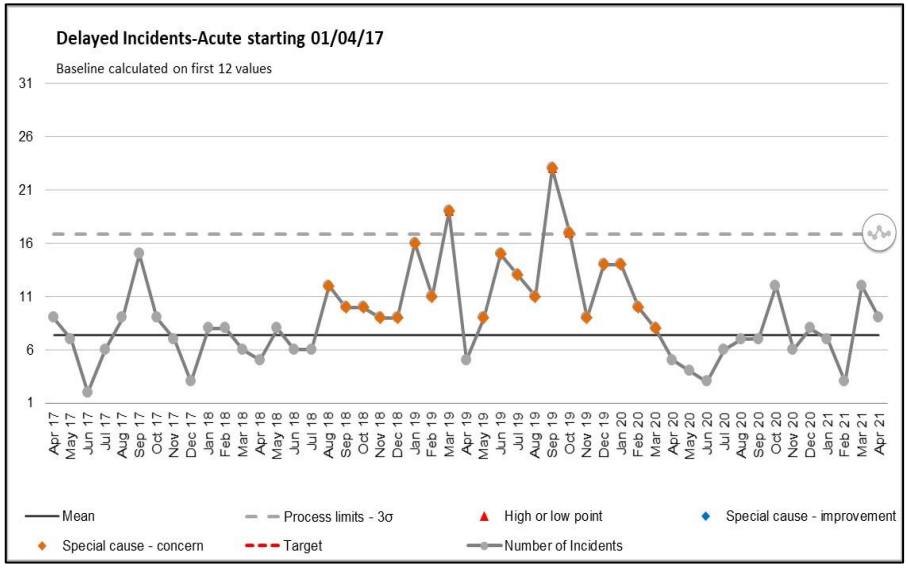
A	Introduction of Harm Free Care documentation
B	Lying and Standing BP added to NEWS charts
C	Falls CQUIN interventions awareness event
D	Improvement of Sutton entrance and outside areas
E	Equipment review

Medication Incidents

Data owner: Suraya Quadir, Medication Safety Officer
There were 132 medication incidents, of which 26% were due to chemotherapy reactions when used as intended.
All of this month's incidents were no harm (105) and low harm (27).

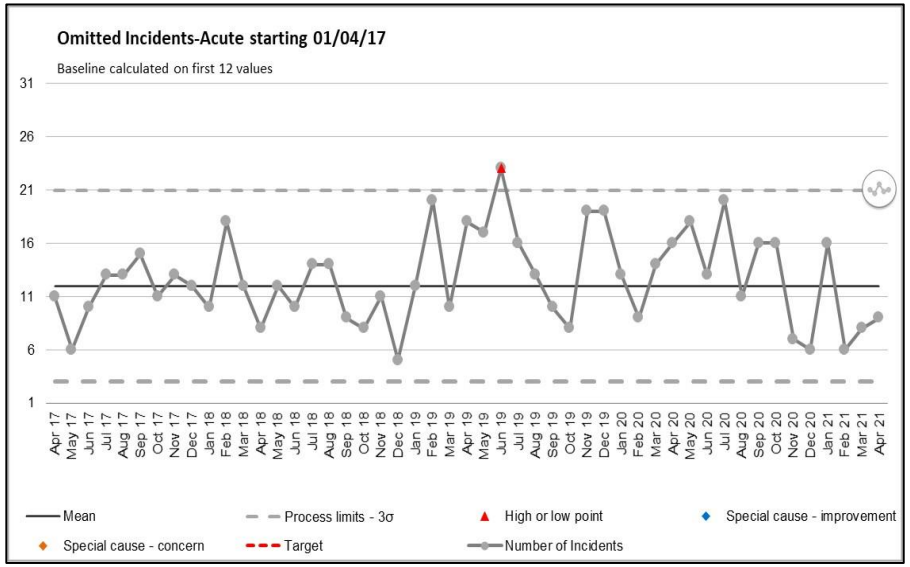
CD Incidents (19): Most CD incidents in April were classified as either administration (7) or record keeping (5). Key incidents involved dose conversion when changing route of administration where both patients received greater dose of opioid than intended. Care around prescribing (1) and preparing (2) different formulations of opioids have been highlighted as key learning.





Delayed Medicines (8): The main theme was due to delays in aseptic preparation of chemotherapy (4). In addition there were delays due to clinical confirmation, communication handover an error in stopping post chemotherapy fluids earlier than intended.
3 should be assigned as omitted

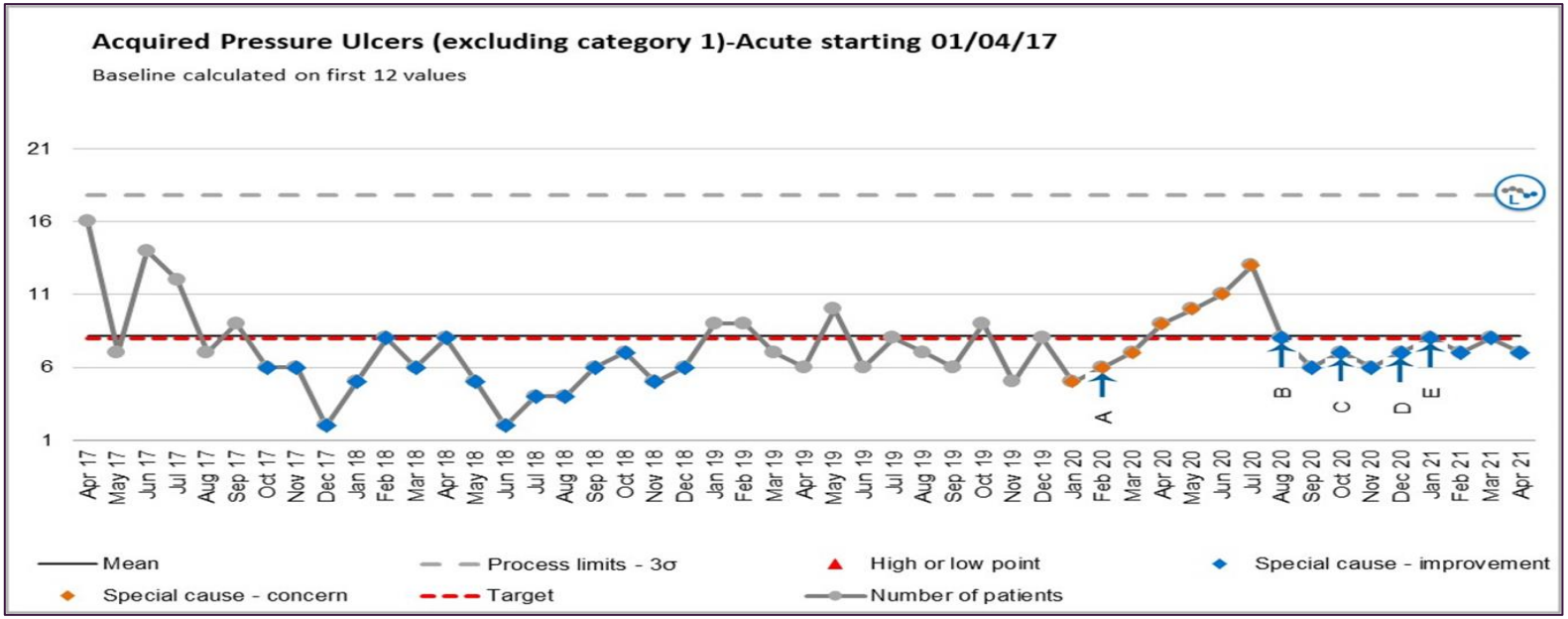
Omissions (10): The main themes here are administration (4) and prescribing (2) omissions. The importance of supportive medication being prescribed as per chemo proforma and an incident of expired pregabalin being given to patients emphasises the need for date checks during routine CD checks.
2 should be assigned as omitted



Hospital Pressure Ulcers* - excluding category 1

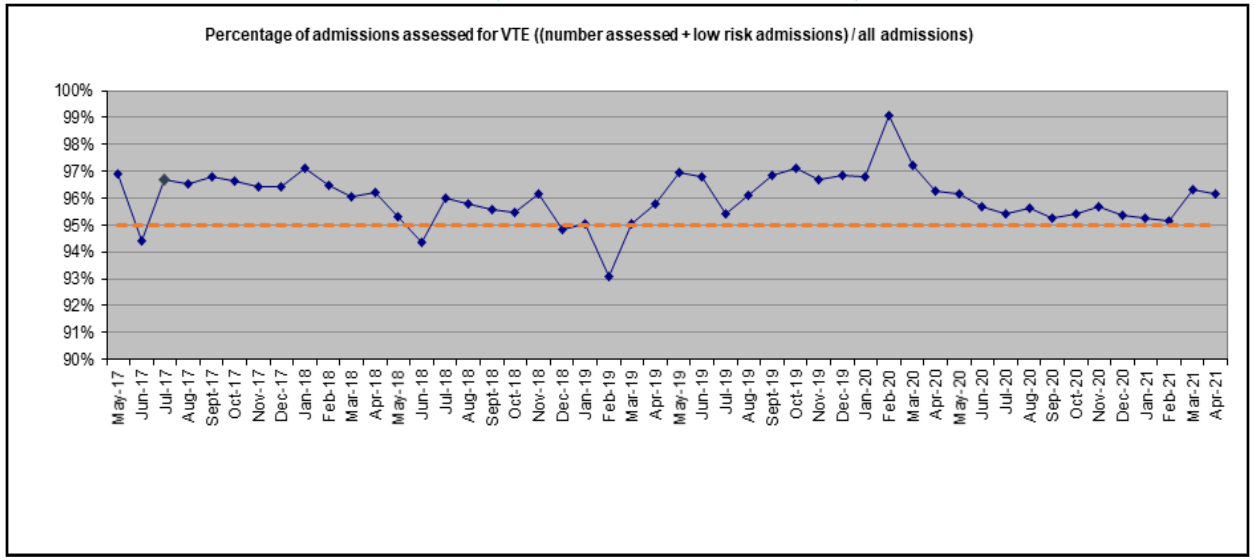
Target: Zero grade 4 pressure ulcers

Data owner: Anna Collins, Matron
In April we had n= 7 hospital acquired pressure ulcers (HAPU) excluding Category 1. These were categorised as six category 2 and one deep tissue injury, all of which were classified as low harm injuries.
Trends observed: n=5 Chelsea (n=2 Wilson) and n=2 in Sutton
Themes observed:
N= 2 caused by medical devices (VTE Stocking, Opti flow tubing) N=1 caused by patients own glasses
N=1 had SDTI on admission and shear/friction when began mobilising
N=1 patient declining care and skin inspections
N=1 prolonged time in theatre leg surgeries DTI on heel N=1 moisture associated dermatitis developing into pressure ulcer



Key Interventions	
A	Introduction of Mini Root Cause Analysis & Prevalence & Quality Audit
B	Launch of Tissue Viability Champions Training
C	Launch of aSSKINg Bundle
D	Prevalence & Quality Audit
E	Launch of Harm Free Care Bundle & Wound Assessment Plan

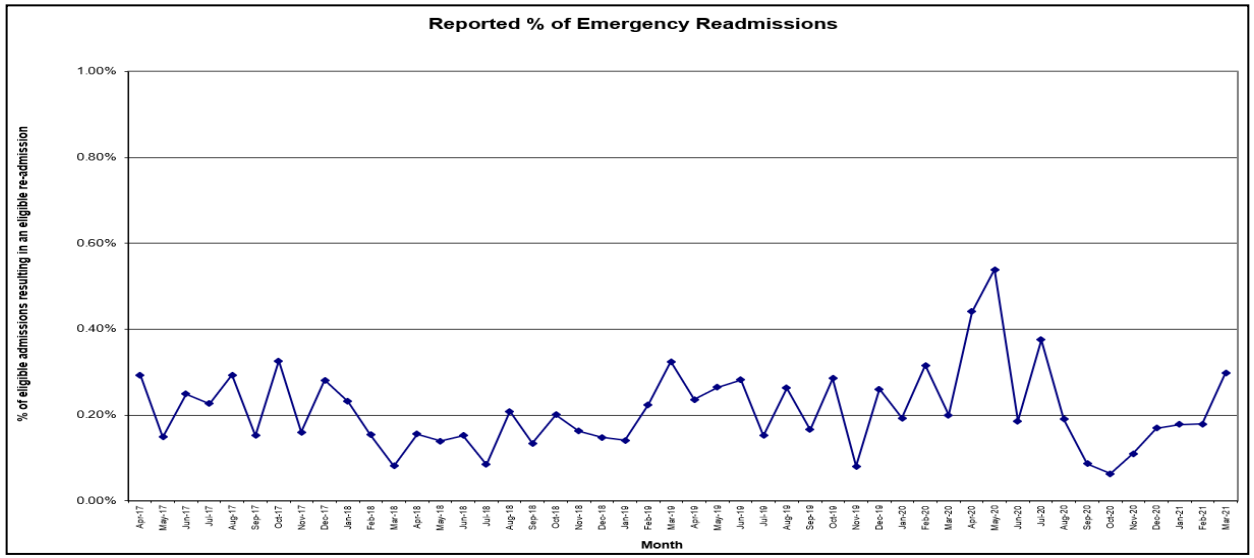
Hospital VTE Screening (April 2021) and Readmission Performance (March 2021)



Data Owner: Joanna Waller, Acting Deputy Chief Nurse

VTE Data: April 2021:

VTE passed: 96.2%.
Continued work in progress to streamline electronic VTERA on ICCA with potential workaround identified. Planning to remove VTE assessments from prescription charts in Q2 2021 to encourage electronic reporting.



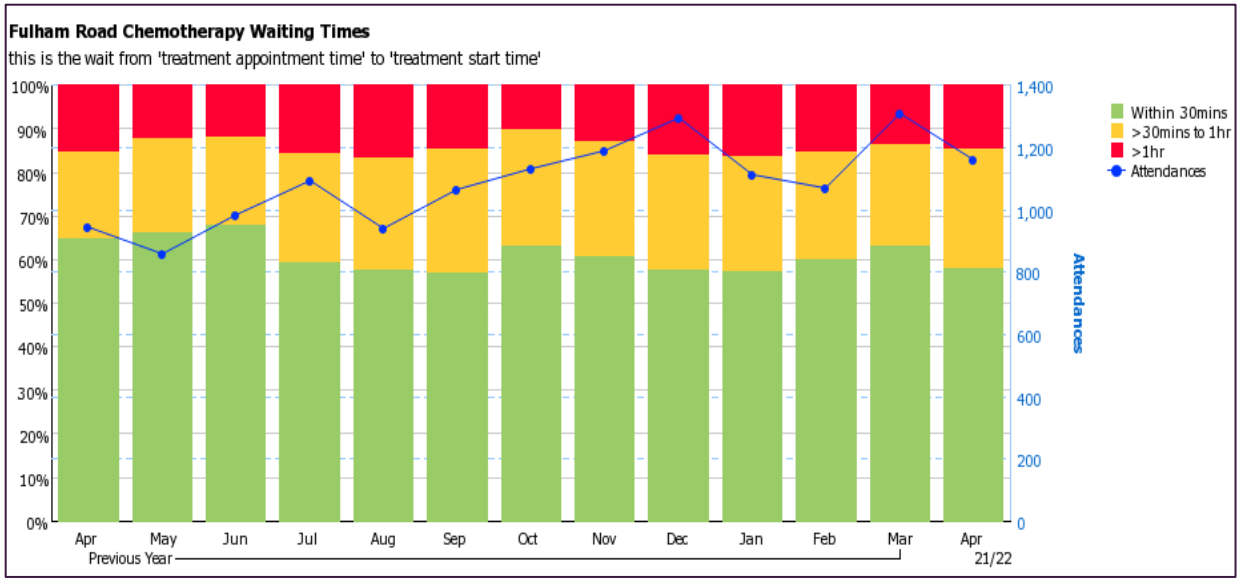
Data Owner: Joanna Waller, Acting Deputy Chief Nurse

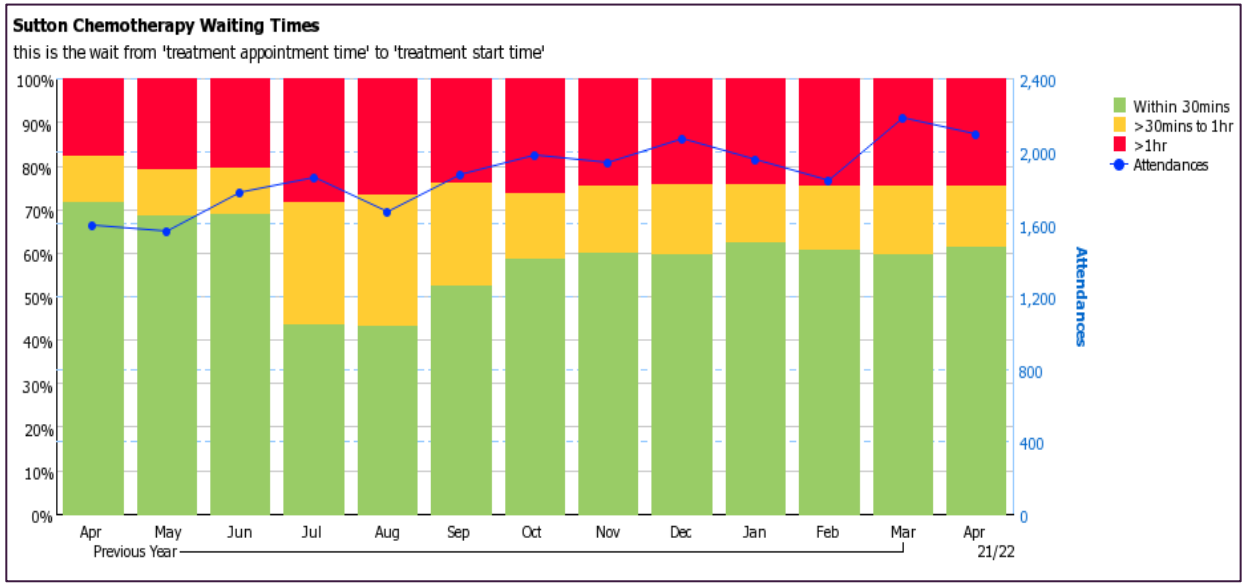
Readmissions Data: March 2021

There were 16 readmissions in March; six of which related to symptom control, three surgical complications, one surgery, one investigation and five 'other'. Review of all these readmissions showed none were COVID-19 related.

NB: readmission performance data is reported two months retrospectively. This enables data validation for non elective patients admitted at the end of the month.

Chemotherapy Waiting Times & Prescribing





Data Owner: Jatinder Harchowal, Chief Pharmacist; Eleanor Bateman, Divisional Director; Cat Liebenberg, Transformation Programme Manager.

The chemotherapy waiting time is dependent on the SACT pathway, which is complex and has many dependencies.

As part of the Day Care Improvement programme a range of projects have been agreed to support the delivery of an improvement plan, specifically focussing on the Children's and Haematology day units.

Haematology: A number of initiatives have been employed and the focus is now on ensuring compliance with new processes and supporting the unit to improve its performance. These include: two stop, pre-prescribing, confirming treatment in a timely manner, adhering to zoning in day care and new admin processes. There was a ~10% improvement in performance in BFAC in April compared to the March position.

Children's and TYA: The implementation of the E-scheduling system in the Children's and TYA day unit has been delayed owing to a need to review the JD and banding of the admin staff in the unit. This is expected to be approved and in place along with e-scheduling in Q1 21/22. The work programme has recently been agreed which also include structuring the medical review model to align with the new e-scheduling template to improve patient flow in the department.

Realisation of the overall improvement plan across the Trust day units is expected to deliver improvement against the on the day waits target for chemotherapy.

Patient Experience

Service

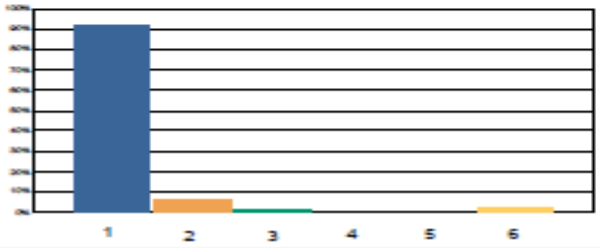
Cancer Services

Star Rating

Positive 97.17%

Negative 0.00%

Overall Scores



Response Option	Responses	Percentage
1 - Very good	97	91.51%
2 - Good	6	5.66%
3 - Neither good nor poor	1	0.94%
4 - Poor	0	0.00%
5 - Very poor	0	0.00%
6 - Don't know	2	1.89%

Service

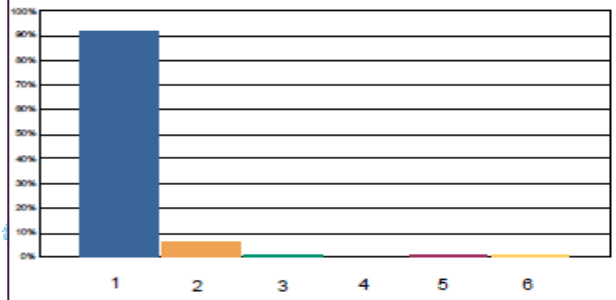
Clinical Services

Star Rating

Positive 97.60%

Negative 0.60%

Overall Scores



Response Option	Responses	Percentage
1 - Very good	305	91.32%
2 - Good	21	6.29%
3 - Neither good nor poor	2	0.60%
4 - Poor	0	0.00%
5 - Very poor	2	0.60%
6 - Don't know	4	1.20%

April 2021 Patient Experience Feedback Summary

The numbers of responses has decreased since April due to the COVID-19 pandemic.

The external data submission for the Friends and Family Test has now been reinstated after being paused from February 2020 to November 2020 in response to the COVID-19 pandemic. However, national response data will be published quarterly rather than monthly until further notice. This national data has still not yet been published.

Patient Experience

The patient comments below are captured via our paper FFT comments cards in February 2021. Information is fed back directly to ward teams. Ward Sisters ,Matrons and clinical leads review the data as it arrives and action appropriately. The information is also reviewed at the CBU Performance Review meetings and the monthly Divisional Quality, Safety and Risk meetings.

Examples of positive comments this period

I transferred to the Royal Marsden 6.5 years ago from my local hospital. It was the best decision I have made. All of the staff are absolutely amazing. They are professional, caring and compassionate. Thank you very much.
Chelsea Medical day unit

As a patient, I was obviously nervous and apprehensive, especially at the present pandemic. The appointment was punctual. Then I was made very reassured and very quickly settled down ready for the test to be carried. The staff has constantly gone the extra mile. Thank you.
PET-CT

I was very sick after my operation. The staff were totally amazing. They all took really good care of me. They all work extremely hard.
Wilson Ward Chelsea

From the time of arrival I had been looked after, there was no sitting around waiting to be seen. I was treated like someone who was expected. The nurses kept me informed of what was going on and updated me when there was a delay. My stay was extremely comfortable.
Sutton Oak Ward

Fantastic. No improvement necessary.
Smithers Ward

Comments where care can be improved this period

Everything was explained in detail and I was encouraged to push myself during the physical part of the test. The COVID test that I took a few days ago was a total disaster as the nurse did not ask me for my name or date of birth and confused me with another patient.
***Action:** Comments fed back to APU discussing importance of following Trust test protocols.*
Chelsea Admission and Pre-asessment Unit Chelsea

The nurses and all staff are always friendly. Something that could be improved is letting the patient knows roughly when they are going to be seen. Once I came for chemo and was sat for an hour and no one told me why there had been a delay.
***Action:** Comments fed back to MDU; clinical staff to regularly update patients re reason for any delays in a timely fashion.*
Chelsea Medical Day Unit

Reassuring staff, not rushed. Able to answer questions. Only improvement would be to be warned/alerted prior to appointment that you might be examined.
***Action:** outpatient paperwork being reviewed to check all relevant appointment information is outlined in the letter.*
Chelsea Outpatients

Generally, absolutely excellent. Only gripe is that I had 2 Cyberknife appointments followed by RT. The Cyberknife appointments were brought forward but the TR's not changed which meant long waits. For the first, the RT managed to fit me in early but not the second. If one appt is changed surely the second should be too.
***Action:** where possible patient appointments are aligned but if unable to happen then patient to be informed.*
Chelsea Radiotherapy

Everyone extremely kind and professional. Appointments on time. I would like to know more about the treatment process and how the procedure is monitored. How critical to keep motionless (as the patient?).
How focused is the radiotherapy? Is the machine pre-programmed based on the scan? Is the procedure monitored via X-ray/camera?
***Action:** all patients are educated prior to radiotherapy – both at point of consent and prior to treatment. This comment has been fed back to the unit re clarity of information*
Chelsea Radiotherapy

Our Patient Experience Friends & Family Test (FFT)

National Friends & Family Test Data (data as of April 2020) Due to COVID-19, national uploads were on hold until December 2020. This was reinstated in December 2020 and national data will be now published on a quarterly basis.

Inpatient data was collected for 156 Acute NHS trusts and independent sector providers. Nationally, the overall average percentage for those who would recommend the service to friends and family was 95% in March 2021. **The trust is above this with a score of 100 %.**

Outpatient data was collected for 226 Acute NHS trusts and independent sector providers. Nationally the overall average percentage for those who would recommend outpatients to friends and family was 93% in March 2021, **The trust is above with a score of 96 %**

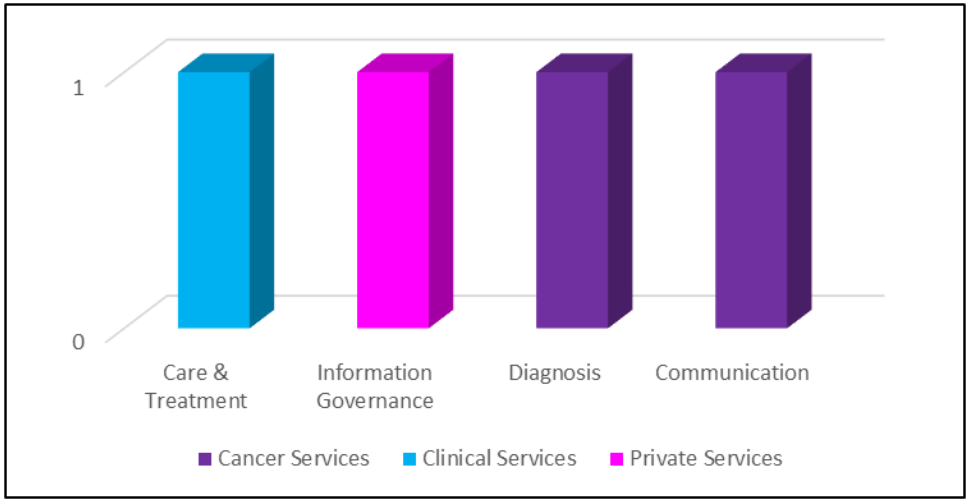
INPATIENTS FFT	Q1 20/21	Q2 20/21	Q3 20/21	Jan 21	Feb 21	Mar 21	Apr 21
The Royal Marsden inpatients who would recommend	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	100%	99%	100%	National data not yet published
National average	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	95%	95%	95%	National data not yet published
Response number	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	47	111	155	National data not yet published

OUTPATIENTS FFT	Q1 20/21	Q2 20/21	Q3 20/21	Jan 21	Feb 21	Mar 21	Apr 21
The Royal Marsden outpatients who would recommend	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	98%	98%	96%	National data not yet published
National average	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	93%	91%	93%	National data not yet published
Response number	National upload suspended due to COVID-19	National upload suspended due to COVID-19	National upload suspended due to COVID-19	116	251	267	National data not yet published

Patient Feedback - Complaints

Complaints Summary: Four new complaints were opened in April 2021. Two complaints were for Cancer Services, one complaint was for Clinical Services and one complaint was for Private Services. One complaint was reopened and in total, nine complaints remain open at the beginning of May 2021. No themes were identified.

Received Complaints – Grouped by Subjects



Subject narrative :

For the 4 complaints received in April the subjects were:

- Care & Treatment (1)
- Information Governance (1)
- Diagnosis (1)
- Communication (1)

Closed Complaints

Complaints 20/21	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April
Cases closed	2	5	6	5	5	9	4	8	7	9	11	9
PHSO - Upheld/ Partially Upheld	0	0	0	0	0	0	1	1	0	0	0	0
PHSO - Not upheld	0	0	0	0	0	0	0	1	0	0	0	0

Safer Staffing: Nurse Recruitment

Nurse Recruitment

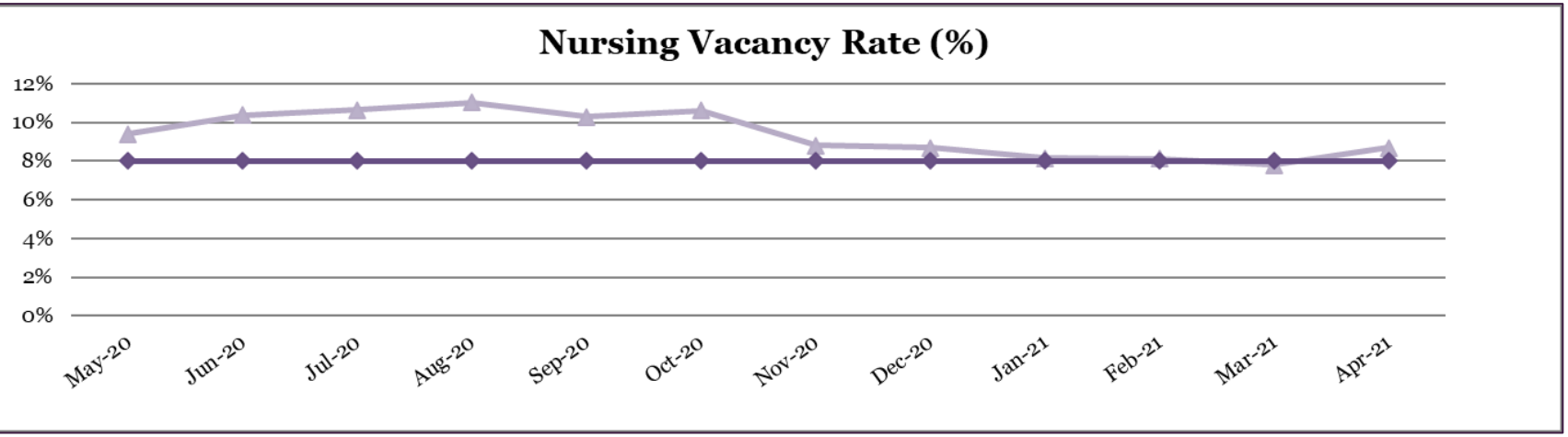
Nurse recruitment and retention remains a Trust priority and the nursing recruitment and retention group continues to meet to ensure a sustained focus on our objectives. The Trust nurse vacancy rate increased to 8.7%, slightly above the Trust target of 8.0%. There are 70 WTE nurses (19 newly qualified nurses) in the recruitment pipeline of which 21 WTE have an agreed start date. There are 16 Nurses in our international recruitment pipeline; and we are expecting another three international nurses in May.

April 2021 Nurse Recruitment Activity:

1. Continue to undertake a range of recruitment activities, rolling adverts for hotspot areas and targeted newly qualified events. An online assessment tool (SNAP) has been successfully used at the nurse recruitment days and will be rolled out for all nursing posts ensuring a more structured approached to candidate selection; and a more streamlined process for recruiting managers.

2. International recruitment interviews continue, and a new campaign is planned in Hong Kong and Singapore to increase our international scope. International Nurse Onboarding feedback form to be developed to collect real time information, insights and input on our international recruitment and onboarding offering at the Trust. The feedback would be used to further enhance our international recruitment programme.

3. A registered nurse recruitment day will be held on the 15th June and we also planning another date in July.



Nursing Joiners - Band 5-6													
Month	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**Total**
Starters (fte)	13.0	4.0	12.3	11.0	22.0	13.6	4.0	9.0	9.0	6.0	10.1	8.0	122.0

Safer Staffing: Nurse Turnover & Retention

Turnover & Retention

The Trust Nursing voluntary turnover rate has increased by 0.9% to 12.1 % in month; this is slightly above the Trust target of 12.0%. The voluntary turnover rates for both band 5 and band 6 nurses have both increased to 19.7% and 9.4% respectively. There were 8.0 WTE band 5 & 6 voluntary nurse leavers in April, reasons for leaving are given in the table below. Retention remains a key focus with staff health and wellbeing being a top priority and actions plans being developed after feedback from the staff survey.

Nurse 'Leavers' cumulative position

Nursing Voluntary Leavers - Band 5-6													
Month	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**Total**
Leavers (fte)	5.6	2.0	5.6	8.3	5.0	10.3	8.0	3.0	3.7	8.8	1.8	8.0	70.1

Reasons for leaving

Voluntary Nurse leavers Bands 5&6	FTE
Relocation	2.0
Other Not Known	2.0
Promotion	2.0
Further Education or Training	2.0
Total	**8.0**

Safe Staffing (Adult Inpatients):April 2021

Ward name	RN Fill Rate %	NA Fill Rate %	HCA Fill Rate %	CHPPD	Red Flags
Burdett Coutts	84.0%		84.0%	10.3	
Critical Care Unit	93.0%		92.0%	30.2	
Ellis Ward	90.0%		115.0%	9.3	
Granard House 1	97.0%	118%	136.0%	12.3	1
Granard House 2	99.0%	131.0%	133.0%	12.5	
Granard House 3	97.0%	100.0%	165.0%	16.7	
Horder Ward	97.0%	102.0%	106.0%	12.6	1
Markus Ward	96.0%		101.0%	11.1	
Wilson Ward	96.0%		162.0%	8.8	2
Wiltshaw Ward	86.0%		84.0%	19.2	2
Bud Flanagan East Ward	90.0%		96.0%	11.8	
Bud Flanagan West Ward	95.0%		153.0%	9.8	
McElwain Ward	93.0%		67.0%	12.1	
Kennaway Ward	99.0%		52.0%	12.0	
Oak Ward	96.0%	80.0%		20.8	
Robert Tiffany Ward	98.0%		253.0%	13.6	
Smithers Ward	121.0%	105.0%	157.0%	11.1	1
Teenage and Young Adult Unit	98.0%		118.0%	11.4	

Data Owner: Sharyn Crossen, Lead Nurse Safer Staffing

Comments

Even though patient numbers on some wards has been low the acuity across both sites remains high, with increasing numbers of unwell patient.

Fill % variances for April across a number of units was lower due to reduced patients numbers and as a consequence shifts left unfilled/staff redeployed to support other units.

The higher fill % rate for HCA's were due to a high number of patients requiring specialling (1 to 1 nursing care).

CHPPD was slightly high on some units and reflects the high use of specials on the ward.

Red Flags: The key themes this month were missing key skills and/or missed breaks. These occurred either through shifts not being covered, increased patient acuity/ requirements that did not reflect staffing on the ward.

RAG rating
Green ≥95%
Amber ≥ 85% <95%
Red -<85%

Safe Staffing (Ambulatory Care): April 2021

Ward name	Fill% RN Days	Fill % NA Days	Fill % HCA Days	Red Flags
Bud Flanagan AC	97.6%			
APU C	85.6%		89%	
APU S	85.7%			
CAU L	100.6%	82.00%	90.00%	1
CAU S	95.0%			
Childrens Day unit	100.0%		93.00%	
DSU	95.6%		106.00%	
Endoscopy	110.0%		88.00%	
MDU C	90.0%		60.00%	3
MDU Kingston	99.0%		41.00%	
MDU S (homecare)	99.5%		107.70%	1
Oak Day unit	93.0%		61.00%	
PPMDU C	87.0%		85.00%	
PPMDU S	94.0%		44%	
PPOPD C	93.0%		109%	
PPOPD S	101.7%		84.00%	
PPDSU	107.0%			
Outpatients C	106.0%	94.00%	93.00%	
Outpatients S	100.2%	38.00%	100.80%	3
RDAC C	73.1%		81%	
RDAC S	81.0%		64.00%	
Theatres C	87.0%		122.00%	
Theatres S	92.4%	94.00%	106.00%	
West Wing	96.7%		39.00%	

Data Owner: Sharyn Crossen, Lead Nurse Safer Staffing

Ambulatory care areas are being supported by Matrons and where able additional HCA's used to support.

Fill % across many units remain below trust target mainly due to vacancies not been covered. Recruitment plans are in place.

Red Flags: The key theme is one RN on shift/two clinical staff short

RAG rating
Green ≥95%
Amber ≥ 85% <95%
Red -<85%

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 10.
Title of Document: Key Performance Indicators Q4	**To be presented by:** Steven Francis, Director for Performance and Information

Executive Summary

This paper provides the Council of Governors with an update on the Trust's performance for quarter 4 2020/21. The scorecard and narrative are also submitted to the Board.

The report refers to the balanced scorecard for the Trust and provides a commentary on the red-rated indicators identified in the quarter 4 report, including actions underway to improve performance.

Recommendations

The Council of Governors is asked to note the Trust's balanced scorecard and commentary for quarter 4 2020/21 and are invited to discuss the position.

The ROYAL MARSDEN
NHS Foundation Trust

KEY PERFORMANCE INDICATORS

QUARTER 4 2020/21

1. Purpose

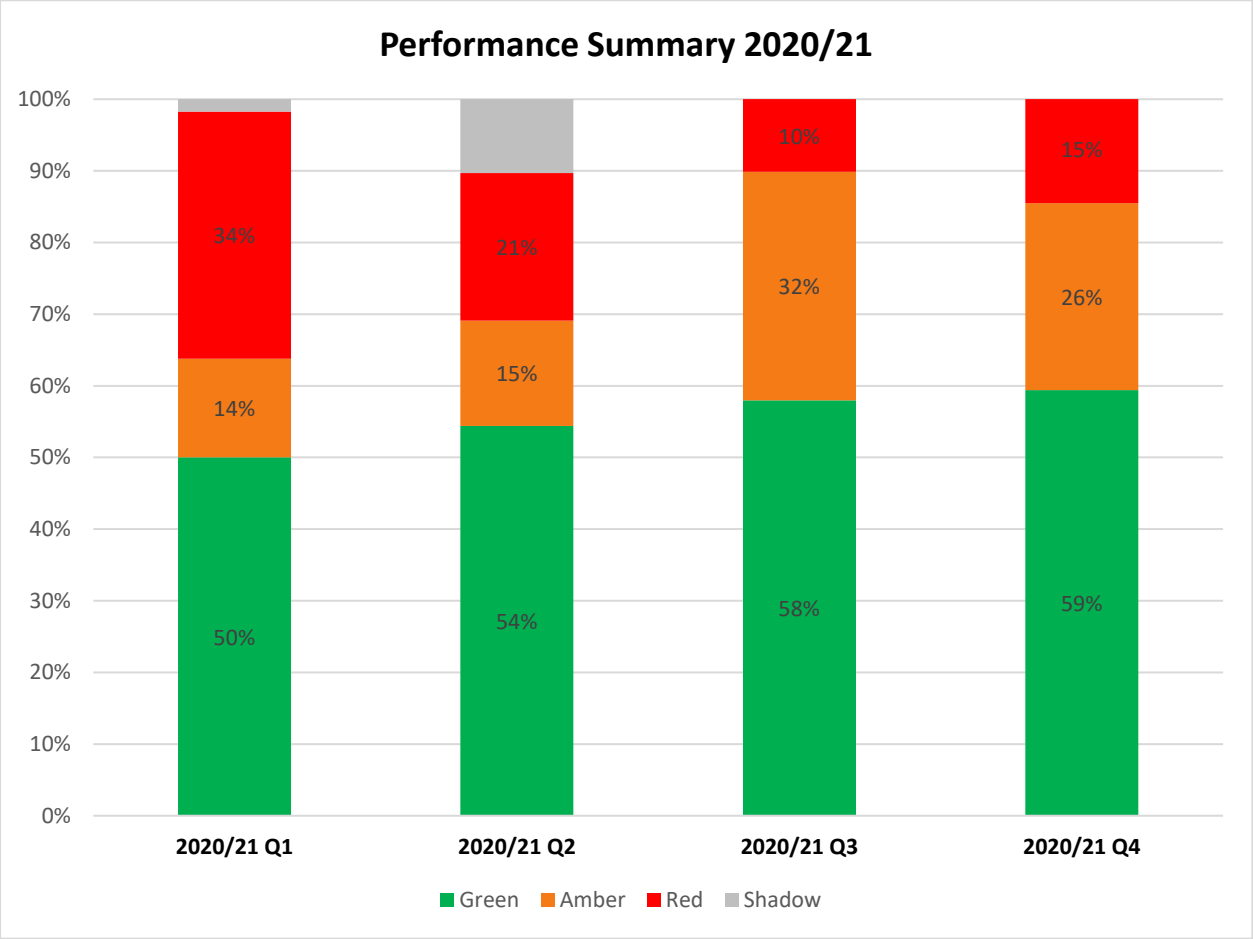
This paper provides the Council of Governors with an update on the Trust's performance for quarter 4 2020/21. The scorecard and narrative are also submitted to the Board.

This report refers to the balanced scorecard for the Trust and provides a commentary on the red-rated indicators identified in the quarter 4 report, including actions underway to improve performance.

2. Balanced scorecard changes in Q4

The Trust did not introduce any changes to the scorecard in Q4.

3. Performance Summary 2020/21



In quarter 4 2020/21, there was improvement in the RAG-rating across several indicators: Of note the following two metrics turned green in Q4:

- Non NHS/Non-PP Debtors over 90 days (% of total non NHS/non PP-debtors) turned green in Q4 for the first time since Q1 2020/21.
- Bed occupancy:
    - Bed occupancy – Chelsea turned green in Q4 for the first time since it was first introduced in Q4 2018/19
    - Bed occupancy - Critical care Chelsea turned green in Q4 for the first time since it was first introduced in Q1 2020/21

Additionally, two red indicators from quarter 3 turned amber in quarter 4:

- Bed occupancy – Sutton
- Theatre utilisation – Chelsea

The following four indicators turned red in quarter 4 either from amber or green in the previous quarter:

- Flu uptake, although it should be noted performance was significantly higher than the previous year
- Total number of E. Coli Bacterium
- 31 day wait for subsequent treatment: Surgery
- 62 day target from urgent suspected cancer referral to treatment: GP referral to treatment (Reallocated)

The following section of the report provides a commentary on the red-rated indicators identified in Q4 reporting, including actions underway to improve performance. It also provides a commentary on positive COVID-19 tests and reportable outbreaks within the quarter, which whilst amber-rated are important to highlight.

4.1 Patient Safety, Quality and Experience

Q4 2020/21	**Flu uptake**		
	Actual: 84%	**Target: 90% by end of February**	**Forecast: N/A**

The Trust's performance in Q4 20/21 was 84% of frontline staff vaccinated. This was a significant improvement on the same quarter the previous year where 73% of frontline staff members received the vaccine. All staff (100%) have been offered the flu vaccination. Overall, the Trust reported a very low number of flu cases, with only one confirmed positive case in October 2020. The focus during Q4 shifted towards COVID-19 vaccination (with 85% of staff vaccinated with first dose by the end of Q4).

Q4 2020/21	**COVID-19 positive tests – Patient admissions (hospital onset, definite and probable) - (amber rated)**		
	Actual: 17	**Target: 0**	**Forecast: Amber**
	PHE reportable outbreaks (amber rated)		
	Actual: 10	**Target:0**	**Forecast: Amber**

The number of hospital onset positive COVID-19 tests in Q4 was driven by the higher number of patient positive tests in January 2021. This was consistent with the second wave of the pandemic that also impacted the end of Q3 with the highest positive numbers in November and December 2020. The Trust reported 17 'hospital on-set-definite and probable' patient positives (defined as first positive specimen day eight or more days after admission to trust), compared to 15 in Q3. Please see table 1 for the split between definite and probable positive tests showing a significant reduction in positive tests in February and March.

Table 1: Split of definite and probable patient positive tests

Hospital onset patient positive	Jan-21	Feb-21	Mar-21
Definite (15+ days after admission)	5	0	0
Probable (8-14 days after admission)	9	3	0

Data provided by South West London (SWL) indicates that the RM benchmarked well against other local Trusts in Q4, reporting the lowest number of hospital onset patient positives per 100,000 beddays in SWL acute Trusts.

There were ten outbreaks reported to Public Health England (PHE) in Q4, which was consistent with Q3. An outbreak is defined as two or more test-confirmed cases of COVID-19 where there is direct exposure between at least two cases in the setting and an absence of an alternative source of infection. The outbreaks were split equally between Sutton and Chelsea and none led to a service closure or disruption. A full Root Cause Analysis (RCA) was undertaken for all outbreaks and learning implemented. No outbreaks were reported in March 2021.

In total, the Trust reported 144 staff new positives tests across Q4. The highest number of new positive tests was in January 2021 with 120 staff members testing positive. In March 2021, the Trust reported one new positive test.

A comprehensive programme to reduce the risk of transmission has been used at the hospital including:

- A staff and patient COVID-19 vaccination programme, commenced at the end of December 2020 for staff and in January 2021 for patients. As of 7th April, 85% of staff have received the first dose of the vaccine. This includes RM employees, volunteers and contractors working on RM premises.
- Symptomatic testing for staff and patients
- Asymptomatic testing for patient facing staff, including PCR and LFT tests
- Asymptomatic testing for patients in place for surgery, elective medical inpatients and radiotherapy and SACT patients.
- Internal track and trace for all staff and patient positive results seven days a week
- Implementation of separate Blue and Green pathways for urgent and planned care within the hospital during Q2. Blue (COVID-19 risk managed) and Green (COVID-19 protected) pathways include separation of physical areas and staff within the Trust as much as possible.
- PPE for all staff including non-patient facing staff, with FFP3 FIT testing and audits.
- Enhanced cleaning, with audits
- Screening of patients before entering the hospital and separation of staff and patient entrances.
- Roll out of virtual clinics for patients and increased remote working for staff to reduce footfall at the hospital.
- A monthly IPC Dashboard to provide COVID-19 assurance is taken to the Trust's Tactical Command Meeting and Board, which includes PPE compliance and other key trigger metrics.

Q4 2020/21	Total number of E. Coli Bacterium		
	Actual: 70	**Target: ≤65 per annum**	**Forecast: Green**

The total number of E. Coli Bacterium was 70 for the year, against a target of 65.

Over the year, numbers were within expected tolerance except for a spike in September 2020 where 11 cases were reported (all investigated and no specific theme was identified). The Trust reported 16 cases in Q4, which was the lowest number of cases for a quarter in 2020/21.However, the indicator turned red due to the cumulative number of cases in the year.

Of the 70 cases, attributable cases remained low at 31 (occurring more than 48 hours after admission). The remaining 39 were community onset. Specific work around E. Coli prevention, including improving hydration, was paused due to the pandemic and will be reinstated in Q1.

4.2 Effective Care: National Waiting times

Q4 2020/21	31 day wait for subsequent treatment: Surgery		
	Actual: 90.5%	**Target: ≥94%**	**Forecast: Red**

The Trust did not meet the 31 day target for subsequent surgery in Q4. January and February saw lower levels of activity where low-clinical priority cases were delayed during the peak of the COVID-19 second wave. This then led to increased demand in March when the surgical capacity opened up, in line with national guidance, for the lower-clinical priority cases causing performance to drop as the backlog was cleared. The Q1 position is also expected to be below the target due to treating patients who were delayed in Q3/4 in line with national guidance.

Q4 2020/21	62 day target from urgent suspected cancer referral to treatment: GP referral to treatment (Reallocated)		
	Actual: 82.9%	**Target: ≥85%**	**Forecast: Amber**

The Trust did not meet the 62 day standard for first definitive treatment in Q4, with performance at 82.9% against a target of 85%. Whilst the Trust met the standard in January (85.7%) and March (85.1%), the Trust fell below the standard in February (76.9%). 62 day activity was low in February, following a low level of referrals in December and January. Review of February breaches indicates that 77% were unavoidable, resulting from patient-initiated delay, patient fitness, unavoidable Covid-19 related delays and complex pathways. The Trust did not meet the standard primarily as a result of the impact of unavoidable breaches against a low denominator in February.

Q4 2020/21	62 day target from cancer screening referral to treatment: Reallocated		
	Actual: 89.6	**Target: ≥90%**	**Forecast: Green**

The Trust did not meet the 62 day screening standard in Q4, with performance at 89.6% against a target of 90%. Screening activity was very low during Q4 as a result of the temporary pause to routine screening services during the peak of the pandemic. The Trust underperformed against the target as a result of just 3.5 breaches across the quarter.

4.3 Effective Care: Finance, Productivity and Efficiency

Q4 2020/21	PP activity Income Variance YTD (£000)		
	Actual: -2,869	Target: B/even or >plan	Forecast: Amber

Private Care year-to-date income has dropped below original budget expectations due to the impact of the second wave of the pandemic. The original budget assumed no second wave whereas we experienced a reduction of international patient activity due to the number of cases in London and across the UK.

Q4 2020/21	PP Aged debt at >6months		
	Actual: 35%	Target: ≤23%	Forecast: Red

PP aged debt has continued to decrease from Q3 when 40.2% was over 6 months old but remains above the original aged debt targets. The ageing is due to current debt values being lower than historic averages (in line with reduced Private Care income) and some payments being weighted towards recent debt. The Trust is continuing to work with the embassies on the profile of their payments and focusing more on clearing the older debt.

4.4 Effective Care: Productivity & Asset Utilisation

Q4 2020/21	Theatre utilisation - Sutton		
	Actual: 49.5%	Target: ≥82% ≤87%	Forecast: Amber

In quarter 4, the Trust recorded a decline in Theatre utilisation in Sutton to 49.5% from 58.1% in Q3. Performance against the Theatres utilisation KPI in Sutton continues to be below the target, primarily driven by January and February when theatre utilisation dropped to 35.4% and 44.1% respectively. During that time, the low-clinical priority cases were delayed due to the peak of the COVID-19 second wave causing lower levels of activity.

Additionally, as part of the hub set up and the allocation of lists to other Trusts, there was under-utilisation of lists by external partners. In March, when the theatre timetable returned to RMH use the utilisation improved significantly to 68.4%. The Clinical Services Team is monitoring utilisation at weekly recovery meetings and working with the Cancer Services team to continue with this progress.

4.5 Effective Care: Clinical and Research Strategy

Q4 2020/21	Total NHS referrals		
	Actual: 5503	Target: ≥5992 ≤6164	Forecast: Amber

The number of referrals the Trust received during Q4 decreased compared to Q3. The Trust saw a decrease in referrals at end of Q3 as the nation went into the second wave of COVID-19. The further drop in referrals continued until February. As the second wave restrictions started to ease in March, the Trust recorded increases for both GP and tertiary referrals to pre-covid levels.

Referral data is reviewed weekly to inform future planning and discussions continue with the Commissioners to understand and anticipate any future changes. Recovery groups are working to prepare for any potential impact of the reduced number of referrals.

Q4 2020/21	Total PP referrals		
	Actual: 1389	Target: ≥1526≤1618	Forecast: Amber

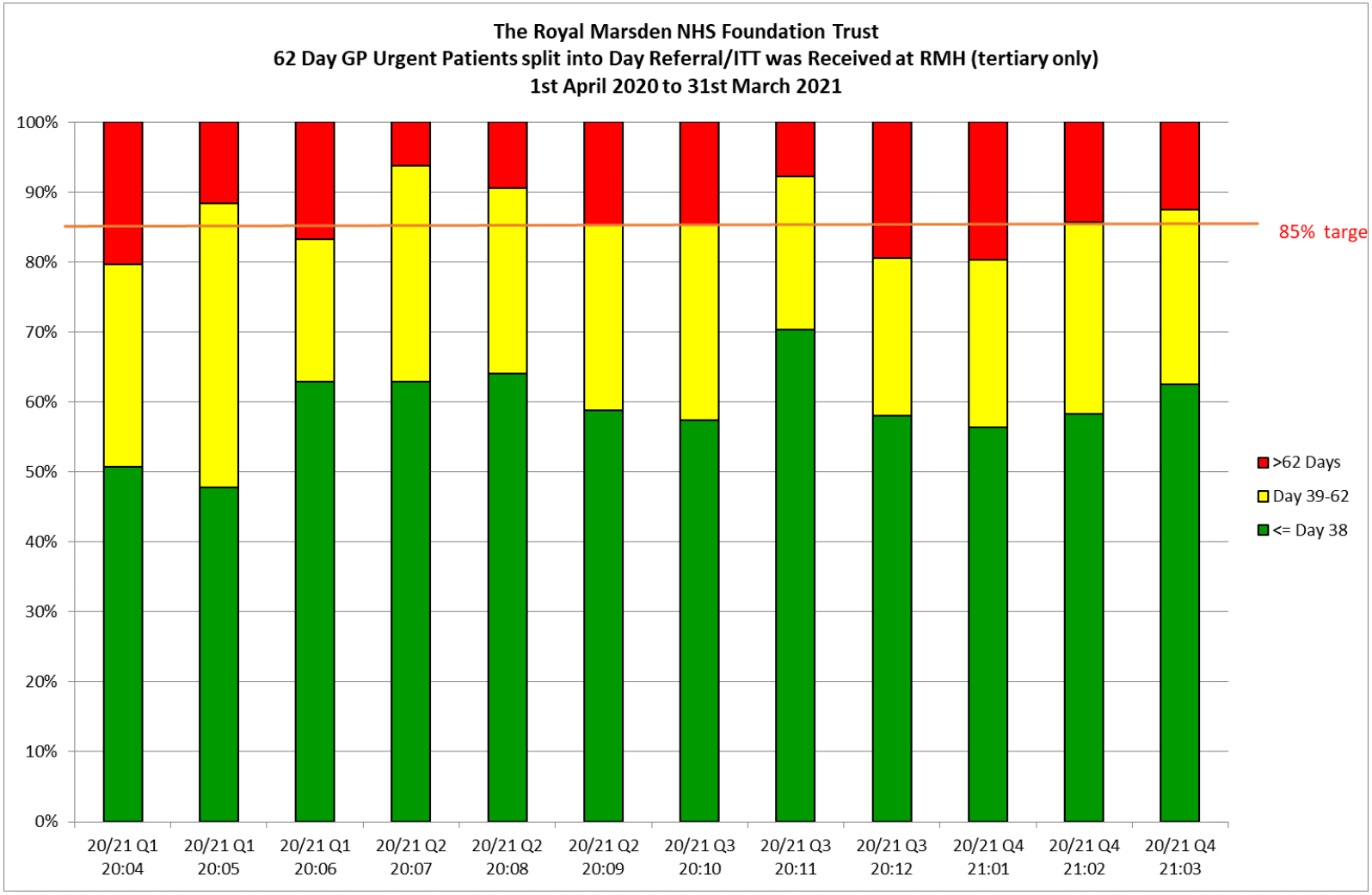
In Q4, the number of referrals declined compared to the previous quarter. The significant drop in referrals was due to the impact of the lockdown and restriction of travel for international patients. In March, the Trust saw an increase in referrals. Referral activity is monitored and reported in Private Care weekly Operational meeting and monthly performance review meetings.

5.0 Conclusion

The Council of Governors are asked to note the Trust's balanced scorecard and commentary for quarter 4 2020/21 and are invited to discuss the position.

APPENDIX B

62 Day GP Urgent Referrals by Category



APPENDIX C

62 Day Wait for First Treatment (GP Urgent). Performance by Tumour Type

Please note that the RAG ratings below are designed to be used at Trust level rather than tumour level and are only shown below as a guide. Open Exeter (pre-allocation) is no longer monitored nationally. The position is submitted via the National Cancer Waiting Times database.

Tumour site	Number of Reallocated Patients
	% Compliance
Brain/CNS	**100.00%**
Breast	**97.04%**
Gynaecological	**73.81%**
Haematological (excl. Acute Leukaemia)	**65.00%**
Head & Neck	**54.55%**
Lower GI	**61.29%**
Lung	**88.37%**
Sarcoma	**53.57%**
Skin	
Upper GI	**78.38%**
Urological	**93.94%**
Unknown Primary / Other diagnosis	**94.12%**

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 20/21

Denotes different targets applied for 2019/20 performance
NHSi *Denotes NHS Improvement standard*

1. Safe Care

Patient Safety and Quality		Target in 2020/21	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr- Jun 20/21)	Q4 (Jan-Mar 19/20)	Q3 (Oct-Dec 19/20)	Q2 (Jul-Sep 19/20)	Q1 (Apr - Jun 19/20)
Covid-19 testing/IPC metrics	**Positive tests – patient admissions (hospital onset, definite and probable)**	0	**17**	**15**	**0**	**6**	**New measure for 2020/21**			
	Reportable outbreaks	0	**10**	**10**	**1**	**New measure for 2020/21 Q2 onwards**				
	PPE audit results monthly (from Q2)	≥95%	**97.7%**	**96.0%**	**94.4%**	**New measure for 2020/21 Q2 onwards**				
	Hand hygiene audit results (from Q2)	≥95%	**97.7%**	**98.0%**	**98.0%**	**New measure for 2020/21 Q2 onwards**				
	Flu uptake (Q3 and Q4)	85% (Q3); ≥90% (Q4)	**84.0%**	**83.0%**	**New measure for 2020/21 Q3 onwards**					
Quality Account indicators	**MRSA positive cultures (cumulative)**	0	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**
	Total number of E. Coli Bacterium (cumulative YTD)	≤65 per annum	**70**	**54**	**37**	**17**	**72**	**56**	**33**	**11**
	C Diff - Number of Reportable Cases (COHA/HOHA) (cumulative YTD)	≤67 per annum	**52**	**39**	**31**	**16**	**58**	**46**	**32**	**16**
	VTE risk assessment	≥95%	**95.6%**	**95.5%**	**95.4%**	**96.0%**	**97.7%**	**96.9%**	**96.1%**	**96.5%**
Serious incidents (Including Level 4 Pressure Ulcers) (cumulative YTD)		≤7 /year	**7**	**5**	**4**	**1**	**7**	**4**	**3**	**2**
Mortality										
Hospital Standardised Mortality Ratio *(rolling 12 month - qtr in arrears - NHS & Private patients)*		≤80	**79.29**	**78.06**	**88.50**	**85.97**	**93.88**	**91.73**	**85.47**	**91.49**
Mortality audit		G	**G**	**G**	**A**	**G**	**A**	**G**	**A**	**G**
30 day mortality post surgery		≤0.8%	**0.46%**	**0.40%**	**0.68%**	**1.49%**	**0.47%**	**0.72%**	**0.66%**	**0.43%**
30 day mortality post chemotherapy		≤2.2%	**1.63%**	**1.86%**	**1.76%**	**1.94%**	**2.08%**	**1.78%**	**1.85%**	**1.40%**
100 day SCT mortality (Deaths related to SCT)		≤5%	**3.85%**	**3.08%**	**0.00%**	**0.00%**	**3.45%**	**8.20%**	**4.00%**	**4.08%**
100 day SCT mortality (All deaths)		≤5%	**3.85%**	**4.62%**	**3.45%**	**0.00%**	**5.17%**	**11.48%**	**6.00%**	**4.08%**
Medicines Management										
% Medicines reconciliation on admission		≥90%	**98%**	**91%**	**95%**	**96%**	**92%**	**90%**	**99%**	**94%**
Unintended omitted critical medicines (Quarterly ratio)		0	**1.0**	**1.6**	**3.7**	**1.5**	**2.0**	**6.7**	**2.7**	**1.0**
Cancer staging										
Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears)		≥70%	**68.4%**	**71.4%**	**74.1%**	**75.7%**	**73.3%**	**70.5%**	**70.3%**	**73.6%**

2. Effective Care

National waiting times targets		Target in 2020/21	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr- Jun 20/21)	Q4 (Jan-Mar 19/20)	Q3 (Oct-Dec 19/20)	Q2 (Jul-Sep 19/20)	Q1 (Apr - Jun 19/20)
NHSi **2 wk wait from referral to date first seen:**	All Cancers	≥93%	**95.8%**	**92.2%**	**95.4%**	**96.1%**	**91.5%**	**93.1%**	**88.5%**	**82.1%**
NHSi	Symptomatic Breast Patients	≥93%	**98.9%**	**99.0%**	**98.8%**	**97.4%**	**96.8%**	**95.4%**	**94.7%**	**90.3%**
28 day Faster Diagnosis Standard (FDS)	All Cancers	Shadow reporting	**90.4%**	**85.0%**	**76.8%**	**New measure for 2020/21 Q2 onwards**				
NHSi **31 day wait from diagnosis to first treatment**	All Treatments	≥96%	**97.9%**	**98.0%**	**97.1%**	**91.0%**	**97.9%**	**97.7%**	**97.3%**	**98.1%**
NHSi **31 day wait for subsequent treatment:**	Surgery	≥94%	**90.5%**	**96.9%**	**91.6%**	**83.9%**	**96.3%**	**96.4%**	**94.5%**	**94.8%**
NHSi	Drug treatment	≥98%	**99.0%**	**99.8%**	**98.5%**	**98.9%**	**98.8%**	**99.8%**	**99.2%**	**98.7%**
NHSi	Radiotherapy	≥94%	**97.5%**	**98.5%**	**97.4%**	**96.6%**	**92.8%**	**97.2%**	**95.1%**	**96.7%**
NHSi **62 day wait for first treatment:**	**GP referral to treatment (Reallocated)**	≥85%	**82.9%**	**83.9%**	**89.8%**	**68.9%**	**83.1%**	**82.6%**	**80.6%**	**81.5%**
NHSi	**Screening referral to treatment (Reallocated)**	≥90%	**89.6%**	**96.9%**	**100.0%**	**46.9%**	**95.6%**	**95.9%**	**96.3%**	**82.3%**
NHSi **18 wks from Referral to Treatment**	**Incomplete Pathways under 18 weeks**	≥92%	**93.6%**	**96.6%**	**91.2%**	**89.7%**	**95.4%**	**95.9%**	**95.9%**	**95.9%**
NHSi **18 wks pathways - patients waiting > 52 wks. (distinct patients across the quarter)**		≤6 a quarter	**5**	**5**	**8**	**5**	**0**	**1**	**2**	**1**

Finance, Productivity & Efficiency	Target in 2020/21	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr- Jun 20/21)	Q4 (Jan-Mar 19/20)	Q3 (Oct-Dec 19/20)	Q2 (Jul-Sep 19/20)	Q1 (Apr - Jun 19/20)
Cash (£m)	On or > plan	**150.1**	**142.6**	**148.5**	**149.0**	**121.5**	**113.7**	**124.6**	**79.3**
Delivery against recovery plan	On or >deficit plan of £17m FY	**19.6**	**2.2**	**0.0**	**0.0**	**New measure for Q1 20/21 onwards**			
PP activity Income Variance YTD (£000)	B/even or > plan	**-2,869**	**-102**	**1,339**	**12,890**	**3,059**	**4,197**	**4,312**	**2,975**
PP Aged debt at >6months	≤23%	**35%**	**40%**	**49%**	**34%**	***17%***	***15%***	***21%***	***21%***
Non NHS/Non-PP Debtors over 90 days (% of total non NHS/non PP-debtors)	≤25%	**7%**	**30%**	**46%**	**42%**	**New measure for Q1 20/21 onwards**			
Capital Expenditure Variance YTD (%)	85% - 115% of Plan	**67%**	**64%**	**58%**	**55%**	**-11,724**	**-20,114**	**-10,656**	**-4,707**

Contract performance (QUARTER IN ARREARS)		Target in 2020/21	Q3 (Apr - Jun 20/21)	Q2 (Apr - Jun 20/21)	Q1 (Apr - Jun 20/21)	Q4 (Jan - Mar 19/20)	Q3 (Oct-Dec 19/20)	Q2 (Jul-Sep 19/20)	Q1 (Apr-Jun 19/20)	Q4 (Jan-Mar 18/19)
Contractual Sanctions incurred (£000)	Trust	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Productivity & Asset Utilisation	Target in 2020/21	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr - Jun 20/21)	Q4 (Jan-Mar 19/20)	Q3 (Oct-Dec 19/20)	Q2 (Jul-Sep 19/20)	Q1 (Apr - Jun 19/20)
Bed occupancy - Chelsea	≥82% ≤87%	**84.3%**	**79.0%**	**76.2%**	**72.8%**	***80.8%***	***81.7%***	***83.5%***	***79.9%***
Bed occupancy - Sutton	≥82% ≤87%	**78.4%**	**76.6%**	**76.7%**	**76.8%**	***82.3%***	***82.7%***	***84.3%***	***81.0%***
Bed occupancy - Critical care Chelsea	≥67% ≤75%	**72.6%**	**62.8%**	**60.3%**	**61.0%**	**New measure for Q1 20/21 onwards**			
Bed occupancy - Blue beds	≥82% ≤87%	**86.8%**	**83.6%**	**84.6%**	**New measure for 2020/21 Q2 onwards**				
Care Hours per Patient Day Total Ratio	≥11.7	**12.3**	**13.1**	**13.0**	**14.0**	**12.3**	**12.4**	**12.3**	**12.3**
Theatre utilisation - Chelsea	≥85%	**76.7%**	**72.4%**	**72.9%**	**58.5%**	***77.5%***	***80.4%***	***82.3%***	***80.7%***
Theatre utilisation - Sutton	≥70%	**49.5%**	**58.1%**	**46.4%**	**42.9%**	***62.1%***	***58.8%***	***55.1%***	***55.7%***
Recovery activity: Phase 3 response – Outpatient attendances (F2F and virtual) - % of pre-COVID mean	≥ 111% Sept; ≥107% Q3; ≥102% Q4	**117.0%**	**115.9%**	**119.6%**	**New measure for 2020/21 Q2 onwards**				
% of outpatient appointments virtual (Q3)	≥ 35% Q3; 40% Q4	**48.1%**	**40.9%**	**New measure for 2020/21 Q3 onwards**					
Diagnostics (MRI/CT and endoscopy) - % of pre-COVID mean	≥ 103% Sept; ≥103% Q3; ≥101%Q4	**103.8%**	**104.5%**	**108.4%**	**New measure for 2020/21 Q2 onwards**				
Elective admissions (daycase and overnight admissions) - % of pre-COVID mean	≥ 100% Sept; ≥101% Q3; ≥100%Q4	**95.6%**	**94.2%**	**93.4%**	**New measure for 2020/21 Q2 onwards**				
SACT attendances - % of pre-COVID mean	≥ 100% Q3; ≥ 100% Q4	**91.5%**	**92.2%**	**92.0%**	**New measure for 2020/21 Q2 onwards**				
Radiotherapy courses - % of pre-COVID mean	≥ 100% Q3; ≥ 100% Q4	**90.2%**	**99.7%**	**97.4%**	**New measure for 2020/21 Q2 onwards**				
MDU Patients per Chair	≥1.3	**1.39**	**1.36**	**1.27**	**1.14**	***1.48***	***1.47***	***1.44***	***1.48***

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 20/21

Denotes different targets applied for 2019/20 performance
NHSi *Denotes NHS Improvement standard*

Clinical and Research Strategy		**Target in 2020/21**	**Q4** (Jan-Mar 20/21)	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr - Jun 20/21)	**Q4** (Jan-Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr - Jun 19/20)
Total NHS Referrals		≥5992 ≤6164	5503	5598	4962	3711	*5859*	*6034*	*6059*	*6012*
Total PP Referrals		≥1526≤1618	1389	1651	1474	925	*1503*	*1577*	*1542*	*1480*
Research (1 QUARTER IN ARREARS)		**Target in 2020/21**	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr - Jun 20/21)	**Q4** (Jan - Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr-Jun 19/20)	**Q4** (Jan-Mar 18/19)
Date site selected to first participant recruited	Mean number of days between date site selected and date of first participant recruited	≤90 days	Suspend	Suspend	Suspend	Suspend	87.8	95.8	96.1	89.7
Accrual to target (1Q arrears) - National definition	% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target)	≥85%	Suspend	Suspend	Suspend	Suspend	72.5%	72.1%	67.6%	58.8%
No. of 1st patients recruited in previous 12 months	No. of 1st UK patients	1	13	13	13	14	13	13	11	8
	No. of 1st European patients	1	3	2	2	1	1	1	2	2
	No. of 1st Global patients	1	5	4	3	6	6	5	7	3
Trials led by RMH	As percentage of commercial interventional trials with RMH involvement which opened in the last 12 months	≥20%	61.0%	63.0%	60.4%	50.0%	45.7%	44.0%	47.6%	48.8%

3. Caring

Patient Satisfaction	**Target in 2020/21**	**Q4** (Jan-Mar 20/21)	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr- Jun 20/21)	**Q4** (Jan-Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr - Jun 19/20)
Friends and Family Test (Inpatient and Day Care)	≥95%	99.7%	99.8%	98.5%	99.3%	98.8%	98.6%	97.0%	96.5%
Friends and Family Test (Outpatients)	≥95%	97.0%	98.5%	98.5%	97.4%	96.9%	96.1%	96.6%	95.7%
Percentage of Chemotherapy patients starting treatment within 3 hours of arrival	≥85%	80.9%	80.4%	81.9%	82.0%	80.6%	79.4%	79.5%	78.1%
Percentage of Chemotherapy patients starting treatment within 1 hour of appointment time	≥85%	80.4%	80.9%	79.1%	83.9%	80.4%	78.2%	77.1%	77.5%
Mixed sex accommodation breaches	0	0	0	0	0	0	0	0	0

4. Responsive

Experience	**Target in 2020/21**	**Q4** (Jan-Mar 20/21)	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr- Jun 20/21)	**Q4** (Jan-Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr - Jun 19/20)
Complaints per 1,000 daycase and inpatient discharges	≤4.08	3.10	4.34	2.65	3.35	New measure for Q1 20/21 onwards			
Staff Friends and Family Test: Recommend – Care	≥96%	Suspend	N/A	Suspend	Suspend	97%	N/A	97%	96%
Staff Friends and Family Test: Not recommend – Care	≤1%	Suspend	N/A	Suspend	Suspend	1%	N/A	2%	2%

5. Well Led

Workforce productivity	**Target in 2020/21**	**Q4** (Jan-Mar 20/21)	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr- Jun 20/21)	**Q4** (Jan-Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr-Jun 19/20)
Vacancy rate	≤7%	9.6%	9.7%	10.6%	10.9%	11.1%	11.8%	10.8%	9.1%
Voluntary staff turnover rate	≤12%	9.9%	10.2%	11.3%	12.8%	14.1%	14.2%	13.8%	13.6%
Sickness rate	≤3%	3.9%	4.3%	3.3%	4.5%	4.9%	3.8%	3.3%	3.3%

Quality and Development	**Target in 2020/21**	**Q4** (Jan-Mar 20/21)	**Q3** (Oct-Dec 20/21)	**Q2** (Jul-Sep 20/21)	**Q1** (Apr- Jun 20/21)	**Q4** (Jan-Mar 19/20)	**Q3** (Oct-Dec 19/20)	**Q2** (Jul-Sep 19/20)	**Q1** (Apr-Jun 19/20)
Consultant appraisal (number with current appraisal)	≥95%	94.0%	94.0%	80.0%	98.3%	98.0%	97.2%	97.0%	97.6%
Appraisal & PDP rate	≥90%	84.0%	91.0%	85.1%	78.2%	86.7%	89.7%	88.5%	86.1%
Completed induction	≥85%	80.0%	75.9%	77.2%	69.2%	82.9%	81.9%	86.5%	80.8%
Statutory and Mandatory Staff Training	≥90%	87.0%	91.3%	90.7%	86.8%	91.6%	90.7%	91.0%	89.8%

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 11.
Title of Document: COVID-19 Recovery and Restoration Plan	**To be presented by:** Karl Munslow Ong, Chief Operating Officer
Executive Summary This paper provides a brief update on progress with the Trust's recovery and restoration plan including an overview of activity and projected performance against the Elective Recovery Plan (ERF) incentive scheme. The paper also summaries the proposal for a return to site for corporate and support staff as part of the revised national opening up of restrictions on 19th July.	
Recommendations The Council of Governors are asked to note the progress with vaccines and activity projections for the first half of the financial year and the proposal to return our corporate and support staff to our trust sites.	

The ROYAL MARSDEN
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RECOVERY AND RESTORATION PLAN

COVID-19 OVERVIEW

A COVID vaccination Group was established to oversee the roll out of a vaccination programme to staff and patients. This initially made use of the Pfizer vaccine to vaccinate staff from RM, other healthcare workers from Southwest London and priority patient groups such as those who are over 80 or 75. Due to logistics and to avoid wastage, when the number of RM staff requiring the vaccine reduced below 1,000 it was then necessary to switch to the Astrazeneca vaccine as this can be stored for longer and at fridge temperature. The focus of the programme was then split between the remaining staff who were yet to have the vaccine (with a focus on BAME staff) and different patient cohorts. We have also been able to opportunistically vaccinate carers, such as parents of paediatric patients, who fall within the priority group as they were approved to visit RM. Like many NHS Trusts, the proportion of ethnic minority staff who have chosen to be vaccinated is proportionately lower, and a variety of communication methods were adopted to address any remaining questions that this group may have with bespoke Q&A sessions and individual clinical consultation. Our approach to engaging our minority groupings has been held up at an exemplar across London and we have been asked to share our learning with system partners.

We closed the vaccine programme on 21 May 2021 delivering 19,111 vaccines. We have vaccinated 87% of c4,200 staff, with our ethnic minority staff groups at 81%, one of the highest in London. We are now preparing for the booster programme which could start in early autumn.

SWL London continues to have a low level of COVID-19 inpatients in hospitals. However, community rates of COVID-19 are increasing again nationally and as such the NHS is preparing for a potential third wave over the coming months. Fortunately the increase in infection rates is not currently converting into the level of hospital admissions seen in the previous two waves and as such, if a third wave was to occur, the impact on hospital capacity is predicted to be significantly less than seen previously.

TESTING

In May 2021 the Trust opened a new in-house PCR testing laboratory. The new laboratory will focus initially on COVID-19 testing but longer term will also be able to provide PCR tests in-house for other respiratory viruses and pathogens such as influenza A & B. The in-house service has enabled the Trust to repatriate patient COVID-19 testing from the external supplier and has improved the turnaround time for routine samples from 48-72 hours to under 48 hours, with the majority of results returned within 24 hours. Staff COVID-19 samples will be brought in house in July 2021.

ACTIVITY PLANNING FOR 2021/22

1.0. Context

Draft activity plans submitted to the SWL ICS in April 2021, were based on the realistic assumption that the Trust will continue, to achieve the current run-rate of each activity modality type for the next 6 months.

%BAU	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Elective Inpatient Adms	**107%**	**98%**	**96%**	**100%**	**98%**	**94%**
Consultant OutpatAttends	**104%**	**106%**	**108%**	**108%**	**111%**	**106%**
MRI	**115%**	**107%**	**106%**	**116%**	**113%**	**110%**
CT	**106%**	**102%**	**104%**	**109%**	**106%**	**105%**
U/Sound	**93%**	**96%**	**95%**	**94%**	**102%**	**97%**
Endoscopy	**89%**	**99%**	**76%**	**82%**	**94%**	**87%**

The table above translates the draft plan into %age business as usual (BAU), based on a working-days adjusted version of the same month in 19/20. Some of the peaks and troughs in the above table are therefore caused by a fairly consistent plan being measured against single months of high or low activity 2 years ago.

The Elective Recovery Fund (ERF) provides the opportunity to receive financial top-ups above block where Trusts/ICSs exceed the following %age of BAU each month.

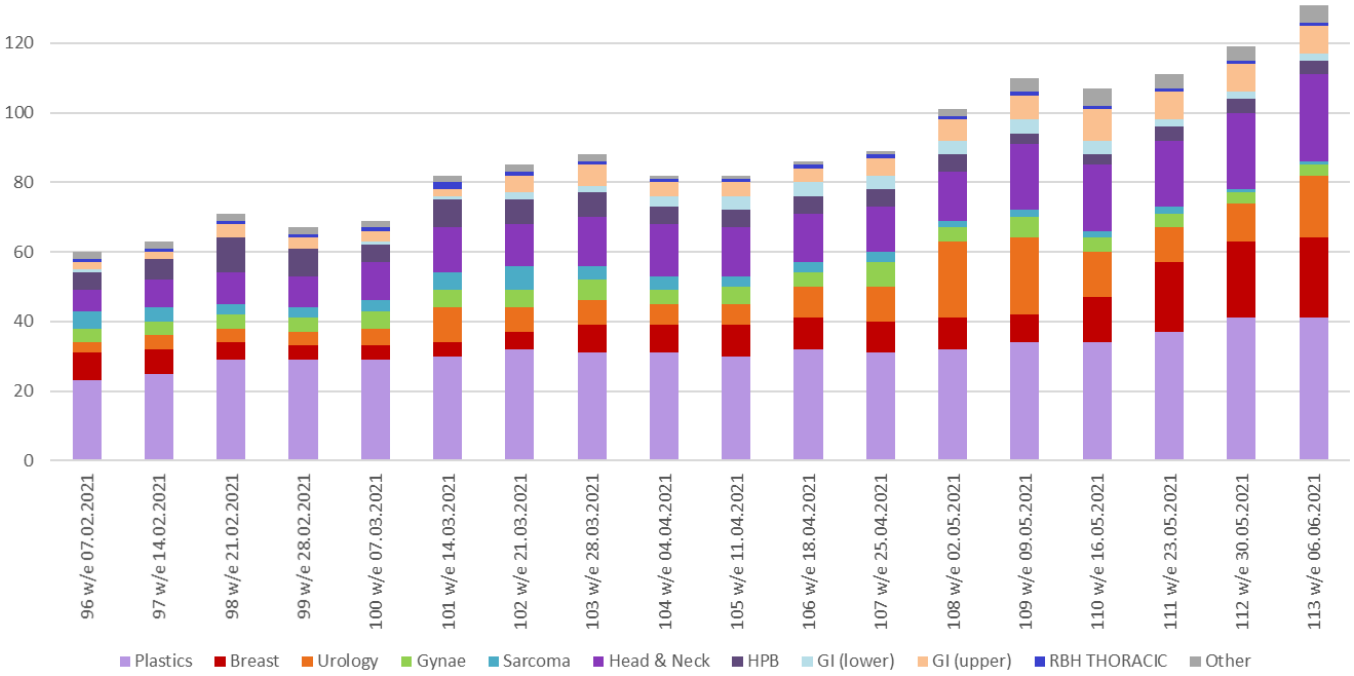
%BAU	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Top-Up Funding Threshold	**70%**	**75%**	**80%**	**85%**	**85%**	**85%**

Based on our planning, The Royal Marsden is in a strong position to exceed these thresholds in all affected modalities in most months although overall payments will be determined on an ICS footprint.

By continuing to deliver high volumes of diagnosis and treatment throughout the pandemic, the Trust is in a relatively good position regarding cancer pathway backlogs, and whilst these increased between October 20 and March 21, they are below the levels seen last summer and indeed not far off the Trust's pre-COVID levels.

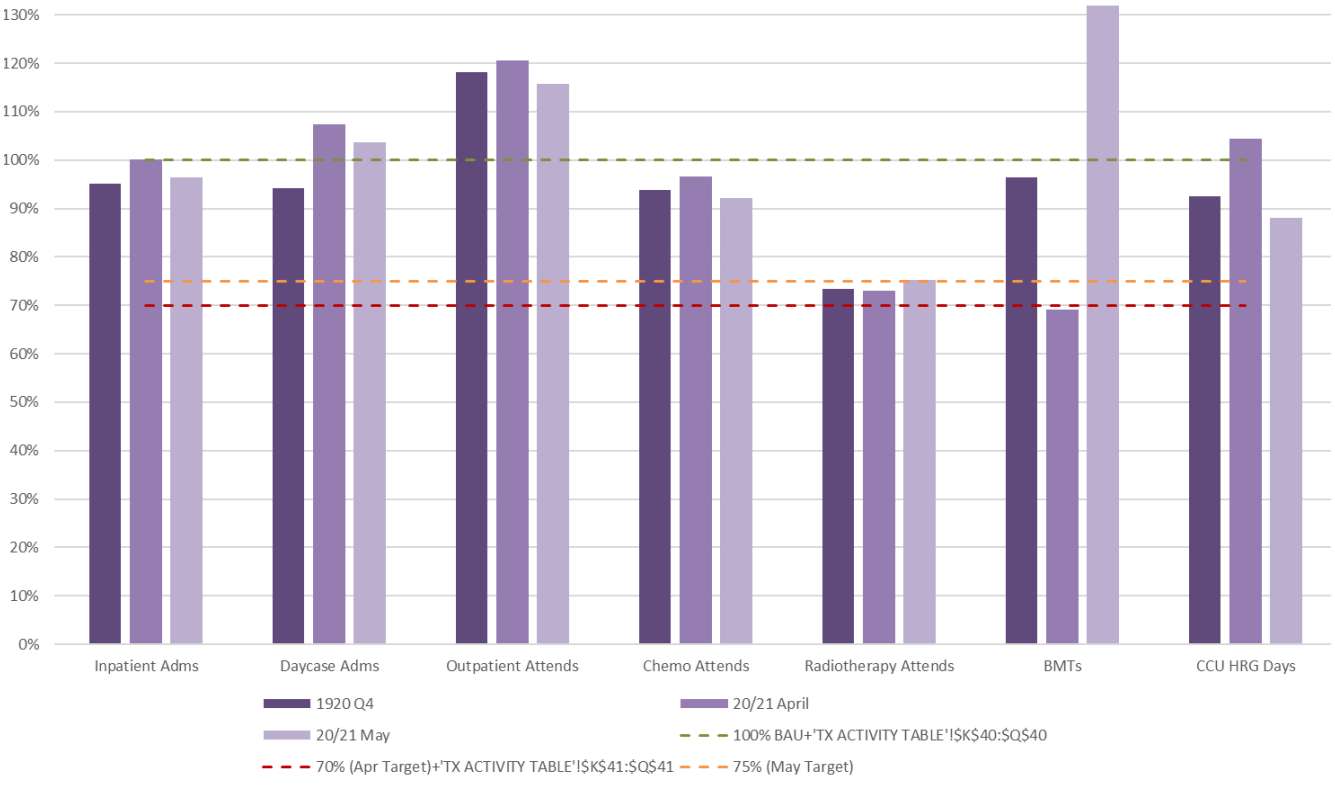
Different modalities, however, are experiencing different pressures. Surgical waiting lists have grown, despite the Cancer Hub, due to a strategy of delaying lower priority operations at the start of the year. Waiting list validation is on-going but increases are seen for patients awaiting operations in Plastics, Urology and Head & Neck, and Breast. Plastics, in particular, were impacted by the cessation of p3 surgery.

Figure 1. Surgical inpatient waiting list, patients without a TCI date excluding "planned "surgeries



2.0. Year To Date Activity

The graph below shows Q4 (Jan-March) as well as April and May monthly activity compared to the 19/20 average BAU baseline. The dashed lines show the April and May targets (70% and 75% respectively) as well as the 100% BAU level.



As can be seen above, most treatment activities are at or near 100% BAU with the exception of Radiotherapy which is seeing reduced activity due to changes in treatment protocols that now

result in fewer attendances (fractions) per course in some cases. April and May in particular have exceeded the NHSE %age BAU targets in all key activity types.

3.0. Capacity and System Planning

Work is now underway to explore additional capacity options that can be delivered within the likely ERF funding to drive further throughput in some surgical specialities. This is with the aim of

- Reducing the current surgical waiting list
- Positioning the trust as better able to respond to any further NHS demand increases
- Creating room for predicted PP growth

The Trust is continuing to work with system partners in preparations should there be a third wave both in terms of dealing with covid patients who may require hospital admission but how the NHS can retain as much elective capacity as possible.

RETURN TO SITE

In line with the national easing of lockdown, the Trust will be planning to accommodate everyone safely on site within our available space. These arrangements largely relate to the minority of corporate and support staff who have been working some or all of their time remotely as the majority of the Trust workforce are in patient facing roles and have been on site throughout the pandemic.

From 19th July (subject to any national changes) the aim is to have everyone on-site for the majority of their working time. We recognise that remote working has many benefits including flexibility, however based on recent staff survey feedback, one of the key drawbacks is the lost connection between teams and colleagues which is so important to our values, culture and ways of working. Staff have told us that the quality of relationships had been affected by not meeting colleagues regularly, including new staff who had joined teams. Whilst we will support some remote working to continue, we want an increased on-site presence for all staff in order to improve:

R	Relationships building
E	Engagement
C	Collaboration
O	One to ones
N	New staff integration
N	Noticing when support is needed
E	Emotional Connection
C	Communication
T	Team Building

These RE-CONNECT principles are a response to the feedback from staff about the key areas that they believe benefit from on-site working. As space will remain constrained, we will maintain some form of hybrid working arrangement where more of the working week is spent on-site supplemented by some remote working at the Trust direction. To balance the number of on-site staff with available capacity, we expect our corporate and support to be on site a minimum of 60% of their working time in this first phase.

A roadmap for the phased return of some face-to-face meetings is being developed, recognising the ongoing constraints with space as many of our meeting rooms have been re-provided as staff break out spaces which we plan to continue. The next stage of returning to site will see the reinstatement of in person gatherings for all Board and Committee meetings as well as Executive Board (EB) and those forums that report in to EB (subject to the national relaxation of all social distancing requirements). Virtual meeting facilities will continue to be provided although members will be encouraged to attend in person wherever possible.

Following consultation and the very positive feedback received from clinical staff, it has been decided that all Multi-Disciplinary Meetings (MDTs) will remain virtual for the foreseeable future. This not will not only provide a better platform for these meetings to function effectively but will also reduce the burden on the limited meeting room stock that the Trust has as its disposal.

CONCLUSION

The Council of Governors are asked to note the progress with vaccines and activity projections for the first half of the financial year and the proposal to return our corporate and support staff to our trust sites.

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 12.
Title of Document: Visitor Policy and Associated Arrangements from 19 July 2021	**To be presented by:** Nick van As, Medical Director

Executive Summary

This paper provides a brief update on progress with the Trust's Visitor Policy and associated arrangements from the 19th July following the changes in COVID-19 restrictions. The Trust is reviewing the current arrangements and committed to return visitors in a safe way while ensuring we remain COVID protected.

The visitor policy will ensure we increase the number of visitors at ward and departmental level. We will increase visitors to two visitors a day, end of life care remains as per national guidance, ambulatory care patients will be able to be accompanied by a carer or relative and those with additional needs also have the required assessment and support at all times. We are reviewing the current infection prevention and social distancing guidance to prepare our outpatient and ambulatory care settings.

We will continue to ensure we review national guidance whilst maintaining flexibility taking account our patient's clinical conditions. We will also encourage all visitors to undertake a lateral flow test at home prior to visiting or accompanying a patient.

Over the next week we will be working on the processes required to implement and update the policy and the communication strategy for patients, carers and staff.

Recommendations

The Council of Governors are asked to note the progress with opening up the Trust to visitors in a safe manner.

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COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 13.
Title of Document: RM Staff Survey Outcomes 2020	**To be presented by:** Krystyna Ruszkiewicz, Director of Workforce

Executive Summary

This report provides a summary of the results from the 2020 Annual Staff Survey and details of actions for 2021/22. During October and November 2020, the Trust carried out a majority online census of 4010 questionnaires, 2213 staff responded (55%), compared to a 2019 response rate of 57%.

Our outcomes are shown in relation to our main comparator group of acute specialist hospitals as well as the outcomes of some of our neighbouring acute trusts. The report then explores the messages that our staff are giving us and looks at how these have changed since last year, by division and by staff group.

Finally, some priorities are identified, and actions proposed in order to improve our performance is areas where we can do better, while also continuing to build on our strengths.

Recommendations

The Council of Governors is asked to note the results of the 2020 and the actions that have been identified to improve the experiences of our people.

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Staff Survey Results 2020
March 2021

1. Introduction

This report provides the Trust Board with a summary of the results from the 2020 Annual Staff Survey and details of actions for 2021/22. During October and November 2020, the Trust carried out a majority online census of 4010 questionnaires, 2213 staff responded (55%), compared to a 2019 response rate of 57%. The median response rate for Acute Speciality Trusts in 2020 was 56%.

2. Context

The National Staff Survey is summarised in to 10 key themes, which are shown below:

- Equality, Diversity & Inclusion
- Health & Wellbeing
- Immediate Managers
- Morale
- Quality of Care
- Safe Environment – Bullying & Harassment
- Safe Environment – Violence
- Safety Culture
- Staff Engagement
- Team Working (new theme)

Each of these themes is then applied to the Trust as a whole, to the different staff groups and on a divisional level.

The NHS Staff Survey Coordination Centre, who form part of NHS England, oversees the annual NHS Staff Survey, and in doing so review each NHS Trust on an annual basis and assign a benchmark group for based on the services they offer. The primary purpose of benchmarking groups is to allow each organisation to compare their results with those of a group of organisations that are similar in terms of their range of services and staff profile. There are 11 different benchmarking groups across the NHS for the purposes of the 2020 NHS Staff Survey, and The Royal Marsden are assigned to the 'Acute Specialist Trust's benchmark group.

The Trusts that form the Acute Specialist Trust benchmark group in addition to The Royal Marsden are: The Christie NHS Foundation Trust, The Clatterbridge Cancer Centre, The Royal Brompton and Harefield Hospitals, Moorfields Eye Hospital NHS Foundation Trust, Great Ormond Street Hospital, The Royal National Orthopaedic Hospital, Liverpool Women's NHS Foundation Trust, The Walton Centre, The Royal Papworth NHS Foundation Trust, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, Queen Victoria Hospital, The Royal Orthopaedic Hospital NHS Foundation Trust and Liverpool Heart and Chest Hospital. A comparison of these Trusts overall staff survey scores can be seen in Table 3 below.

3. Summary results

The national survey showed a continued increase in the percentage of staff who would recommend the Trust as a place to work at 76.9%, up from 72.2% in 2016.

The Royal Marsden achieved an overall staff engagement score of 7.6 (out of a total of 10) which although slightly lower than the 2019 score of 7.7, remains in line as one of the highest scores across all Acute Specialist Trusts and is above the national average of 7.4. Graph 1 highlights the engagement score comparison for Trust's within the Acute Specialist benchmarking group.

Graph 1 – Overall Engagement Score across the Sector

As seen in Table 1 below, in 2019 the Trust was above average for eight of the ten themes however in 2020 the Trust achieved above average results for 4 of the ten themes. Morale, immediate managers, quality of care and safe environment – violence moved from being above average in 2019 to average in 2020.

Health and wellbeing shifted from average in 2019 to below average in 2020 and equality, diversity & inclusion has remained below average for 2019 and 2020.

This shift in themes, particularly regarding morale and health & wellbeing, are areas that the Trust would expect to have seen and reflect how staff are currently feeling working in the NHS during an incredibly challenging pandemic. To have kept a high engagement score during the pandemic should be recognised as this shows that despite the challenges, staff remained engaged and motivated to continue providing world class care at The Royal Marsden.

Table 1 – Theme comparison based on the average for Acute Specialist Trusts for 2020 vs 2019 (data pulled from the staff survey coordination centre)

	National Staff Survey 2020	National Staff Survey 2019
Themes that are above average (for Acute Specialist Trusts)	4/10 themes Safe Environment – B&H Staff Engagement Safety Culture Team Working (new theme)	8/10 themes Safe Environment – B&H Staff Engagement Safety Culture Immediate managers Morale Quality of Care Safe Environment - Violence Quality of appraisals (theme now removed)
Themes that are average (for Acute Specialist Trusts)	4/10 themes Immediate Managers Morale Quality of Care Safe Environment – Violence	1/10 themes Health & Wellbeing
Themes that are below average (for Acute Specialist Trusts)	2/10 themes Equality, Diversity & Inclusion Health & Wellbeing	1/10 themes Equality, Diversity and Inclusion

Whilst the national benchmark comparisons use nationally agreed groups, if we look at the 2020 feedback comparing The Royal Marsden to an alternative benchmark group, for example our neighbouring acute Trusts in NWL STP , we can see from Table 2 below that The Royal Marsden sit

above average in eight out of the ten themes, average for two out of the ten themes, with none of the themes being below average.

Table 2 – Theme's comparison based on the average for the NWL STP group for 2020

	National Staff Survey 2020
Themes that are above average (for NWL 2020)	8/10 themes Equality, Diversity & Inclusion Health & Well-Being Morale Quality of care Safe Environment – B&H Safe Environment – Violence Safety Culture Staff Engagement Team Working (new theme)
Themes that are average (for NWL 2020)	2/10 themes Immediate Managers Team Working
Themes that are below average (for NWL 2020)	0/10 themes

4. Sector benchmarking comparisons

In reviewing comparisons across Acute Specialist Trusts, this shows that whilst The Royal Marsden has not seen a significant shift, either negative or positive, in themed scores for 2020 compared to 2019, the Trust remains in the top scoring category for staff engagement and close to the top scoring category for two themes: safe environment – violence and team working.

The national data also highlights, that across the Acute Specialist benchmarking group, several of the Trusts within this group have in fact seen a significant positive shift in their scores for 2020 compared to 2019. Particularly the Clatterbridge Cancer Centre who significantly improved on six themes: equality, diversity & inclusion, health & wellbeing, immediate managers, morale, safe environment – bullying & harassment, safety culture and engagement. Great Ormond Street Hospital also saw a significant positive shift in six themes: health & wellbeing, morale, quality of care, safe environment – bullying & harassment, engagement and team working. Whilst the Royal Papworth saw a significant improvement on five themes: health & wellbeing, morale, quality of care, safety culture and engagement.

Table 2 shows the list of Acute Specialist Trusts who form this benchmarking group, as well as other London teaching hospitals, to provide a visual on overall scores across the sector. The green shows the highest scoring trust in the group in each of the main themes.

Table 3 – Comparison with similar trusts

Themes	Equality, Diversity & Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment – B&H	Safe Environment – Violence	Safety Culture	Staff Engagement	Team working
Acute specialist hospitals										
The Royal Marsden	**9.0**	**6.4**	**7.1**	**6.4**	**7.9**	**8.5**	**9.8**	**7.3**	**7.6**	**6.9**
The Christie	9.4	6.5	7.1	6.5	7.8	8.7	9.9	7.2	7.5	6.8

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Themes	Equality, Diversity & Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment – B&H	Safe Environment – Violence	Safety Culture	Staff Engagement	Team working
The Clatterbridge	9.5	6.6	7.3	6.4	7.7	9.0	9.9	7.3	7.4	6.9
The Royal Brompton	9.0	6.3	6.9	6.2	7.9	8.3	9.7	7.2	7.4	6.7
Moorfields Eye Hospital	8.4	6.1	6.9	6.2	8.0	7.7	9.8	7.0	7.4	6.7
Great Ormond Street Hospital	8.9	6.4	7.1	6.2	7.7	8.2	9.8	6.9	7.4	6.7
Royal National Orthopaedic Hospital	8.8	6.6	7.2	6.4	8.1	8.2	9.8	7.0	7.6	6.9
Liverpool Women's NHS Foundation Trust	9.5	6.5	6.8	6.3	7.6	8.7	9.8	6.9	7.1	6.8
The Walton Centre	9.3	6.8	7.1	6.6	8.1	8.5	9.3	7.2	7.6	7.0
Royal Papworth Hospital	8.9	6.1	6.9	6.2	7.7	8.2	9.6	7.1	7.3	6.5
The Robert Jones and Agnes Hunt Orthopaedic Hospital	9.4	6.7	7.2	6.7	7.9	8.4	9.8	7.0	7.5	6.9
Queen Victoria Hospital	9.2	6.5	7.0	6.4	7.9	8.4	9.8	7.0	7.4	6.5
The Royal Orthopaedic Hospital	9.3	6.5	7.2	6.3	7.8	8.6	9.8	6.9	7.3	6.8
Liverpool Heart and Chest Hospital	9.5	6.7	7.3	6.4	8.0	8.8	9.6	7.5	7.6	7.0
Teaching / Acute Hospitals										
The Royal Marsden	**9.0**	**6.4**	**7.1**	**6.4**	**7.9**	**8.5**	**9.8**	**7.3**	**7.6**	**6.9**
Imperial	8.4	5.9	6.7	6.1	7.8	7.7	9.4	6.8	7.2	6.6
Guys & St Thomas'	8.6	6.2	6.9	6.3	7.8	7.9	9.5	7.2	7.5	6.8
University College London Hospital (UCLH)	8.5	6.2	6.9	6.2	7.7	7.7	9.4	7.0	7.4	6.7
St Georges Hospital	8.4	5.9	6.6	6.0	7.6	7.8	9.3	6.6	7.0	6.4
Chelsea and Westminster	8.5	5.9	6.9	6.1	7.7	7.6	9.3	6.9	7.1	6.5
Central and North West London Hospital (CNWL)	8.6	6.3	7.1	6.2	7.6	8.1	9.5	7.0	7.2	7.0
Kingston Hospital	8.7	6.0	6.8	6.2	7.7	7.8	9.3	7.0	7.3	6.5
Epsom & St Helier University Hospital	8.8	6.0	6.5	6.0	7.6	7.8	9.5	6.7	7.0	6.3
Croydon	8.5	6.0	6.8	5.9	7.7	7.7	9.4	6.5	7.0	6.6

5. Trust 2019 to 2020 comparisons

When we look at the Trusts overall response on Themes from 2019 to 2020, there have been no significant shifts in theme results.

Table 2 below, shows the theme comparison on the Trust scores from 2019 to 2020. Although there have been no significant statistical changes from 2019 to 2020, there have been some slight negative shifts specifically in equality, diversity & inclusion (- 0.1), immediate managers (- 0.2), safety culture (- 0.1), staff engagement (-0.1) and team working (-0.1). With a slight positive shift in health and wellbeing (+ 0.1).

Table 2 – Theme comparison based on the Trust results in 2019 vs 2020 (data pulled from the staff survey coordination centre)

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.1**	2168	**9.0**	2193	Not significant
Health & wellbeing	**6.3**	2184	**6.4**	2199	Not significant
Immediate managers †	**7.3**	2197	**7.1**	2201	Not significant
Morale	**6.4**	2157	**6.4**	2196	Not significant
Quality of care	**7.9**	1838	**7.9**	1843	Not significant
Safe environment - Bullying & harassment	**8.5**	2170	**8.5**	2191	Not significant
Safe environment - Violence	**9.8**	2157	**9.8**	2184	Not significant
Safety culture	**7.4**	2174	**7.3**	2203	Not significant
Staff engagement	**7.7**	2210	**7.6**	2207	Not significant
Team working	**7.0**	2164	**6.9**	2156	Not significant

Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

6. Results by Division

Staff engagement has improved in several areas with six Divisions in line with or above the overall Trust engagement score. The three large Clinical Divisions have all seen a negative shift in their overall engagement score from 2019 to 2020. Of the Corporate Divisions, some have seen a positive improvement in their overall engagement score: Digital Services and Finance who are above the overall Trust average. Whilst Marketing & Communications has improved its overall engagement score, it remains below the Trust average.

RM Partners has seen a significant shift in overall engagement score from 8.3 in 2019 to 7.1 in 2020 and is below the Trust overall average of 7.6.

Table 3 – Engagement results by Division

Division	Engagement Score 2020	Engagement Score 2019	Engagement Score 2018
Digital Services	8.1	7.5	7.8
Finance	8.0	7.8	7.4
Clinical Research	7.9	7.8	7.8
Workforce	7.8	7.7	7.8
Cancer Services	7.6	7.8	7.8
Chief Nurse Office	7.6	7.7	7.1
Overall Trust	7.6	7.7	7.7
Clinical Services	7.5	7.6	7.7
Private Care	7.4	7.5	7.6

Facilities	7.2	7.3	7.8
Marketing and Communication	7.2	7.0	8.1
RMP	7.1	8.3	7.9
Performance and Information	6.9	7.1	7.2
Estates	6.6	6.8	7.2

Results by staff group

The most engaged staff are our clinical staff, including our medical, nursing, and additional clinical services, which predominantly comprises of our health care assistant and support worker colleagues. As per last year, the least engaged continue to be estates and ancillary staff, which predominantly comprises of our maintenance, portering and housekeeper colleagues and additional professional, scientific and technical, which is made up of our pharmacists, technicians, counsellors and psychologists. Health care scientists have continued to see an improvement in their engagement scores over the last three years, with the managers having held focus groups and working groups to engage their teams.

Table 4 – Engagement results by Staff Group

Staff Group	Engagement Score 2020	Engagement Score 2019	Engagement Score 2018
Medical	7.9	8.1	7.9
Additional Clinical Services	7.8	7.7	7.9
Nursing & Midwifery	7.7	7.8	7.9
Overall Trust Score	7.6	7.7	7.7
Allied Health Professionals	7.5	7.6	7.9
Administrative and Clerical	7.5	7.5	7.6
Healthcare Scientists	7.4	7.3	7.2
Additional Professional, Scientific and Technical	7.2	7.3	7.7
Estates and Ancillary	7.0	7.1	7.6

7. Priorities from the 2020 Staff Survey

From the 2019 Staff Survey results the Trust agreed to focus priorities on Health & Wellbeing, Equality, Diversity & Inclusion and Team Working. There were several positive actions that followed from this, however due to a challenging 2020, the Trust was unable to fully target its focus on the staff survey feedback and actions in the way it has in previous years.

The suggested two 2020 priority areas for Trust-wide focus, as well as recommended actions have been identified as:

7.1 Morale ~ Upon further analysis, the feedback impacting on the morale theme is from staff not feeling involved in changes to their roles and not having the autonomy to decide on how to do their role. There was also a shift in more staff feeling that they do not receive respect from their colleagues and feeling that relationships at work are strained.

The Trust will focus on:

- Creating a longer-term development plan to promote wider organisational health which focuses on restoration and recovery of our teams to improve the working experiences going forward.
- Launch the Trust's values-based Leadership and Management Framework which includes a focus on creating outstanding staff experience through compassionate leadership at all levels

- Roll out the new leadership and management training programmes including Management Essentials and Leading Excellence which include content on creating psychological safety and positive workplace culture.

In addition, further recommended actions for consideration are:

- Consider providing a departmental approach where staff can put forward ideas for improvement and feedback on service issue and for local managers to encourage staff involvement in this approach.
- Review and make improvements to the change management process to ensure full engagement for staff and that each change programme follows a clear and concise process from decision making, to information sharing, engagement, and implementation.
- Consider local reviews of flexible working plans across departments and services to support a return-to-work plan post COVID-19.

7.2 Equality, Diversity & Inclusion ~ Upon further analysis, the continued shift in results is in large part attributed to staff feeling that the organisation does not act fairly regarding career progression and promotion regardless of the key protected characteristics. This is supported by the WRES staff survey data which shows that only 68% of our BAME staff feel the organisation acts fairly compared to 87% of our WHITE staff. The data also shows that more staff are experiencing discrimination at work from colleagues / managers, again underpinned by the WRES data that shows 15% BAME staff have experienced discrimination and 5% white staff. We are also seeing staff reporting that the Trust has not made adequate adjustments to carry out their work.

The Trust will continue to focus on the following key elements that form part of the equality, diversity & inclusion strategy, and link in with the WRES, WDES and Model Employer workstreams. This also underpins and supports the Trust agreed equality, diversity and inclusion action plan for 2020/22:

- Extending the management essentials training programme to include a new EDI module.
- Embarking on the NHS Leadership Academy's reciprocal Mentoring scheme, designed to provide opportunities for employees from underrepresented groups (such as BAME, LGBTQ+, disability) to work as equal 'partners in progress' with senior executive leaders to create awareness, insight, and action for a more equitable and inclusive organisation.
- Continue to support the Band 4-6 BAME NWL Capital Nurse Development Programme, where 11 staff have already been accepted and started the programme.
- Modernising HR policies to ensure inclusivity as agreed in the Leading for Inclusion Action Plan.

This will build on and interlink in with the work that is happening across London in line with WRES (Workforce Race Equality Scheme) and the upcoming WDES (Workforce Disability Equality Scheme).

8. Governance and Monitoring

The Divisions will be asked to develop a local workforce and staff engagement action plan based on their individual scores and will receive their heat map reports to support this in late March. The Divisional plans will be reviewed through the Workforce and Education Committee along with the corporate priorities.

9. Conclusion

The Council of Governors is asked to:

1) Note the results of the 2020 staff survey
2) Note the 2020/21 Trust-wide priorities for action

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 14.
Title of Document: Creating Organisational Health and Wellbeing	**To be presented by:** Krystyna Ruszkiewicz, Director of Workforce

Executive Summary

The COVID-19 pandemic has reminded us that healthcare is a people business and that a happy and healthy workforce is fundamental to the delivery of the very best care to our patients. This paper describes how we have supported people through the crisis stage of the pandemic and what we now need to do to restore and rebuild our individuals and teams to be able to function effectively and safely over the coming years.

In addition, it acknowledges the changing demographic of our workforce and the need to ensure that our plans respond to changing priorities and concerns, that we remain agile and creative in how we seek to recruit, retain and motivate our people in the context of a changeable and complex social environment.

Finally, it identifies the different levels of responsibility and accountability for the immediate and the wider wellbeing agenda and notes the role of the Trust Board in promoting Health and Wellbeing.

Recommendations

The Council of Governors is asked to note the Organisational Health and Wellbeing Plan.

Putting the Health and Wellbeing of our People at the centre of all that we do

An Organisational Health and Wellbeing Plan

1. Introduction

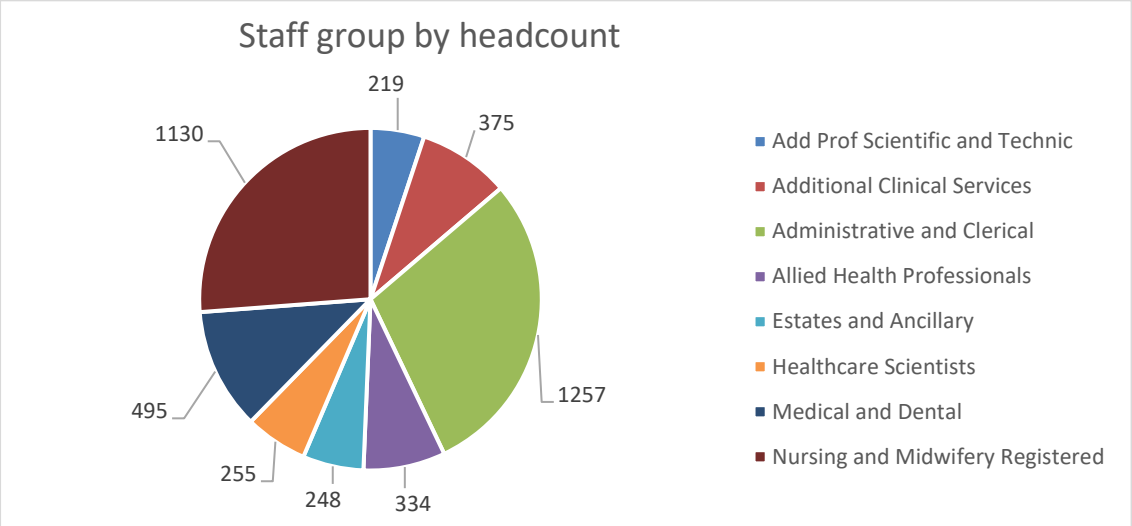
The Royal Marsden has always been committed to the care of the health and wellbeing of our staff in order that we can fulfil our purpose of delivering the highest quality patient care, research and education in the field of cancer.

We know that healthy and happy staff deliver the best care, take less time off and are generally more productive. This is good for our recruitment, retention and turnover, and enhances our reputation as an employer of choice and provider of the highest quality care our patients. By investing in the health of our staff, we create a healthy organisation which can better respond to the operational and strategic changes that we face.

As we move out of the height of the pandemic and learn how to co-exist with Covid19 and its implications in the future, we need to ensure that we not only prioritise keeping our staff and patients safe and well over any future waves, but also create compassionate and healthy workplace communities which privilege health and well-being of all and address other issues and inequalities which Covid19 has highlighted. We need to put the individual staff experience within the wider context of organisational purpose.

2. Who we are:

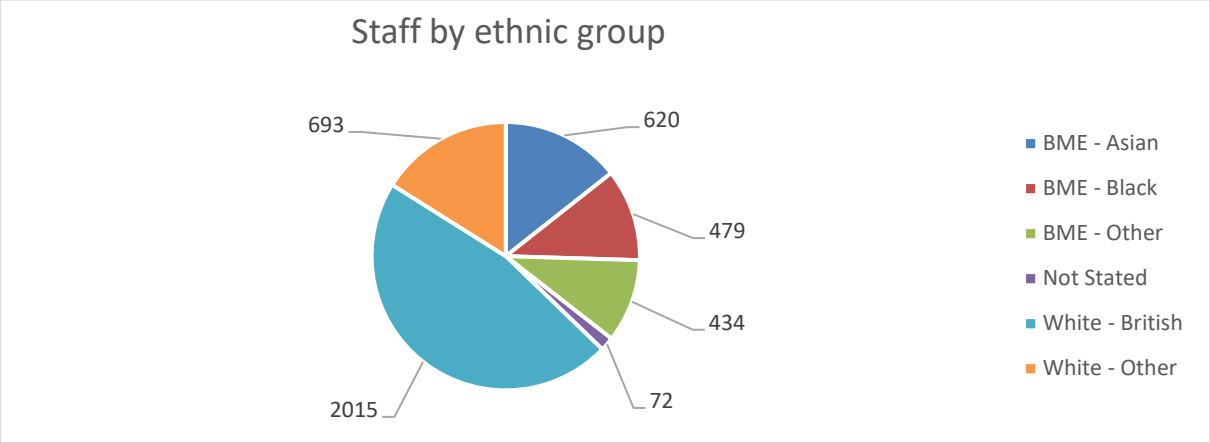
At the end of January 2021, the Trust employed 4313 staff in the main staff groups shown below.



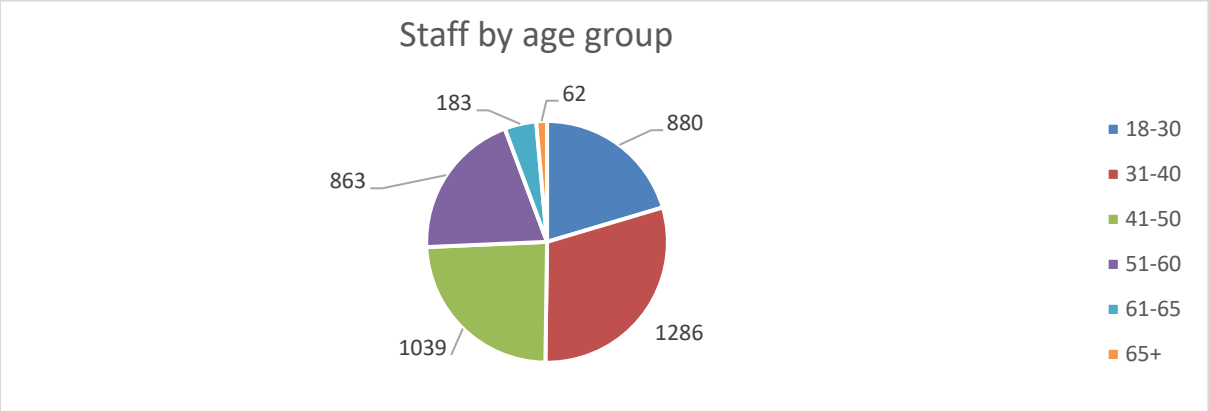
Of these 1023 (24%) are male and 3290 (76%) are female. 147 (0.03%) have declared a disability. Our turnover rate is 9.2%, sickness absence rate is 4.9% and our vacancy rate is 9.3%. These rates are relatively low and have been stable for several months now, particularly over the second wave of the pandemic. On the face of it this looks positive, but

we know anecdotally that staff are tired and stressed by what they have experienced in the past year. This is confirmed by the outcomes of the staff survey for 2020 released in March 2021.

The impact of the pandemic has been particularly felt by Black, Asian and Minority Ethnic communities which make just over 35% of our workforce. The breakdown of our staff by ethnicity is shown below:



The breakdown of staff by age group is also show below. It is interesting to note that approximately a quarter of all our staff are over 50. These are often the people with options including retirement or choosing other lifestyles. As the post war baby boomer generation, this group is relatively prosperous, with access to final salary public sector pensions which have been reduced for subsequent generations. Post peak pandemic this group will have choices as whether it wants to continue to work in the way that it did before. We will have to work hard to keep them.



Another quarter are under 30, so new to the workplace / professions and again possibly have different choices than those in the middle age groups. The group aged 18-30 represents Generation Z (those born after 1995) coming into the workplace. This is a new phenomenon in terms of social demographics, a group which has quite different expectations of the workplace in comparison with its predecessors with a strong focus on work life balance, less single employer loyalty and strong interest in social justice. They are digitally sophisticated and comfortable with online virtual working. This group are sometimes referred to as the

millennial nomads. We will have to work hard to keep them too. The group in the middle will have other aspirations and pressures too, although possibly financially less able to make the changes they may want. As a consequence, they may be seeking more purpose and meaning in their work lives than before, and their priorities will vary.

What this cross section shows is that our staffing profile is complex and encompasses much diversity, not just in terms of age and ethnicity, but also of aspirations and priorities. A focus on organisational health and wellbeing needs to ensure that we enhance our offer to appeal to a divergent audience in order create a cohesive and productive health community by giving different groups what they need to engage and retain them in the workforce.

3. The Context

2020 was an exceptional year. We are only just beginning to assess the immediate and longer term impact of the pandemic on our staff and on the way in which we will work in the future. Early lessons learnt include:

- An exposure of the inequalities that exist across communities and which are reflected among our workforce. The pandemic highlighted a structural disadvantage experienced by people from black, Asian and minority ethnic communities who have been at much greater risk of contracting and dying of Covid 19.

- Health care staff at all levels have shown remarkable resilience and dedication to caring for patients. Taking on unfamiliar roles whilst facing challenges in both home and work lives, the impact on wellbeing cannot be underestimated. Delivering the wider NHS People Plan and supporting our staff has never been more critical. We have been reminded that healthcare is a people business.

- The way in which we work, connect with each other and deliver care to patients virtually has changed exponentially as a result of the pandemic. We need to build on these adjustments, learning from good practice to create an environment which is supportive of digital health innovations that improve patient care and staff experience as well as other changes to the way and places in which we work.

Prior to the pandemic, we had historically invested in staff wellbeing and identified the need to enhance this as one of the key priorities of the RMH People Plan. Our core wellbeing offer includes:

- A comprehensive Occupational Health service with specialised mental health service and muscular skeletal provision
- Psychological support service inhouse available for both patients and staff
- Access to a range of wellbeing offers available on the intranet, generated internally as well as the wider NHS
- A regular successful flu vaccination campaign. This provided the model for our successful Covid vaccine rollout.

We are aware that our offer needs to be enhanced and the 2020 staff survey presents us with some key messages which need to inform what we choose to do next. While our staff engagement scores have not changed significantly since 2019, and some scores have improved, our analysis indicates that more staff have felt unwell as a result of work related stress in the last 12 months, that staff are less enthusiastic about their jobs and there is a perceived increase in pressure from managers and colleagues to come to work. While much of this may be situational, it nevertheless presents us with messages that we cannot ignore.

4. The Covid19 Experience and our Response

Using the Three Psychological Phases of Crisis (Merete Wedell- Wedellsborg) we are able to see a pattern in what has taken place over the last year and can use these observations to inform how we develop the Health and Wellbeing offer for staff.

4.1 The emergency phase : shared clear goals and urgency make us feel energised, focused, even productive.

Experience of the first surge showed that during an intense period of crisis staff are less likely to seek psychological support. It is important that it is there, many will access it later but what is needed during this period is the immediate physiological essentials. This informed our response to the second wave as did the following principles:

1. We encourage staff to remain connected with each other, supporting teams and individuals, encouraging care and compassion for each other whether working on site, at home or in a hybrid arrangement.

2. We enable staff to have their concerns heard. Either through regular management or staff representative routes, but also through fora such as the BAME. LGBTQ+ and Disability, and the Freedom to Speak Up (FTSU) service.

3. We issue consistent, timely and clear communication : both locally within our teams, and by developing and utilising organisation wide communication tools such as the Covid Communicator and regular Executive Team webinars.

4. We ensure easy access to staff support : water, food, drinks, spaces to rest/ breakout rooms, financial wellbeing support, counselling from different sources and digital offers such as meditation and physical exercise apps.

5. We provide comprehensive staff testing for Covid 19 and early access to the vaccination programme.

6. We promote compassionate leadership principles and support to managers to recognise staff concerns and understand how to respond in a positive and generative manner. This includes regular Health and Wellbeing conversations.

As this phase passes, we move to the next stage of regression. We experienced this in the summer of 2020 and have returned to this again in spring 2021.

4.2 To regression... we realise the future is uncertain, we lose our sense of purpose , get tired , irritable and less productive

We move from the heroic phase of the crisis into a phase characterised by disillusionment and exhaustion. This is the period of highest psychological risk as people may feel that they are unable to cope using their own resources. At this point they may emotionally disconnect from work, experience physical and psychological neglect and develop potential reliance on unhelpful coping practices. This is the point where people need physical rest, to take a break from the workplace and recuperate to regain balance. Some will draw on their own resources while others may need to access some external support. This is where we are now.

Our support principles at this stage are:

1. We ensure people take some rest and annual leave. Time away from the workplace is vital. Often, while staff are still in the heroic mindset, they will decide not to take a break because they feel their teams need them. We need to help our managers be confident and compassionately assertive in making sure that people take these breaks and get physical and psychological rest.

2. We place a stronger focus on psychological support for individuals including access to self-assessment wellness tools which help identify areas of focus and signpost the different types of psychological support available. This includes counselling provided internally and by external NHS providers so that people have some choice.

3. We provide our managers with the tools and the confidence to notice when colleagues might need some help and to initiate teams to help decompress and regroup. This includes training for managers in particular areas/ staff groups, for example REACT training which provides managers with the resources to start the conversations and creation of Mental Health champions locally.

4.3 Achieve recovery : we begin to reorient, revise our goals, expectations and roles, and begin to focus on moving beyond rather than getting by.

This is the phase that will follow and is likely to last sometime. The attention is now on psychological support for individuals and teams to reset in the aftermath of crisis, and needs to be followed by a longerterm focus on creating a resilient and attractive future otherwise we will be stuck in getting by and moving between crisis and regression, between phases 1 and 2. That will be when people will make choices about their future.

The term “recovery” is also being used to describe the accelerated return to business as usual , which is likely to mean increased activity and more clinically demanding patients, so we need to be clear that we are describing something more in terms of staff experience and resilience. Service pressures will potentially exacerbate the messages that the staff survey is giving us about stress at work, so it is important we invest in developing our response to sustainable recovery of our staff.

People will need to have time to reflect and receive organisational acknowledgment of their effort. Many will have been impacted by death and collective remembrance may be appropriate. People may feel differently about their lives and their jobs, whether new to their careers or further along. Relationships between colleagues may have altered. What we see may include:

- Increased risk of chronic psychological conditions such as anxiety, burn out, post traumatic distress. Our absence rates will rise as a consequence.

- Increased turnover as staff decide that they want to live different lives, and either leave completely or seek different working patterns. We will experience growing challenges in retention and recruitment, requests for flexible working patterns, sabbaticals and partial / complete retirement.

- Increased tensions in personal and professional relationships in the workplace among teams and between individuals, this will present challenges for managers seeking to rebuild teams, and operationally deliver recovery (business as usual).

- Increased acuity of patients who may present at a later stage of diagnosis which will be more demanding psychologically and emotionally for our staff.

- Growing awareness and understanding of long Covid19 as a chronic condition and what it means for individuals and teams.

- Continued growing focus on the disproportionate impact on the BAME community, exacerbated by the differences in approach to vaccination for example. Greater focus on diversity and the responsibility of the employer to promote an inclusive workplace.

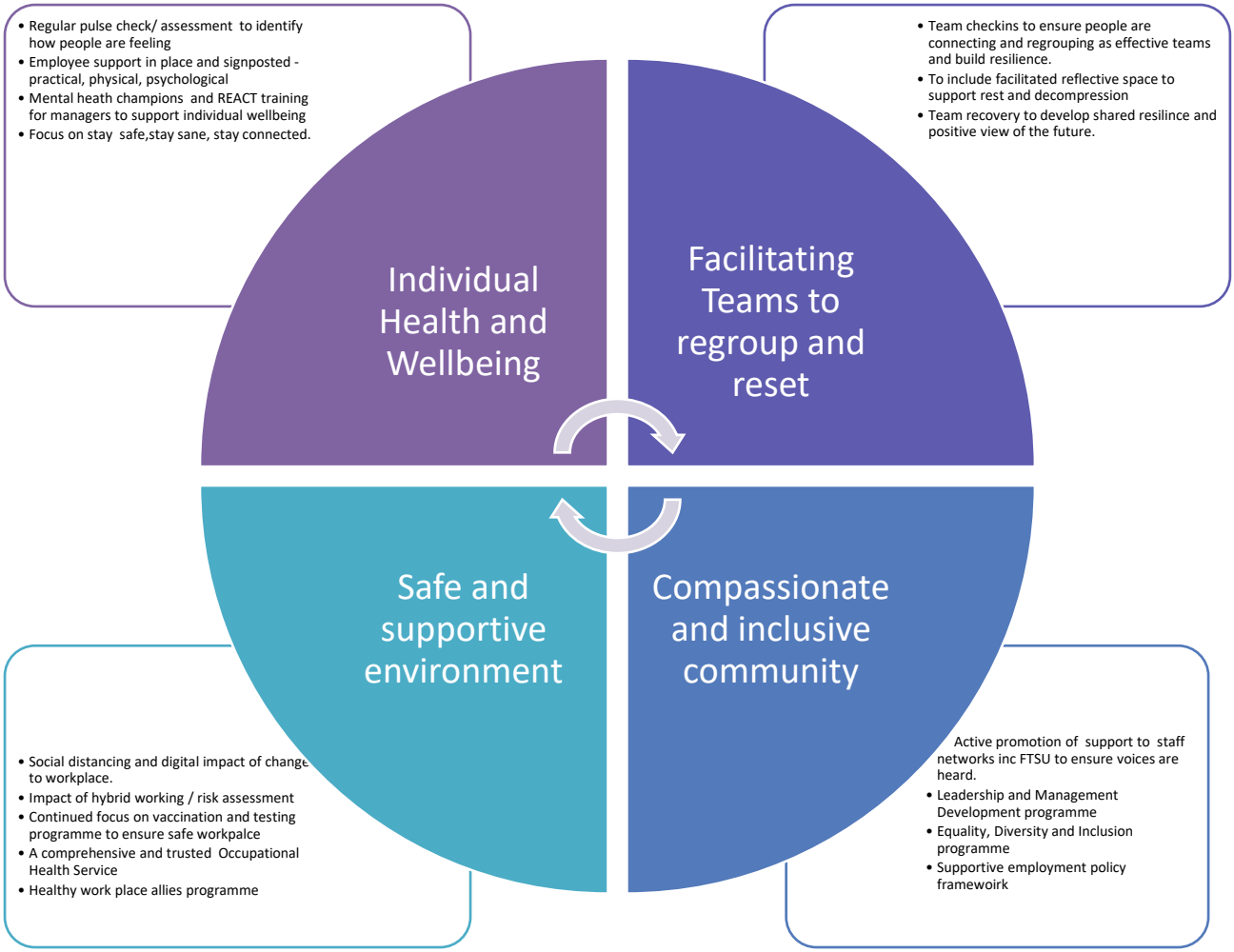
Protected time for teams will be important in order to decompress and then to revitalise and build resilience for the future. This should be a facilitated exercise within a framework which balances the circumstances of the individual with the need to create healthy teams which can deliver on organisational purpose.

5 Developing our Wellbeing Model

5.1 It is likely that the regression phase will last for most of 2021, and it is possible that a third surge of the pandemic may occur. Nevertheless, we need to actively promote an organisational recovery programme to run over the next 2 – 3 years to ensure that we can move out of "getting by" to actively thriving. This will need a renewed focus on Leadership and Development, on Equality, Diversity and Inclusion, on investment in the internal skills needed to work with groups to help them create longer term resilience and recovery for the future, to provide renewed purpose and maintain quality productivity.

An overview of a suggested wellbeing model to inform our medium to long term programme is shown below, together with the main identified workstreams, shown within four broad strategic topics. These need to be underpinned and connected by a clear and comprehensive communication plan, which regularly reminds our staff of what is available and how they can

access support as their needs and circumstances change. We also need to present our local interventions, the tools which are specifically developed by us for our staff in our hospital, alongside the offers being made available at sector /ICS level, by NHS London and by the national team in an accessible and logical way.



5.2 This model can then translate into a programme of interventions which would include the actions below. Some of these we do already, others we will need to initiate or access from elsewhere.

Key Area of Focus	We do already :	Challenges	We need to do	When
Clear communication to all staff	Regular communication with sign posting to wellbeing links and resources Screen savers, social media updates	Abundance of resources Some staff do not access virtual comms.	Review and relaunch central portal to assess and publicise what is available. Identify other media for	Immediately Within 1 month and review on an ongoing basis. Regular events to

	Listening events with leaders i.e. vaccine FAQs Advertised access to free apps and other resources.		communicating with staff. Consider when we move from Covid to a more mainstreamed future focus.	remind people what is available i.e. Virtual Health and Wellbeing Festival.
Individual Health and Wellbeing	Clear management of annual leave and rest	Staff often don't get time to take breaks, whether during the day or plan down time	Strengthen prospective rostering so that working patterns and down time can be scheduled in advice.	Immediately to ensure that leave is taken Reviewing rostering across the Trust is a 21/22 priority.
	Lifestyle and financial advice and support	Practical support and advice	Introduce a comprehensive Employee Assistance Programme provided by a third party Explore ways in which financial support can be provided ethically.	Immediately 1-3 months Ongoing
	Healthy lifestyle promotion to include food and drink available, physical exercise and support. C19 vaccination / Flu rollout.			Continue on annual basis.

	Different options for psychological support.	Too many options of psychological support	Create a single point of contact for available offers so that staff are signposted to the most appropriate intervention. Invest in REACT training for middle managers and creation of mental health champions.	Immediately 1-3 months Immediately 1-3 months
Facilitating our Teams	Team check-ins for groups, virtual space for connecting and regrouping for effective future working. Increasing counselling provision for individual and groups Decompression / wellbeing events. Debrief for staff who have been redeployed across the sector	Limited by social distancing guidelines and will require longer term provision Saturation of wellbeing events	Invest in facilitator training to support teams in running local events. This could be a sector wide intervention across SWL or alternatively we could source / develop our own resource.	Medium term : 3-6 months Seek and external partner to develop an internal programme and resource.
Compassionate and inclusive community	Commit to our Leadership and Management Development Programme to support our	The challenge of leaders finding the time to access the support that they need	Senior leaders to access sector wide offer including action learning. offer to	Ongoing

	people at all levels. Deliver the Equality Diversity and Inclusion Programme Promote Freedom to Speak up Review and update our employment policy framework	 People feel that potential for informal intervention is restricted by confidentiality of the process. Rather than enhancing employee experience, our policies sometimes constrain	Create more opportunities for continuous learning to encourage positive mental health Pilot feedback facilitator option for early intervention • Flexible Working • Vaccine • Retire and Return	Ongoing Ongoing Immediate pilot. These are the first three that need immediate review.
Safe and supportive environment Occupational Health and	Agile and remote working support now and in the future, Currently have a core clinical	Remote working equipment and technical challenges How to engage people to take part in virtual events. How to support staff living in challenging circumstances. Management vacuum, also	Review and update flexible working resources Enhance management ability to undertake realistic and inclusive risk assessments. Explore collaboration	Future working arrangements plan which integrates space , IT and people Medium to longer term. 3 months for interim solution, Medium term – 6 months.

Wellbeing Service Health Allies Programme	service on both sites.	how to extend within current resources	across the SWL sector to increase resilience Create a network of champions to promote health and well being	

5.3 A detailed work programme supports this plan. This includes options for direct interventions, actions and responsibilities, together with sources of internal and external support and timescales for delivery.

6. **How we will work together**

Everybody has a role to play in improving health and wellbeing:

The individual employee is responsible for:	• Being aware of and taking responsibility for their own health and wellbeing needs • Asking for help when they feel that their ability to work effectively is being compromised • Accessing support when needed • Adhering to policies and guidelines which protect health, safety and wellbeing • Be mindful of the needs of others
Line managers are responsible for:	• Undertaking risk assessments with individuals and teams to ensure that risk is understood and mitigated • Having health and wellbeing conversations with staff and building health and wellbeing into appraisals and training needs analysis • Treating all staff equitably and supporting health and well being • Identifying reasonable adjustments to enable staff to fulfil their duties. • Monitor staff absence and manage return to work.

Divisional Leaders are responsible for:	• Identifying , securing and deploying resources needed to support staff health and wellbeing • Ensuring that physical environments are safe • Setting the tome which supports compassionate leadership at all levels
The Workforce Directorate and Occupational Health are responsible for	• Developing policies and procedures to respond to issues impacting on health and wellbeing • Ensuring that the contributions of our departments and teams are included in the health and wellbeing agenda • Ensuring that staff are physically and psychologically fit to perform their roles • Ensuring that services, support and guidance is available to staff and managers to enable staff to remain in work or return after a period of absence.
Staff representative groups are responsible for	• Ensuring that professional standards and included in health and wellbeing policies and processes • Identifying and raising needs and issues affecting staff
Trust Board / Executive is responsible for	• Setting organisation wide strategy , policy and tone in relation to health and wellbeing • Identifying patterns and challenges for staff wellbeing • Allocation of resources to support the delivery of the well-being agenda.
ICS / Sector collaboration	• Providing a sector wide overview and sharing of resources and good practice.

7. Specific Responsibility for the Oversight and Delivery of this Plan

The Health and Wellbeing Strategy forms part of the RMH People Plan and is overseen by the Workforce and Education Committee (WEC) which is part of the Trust's Governance and

Accountability structure. In accordance with the requirements of the NHS People Plan, we are required to identify a Non Executive Director as Wellbeing Guardian to provide assurance and senior challenge at Board level. We are delighted that Martin Elliot has agreed to fulfil this role.

In March 2021, the NHS 2021/22 priorities and operational planning guidance were issued and identified the first priority and sub sections as:

Supporting the health and wellbeing of staff and taking action on recruitment and retention.

- *Looking after our people and helping them recover*
- *Belonging in the NHS and addressing inequalities*
- *Embed new ways of working and delivering care*
- *Growing for the future*

This puts a clear focus on workforce wellbeing so it is likely that accountability and reporting requirement will follow. Currently the Trust currently has a Health and Wellbeing Group which will become a reference group that can pull together different sources of intelligence, oversee the delivery of the operational components and check out whether we are delivering what is needed. A quarterly report will be presented to the WEC and then to the Trust Executive. A regular formal update to be the Board may be needed depending on any reporting requirements which may follow the national planning guidelines, otherwise the quarterly reports will be shared with the Martin Elliot, as the lead NED.

8. How will we measure progress.

We will need to develop a more nuanced set of metrics than the basic workforce score card, combining both qualitative and quantitative data measures. For example:

- Introduce a regular pulse survey so we can quickly gauge how staff are feeling in different parts of the organisation with immediate results. We have identified a tool to do this (People Pulse) and will start to make this available in May 2021. This will help us identify areas where more focused attention and intervention may be necessary, and also measure impact in terms of return on investment.

- From the annual staff survey:
    - Increased workplace recommendation score
    - Increased valued at work score
    - Improved equality diversity and inclusion, health and wellbeing, immediate managers, morale, staff engagement

From 2021/22, there will be a requirement to carry out a quarterly shorter staff survey to gauge how staff are feeling on a more immediate basis. We intend to use the People Pulse tool for this exercise.

- Workforce data
    - Reduced staff absences
    - Reduced bullying and harassment concerns

- Improved retention
- Improved staff satisfaction
- Improvement in EDI measures

Other indicators to include FTSU concerns, individual and team grievances and complaints. These need to be reported on a Divisional and CBU basis.

As referenced in section 2 above, currently our traditional measures are looking positive, yet we know from our staff survey and anecdotally that people are feeling stressed and tired. It is likely that our both our turnover and vacance rate will rise unless we invest significantly in creating a compelling narrative of a better future.

9. Our Immediate Priorities

While we need to continue to enhance and promote our offer, there are a number of immediate steps that we need to prioritise:

9.1 Communication and Promotion of the Wellbeing offer

Raising the profile of our resources on the Trust Intranet and other media for those people who do not regularly access their emails. The staff vaccination programme helped us to identify these groups and we need to make sure that they are not left behind. Our Virtual Wellbeing Festival will run at the end of June 2021 and will provide an opportunity to promote the Trust wide programme.

9.2 Adopt a Team based focus

We know that in order to create resilient teams for the future, it is vital to create space for psychological safety so that people can do their best work. This means that people believe that they will be supported for speaking up with ideas, questions, concerns or mistakes. The staff survey has indicated areas of the Trust with lower staff engagement which will be prioritised for facilitated interventions to support the rebuilding of team cohesion and generative culture. The intention is to start this in the summer.

9.3 Support Visible Leadership

It will be important for our leaders to develop adaptive skills to be able to direct high performing teams in the new environment. Our recently launched leadership and development framework provides the academic structure, which will be balanced by practical experiences and mutual support. This will include coaching, action learning and targeted interventions for this group.

9.4 Listen to all Voices.

The initiatives shown above are all actions that we need to start quickly; we have a small window of opportunity this summer to invest in our recovery and it is important that we grasp this. However, the longer term challenge of the changing shape and attitudes of our

workforce presents us with a different provocation. As section 2 above highlighted, the groups with the greatest personal choices are the over 50s and the under 30s. We have familiarity with the mindset of the former, and we can explore how to come up with attractive and flexible propositions to retain those who would like to stay. However, we cannot make the same assumptions about generation Z , or indeed the other groups in between. We need to consider ways in which engage them in on-going dialogue about the sort of organisation that the Royal Marsden is becoming as it responds to our changing environment. We need to supplement our staff networks with practical listening. It is proposed that we explore how we can do this through the three priorities described above.

9.5 Balancing Purpose with Pleasure

While our priority is creating a purposeful workplace, this needs to be balanced with pleasurable experiences to contribute to the creation of happiness as manifested in high staff morale. The Marsden has traditionally valued celebrating staff recognition and achievement in a socially inclusive way. Social distancing requirements have meant that we have had to rethink how we do this now and in the coming months. The team focused interventions referred to in 9.2 above can provide the opportunity to generate local suggestions to restore and celebrate, while the return of our larger scale events such as the annual staff achievement awards and other collective celebrations will signal a move to a post pandemic future.

10. Recommendation

The Council of Governors is asked to note the Organisational Health and Wellbeing Plan.

Krystyna Ruszkiewicz
Director of Workforce
May 2021

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 15.
Title of Document: Equality & Diversity Report	**To be presented by:** Krystyna Ruszkiewicz, Director of Workforce
Executive Summary This report provides an overview of the more detailed equality information that is contained in the 2021 Equality Information report which can be found on The Royal Marsden website. It also outlines key achievements in the year, progress that has been made towards achieving the 2020/2021 equality objectives with key priority areas identified for focus in 2021/22. The reporting period is 1 October 2019 - 30 September 2020 but where this is different because of statutory or national NHS requirements, this is specified.	
Recommendations The Council of Governors is asked to note the Equality Report 2021.	

The ROYAL MARSDEN
NHS Foundation Trust

Equality
Diversity
Inclusion

Equality Report 2021

May 2021

NHS

The ROYAL MARSDEN
NHS Foundation Trust

Equality Diversity Inclusion

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NHS

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Section 1 – Introduction

This 2021 Equality Report provides assurance to the Board that The Royal Marsden continues to meet its responsibilities under the Equality Act 2010 and in particular, that it meets the requirements of the Public Sector Equality Duty.

This report provides an overview of the more detailed equality information that is contained in the 2021 Equality Information report which can be found on The Royal Marsden website. It also outlines key achievements in the year, progress that has been made towards achieving the 2020/2021 equality objectives with key priority areas identified for focus in 2021/22.

The reporting period is 1 October 2019 - 30 September 2020 but where this is different because of statutory or national NHS requirements, this is specified.

Section 2 - Leadership and commitment to equality, diversity and inclusion

The Royal Marsden is committed to ensuring equality, diversity and inclusion are central to our services and to our employment. We want to be known as an organisation that promotes inclusion and provides the best environment for our patients to receive care and treatment.

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

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

The Equality Delivery System (EDS2) is a framework for assessing the equality performance of NHS organisations and identifying areas for improvement and we develop our annual equality objectives in line with EDS2 goals.

2.1 Leadership and strategy

The ED&I Steering Group leads the equality agenda within the Trust. The group determines strategic equality priorities including annual equality objectives, regularly reviews equality information, monitors equality performance and identifies areas for focus. Membership of the group is multi-disciplinary and includes leadership from Executive Board members, Patient Governors and members of the Patient and Carer Advisory Group and Staff Networks.

2.2 Partnership Working

Working in partnership is vital to progressing the ED&I agenda and ensuring best practice is shared. Internally we work closely with our staff equality networks and the Trust Consultative Committee and externally with the NW and SW London STP's, NHS Employers Equality Team and the Pan-London Equality Network. We also work together with the ICR, which includes supporting Women in Science networks and the Athena SWAN initiative.

Section 3 - Progress in 2020

3.1 Progress against Equality Objectives in 2020/2021

The equality objectives, noted below were developed in response to the findings from our equality information for staff and patients, in order to focus on those areas where there is variation in experience or treatment. Each year these objectives are usually agreed by the ED&I Steering Group and monitored by this group on a bi-monthly basis.

Service priorities

1. Progress patient experience survey and mechanisms for supporting staff working with patients in Private Care from overseas
2. Enhance patient information that is provided by the Trust to be inclusive of the needs of LGBT+ patients
3. Raise awareness of different disabilities and health conditions to increase understanding of the impact of these on staff at work
4. Widen participation to the Trust's services for groups that are harder to reach, identifying two specific areas to focus on
5. Review arrangements for supporting patient service delivery through interpretation and translation services.

Workforce priorities

1. Embed the Model Employer strategy and achieve the 2020 targets set for the Trust by the national WRES team.
2. Identify and implement focused actions to reduce harassment and bullying in the workplace.
3. Progress approaches to embedding a just culture style of employee relations to include actions taken as part of Pan London WRES indicator 3 discipline project to reduce the number of BAME staff who are disciplined.

Due to the exceptional events experienced in 2020, progress against these particular objectives was paused whilst we responded to the immediate needs of our staff and patients during the pandemic. Section 3.2 highlights our achievements during last year.

3.2 Key achievements

Patient Services

- In November 2019 we appointed a Nurse Director-Patient Experience who set out a plan to drive forward our ambitions with plans to refresh our structure and modernise
- The patient experience commitment 2020-2024 developed in collaboration with patients, carers, members of the public & staff was finalised and published in summer 2020.
- The Quality & Patient Experience meeting and reporting structure was redesigned. The Quality & Patient Experience Committee (QPEC), chaired by the Chief Nurse had its inaugural meeting in June 2020. This committee will be supported by 3 local Patient Experience Groups (Chelsea; Sutton & Kingston; Children & Young People). All groups include staff, governors and patient representatives.

- National Cancer Patient Experience Survey (NCPES) & Inpatient Survey (IPS) action plans have been developed in collaboration with multi-professional colleagues to ensure grass roots involvement and ownership.

- Friends & Family Test (FFT) working collaboratively with the Quality team to link the action points from NCPES & IPS to FFT for more real time and location specific data; for launch soon.

- We developed a Patient and Public Involvement and Engagement Policy which *sets* out The Royal Marsden NHS Foundation Trust's ambition of strengthening patient and public involvement and engagement in all its work, and how it intends to achieve this, specifically referencing the need to consider feedback and engagement from a diverse patient population.

- We have produced two short videos co-designed and co-produced with our patient representatives. One of the videos is about '*The value of Patient and Public Involvement in Research*'. The other explores '*The value of diversity in Patient and Public Involvement'* as can be seen by 5 patients and carers with diverse characteristics (age, gender, ethnic group and cancer).

Workforce

- During the pandemic, we conducted risk assessments for all staff to identify whether reasonable adjustments or temporary redeployment was needed based.
- Environmental assessments were also conducted to ensure that working and clinical spaces across the Trust were complaint with Covid guidance.
- A full range of national, regional and Trust support has been offered to staff during the pandemic ranging from counselling, wellbeing apps and access to mental health provision.
- We have also reviewed and relaunched a new EDI and Cultural Awareness training programme for managers.
- We are also pleased to report that 11 Band 4-6 BAME Nurses have been accepted and started NWL Capital Nurse Development Programme.
- Refreshing our coaching and mentoring offer in December 2020 has enabled a number of staff to access career mentoring, career coaching and leadership team shadowing opportunities. 45% of the applications received came from BAME staff.
- In collaboration with our Disability Network, we offered Trust colleagues an insight into different disabilities and how the Trust has supported staff to implement workplace adjustments.
- As members of the London White Allies Reference Group, we are supporting the region to co design a White Allies development programme (a specific recommendation from the London Workforce Race Strategy) for London.

Section 4 - Patient Services

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

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

Between 1 October 2019 and 30 September 2020, 55,316 patients were seen or treated. For the full set of equality findings, please refer to the Hospital Patients section of the Equality Information Report, which can be found on our website. Overall, the demographic profile is broadly the same as last year, with minimal variation across the protected characteristic groups. Key findings from the patient equality information is:

- The highest proportions of female patients continue to be seen in the Breast, Gynaecology, Thyroid and Sarcoma Clinical Units and the highest proportions of male patients continue to be seen in the Urology, GI Tract and Haemato-Oncology Clinical Units.
- The gender profile of our patients is 60.3% female and 39.7% male.
- 60.3% of patients were female 18.1% of patients were BAME
- 10.5% of our patients identified as Buddhist, Hindu, Jewish, Muslim or Sikh.
- The highest proportion of patients was aged between 50 and 79, with 30.3% aged over 70. 3.3% of patients are aged 19 years old and under.
- Marital and civil partnership findings show that 52.3% of patients either married or in a civil partnership.

4.2 Patient engagement

4.2.1 Background

Positive patient experience and feedback from services users and their families is fundamental to the RMH Trust. Patient engagement is effective overall and feedback extremely positive, placing the organisation in a strong position. There are many patient and public involvement and engagement mechanisms and activities at the Trust and research, some focusing on equality and diversity. These are described below.

4.2.2 Trust Governance and Services

Trust Governors and members

Strategic direction is provided by the Council of Governors; two thirds of the Governors are Patient, Carer and Public Governors and are involved in governance and strategic decisions. The Royal Marsden has about 3,500 members who receive our Newsletters and are invited to public and wellbeing events.

Patient and Carer Advisory Group (PCAG)

The long-established Patient and Carer Advisory Group (PCAG), with 34 active members this year works on a variety of projects to improve patients experience. Members work with staff on joint projects as well as their own projects.

Teenage and Young Adult Patients Forum

The Teenage and Young Adult Patients Forum, involving and engaging young people aged 18-24, was developed over this year. They had 4 meetings with diverse in terms of age, gender, ethnic group and cancers, young people.

Parents Group

The Parents Group was also developed this year, with its first meeting in September 2020 and parents-members corresponding to various socio-demographics, illness and geographical characteristics.

4.2.3 Research

Involvement can be at various levels in research, from advice and consultation to co-design and co-production; there were at least 15 co-designed and co-produced research projects during this financial year. Some models are detailed below.

Involvement in research governance and strategy

The BRC Steering group involves two patient representatives who contribute to quarterly meetings. A research PPIE Steering Group with PPI Leads and patient representatives discuss the direction of involvement and common public engagement events. There are close links with the Institute of Cancer Research and national bodies, such as the NIHR INVOLVE.

BRC Patient Representatives, PPI Colleagues and Patient and Carer Research Review Panel

A Patient Representative supports the work of each of its eight themes of the NIHR Biomedical Research Centre; and two Patient Representatives are also members of the BRC Steering Group. They all form a Patient Representatives Working Group.

An active database of PPI Colleagues are involved in research in various ways, i.e., reviewing research documents. Throughout the year, 44 more patients and carers have been included in our public contributors' database, now reaching 90 people. These were registered through our public events; thus they have been affected by uncommon cancers.

The Patient and Carer Review Panel reviews protocols and research material in quarterly meetings and virtual meetings with COVID19.

PPI Grants: We allocated 6 PPI Grants during this year to support new short-term PPI/E activities resulting in clear deliverables or outcomes. The successful grants were about new PPI activities. They were either linked with uncommon cancers (neuroblastoma, oesophago-gastric cancers) or a PPI development in an area without or limited previous involvement or engagement (young adult cancers, early palliative care services, rehabilitation, artificial nutrition).

Digital PPIE Platform: We procured and developed our Digital PPIE Platform together with patient representatives. A full-time Digital Platform PPIE Coordinator has been employed since June 2020. The platform will go live in early 2021.

The implementation of a digital platform forms part of our vision to reach and include under-represented and seldom-heard groups, i.e., those affected by less common cancers, demographic groups whom have not historically had strong representation and more spread geographically. This will also achieve meaningful PPI/E embedded across the entire organisation with active collaboration in individual research projects, research themes and at board level, and where feasible with user-led projects. https://patients-voice.cancerbrc.org

4.2.5 Public engagement & public engagement examples

Open engagement events are developed to bring awareness about services, research and developments. The Trust Open event in November 2019 provided information and discussed the Annual Quality Accounts; it brought together about 65 members of the public, patients and carers.

Three public events aiming to provide information about uncommon cancers, were supported by the BRC. They brought together approximately 250 patients and members of the public.

- Melanoma and Urological cancers: https://www.cancerbrc.org/melanoma_and_urological_cancers_event
- Hairy Cell Leukaemia: https://www.cancerbrc.org/HCL_patient_engagement_event
- Gynaecological and Sarcoma: https://www.cancerbrc.org/gynaecological_sarcoma_patient_event

Section 5 - Summary of patient service developments by protected equality characteristics

The Royal Marsden is committed to providing services to patients that meets their individual needs and recognises that some patients may be disadvantaged in accessing care and treatment due to disability or other health inequalities. The next section of this report highlights how we seek to improve the experience of patients from different protected groups.

5.1 Age

Older patients

A significant proportion of patients seen or treated in the hospital (30.3%) during the last reporting year were over 70 years and it is therefore essential that we provide services that take into account the needs of older people.

Specific measures are taken to support older people include ensuring that all inpatients over the age of 65 are assessed for their risk of falling and taking steps to reduce the risk identified for those more at risk in all age groups. A root cause analysis tool is used to identify the causes of individual falls in order to identify themes and trends which are then shared with staff to improve practice. The Falls Steering Group is a multidisciplinary team that meets monthly, focusing on decreasing the falls risks for patients.

Dementia

The Trust Commitment to people living with dementia or Alzheimer's sets out standards to ensure that patients living with dementia have their specific needs identified, ensuring reasonable adjustments are made to enable appropriate services to be delivered. There have been various challenges over the last year and staff have worked tirelessly to ensure a person-centred pathway through services. We undertake dementia screening for all patients over the age of 75 at preassessment which allows us to identify where we are caring for people that may have cognitive difficulties and require additional support.

A staff network of Dementia Champions across services, work closely with the person living with dementia or Alzheimer's and their family members, to ensure appropriate support is provided, utilising resources such as the 'This is Me' hospital passports, the dementia activity resource and provide easy read information. Working in partnership with Admiral Nurses in Sutton, all staff can access the awareness training or dementia friends training available and all clinical staff undertake dementia awareness training.

We have continued to make improvements to the Trust environment to make them dementia friendly which was recognised in the Trusts PLACE assessment and we are now above the PLACE national average for being "dementia friendly".

Children, Teenagers and Young Adults

In the latest Children and Young Peoples Patient Experience Survey 100 percent of paediatric patients felt that they were well looked after whilst in hospital, and we scored above average in a number of areas including: pain management, experience on the hospital ward, such as privacy when receiving care, treatment; facilities, and communication with hospital staff. Also parents and children felt that staff members were friendly and treated them with dignity and respect.

Examples of initiatives we have undertaken include developing a Beat Box project to support families together through music and offering complementary therapies including massage and cosmetic therapy. A closed joint youth group for girls and young women offering peer support, body image and coping strategies has been well received. The Trust is working with Harvey's

Gang to explore opportunities for creating awareness of cancer with younger patients including hospital tours to reduce fear and improve their experience.

Safeguarding Vulnerable Adults and Children

The Trust is committed to ensuring that all children and adults are cared for in a safe, secure and caring environment; that all services have safeguarding at their core, and that staff are supported and trained appropriately to manage safeguarding issues where they arise. The integrated Safeguarding team continues to provide advice and expertise to staff and mandatory training compliance for safeguarding has been maintained. Mental Capacity Act and Deprivation of Liberty Safeguards training continues across the organisation, including sessions with a focus on 16- and 17-year-olds, with follow up case-based discussions. Over the last year nationally there was an increase in reported cases of domestic abuse, and staff training continues to be available for all staff.

Safeguarding surgeries have been established to provide staff with the opportunity to discuss complex safeguarding cases for both children and adults, and we continue to work closely with partner agencies through our membership of relevant safeguarding boards for children and adults to ensure responsive support to staff and patients.

5.2 Disability

In 2019 we re-launched our partnership with AccessAble the leading provider of access information for disabled people in the UK. AccessAble surveyors updated our online access guides in 2019. Increased promotion of the service included presentations to Trust Governors, internal communications and banners sited in main thoroughfares as well as attending our Quality and Patient Experience Group.

AccessAble
Your Accessibility Guide

Therapies support

We provide a variety of services to support the health and wellbeing of our patients and alleviate some of the symptoms associated with their cancer treatment which include physiotherapy, occupational therapy, speech and language therapy, acupuncture, art therapy, “look good, feel good” skin care and make up workshops to help women and teenagers manage the physical side effects of cancer treatment.

The Animal (PETS) coming into the clinical environment policy is also in use. This policy outlines our approach to ensuring that visits by any animal/s to inpatient or outpatient settings are reasonably accommodated to support patients without compromising the safety of others or infection control procedures. The policy includes service animals including dogs assisting persons who may be visually impaired, hard of hearing, disabled or autistic and Pets as Therapy, which is a national charity scheme providing therapeutic dog / animal visits to hospitals by registered handlers.

Learning disabilities and understanding autism

The Trust commitment to delivering the highest standard of care to patients with a learning disability is reflected in the patient pathway and policy which provides guidance to staff to ensure that patients with a learning disability or autism have their specific needs identified, ensuring reasonable adjustments are made to enable appropriate services to be delivered. The overall aim is to ensure people with a learning disability or autism experience care that is safe; caring; effective; responsive to their needs; collaborative and well-led.

The Trust has a staff network of learning disability buddies to highlight developments and resources to colleagues and who work with the person with the learning disability or autism and

their family members to ensure appropriate support is provided. Working with the local learning disability services additional level 2 training sessions were provided for the learning disability buddies and clinical staff.

5.3 Gender

Although we see a higher proportion of female patients in the hospital (60.3%), we ensure that our services and facilities are accessible and appropriate to all patients.

RM Partners the West London Cancer Alliance hosted by The Royal Marsden is funding a dedicated clinic to offer cervical screening sensitive to the needs of trans men and non-binary people. The No Barriers Cervical Screening project provides a specialist clinic in London, in collaboration with the Tavistock Gender Identity Clinic London and Jo's Cervical Cancer Trust. Research has shown that trans and non-binary people with a cervix are less likely to be up-to-date with cervical screening.

RM Partners piloted extended hours cervical screening clinics at convenient locations in three West London CCGs. The project provided almost 1,000 extended hours appointments for women who found it difficult to book at a convenient time and place. Over 2,500 women took up their screening invitation as a result.

Eliminating mixed-sex accommodation

The NHS Operating Framework confirms that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. NHS organisations submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation and we consistently meet all of the targets and do not breach the sleeping accommodation guidelines.

Adult Psychological Support Team

A working group was set up in the Pastoral Care and Psychological Support department. The group will review EDI related guidance from our professional bodies as well as RMH and potentially 3rd sector organisations. This will inform a departmental plan for any structures or procedures that need to be in place to ensure that our department is adherent to guidelines.

Additionally, different services within the department have put time into reflective discussions around inclusion with Live Through This (Queer Advocacy Cancer Support) and The Black African and Asian Therapy Network.

5.4 Gender Reassignment

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

Ensuring the inclusion of all of our patients taking account those who are reassigning or have reassigned has formed an explicit part of the planning process for the Oak Centre development at the Sutton site.

5.5 Marital/ Civil Partnership status

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

5.6 Maternity and Pregnancy

Patient pathways have been developed with Chelsea and Westminster NHS Foundation Trust, to improve the experience and care of obstetric patients with cancer, to ensure best possible treatment and outcomes for mothers and their babies.

5.7 Race

Translation, interpretation and patient information

If English is not a patient's first language, we offer telephone interpreting services which are provided by The Big Word. Arabic is the second most used language of our patients after English. We have strengthened our International Team from 15 staff in 2017 to 23 staff in 2020 to support the expanding number of international patients.

The Patient Information Service continues to provide translations of Trust publications to meet the needs of those who do not have English as their first language. Also, a selection of Easy Read publications is available from The Patient Advice and Liaison Service (PALS).

The Royal Marsden Macmillan Hotline (RMMH) provides patients with help and support in relation to their treatment 24 hours a day, seven days a week. We recognise how important it is for our patients and their carers to have fast access to information to manage side effects and any complications of treatment. Where patients need advice in another language, the hotline nurse will arrange for a 3-way conference call with The Big-Word and there is an email address for patients with impaired verbal communication. The initial call message is offered in Arabic with a twin menu of options provided in English and Arabic.

Patient Support

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

5.8 Religion and belief

The Chaplaincy team provide spiritual and religious care for patients and their families and staff from all faith backgrounds including a significant proportion of people with no religion (10.6%). The team is made up of representatives of the Church of England, the Roman Catholic Church, the Muslim Faith and the Jewish Faith. We also have a number of pastoral volunteers from a variety of traditions serving our hospital communities in Chelsea and Sutton. Representatives of other faith traditions are also available on request through the chaplains' office. We meet with new staff at Clinical Induction and encourage them to be sensitive to the cultural and religious needs of all our patients and visitors and to seek Chaplaincy advice and support with this as appropriate.

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

In response to the restrictions of the COVID pandemic we have sought to ensure that Chaplaincy provision has continued to be available to all our patients of whatever faith tradition and cultural background including by phone. We have worked closely with our colleagues in Staff Psychotherapy and Counselling and the Psychological Support department to offer regular 'phone support to our staff as well as offering inclusive support groups and opportunities to debrief for staff of all faith traditions and none.

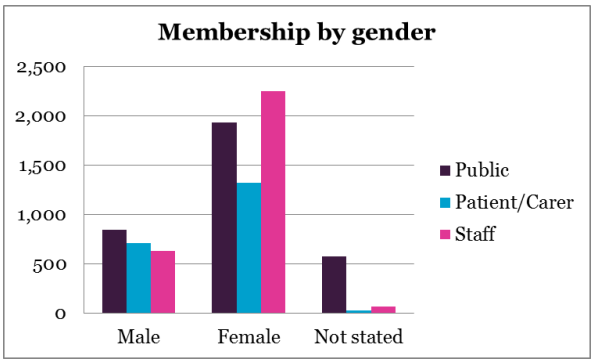
5.9 Sexual Orientation

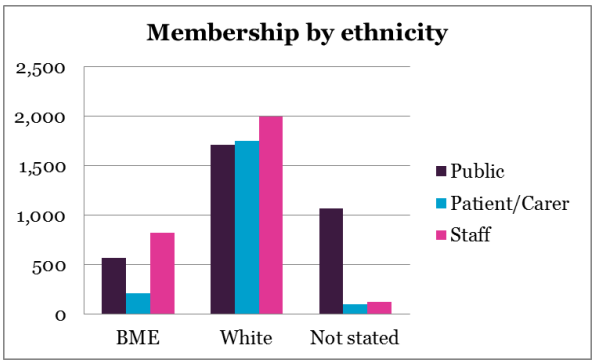
We provide inclusive services that treat people with dignity and respect and are continuously looking at how we can improve our understanding of the needs of our patients. The Lesbian, Gay, Bisexual and Transsexual (LGBT+) staff network includes both LGBT+ staff and allies. Advice and guidance on the needs of LGBT+ patients is shared through this group. A rainbow mural is

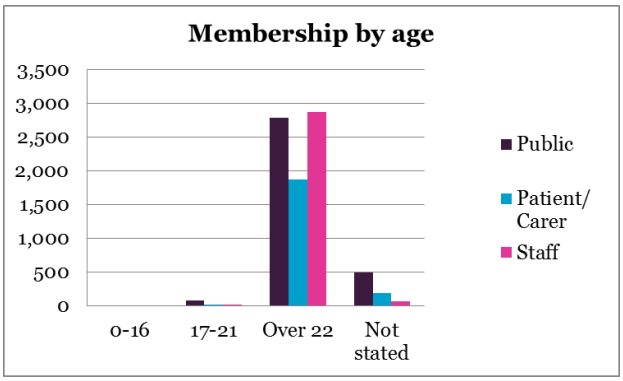
being developed for the Teenage and Young Adult Unit to raise awareness of the LGBT+ agenda for young people.

5.10 Membership awaiting

We strive to ensure that we have a diverse membership that represents the people we serve, our workforce and our community. The charts below show our membership by gender, ethnicity and age as at 30 September 2020. Through our Membership and Communications Group, we consider strategies for encouraging greater representation from under-represented groups.







5.11 Concerns, complaints and compliments

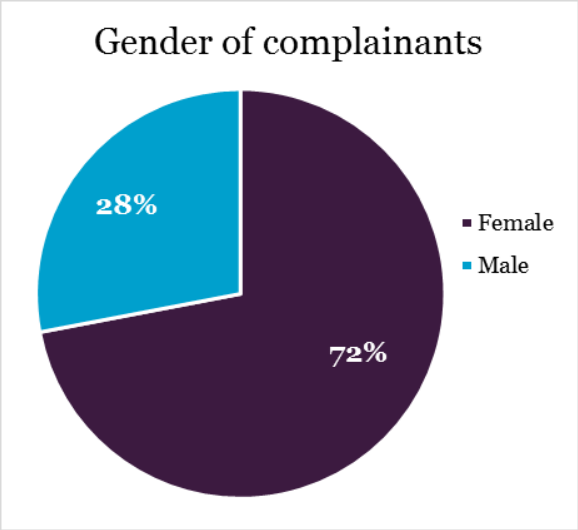
During the period 1 October 2019 to 30 September 2020, there were 65 complaints including private care complaint. Of these, none are related to equality and diversity matters.

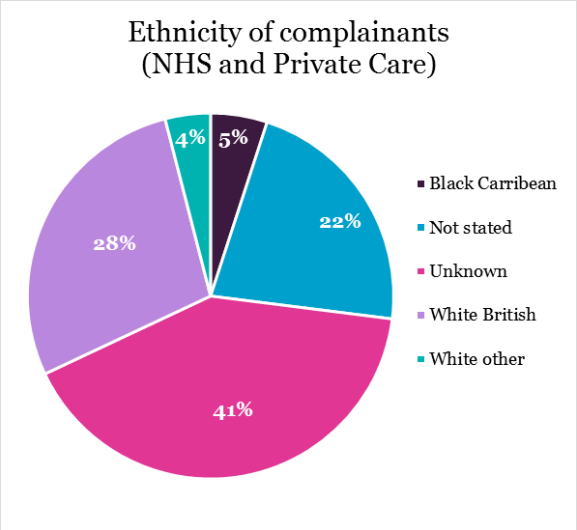
72% of complaints were made by females as depicted in the charts overleaf. 5 % of complaints were made by complainants from patients with Black Caribbean backgrounds. 50% of the complaints received were made by either relatives or someone acting on behalf of the patient. The largest proportion of complaints were made on behalf of people aged between 56 - 64 years.

The top 3 most complained about themes remain as communication, care and treatment and issues with both diagnosis and appointments.

The Trust also centrally records compliments to capture the positive feedback that we receive from our services users. 851 compliments were received during 1 October 2019 and 30 September 2020; however, we are not always able to identify the protected characteristics of people who compliment or praise our staff or our services but, where this is possible, we will record this.

In order to encourage complainants to provide information on equality characteristics, the monitoring form was recently updated. Although the updated form now includes more information around why the data is collected and is more user friendly, unfortunately not many have been returned.





Section 6 - Workforce

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

6.1 Headline data

The full set of equality information is detailed in Workforce section of the 2021 Equality Information Report, which can be found on our website. Highlights from the workforce equality information are detailed below.

The key findings from the workforce data include:

- A higher proportion of males work in bands 6 and 8 and above (4% respectively) compared with the highest proportion of female staff working in bands 6 (20%), 7 (16%) and bands 5 and 8a (10% respectively).
- A one percentage point increase of BAME staff since last year to 35.3%. In comparison with the ethnic profile of our patient profile, (18.1% BAME), the ethnic profile of the workforce is much more diverse.
- When compared with 2011 Census data, 14.0% of residents in England and Wales came from a BAME background, however the census profile of the London region was much more diverse (40.2% BAME). Whilst our workforce ethnic profile is not as diverse as the London population, we are seeing an encouraging gradual improvement.
- 43% of staff working in Estates and Ancillary roles and 48.0% of staff working in the Additional Clinical services are from a BAME background, which is the highest proportion of BAME staff in any staff group.
- 3.0% of the workforce declared a disability in this reporting period.
- Of the 3.0% of staff who declared they have a disability, 28% work in the Nursing and Midwifery Registered staff group and 31% working in Administration and Clerical roles.
- Where religion and belief is declared the majority of staff identify as Christian (47%), with 24% of staff actively choosing not to disclose.

– 29% of staff are aged between 31 – 40 years with 6% of staff aged over 60 years.

6.2 Gender Pay Gap

Gender pay gap data is captured annually across Public Sector organisations at a snapshot date of the 31 March. The mean gender pay gap continued to reduce to 13.3% for 2020. The median gender pay gap increased to 6.23% in 2020 from 5.6% in 2019. The median bonus pay gap also remained the same at 25%. Due to the Coronavirus outbreak, the Government Equalities Office and the Equality and Human Rights Commission took the decision to suspend enforcement of the gender pay gap deadlines for this reporting year (2019/20). There was no expectation on employers to report their data. However, we will resume our reporting obligations for 2021.

6.3 Recruitment and Selection

International Recruitment

International recruitment remains an important part of our resourcing strategy and we be increasing our recruitment activity further in 2021. We have recruited 117 nurses since 2016 and to support the opening of Cavendish Square we have successfully recruited internationally for radiographers.

Brexit

Our EU staff are vitally important to the work of the Trust and comprise approximately 12.3% of the workforce and are supporting them with settlement status applications whilst in the transition period.

We keep staff up to date with developments and have a dedicated email address to collate staff queries and concerns. We are also working closely with Trusts across the UK, commercial stakeholders and government partners around preparations for the exit process.

Recruitment Activity

Recruitment activity remains high and with the opening of Cavendish Square, development of our Digital Agenda, and Oak Cancer Centre the Trust has an opportunity to ensure we utilise these unique selling points to attract and retain the best talent and that our staff are engaged and developed to deliver the best patient care.

From 1 October 2019 to 30 September 2020 there were 15,808 applications made to the Trust, 3633 were shortlisted and 546 applicants appointed. There was a higher proportion of White applicants appointed from shortlisting compared with BAME applicants however there has been a two percentage point increase in BAME staff over the past year to 34.2%, which indicates that efforts to be more reflective of the London population is having a positive impact.

This year the gap between the proportion of female applicants and male applicants who were shortlisted and appointed has reduced and 2.4% of all applicants requested their application be considered under the Guaranteed Interview Scheme.

6.4 Workforce Race Equality Standard (WRES)

The WRES is a mandatory requirement for all NHS Providers to improve race equality across the NHS, part of the NHS Standard Contract and included in the CQC inspection regime.

The WRES comprises nine indicators, four are based on workforce data, four are based on data from the national staff survey and one considers Board composition. The metrics consider difference between White and BAME staff. We have used this information to target actions to reduce the gaps in experience and treatment between White and BAME staff.

In summary, Appendix 1 highlights good progress was made under outcomes 1-3 around data collection and analysis of staff group composition by ethnicity and outcomes 5-7. However, work was then paused to allow the organisation to respond to the pandemic. As a result, any partially

complete or outstanding outcomes were carried over into our 2020-21 WRES action plan where evidenced as a priority in our 2020 WRES findings.

Whilst an improvement in the ethnic composition of our workforce and bullying, harassment and discrimination are welcomed, there remain a number of metrics that require improvement. An increased emphasis on improving our WRES scores for recruitment, disciplinary, career progression will feature in our WRES action plan.

6.5 Workforce Disability Equality Standard (WDES)

The WDES launched in 2019 to establish systematic monitoring of disability equality performance and will be included in future CQC inspection regimes. There are ten WDES indicators, four focus on workforce data (indicators 1-3 and 10), six on findings from the annual staff survey (indicators 4-9) and a commentary on how we listen to the voices of disables staff in our organisation.

As at 31st March 2020 the total number of staff employed within the Trust was 4350 with the proportion of staff declaring a disability 3.2% (138 staff), 90.4% declaring they did not have a disability (3933 staff) and 6.4% of staff not disclosing their disability status (279 staff).

Findings from 2020 (Appendix 2) showed a greater number of staff confirming their manager has made reasonable adjustments and fewer disabled staff reporting bullying or harassment concerns from patients. However, there remain a few metrics that require improvement. An increased emphasis on improving our WDES scores for recruitment, capability, career progression and valuing our disabled staff will feature in our WDES action plan for 2020 – 2021 outlined in section 6 below.

6.6 Training, education and development of staff

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

The Trust provides a wide range of education, training and development opportunities for staff. Equal access to these opportunities is key to developing a highly skilled workforce and addressing actual or perceived of negative behaviours/discrimination. These opportunities include mandatory training e.g. safeguarding vulnerable adults and children; personal development training such as IT skills; leadership and management development and professional development e.g. funding to complete an MSc. Training opportunities are available face-to-face and via e-learning for staff.

Mandatory Training

The proportions of staff by disability, ethnicity and gender accessing mandatory and non-mandatory training were broadly in line with the number of employees within these groups across the Trust.

Personal Development

The proportions of staff by disability, ethnicity and gender accessing personal development training programmes were broadly in line with the number of employees within these groups across the Trust.

Management and Leadership Development

The Trust makes available a broad range of management and leadership programmes to all staff including Introduction to Supervisory Skills, Learning to Lead, Ward and Matron Development and Paired Learning. There is a slightly higher proportion of female staff accessing management and leadership development (82%) than the proportion of female staff overall (76%). The proportion of staff who identify as BAME accessing management and leadership development (32%) is slightly lower than the overall percentage of BAME staff (35.3%).

Career Development Mentoring

The Career Development Scheme is open to all staff from bands 1-7 and is promoted with particular encouragement for BAME and disabled staff as data suggests these staff groups are underrepresented at higher grades. During the course of 2018/19, 39 members of staff have been mentored with the proportion of female applicants (83.0%) and male applicants (17.0%) broadly representing the proportion of employees in those groups. Applicants from employees identifying as BAME (58.0%) was higher that the proportion of BAME staff overall (34.2%).

Career Coaching and Careers Advisory Service

In 2019 a Career Coaching scheme launched, following training of internal coaches. To date 10 staff have accessed the scheme. The scheme is part of a wider Careers Advisory Service which launched in 2019 and includes face to face interviews skills courses. 30.0% of the staff who accessed Career Coaching identified as BAME, which is slightly lower than the profile of staff in the Trust (34.2%). There was a lower proportion of male staff accessing the Coaching Scheme (10.0%) compared with the profile of male staff in Trust (24%). In 2020 this service was refreshed and advertised and promoted via the Trust's Staff Networks.

Professional Development: Access to Funding for External Study Leave

The percentage of employees from a BAME background who accessed study leave funds during the reporting period has increased from 25.6% in 2018/2019 to 30% in 2019/2020. This corresponds with a slight decrease in employees from White backgrounds accessing study leave funds from 73.5% in 2018/2019 to 69% in 2019/2020.

Employees in the 31 - 40 age group continue to access the most study leave funds which is in line with previous years. The proportion of lesbian, gay and bisexual staff who accessed study leave funds has increased from 1.9% in 2018/2019 to 4.2% in 2019/2020. There has been a slight increase in the percentage of employees who declared they have a disability accessing study leave funding from 2.3% in 2018/2019 to 3% in 2019/2020.

The percentage of male employees accessing study leave funding increased from 11.9% in 2018/2019 to 17% in 2019/2020. This corresponds with a slight decrease in female employees accessing study leave funding.

Apprenticeships

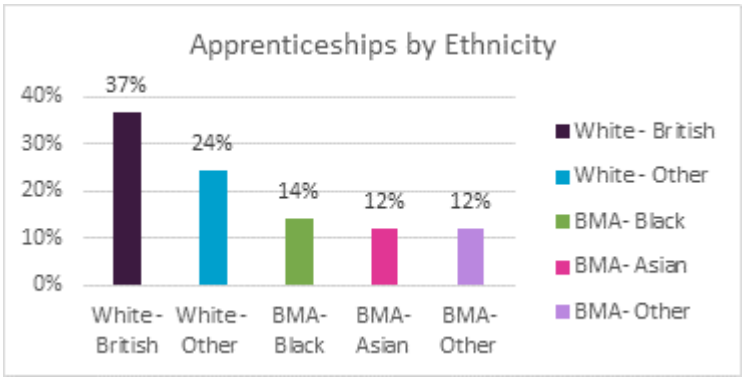
Between 1 October 2019 and 30 September 2020 49 new apprentices have started in a wide

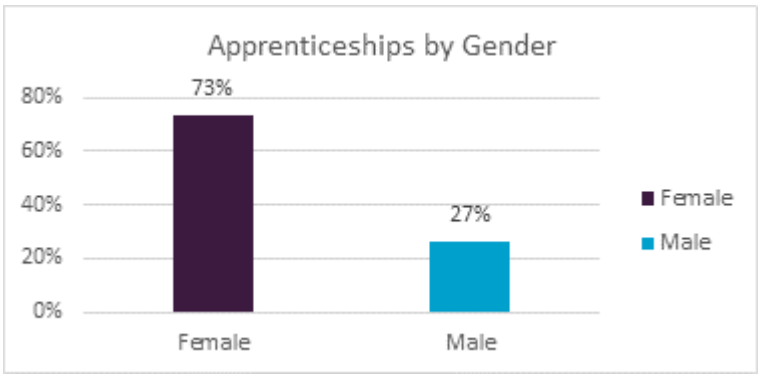
range of programmes, including, Nurse Degree, Senior Healthcare Support Worker, Pharmacy Services, Team Leading and Management and Business and Admin. We also had our first Learning Mentor cohort and a couple of Science Degree apprenticeships.

13 of the apprentices are male, equating to 27% of total new apprenticeship starts which is a sustained improvement from 2017/18 (17%) and 2016/17 (13%). However, continued efforts must be made to promote these opportunities widely.

The proportion of BAME apprenticeships in 2019/ 20 (39%) is lower than the proportion of

BAME apprenticeships reported in 2018/19 (43.7%) is higher and in 2017 (27.0%), but it is higher than the proportion of BAME staff in the overall workforce (35.3%). Efforts will be made to promote apprenticeship within BAME forums.





6.7 Employee Relations

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

The proportion of male staff who were disciplined this year (%) is higher than the proportion of male staff in the overall workforce (24%). The proportion of BAME staff that were disciplined (49.1%) is higher than the proportion of BAME staff in the workforce (35.3%).

The Trust has developed a policy framework to ensure each of our policies and procedures have an employee centric focus. This has been applied to recent policies that have been updated within the last twelve months. The framework reviews each of the policies against a set of criteria which include: the fit with our value of Showing Kindness; consider how every opportunity to take informal action can be undertaken; allow for the most positive resolution for all parties involved and ensure a fair process is undertaken.

Policies reviewed to date include the Disciplinary Policy and Process. A number of review steps have been implemented to guarantee that only appropriate cases are taken forward. There is already an initial investigation assessment tool in place, which was developed to address WRES findings that BAME staff are disproportionately more likely to be subject to disciplinary action. We have now added an investigation decision making matrix to fully consider whether a case should be taken forward to a formal process. This initial assessment also includes a wellbeing check and a signpost to both the Trust's Staff Support Service and Occupational Health.

Furthermore, a decision making matrix has been implemented for disciplinary hearing chairs to ensure that they consider all relevant information and evidence. A similar model is to be applied for appeal hearing chairs as well to fulfil the recommendation from the Imperial case which highlights the need for employees to know that an appeal hearing will take a balanced view of the evidence presented to it.

As an additional step to ensure a fair process is applied any final warning or dismissal hearing outcomes are discussed with the Deputy Director of HR prior to an outcome being delivered by the Chair of the panel.

6.8 Freedom to Speak Up

The FTSU Guardian is supported by a team of 9 FTSU Champions who cover all bases and all divisions. The FTSU champions are appointed from a wide range of professions and differing levels of seniority and undertake this role within their work role with agreement and support of their line managers. The role of the FTSU service is to be visible within the Trust and become known so staff can speak to them confidentially for advice and support in relation to raising their concerns or whistleblowing. A Non-Executive Director has been appointed to support the service and a guardian of safe working is in place to support junior doctors in training to raise concerns about their working conditions or educational experience.

To raise awareness of the FTSU service, communication resources have been developed. All new starters to the organisation receive information about the Freedom to Speak Up service as part of their induction and there is information in the trust website and in public and staff areas across all Trust sites.

Concerns raised to the FTSU Guardian and Champions are recorded confidentially, and feedback is provided to the individual raising the concern. Each quarter the National Guardian's office collates activity data and learning in response to our local Freedom to Speak Up service. The trust is required to identify if concerns include an element of patient safety/quality, relate to behaviours, including bullying/harassment or identify that a detriment has been suffered as a result of speaking up. Data collated is based on categories predetermined by the National Guardian's office.

During 2017-18, the first year of the FTSU service 15 concerns were raised increasing to 25 concerns in 2018-19 and 39 concerns in 2019-20. We have seen an increase in contacts this year which may have been as a result of raising the profile of the FTSU service last year and the Covid pandemic. In the first two quarters of 2020-21 we have had 56 cases raised to the FTSU service of those 15 related to Covid matters, and 32 cases concerned staff attitudes and behaviour, containing elements of bullying and harassment. Eight concerns were raised where staff wished to remain anonymous. The themes are in line with the National Guardians Office data and themes.

6.9 Health and Wellbeing

Due to the pandemic response, the Trust promptly offered a comprehensive range of health and wellbeing initiatives to our staff which include a mixture of national and Trust schemes on mental health, counselling, financial advice and have been well received by our staff.

6.10 Flexible working

Under the Equality Act 2010 all employees have the right to have a request for flexible working considered fully. We recognise that at certain times of life staff may need greater flexibility in their working pattern, either on a short term or long term basis. Flexible working opportunities are an essential retention tool and we offer a diverse range of options where the service enables this. As at 30 September 2020, 23% of our staff work part time, with higher proportions of staff working part time in Nursing and Allied Health Professionals.

6.11 Staff Equality Networks

We host three staff equality networks which are run jointly with our colleagues at the ICR. In 2019 the network Chairs were asked to join the ED&I Steering Group. The communications portal RM Matters was launched, featuring a much easier system for staff communications and each network now has an individual section within this.

During 2020 the Forum for BAME staff launched regular Zoom forum meetings that were open to all staff and helped to increase traction and membership of the forum. Senior managers attended these meetings and they found these meetings useful and insightful and helped facilitate

local conversations. This has now moved to monthly with alternate open and closed meetings. The BAME Men's forum was also launched and will enable more collaborative work to occur between both BAME Networks. A BAME Executive Champion was appointed for the ICR. The RMH Champion (Chief Nurse) was already in place.

The Lesbian, Gay, Bisexual and Transsexual (LGBT+) staff network continues to raise awareness of the LGBT+ community through developing a rainbow mural in the Teenage and Young Adults Unit and celebrated the LGBT+ in science, technology, engineering and maths (STEM) day through social media campaigns including profiling of network members. Members of the Network joined a virtual Pride event this year and refreshed and relaunched the network following COVID-19 to increase the frequency of meetings, advertise network roles and create a dedicated intranet page on our RMH intranet.

The network for staff with disabilities and health conditions has played an important role in supporting our colleagues with disabilities during the pandemic with shielding concerns and requests for working from home and considering reasonable adjustments. The network discussed the 2020 Workforce Disability Equality Standard (WDES) findings and are keen to be involved in supporting action plans to improve the findings.

6.12 Disability Confident Scheme

As a Level 2 Disability Confident employer we have committed to ensuring that all disabled applicants and staff are treated fairly and that reasonable adjustments are made to ensure they can fully integrate into the workplace. Examples of reasonable adjustments made this year include arranging for accessible interview rooms to enable candidates with mobility issues to be able to attend the interviews. During 2021/22 we will work towards acquiring Level 3 status.

6.13 Leavers

There were no significant differences for leaving rates by protected group. In 2019/20 68.7% of leavers were aged between 16 – 40, compared with the proportion of staff overall in this group (48%). We encourage all leavers to give us their feedback so we can learn from their experiences of working for the Trust which can be through their line manager or with a FTSU Champion, a member of the Human Resources team or via an online anonymous questionnaire.

6.14 Staff engagement

Staff engagement is a core priority for the Trust and involves a broad range of strategies to engage with all staff including staff surveys, focus groups, Chief Executive town hall meetings and staff equality networks.

Overall the responses for equality and diversity questions are lower than last year, however deeper analysis indicates that the shift is largely attributable to staff interactions with patients/ service users in Private Care. Work is underway to address this to ensure staff feel supported.

Section 7 - Equality priorities for 2021/2022

The following priorities have been identified through equality data, staff and patient survey findings and other equality information for potential objectives for 2021/2022.

7.1 Service priorities

1. Increase diverse representation in our Membership, particularly for people from the Black, Asian or Minority Ethnic community.
2. Exploring the patient experience for cancer patient with learning disabilities and their families

7.2 Workforce priorities

1. Review how we attract and employ a more diverse workforce reflective of the community we serve, at all levels of the Trust as set out under Model Employer.
2. Progress approaches to embedding a just culture style of employee relations to include actions taken as part of Pan London WRES indicator 3 discipline project to reduce the number of BAME staff who are disciplined.
3. Continue to focus on equalising the likelihood of BME candidates being appointed or promoted.

Appendix 1 Summary of WRES 2020 findings as at 31 March 2020

WRES Indicator		2020	2019	2018	Progress since 2018
1	Proportional representation across all staff grades and bands	Workforce increasingly representative of communities served but not even distribution throughout organisation	Workforce increasingly representative of communities served but not even distribution throughout organisation	Workforce increasingly representative of communities served but not even distribution throughout organisation	
2	Likelihood of White staff being appointed from shortlisting	2.16 times more likely	1.65 times more likely	2.08 times more likely	
3	Likelihood of BAME staff entering disciplinary process	2.08 times more likely	2.07 times more likely	2.01 times more likely	
4	Likelihood of BAME staff accessing non-mandatory training and CPD	1.11 times more likely	1.09 times more likely	0.95 times more likely	
5	Percentage of staff experiencing harassment bullying or abuse from patients	BME 15.4% White 16.7%	BME 18% White 18%	BME 14% White 18%	
6	Percentage of staff experiencing harassment bullying or abuse from staff	BME 27.5% White 20.4%	BME 27% White 22%	BME 24% White 20%	
7	Percentage believing Trust provides equal opportunities for career progression or promotion	BME 71.9% White 88.4%	BME 76% White 91%	BME 78% White 92%	

8	Percentage experiencing discrimination from manager/ team leader or colleagues	BME 12.6% White 5.3%	BME 12% White 5%	BME 9% White 4%	
9	Percentage difference between Board membership (BME) and overall workforce percentage (BME)	-27%	-25%	-31%	

Appendix 2: Summary of 2020 WDES findings (31 March 2020)

	WDES Indicator	2020	2019 (benchmark year)	RAG
1	Staff in grades	Lower proportions of disabled staff in higher bands	Lower proportions of disabled staff in higher bands	
2	Likelihood of not disabled staff being appointed from shortlisting compared with disabled staff	1.36 times more likely	1.29 times more likely	
3	Likelihood of disabled staff entering formal capability process	5.35 times more likely	7 times more likely	
4	a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:			
	i. Patients/service users, their relatives or other members of the public	Disabled 17.8% Not disabled 16.3%	23% disabled 18% not disabled	
	ii. Managers	Disabled 13.6% Not disabled 8.8%	15% disabled 9% not disabled	
	iii. Other colleagues	Disabled 28.8% Not disabled 17.5%	28% disabled 17% not disabled	
	b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. (Q13)	Disabled 48.9% Not disabled 49.2%	55% disabled 54% not disabled	
5	Believing that the Trust provides equal opportunities for career progression or promotion. (Q14)	Disabled 77.2% Not disabled 84.1%	79% disabled 87% not disabled	
6	Felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. (Q11)	Disabled 22.5% Not disabled 18.9%	28% disabled 17% not disabled	
7	Satisfied with the extent to which their organisation values their work. (Q5)	Disabled 42.7% Not disabled 57.4%	49% disabled 58% not disabled	
8	Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. (Q28b)	80.90%	74%	
9	a) Staff engagement score (10 = highest score)			
	i) Overall organisation	7.7	7.7	
	ii) Disabled staff	7.3	7.3	
	iii) Non disabled staff	7.7	7.8	
	b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)	Yes	Yes	
	We have a network for staff with disabilities and long term health conditions. This network is sponsored and chaired by a Divisional Director and is run jointly with the Institute of Cancer Research.			
10	Percentage difference between the proportion of the Board voting membership and the proportion of the organisation's overall workforce who have declared a disability disaggregated:			
	• by voting membership of the Board.	5%	5%	
	• by Executive membership of the Board.	-3%	-3%	

The ROYAL MARSDEN
NHS Foundation Trust

COUNCIL OF GOVERNOR PAPER
SUMMARY SHEET

Date of Meeting: 14 July 2021	**Agenda item:** 16.
Title of Document: Communications Briefing	**To be presented by:** For information
Summary The enclosed report updates the Council of Governors on relevant communications and PR coverage.	
Recommendations The Council is asked to note the enclosed communications briefing for information.	

The ROYAL MARSDEN
NHS Foundation Trust

Council of Governors
Communications Briefing – June 2021

Recent highlights

Private Care/ Cavendish Square

In the build up to the launch of Cavendish Square in April, we organised a number of media tours around the centre and issued a press release to relevant media. This activity resulted in coverage in trade titles LaingBuisson News, Building Better Healthcare, Healthcare Markets, Independent Practitioner (which goes to over 14,000 GPs and Consultants) and Prognosis Magazine – a well-read title in the Harley Street area. A journalist from The Financial Times also came to Cavendish Square and spoke to Shams Maladwala and Prof Chris Nutting. The end result was a favourable story about our private/ NHS integrated model.

As part of our work around International Nurses' Day in May, four of our Cavendish Square nurses featured in the Harley Street Medical Area's online campaign celebrating nurses, and on International Women's Day we secured a Q&A feature with Prof Ros Eeles, in association with her role at Cavendish Square, on the UK Healthcare Pavilion website which has a large international audience.

We also produced a one-off special edition of Private Care magazine dedicated to Cavendish Square, which showcases the range of expertise and diagnostic services available in the centre. This has been sent to GPs, insurers and international embassies.

Oak Cancer Centre media coverage

Over the last three months we have successfully placed a number of patient case study stories in national media, with mentions of the Oak Cancer Centre and the Charity's public appeal to fund it. This includes national consumer magazines Woman, Fabulous magazine, and Best magazines. We also secured coverage in third sector titles and local media for two Charity partners who are raising money for the OCC appeal- Goldman Sachs and Morrisons Foundation.

Research news

Highlights this period include the annual ASCO conference. To coincide with research presented at the virtual conference, we press released a number of studies and secured coverage for Prof Ian Chau's research into two new treatment options using immunotherapy for patients with advanced oesophageal cancer, and for Prof James Larkin's research that shows a one-off immunotherapy (TIL therapy) can stop or reverse the progression of cancer in some patients with advanced melanoma.We secured a story in the Sunday Times in June about Dr Juanita Lopez's ASCO research, thanks to a fantastic patient case study who agreed to share his life-changing experience of the trial.

Also in the last quarter, Dr Susie Banerjee was interviewed on BBC News and Sky News talking about NICE's approval of a drug combination, olaparib and bevacizumab, for eligible ovarian cancer patients. In May, The Daily Mail ran a double page spread on CAR-T cell therapy, featuring quotes from Dr Andrew Furness and Dr Emma Nicholson and a full interview with a Royal Marsden CAR-T trial patient. The story attracted subsequent media attention after Philip Schofield remarked on the treatment's impact on This Morning, with a story running in the

Express and Sun. Dr Andrew Furness was then interviewed about the treatment on BBC World Service.
We also secured an in-depth story about a new device being piloted at The Royal Marsden to help surgeons locate breast tumours during surgery.
In addition, we also worked with the ICR on a number of research stories this quarter, which included a story that was picked up by the Guardian, Times and Mail on Sunday about a promising immunotherapy trial in patients with brain tumours; a story in the Daily Mail online about Dr Navita Somaiah's research into how hydrogen peroxide injected into breast tumours before radiotherapy can help slow disease progression; and another story about Prof Ros Eeles's £3m NIHR grant to lead research aimed at setting up a prostate cancer genetic testing and screening service.

COVID stories
We have continued to pitch stories with COVID angles. In April we worked with the ICR to promote Dr Kevin Boyd's research, which showed myeloma patients mount a good response to the COVID vaccine. This was covered in the Times and Daily Mail online.
Juanita Lopez's research trial which offers hope for a cancer vaccine based on mRNA COVID-19 vaccine science ran in the Mail on Sunday, and we placed a first-person feature from Angela Little, Matron, about the steps the Trust took to encourage vaccine uptake among staff in minority groups.
In addition, in May, we worked on a story about CIO, Lisa Emery, organising a donation of IT equipment to a local school to help students isolating at home during the COVID pandemic. This ran in local media, including the Croydon & Sutton Guardians.
The work of the Cancer Surgical Hub has been shortlisted for an HSJ Value Award and has also been entered in to the main HSJ Awards.

Visit from Health Minister Edward Argar MP
On 28 May, we hosted a visit from Health Minister Edward Argar MP, as part of a government 'fireburst' where they sent MPs out to various NHS organisations to raise awareness of a new Women's Health Strategy and to encourage people working in women's health to share their views. The Minister met with consultants working in breast and gynae cancer treatment and care and heard from senior management and representatives from the Cancer Surgical Hub who spoke about the Trust's response to COVID and recovery of services.

Gynae cancer awareness
Working with Royal Marsden Cancer Charity partner The Lady Garden Foundation, we have been included in various pieces of national media coverage related to their gynaecological cancer awareness activity. We secured a good result in The Sun with a patient case study story, and another in monthly glossy consumer magazine, Glamour. This also included quotes from Royal Marsden consultant surgeon and Lady Garden Foundation Medical Director Mr. John Butler. To coincide with World Ovarian Cancer Day, Lady Garden Foundation placed one of our case study stories in the Hippocratic Post to raise awareness of ovarian cancer symptoms amongst younger women.

International Nurses' Day
On 12 May, Florence Nightingale's birthday, we celebrated International Nurse's Day by pitching various interviews and profiles with our nursing staff. We secured a story on the Royal College of Nursing's RCNi website with Sister Aisling Grant talking about the positive innovations the pandemic has brought about, including The Royal Marsden Cancer Charity funding additional psychological support. We also placed an interview with theatre nurse

Ismael Navarrete giving an overview of the improved ways of working he implemented to support The Royal Marsden Cancer Hub during the pandemic. We put forward Matron Angela Little and Oak Cancer Centre for Children and Young People nurse Heather Jones to speak to Radio Jackie, which covers south west London and Surrey. Angela spoke about the fundamental role nursing plays in patient safety and the opportunities a nursing career can offer you, and Heather spoke about her personal highlights as a nurse.

Celebrity endorsement
Celebrity patient and supporter, Bill Turnbull, talked about his experience of treatment for prostate cancer at The Royal Marsden on ITV's Good Morning Britain and urged people with symptoms to get checked. This was subsequently covered by the Express. An interview with Bill also ran in The Sun, where he talked about his cancer journey, the treatments he has received at The Royal Marsden and at home, and his new role at Good Morning Britain.
Deborah James has also spoken about receiving NanoKnife at The Royal Marsden, on her BBC podcast, ITV's Lorraine and across several ITV regional news programmes and Sky News.
We secured celebrity support for The Banham Marsden March at Home in May, including videos and good luck messages from Lorraine Kelly, Gaby Roslin, Brian Blessed, Monty Panesar and Jimmy Tarbuck.

Father and Son Day
We have been working closely with the Charity and their corporate team to help grow the Father & Son partnership, which this year saw coverage in the Sunday Times and BBC Radio 2, with a celebrity campaign to sell second-hand clothes on the Depop website, for example a dress donated by Kate Moss and a shirt donated by Brooklyn Beckham.

Future highlights

Channel 4 documentary
We are about to embark on filming a three-part Channel 4 documentary series, focusing on different surgical disciplines at The Royal Marsden. The three-part series will feature three case studies per episode who are undergoing specialist, rare or new types of surgery. Filming is anticipated to start in July 2021, with the final series aired in 2022. The series is being produced by the same team behind the recent Channel 4 series 'Baby Surgeons' filmed at St George's Hospital.

International Centre for Recurrent Head and Neck Cancer (IReC)
This new Centre is due to launch in June. Funded by The Royal Marsden Cancer Charity, IReC will bring together clinicians and researchers to create a centre of international excellence and set international standards in the curative treatment, palliation, and supportive care of recurrent head and neck cancers.