

## Council of Governors

4 October 2021, Microsoft Teams, 11am – 1pm

1. **Apologies for Absence and Declarations of Interest**
2. **Minutes of the meeting held on 14 July 2021** Enclosed
3. **Matters Arising** Verbal
- Strategic**
4. **Children and Young People's Service Review Update** Verbal  
*Nick van As, Medical Director*
5. **Digital Health Record Update** Enclosed  
*Marcus Thorman, Chief Financial Officer*
6. **Oak Cancer Centre** Verbal  
*Cally Palmer, Chief Executive*
7. **Green Plan** Enclosed  
*Sunil Vyas, Director of Projects and Estates*
- Quality and Performance**
8. **Monthly Quality Account** Enclosed  
*Mairead Griffin, Chief Nurse*
9. **Key Performance Indicators Q1** Enclosed  
*Steven Francis, Director of Performance and Information*
10. **Financial Performance Report** Enclosed  
*Marcus Thorman, Chief Financial Officer*
- Operational & Regulatory**
11. **COVID-19 Recovery and Restoration Plan** Enclosed  
*Karl Munslow Ong, Chief Operating Officer/ Nick van As, Medical Director*
12. **External Auditor's Report** Enclosed  
*Angus Fish, Deloitte LLP*
- For information**
13. **Board Sub-Committees Reports**
  - 13.1 Audit and Finance Committee Annual Report Enclosed
  - 13.2 Quality, Assurance and Risk Committee Annual Report Enclosed
14. **Reports from Governors**
  - 14.1 Quality and Patient Experience Committee Enclosed
  - 14.2 Membership and Communications Group Enclosed
15. **Communications Briefing** Enclosed
16. **Any Other Business**

**Next meeting:** 9 December 2021, 11am – 1pm



## Council of Governors

17<sup>th</sup> July 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)

Mairead Griffin (Chief Nurse)

Karl Munslow Ong (Chief Operating Officer)

Marcus Thorman (Chief Financial Officer)

Andrew Dimech (Deputy Chief Nurse)

Dr Nick van As (Medical Director)

Steven Francis (Director for Performance and Information)

Krystyna Ruskiewicz (Director of Workforce) – items 13 – 15

Brinda Sittapah (Company Secretary)

Rebecca Hudson (Membership Manager – *minutes*)

## MEETING BUSINESS

### **Nominations Committee Report – Reappointment of William Jackson and Chris Clark**

At the start of the meeting the Council of Governors approved the Nominations Committee recommendations to reappoint Non-Executive Directors William Jackson and Chris Clark on the Board for a further term of three years commencing 31 August 2021 to 30 June 2024.

1. **Welcome, apologies and declarations of interest** – *noted in the attached attendance list*

The Chairman welcomed Chief Nurse, Mairead Griffin to her first Council meeting and noted this would be the last meeting for Andrew Dimech who will be leaving the Trust in August to return to Australia. The Chairman on behalf of the Council of Governors thanked Andrew for his dedication, hard work and excellent contribution to the work of RM.

The Chairman noted that this would be the last Council of Governors meeting for Staff Governor Dorothy Chakani and wished her well.

There were no declarations of interests.

2. **Minutes of meeting held on the 17<sup>th</sup> March 2021**

The minutes were approved as an accurate record of the meeting held on 17<sup>th</sup> March 2021.

3. **Matters Arising**

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

4. **Role of RM and RMP in new ICS framework**

The Chief Executive (CE) explained that the legislation to establish ICS on a statutory basis was currently going through parliament, so they can fulfil their full function in commissioning and planning for local geographies. She reminded Governors of the aims of grouping commissioning



into this new system of ICS across the country. It was important to understand there will be two governance structures, the ICS Partnership Board which will bring together broader alliance of organisations and representatives involved in improving care, health and wellbeing of the population for the first time jointly convened by local authorities and the NHS. The second, an ICS NHS Body which will bring the NHS together locally to improve population health and care.

The CE confirmed that NHS Foundation Trust including the role of the Board and Council of Governors will retain its statutory authority. The commissioning and strategic planning would now be held at an ICS level, the individual legal responsibilities for quality, safety, and delivery of NHS services at The Royal Marsden (RM) will remain as is.

The CE reported that the design framework had now been published regarding how the ICS will operate, which confirms Cancer Alliances will be responsible for leading the whole system planning for cancer. RMP which covers both NW and SW London will connect the two sectors, and contribute as the host of RM.

The CE summarised the risks and opportunities this reform will bring for RM as a specialist cancer centre and how RM will fit within the new national strategy.

Tom Brown reported on the recent NHS Providers Governor Focus event where governors duty of care was discussed and may be reformulated, so Governors act in public interest rather than for individual trusts. It was noted that revised guidance will be released for Governors on any changes to their statutory responsibilities.

Debra Hoe queried the implications of this change on RM resources, as a result of being domiciled in the SW London ICS and at the same time still affiliated with NW London ICS. The CE explained how financial flows will operate. Each ICS will have a significant and devolved commissioning function, both an allocation which used to be held by primary care and CCGs and devolved national function for specialist services. It will include funding for digital and data services a large commissioning and funding responsibility. Capital allocations will be made to each ICS based on the outcome of the 2022/23 capital settlement for operational capital and capital budget will continue to be a combination of system level allocations nationally allocated for large strategy projects and other national programmes.

The Chief Financial Officer (CFO) added the white paper will not stop any Foundation Trust's powers apart from the issue around capital. Any surplus funds RM has it invests into the estate and going forward RM will only be able to invest through agreement through the ICS that it is an agreed priority. The CFO advised that this issue will be raised at regional and national level to see if there is some change that could assist RM with this problem.

In response to a question from Tim Nolan regarding the Digital Health Record funding, the CE explained that it was on the SWL list to have this agreed a priority, however they still have a limit on capital.

**The Council of Governors noted the update on the ICS framework and the role of RM and RMP.**

## **5. Children and Young People Review**

The Medical Director reminded Governors that RM is developing bids with two partners to meet the requirements of the new service specification for children and young people with cancer. The SW London bid joint with St George's is well advanced with the plan to run an 'RM@' model which is the preferred 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 has now been deferred to 2<sup>nd</sup> September 2021.



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

**6. Joint Hosted Partnership for Thoracic Services update**

The Chief Operating Officer (COO) was pleased to report that a Partnership Agreement has now been signed with the Royal Brompton and Harefield Hospital (RBH) and Guys and St Thomas (GSTT) as the partner organisation following the recent merger. This arrangement includes RM taking on the responsibilities for hosting the joint partnership although clinical services will continue to be delivered from both hospital sites, utilising all assets.

The COO explained that the joint governance structure had been established and a business case was currently being developed by both institutions and will be reviewed in autumn 2021. Subject to approval it will aim to launch the new integrated service and go live in April 2022.

Following a question from the Chairman, the COO confirmed that the Partnership Agreement was signed by RBH senior management team within the new merge structure who retain day to day responsibility for the service. GSTT as the overarching organisation have agreed for RBH to develop the service model and the business case will be reviewed and signed off by the overall GSTT Board.

Dee Loughran asked from a patient perspective on the day to day running of the service and whether it will have the RM brand which is reassuring for a patient. The COO explained both hospitals bring considerable value to the partnership and will bring both brands and values together. In terms of administrative purposes and transfer of care there will be one central booking team which will hopefully help manage a more seamless patient journey through RBH and RM but retains identity and value of each institution making the pathway much better.

Cllr Janet Evans asked how performance or success will be monitored for the joint venture. The Chairman confirmed these will be monitored by the RM Board with considerable attention including its Finance, Quality and Digital performance committees.

**The Council of Governors noted the Brompton Partnership update.**

**7. Epsom and St Helier (Specialist Emergency Care Hospital at Sutton - SECH)**

The CE provided an update on the progress for the planning of the SECH since the last Council meeting. The outline business case (OBC) has been presented to the Joint Investment Committee (JIC) which is run by NHS England and NHS Improvement and the core bid was successful. It was highlighted that more work was needed before the next JIC in October 2021 to ensure one of the variants in the bid to have a cancer surgery floor is included.

The CE explained that there were two variants to the bid; variant 1 involved moving the Renal services out of SECH into a new combined unit at St. Georges to merge the two main services in SW London. Variant 2 involved the development of the RM cancer surgical centre within the new SECH building in the proposed space vacated by renal services.

The CE advised that the net additional cost of the surgical variant bid is estimated at £36m and pointed out that clarity is still awaited on how cancer surgery would fit within the Treasury's delegated capital spending limit for SW London. In principle the RM Board has made a commitment of £20m cash funding and the transfer of the required land has a value of £8m.

**The Council of Governors noted the Specialist Emergency Care Hospital at Sutton update.**

**8. Financial Plan 2021/22**

The CFO provided the Council with an outline of the process for the business planning for 2021/22, and the budget for the year. He reminded Governors of the COVID-19 financial framework which was introduced in 2020/21 which had a block contract and will continue into Q1 and Q2 2021/22.

The CFO explained that a draft budget was presented to the Board in March 2021, based on current run rates of activity and spend with Business Cases and Recovery Plans built in which were approved. The draft budget of a £20m control total deficit, was presented alongside a number of opportunities to mitigate the deficit and an update has been provided. Capital budgets were reviewed with a recommended plan for 2021/22 also presented to Board and subsequently submitted to NHSI.



The CFO reported that the NHS Income regime for Q3 and Q4 2021/22 was announced last week which will be broadly similar to Q1 and Q2 and an update to the budget will be presented to the Board later in the year to focus on the second half of this financial year once further clarity had been obtained and what the funding arrangements will be.

The CFO gave the Council a detailed overview of the draft 2021/22 Revenue, Capital Budget and cashflow.

Tim Nolan asked if the £30m figure in 2024/25 5 year Capital Programme was allocated for the SECH and the Chairman confirmed this was the case.

Tom Brown questioned the drug costs increasing approximately by 20% each year. The CFO explained that the majority of drugs were funded outside of tariff and RM makes no margin as the NHS funds the exact cost of the drugs, where there is an increase in expenditure there will also be an increase in the income offsetting that.

Ian Farmer, Non-Executive Director and Chair of Audit & Finance Committee (AFC) commented on RM's historical and excellent track record in terms of budget and forecasts. This year had been unusual with risks around NHS and private revenues, as normal travel patterns have not resumed. He highlighted that the information going through the AFC is that the Trust is navigating the business successfully to a breakeven position for this coming year, which was commendable outcome under the circumstances. He added that the 5 year business plan which was in place assumes RM can navigate its way back to an operation with a slight surplus in the years forward. Post COVID, the Trust needs to regulate its position and revenue income and cost base to ensure the organisation has a surplus which allows investment to achieve its strategy.

**The Council of Governors noted the opportunities available to close the control total deficit of £20m to a range around breakeven and draft income budget based on unconfirmed allocations and that a revision will be brought back to the Board, mid-year.**

**9. Monthly Quality Account – May 2021 (April data)**

The Chief Nurse reported on the May (April data) Quality Account (QA) data. It was noted a review of the KPIs had taken place which resulted in minimal changes to existing KPIs in the QA. The Chief Nurse advised that the Trust had seen a reduced number of cases of patients admitted with COVID-19 while running the vaccination programme. Over 85% of staff including volunteers have had their first dose of the vaccination and 74% have received the second dose. Additional work is underway to increase compliance while looking at the rationale as to why staff are not having a vaccination which are currently not mandatory.

The Chief Nurse also drew attention to the number of falls that patients' have experienced which reduced from 25 to 17, no themes had been identified. The Trust continues to have a good rate for VTE risk assessment compliance which has maintained for the last 25 months.

The Chief Nurse summarised the areas for improvement which included *C.difficile* as the numbers increased slightly and confirmed that reviews had been undertaken to identify any trends. Chemotherapy waiting times remain red/amber particularly at the Sutton site; however, this is attributable to patient preference for 1 stop treatment vs 2 stop. 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% there is a recruitment and retention piece of work underway.

Heather Lawrence, Non-Executive Director and Chair of Quality Assurance and Risk Committee commended the nursing staff to continuing to provide high quality services throughout the pandemic. She drew attention to the medicine incidents and confirmed the vast majority were no harm. The Medical Director added there was a diligent reporting culture at RM on any medication incidents.

In response to a question from Philippa Leslie regarding the outcomes for June and July nurse recruitment, the Deputy Chief Nurse confirmed the Trust was in surplus.

**The Council of Governors noted the Monthly Quality Account.**



**10. Key Performance Indicators Q4**

The Director for Performance and Information presented the Key Performance Indicators for Q4. He explained how the 70 metrics reported on the scorecard have changed across the year and how the number of green metrics have increased steadily each quarter. It was noted that for Q4, 60% of the metrics were green and there was a slight increase in the number of reds (10 in total) which was due to a pandemic dominant theme emerging and driving these. Areas where improvements were noted related to bed occupancy in Sutton and Theatre utilisation in Chelsea. It was noted that 85% of frontline staff have been vaccinated, a significant improvement on the same quarter the previous year where 73% of frontline staff members received the vaccine.

The Director for Performance and Information summarised the red areas and improvements required. It was noted that the number of referrals had declined compared to the previous quarter and this was due to the impact of the lockdown and restriction of travel for international patients.

The Director for Performance and Information emphasised how important it was that the scorecard is kept relevant which is under constant review. It was noted the next scorecard will include metrics on Cavendish Square to monitor how its progressing.

**The Council of Governors noted the Key Performance Indicators for Quarter 4.**

**11. COVID-19 Recovery Plan and Vaccine Deployment**

The COO provided an 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. It was highlighted the Executive Board have approved a business case to put in additional resources to work through the backlog for Plastics and Urology which were impacted by the cessation of p3 surgery.

The COO noted that the Trust was looking to focus on addressing expected increases in demand for cancer services from September onwards, for NHS and potentially private practice when international travel re opens. Preparations are underway for the second half of the year to ensure the right capacity is in place to continue to deliver timely care to our patients.

The Medical Director reported that the Trust currently had one COVID positive inpatient at the hospital. It was noted that the figures nationally were going up and is predicted to continue to rise until mid-late August. However, pressures on hospitals have not risen at the same rate as in the second wave. It was noted the vaccine programme closed on 21 May 2021 and the Trust was expecting to run a vaccine booster programme in line with the flu programme for staff in the autumn, details are still to be provided.

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

**12. Visitor Policy and Associated Arrangements from 19 July**

The Medical Director provided a brief update on progress with the Trust's Visitor Policy and associated arrangements from the 19 July following the changes in COVID-19 restrictions. The Trust was reviewing the current arrangements and committed to return visitors in a safe way while ensuring it remains COVID protected.

**The Council of Governors noted the progress with opening up the Trust to visitors in a safe manner.**

**13. Staff Survey Outcomes**

The Director of Workforce presented the results from the 2020 Annual Staff Survey and details of actions for 2021/22. Priorities had been identified, and actions proposed in order to improve the performance in areas where the Trust can do better, while also continuing to build on its strengths. It was noted that the Trust agreed to focus priorities on Health & Wellbeing and Equality, Diversity & Inclusion.



In response to a question from the Chairman on the Freedom to Speak Up (FTSU) figures most relating to bullying and harassment, the Director of Workforce explained it was good that people felt confident to raise their concerns. She added that Professor Martin Elliott, Non-Executive

Director and FTSU Board Executive with the FTSU Guardian have agreed to provide opportunity to have further conversations with the people who are raising concerns to understand them better. The Director of Workforce explained that the wording bullying and harassment are often used because they are the terms available within the staff survey. When staff are spoken to a lot of the issues are relating to low level toxicity and lack of respect in the workplace. Professor Elliott reassured Governors that the FTSU process is working well and reminded Governors of the rationale FTSU was initiated.

**The Council of Governors noted the Staff Survey Outcomes.**

**14. Organisation Health and Wellbeing**

The Director of Workforce presented the organisation Health and Wellbeing programme, which positioned RMs investment and priorities for individual staff health and wellbeing in a broader organisational context. She explained that the Trust supported people through the crisis stage of the pandemic and what RM needed to do after to restore and rebuild individuals and team's while addressing some of the environmental and organisational issues as well.

Fiona Rolls representative of clinical professional staff thanked the COO and team for taking the time to listen to staff concerns and explain what was possible/not possible to change and why. Also, to the Director of Workforce for the wellbeing programme to support staff which can be difficult to access when clinical which has been cleverly worked out and can be seen on demand. Lastly, she thanked the Board for their continuous support to staff during the pandemic which was greatly appreciated.

**The Council of Governors noted the Organisation Health and Wellbeing programme.**

**15. Equality and Diversity Report**

The Director of Workforce provided an overview of the 2021 Equality report to the Governors. The report outlines the 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 Director of Workforce was pleased to inform that the Trust has been accepted for the white Allyship programme, the senior team will be joining the programme run by NHS London and a number of staff are being trained as Work Race Equality Strategy (WRES) experts to work on the race agenda and support the development of creative interventions. The Trust is currently rolling out active by stander training for all staff which has been warmly welcomed.

On a question from Tim Nolan regarding the actions taken by the Trust to benchmark best practice within the wider NHS and ethnicity make up in the Trust, the Director of Workforce explained there were plenty of opportunities, the Trust has a dedicated Equality and Diversity Partner who represents the Trust on various Boards both in terms of workforce and patients to identify what the Trust can learn from others and where RM stands more importantly. The Trust has shadow programmes so members of the BAME community can shadow senior members of staff, a mentoring programme, creating a development programme for staff at 8a and above fast-tracking promising staff in those bands where there is a gap.

**The Council of Governors noted the Equality and Diversity Report.**

**16. Communications Briefing – for information**

The Council of Governors noted the communications briefing.

**17. Any Other Business**

Two short films were shown on Oak Cancer Centre build and Cavendish Square.

The Chairman closed the meeting and thanked everyone for attending.



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



## Council of Governors, Attendance List, 17<sup>th</sup> July 2021

<b>Governors</b>	<b>Constituency</b>	<b>Confirmed</b>
<b>Patient Governors</b>		
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
Dr David Aggett	Elsewhere in England	✓
Dr Nigel Platt	Elsewhere in England	✓
Dale Sheppard-Floyd	Carer	✓
Tim Nolan	Carer	✓
<b>Public Governors</b>		
Debra Hoe	Kensington and Chelsea	✓
Shirley Chapman	Sutton & Merton	✓
Dr Tom Moon	Elsewhere in England	✓
Dr Banan Osman	Elsewhere in England	Apologies
<b>Staff Governors</b>		
Hardev Sagoo	Corporate and Support Services	✓
Fiona Rolls	Clinical Professionals	✓
Dr Jayne Wood	Doctor	Apologies
Dorothy Chakani	Nurse	✓
<b>Nominated Governors</b>		
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 Oisín Brannick	West London Clinical Commissioning Group	Apologies
Gordon Stewart	Institute of Cancer Research	✓
TBC	Clinical Commissioning Group	-



## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 4.
<b>Title of Document:</b> Children and Young People Service Review	<b>To be presented by:</b> Nick van As, Medical Director
<b>Executive Summary</b> <p>Since the Council of Governors Meeting in July 2021, the NHSE London programme has remained largely paused whilst the NHSE London Region team make decisions about how to manage the next stage of the process. Meetings with the finance team have continued in order to develop the financial considerations for the bidding process and to ensure all potential providers have sight of the workforce requirements to deliver the CYP PTC service. The Programme Board scheduled for 2<sup>nd</sup> September was postponed and a new date is awaited.</p> <p>The RM Executive team have met patients and families on a number of occasions during this process. Patients and families found it difficult to meet the RM team over the summer and so a meeting is being held in September to provide updated information about the delay and to answer any other they have at this time.</p> <p>The RM CYP team continues to meet both SGUH and GOSH teams to develop the two proposed models that involve RM (RM/SGUH and RM/GOSH). Good progress is being made with each, including regarding digital solutions, although inevitably some pathway and workforce complexities remain.</p> <p>Each model will be submitted in the form of a series of templates covering the clinical model, research model, workforce and finance. Templates are currently being written for both models to ensure these meet the (now deferred) submission timelines.</p>	
<b>Recommendations</b> <p>The Council of Governors' is asked to note the position.</p>	

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 5.
<b>Title of Document:</b> Digital Health Record Update	<b>To be presented by:</b> Marcus Thorman, Chief Financial Officer
<b>Executive Summary</b>  This report provides a summary update on progress in delivery of the Digital Transformation programme, including the new Digital Health Record in collaboration with Great Ormond Street Hospital.	
<b>Recommendations</b>  The Council is asked to note the contents of the report for information.	

## Digital Transformation Programme

### August 2021 Update

#### 1.0 Executive Summary

The August report to the Digital Transformation Board (DTB) received updates on progress across all work streams. Key areas to highlight included:

- Approval of the Digital Health Record full business case (FBC) in collaboration with Great Ormond Street Hospital (GOSH). A summary of progress is included in this report.
- In terms of infrastructure programmes, the network replacement programme has now gone beyond the 50% completion rate, with Sutton at 85% completion. The server migration project (part of the transition from Sphere) is due to complete in November 2021.
- The Unified Communications business case is ready to enter formal Trust governance.
- Within Digital Diagnostics, the Stem Cell project is tracking slightly ahead of the revised plan, and new Blood Tracking capability has been deployed.
- Within Digital Research and Informatics, the Hyland electronic trial management solution is currently in the testing phase. Design sessions have been held for the new trusted research environment to develop use cases.
- The deployment of clinical research remote monitoring continues to widen with over 400 users (monitors and staff) now using the system.
- Project resource has been stood up for the Digital Pathology programme.
- A new Digital Coach has joined the RM Digital Services team this month with a focus on supporting staff to fully exploit collaboration tools such as Microsoft Teams, and to ensure that new staff entering the Trust are inducted appropriately.
- The digital specification for the new Oak Cancer Centre has been completed.

In summary, good progress continues to be made in all areas of the programme, noting that this remains a challenging undertaking in particular with respect to the infrastructure programmes that are due to complete later this calendar year.

During the next period (September – November) the following key activities are expected to complete:

- Signature of the RMH/Epic contract and Partnership Agreement with GOSH.
- Completion of DHR programme recruitment and commencement of training for design and configuration teams.
- Completion of the wired and wireless network replacement programme.
- Completion of the server migration programme (to new secure, offsite data centres).
- Approval of the Unified Communications business case and commencement of procurement activities.
- Completion of the build phase of the new Data Warehouse and Trusted Research Environment.
- Final stages of the new Blood Tracking project.

## 2.0 Digital Health Record Update

Following approval of the FBC by the Board on 27 July, considerable work has been undertaken under the direction of the DHR Steering Board, chaired by the CEO.

It is intended that the contract with Epic, and the Partnership Agreement with Great Ormond Street Hospital will be ready for signature later in September.

A summary of key progress since July is provided below:

- **Recruitment:** good progress has been made, with the appointment of 36 analyst and configuration staff and some key design roles. A second round of recruitment is currently underway, including for key clinical leadership roles. Training of these staff is due to commence in October.
- **Accommodation:** space has been identified for a proportion of the team at the Chelsea site, with refurbishment works underway to meet the October training deadline. Further space is currently being identified and it is likely that there will be a need to use space at the GOSH site to co-locate.
- **Governance:** a review is currently being undertaken, for presentation to the DHR Steering Board in early September for approval.
- **Contracts:** Work is ongoing on both the Epic/RMH contract and the Partnership Agreement with GOSH. Key contractual terms for the Partnership Agreement have been set out, and a meeting is being held in early September for the two organisations to ratify the Agreement.  
The DHR Steering Board will review the RMH/Epic key contract terms in September to then bring through the appropriate Trust governance for final approval to sign.

## 3.0 Recommendation

The Council is asked to note the contents of this progress update for information.

Lisa Emery

Chief Information Officer

September 2021

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 6.
<b>Title of Document:</b> Oak Cancer Centre	<b>To be presented by:</b> Cally Palmer, Chief Executive
<b>Executive Summary</b> <p>A video will be shown at the meeting of the OCC development at the Sutton site.</p> <p>Excellent progress has been made by the contractors and the concrete frame of the building is now complete. The contractors 'topping out' ceremony was held on September 13<sup>th</sup> with a further on-site event for several of the major donors being held later this month.</p> <p>Work on the external facade and the roof has commenced. The building should be watertight before the end of November and the roof and steelwork are due to be completed in January.</p> <p>The link between the OCC and the current hospital building has commenced with the necessary enabling works completed on the hospital side.</p> <p>The total funding raised so far for the OCC is now £67.2m against a target of £70m.</p>	
<b>Recommendations</b> <p>The Council is asked to note the update.</p>	

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<p><b>Date of Meeting:</b></p> <p>4 October 2021</p>	<p><b>Agenda item:</b></p> <p>7.</p>
<p><b>Title of Document:</b></p> <p>Green Plan</p>	<p><b>To be presented by:</b></p> <p>Sunil Vyas, Director of Projects and Estates</p>
<p><b>Executive Summary</b></p> <p>The NHS has set a target to achieve net zero carbon emissions by 2040, with an ambition to achieve 80% of this target between 2028 and 2032. This commitment was made by Sir Simon Stevens in the October 2020 document, Delivering a “Net Zero” National Health Service. Only 15% of NHS carbon emissions relate to building infrastructure, water and waste. The Trust now needs to start measuring emissions associated with business travel, staff travel and the carbon emissions we influence through procurement.</p> <p>All NHS Trusts have been told by NHSE to produce a Green Plan showing how they will achieve net zero by 2040, this is set out in “How to Produce a Green Plan, a 3 Year Strategy Towards Net Zero,” published June 21). We report to NHSE every 3 months on sustainability against a set of 20 questions, i.e. “Does your organisation have an up-to-date, board approved Green Plan in place which is aligned to the ambitions set out in Delivering a Net Zero NHS?”</p> <p>A Green Plan is a Board approved, live strategy document outlining the organisation’s aims, objectives, and delivery plans for sustainable development. Once approved, Trust Green Plans are submitted to our ICS and they will produce a consolidated system wide Green Plan by March 22, to be peer reviewed and subsequently published. Progress against the Green Plan should be formally reported annually to the Trust Board and should be updated annually to consider:</p> <ul style="list-style-type: none"> <li>• the progress made and ability to increase or accelerate agreed actions</li> <li>• new initiatives generated by staff or partner organisations</li> <li>• advancements in technology and other enablers</li> <li>• the likely increase in ambition and breadth of national carbon reduction initiatives and targets.</li> </ul> <p>On the 20th April the Prime Minister announced new climate change commitments will set the UK on course to cut carbon emissions by 78% by 2035. The PM’s commitments, enshrined in law, will bring forward the current UK target for reducing carbon emissions. The current national target remains net zero by 2050, but the 78% reduction target broadly aligns with the ambitious NHS target of an 80% reduction by between 2028 to 2032.</p>	

The Trust's Green Plan is a vision document setting out high level aims and ambitions, each significant step to reduce carbon emissions or improve sustainability is likely to require its own business case, such as the current CHP Chelsea project. Some detail of how we plan to achieve reductions is mapped out for the next 3 years, but with technology rapidly developing it is difficult to plan with any certainty beyond a 3-year horizon. One of our largest emissions relates to gas consumption, it is therefore a significant challenge to be able to reduce natural gas consumption down to zero.

This Green Plan drives a focused approach to sustainability where it is embraced and driven by senior leadership team. The Green Plan considers how to minimise negative environmental impacts of the Trusts healthcare work and maximise opportunities to support the local economy and community wellbeing. The Green Plan also looks at our asset management and utilities, travel and logistics, our adaptation to climate change, capital projects, our people, our carbon emissions and sets out a governance and monitoring process to assess progress against the plan.

### **Recommendations**

To note the Green Plan and its annual reporting cycle to Trust Board. To note the Chief Operating Officer as the Trusts "Net Zero" lead board member.

*The* ROYAL MARSDEN  
NHS Foundation Trust

# The Royal Marsden NHS FT

Green Plan 2021/22 - 2023/24



# About us

The Royal Marsden NHS Foundation Trust first opened its doors in 1851 as the world's first hospital dedicated to cancer diagnosis, treatment, research and education. In 2004, the Royal Marsden was one of the first Trust's in the UK to be awarded NHS Foundation Trust status.

It now operates as a specialist cancer hospital and National Institute for Health Research (NIHR) Biomedical Research Centre for Cancer, working closely with its principle academic partner, the Institute of Cancer Research (ICR).

The Royal Marsden and the ICR are ranked in the top five cancer centres in the world for the impact of their research, treating over 59,000 NHS and private patients every year.

The Trust operates from two centres, in Chelsea and Sutton, and it also has a Medical Daycare Unit at Kingston Hospital.

The Trust is part of the South West London Integrated Care System whose priorities include focusing on prevention.



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# Executive Summary

This plan aims to support the delivery of the best, most efficient and forward-thinking healthcare; it outlines the specific aims of the Trust's sustainability strategy and the objectives that will need to be achieved in order to meet the targets. It considers how to minimise negative environmental impacts and maximise opportunities to support the local economy and community wellbeing.

In 2020, the NHS set more ambitious targets than the UK Climate Change Act<sup>1</sup> net zero emissions 2050 target, with the aim to become the world's first net zero national health service. The two targets set are:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

The challenge is substantial – the health sector's carbon footprint accounts for approximately 4-5% of UK carbon emissions<sup>2</sup>.

Carbon reduction is just one element of delivering sustainable healthcare; developing and delivering services in a sustainable manner also requires improving our natural environment and enhancing wellbeing, whilst limiting environmental impacts and reducing inequalities.

The Royal Marsden NHS Foundation Trust is committed to delivering sustainable healthcare and achieving the emission reduction targets set by the NHS.



1. [Greener NHS campaign to tackle climate 'health emergency'](#)  
2. [SDU - Reducing the use of natural resources in health and social – 2018 report](#)

# Executive Summary

The Trust has already taken steps to embed sustainability into Trust operations, including, the installation of energy efficiency measures such as the combined heat and power (CHP) engine at Sutton, setting up ‘Green Matters’, a Trust environmental improvement focus group, implementing a Travel Plan.

The Royal Marsden has partnered with Globechain, a reuse marketplace, to give items to charity and small businesses instead of being thrown away as waste. Globechain is an environmental, social and corporate governance reuse marketplace that connects enterprises to charities, small businesses and individuals to redistribute unneeded items.

This Green Plan drives a focused approach to sustainability and pushes the Trust into a position where sustainability is embraced and driven by senior leadership. The Trust acknowledges that staff, patients and visitors are key to delivering sustainable healthcare and has undertaken engagement exercises to understand stakeholder priorities.

The Trust will continue to report progress made against this plan in the annual report and via a newly established sustainability report.

## Achievements

33% decrease in gross CO<sub>2</sub>e emissions between 2009/10 and 2020/21

Approximately 178k people use the station shuttle service a year

Zero waste to landfill in 2020/21

## Goals

Carbon targets aligned with Greener NHS campaign targets

On target to achieve BREEAM excellent for the New Oak Cancer Centre

Green Matters to support staff to initiate, drive and champion positive environmental change



# Executive Summary

The Trust has aligned its carbon reduction targets with the Greener NHS 2040 and 2045 targets. The Trust has also set utility savings targets based on gross internal area that are aligned with Health Technical Memorandums in order to provide normalised and progressive targets. The Royal Marsden NHS FT is committed to achieving these targets and reducing its environmental impact. Consequently, aligned with wider NHS organisation commitments, we have highlighted the following top 10 practical actions to make significant progress towards Trust targets.

1. *Use our collective NHS voice and declare a Climate and Health Emergency now.*
2. *Shift to 100% renewable electricity.*
3. *Switch to low energy LED lights across our sites.*
4. *Have a plan to halve the amount of patient travel, by delivering high quality telephone and video clinics in outpatients.*
5. *Reduce emissions from anaesthetics by increasing intravenous anaesthetics.*
6. *Install solar panels across Trust sites.*
7. *Cut plastics and incineration of clinical waste. Ensure processes and facilities are in place to enable proper waste segregation.*
8. *Buy sustainable and green products and services and commit 10% of tender weightings to sustainability procurements.*
9. *Reduce paper use and switch to 100 per cent recycled paper.*
10. *Set an ambition to be Net Zero Carbon by 2040 and produce a detailed road map to get there.*

The Trust has already made significant progress on number of these actions, including switching to 100% renewable electricity, installing LED lighting and solar PV panels on Trust buildings, and reducing emissions from anaesthetics with over 90% of anaesthesia given at the Trust being total intravenous anaesthetics. We will continue to prioritise progress against these top 10 actions.



# Sustainability in Health and Social Care

## Drivers for change

A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage<sup>3</sup>. There are several factors driving change within the NHS – these have been outlined across the next two pages.

### Financial

The NHS continues to face severe financial pressures. Whilst it was announced in 2018 that funding for the NHS would increase by an average of 3.4% per year by 2023/24, multiple think tanks have said that funding needs to increase by at least 4% a year in order to meet the NHS's needs<sup>5</sup>. Given this financial pressure and the need to operate as a sustainable healthcare service that does not negatively affect the front-line services, we must learn to do more with less.

In 2015, the NHS was asked to find £22 billion in savings by 2020<sup>4</sup>

Additionally, legislative requirements also put financial pressures on the NHS. The Climate Change Levy is a government tax that is charged on the units of energy delivered to non-domestic users – therefore the more an organisation consumes, the more they pay. The cost of emitting carbon and the use of energy is likely to increase over the coming years. Operating as a sustainable organisation provides the opportunity to make significant financial savings.



3. [SDU – What is Sustainable Health?](#)

4. [Department of Health's settlement at the Spending Review 2015](#)

5. [BBC - NHS funding: Theresa May unveils £20bn boost](#)

## Legislation and Policy

Sustainable healthcare in the UK is also driven through UK health care specific requirements from the Department of Health and NHS England, national legislative requirements and international guidance – key policies and legislation are outlined below.

### UK healthcare specific requirements

- Greener NHS campaign
- NHS Operational Planning Guidance
- NHS Long Term Plan
- NHS Standard Contract
- NHS Carbon Reduction Strategy for England: Delivering a “Net Zero” NHS

### Legislative Requirements

- Climate Change Act
- Civil Contingencies Act 2004
- Public Services (Social Values) Act 2012

### International Guidance

- International Panel on Climate Change
- World Health Organisation
- UN Sustainable Development Goals

# Sustainability in Health and Social Care

## Drivers for change

### Environmental

- Sustainability supports the health and biocapacity of the environment. By integrating sustainability into practices, we reduce the effects of climate change and help protect the natural environment.
- Society relies on natural resources and are fundamental to human survival. As the population continues to increase, overconsumption and exploitation of natural resources is also increasing. A continued loss of natural resources ultimately threatens human wellbeing and we need to take responsibility to conserve these resources in order to support ecological balance and preserve biodiversity.
- In addition to increased exposure to extreme weather events, climate change poses a significant threat to public health. Tackling climate change provides opportunities to improve population health; for example low carbon lifestyles can improve health and wellbeing by increasing active travel and improving diets.

### Effects of climate change on public health



Increased rates of stroke



Increased rates of chronic respiratory diseases



Exacerbation of allergies



Increased spread of infectious diseases



Increased rates of heart disease



### Societal

Delivering sustainable healthcare services is now expected by patients, visitors, staff and the local community. With growing environmental awareness and the urgency of climate change, organisations are required to set their own sustainability goals and principles.

Staff specifically place significant value on working in an organisation that demonstrates environmental responsibility. The Sustainable Development Unit (SDU) conducted a survey to understand NHS staff attitudes towards sustainability in December 2017<sup>6</sup>; they found that:



Nearly all respondents (98%) thought it was important that the health and care system works in a way that supports the environment



Only 21% strongly agreed that the NHS actively supports the environment

Patients, staff and visitors will continue to place strong emphasis on sustainability and the NHS must continue to embrace new initiatives and technologies to meet targets.

# Sustainability in Health and Social Care

## Background

### Greener NHS

In early 2020 the NHS launched the ‘For a Greener NHS’ campaign to tackle the climate health emergency. It builds on the work already undertaken and aims to help Trusts and staff to reduce emissions and is supported by the UK Health Alliance on Climate Change. In October of 2020, the campaign released its *Delivering a ‘Net Zero’ National Health Service* report which sets out a practical route map to enable the NHS to get to net zero emissions. The two targets set by the NHS are:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

### NHS Long Term Plan

The NHS long-term plan<sup>7</sup>, published in January 2019, sets out key ambitions for the service over the next 10 years. The plan sets out the NHS’s intention to reduce its carbon footprint by a third by 2020 compared to 2007 levels including by improving energy efficiency. The plan also references reducing the use of natural resources by ensuring that all Trusts adhere to best practice efficiency standards and adoption of new innovations as well as improving estate management and modernising and standardising ambulance fleet to help reduce emissions and improve air quality.



7. [The NHS Long Term Plan](#)

8. [Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles](#)

### Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

Lord Carter’s review of NHS efficiency opportunities (2016)<sup>8</sup>, estimates that £5 billion can be saved by the NHS through simple efficiencies by 2020/21. The review identified 6 high cost areas and the savings that could be achieved, this is summarised below:

High cost area	Savings identified
Optimised use of clinical work force	£2bn
Hospital pharmacy and medicines optimisation	£800m
Estates management	£1bn
Diagnostics – pathology and radiology	£200m
Procurement	£700m
Corporate and administration costs	£300m

The review goes on to present further findings and recommendations based on the identified high cost areas. In terms of estates and facilities management, there are significant opportunities for Trusts to achieve cost efficiencies by reducing energy consumption by investing in energy saving schemes such as LED lighting and CHP units.

Royal Marsden is highlighted as a case study in Lord Carter’s review for having made significant savings by installing energy efficient lighting

Regarding procurement, the review recommends that all Trusts should focus on the measurement of procurement metrics and embrace the adoption and promotion of NHS Standards of Procurement in order to achieve the savings identified.

# Organisational Vision

The Trust's aim is to ensure this Green Plan addresses the issues raised in the Sustainable Development Strategy for the Health and Care System 2014 – 2020<sup>9</sup>. It describes the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. The Trust encourages staff to work and live by a set of values that shapes a culture of improvement and collaboration – this is fundamental to achieving the targets set out in our Green Plan.

The Trust's mission is to continue to make a national and global contribution to cancer research and treatment, so that more people are cured and quality of life is improved for those living with cancer.

The Trust is shaped by the following distinct set of values that define who we are and how we behave:

**Pioneering Change** – we lead the way in cancer research and drive continuous innovation to improve the lives of patients.

**Pursuing Excellence** – we strive to be experts in our field, working to deliver outstanding quality in all that we do.

**Working Collaboratively** – we work in an inclusive way, bringing together different expertise, partners and resources to achieve the best possible outcomes.

**Showing Kindness** – we aspire to create a world class experience where all patients, staff and partners feel valued and respected.



# Highlights to date

## CIRCULAR ECONOMY



*Half a tonne of unwanted linen, uniforms and curtains were recycled in 2019 with items either re-used or recycled into cleaning wipes*

## ENGAGEMENT



*A newly set up focus group, 'Green Matters', to champion environmental improvement throughout the Trust and share ideas for improving environmental management and sustainability – contact Sarah Edwards ([sarah.edwards2@rmh.nhs.uk](mailto:sarah.edwards2@rmh.nhs.uk)) or more information*

## CAPITAL PROJECTS



*Embedding sustainability and auditing performance in major capital projects*

## REUSE



*Bulky items that are no longer serviceable, such as furniture and medical equipment, are deconstructed and component parts recycled; the Trust receives 25% of rebated profits for all metal parts removed from site*

## ENERGY



*Installation of CHP engine at the Sutton site and a comprehensive Building Energy Management System is operational at both sites.*



*Four electric vehicle charging points installed at the Sutton site*

*Installation of energy efficiency measures that is saving 55tCO<sub>2</sub>e annually*



# Scope – Carbon Footprint

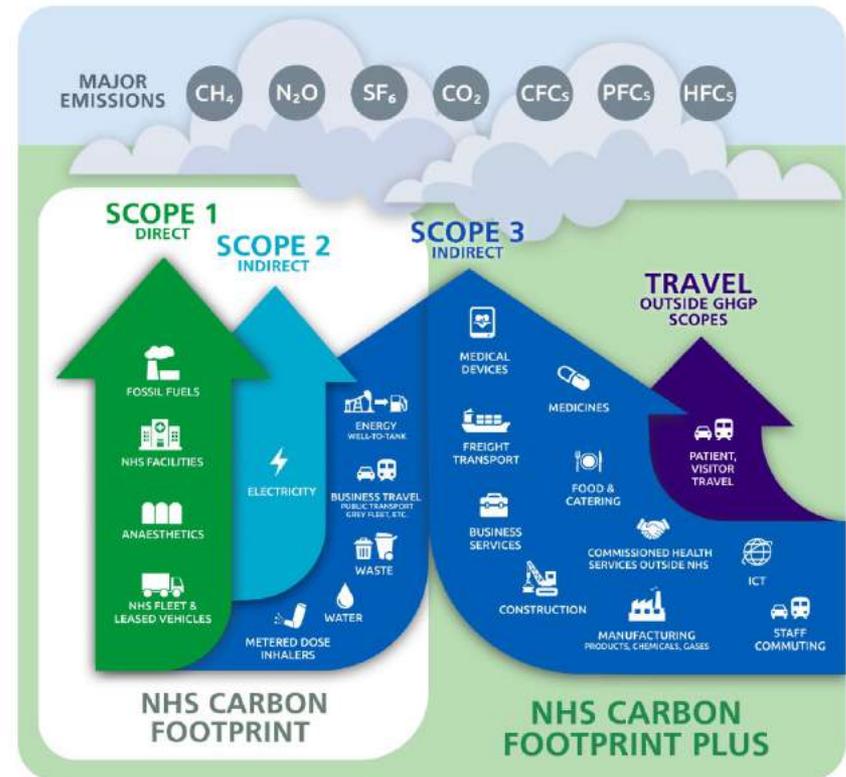
Sources of carbon emissions include use of energy, water, transport, generation and disposal of waste, as well as the procurement of goods and services. These are categorised into three scopes:

**Scope 1 emissions:** direct emissions from owned or controlled resources e.g. on-site electricity generation, heating, Trust-owned vehicles

**Scope 2 emissions:** indirect emissions from the generation of purchased energy

**Scope 3 emissions:** all other indirect emissions that occur in the Trust's value chain e.g. waste management, staff commuting, purchasing of goods and services

The Greener NHS *Delivering a 'Net Zero' National Health Service report* considers the full scope of emissions from the NHS across the above 3 scopes as well as the emissions from patient and visitor travel to and from NHS services and medicines used within the home. The figure to the right clearly outlines greenhouse gas emissions scopes in the context of the NHS.

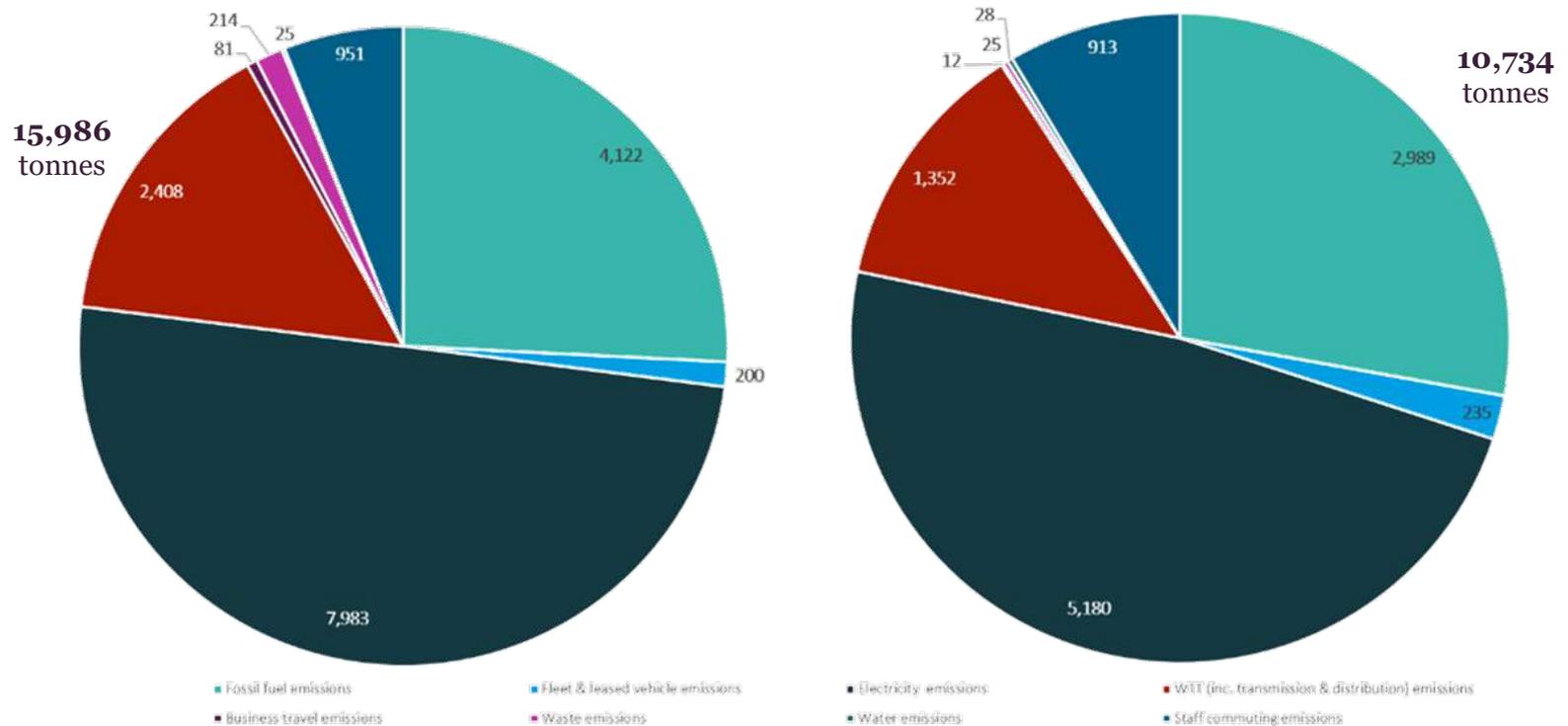


Greenhouse Gas Protocol scopes in the context of the NHS from the ['Delivering a 'Net Zero' National Health Service' report](#)



# Where we are now

The potential to reduce emissions across our *carbon footprint* and *carbon footprint plus* needs to be considered and quantified in order to progress and achieve net zero emissions for the care we provide (the NHS carbon footprint) by 2040, and zero emissions across the entire scope of our emissions (the NHS carbon footprint plus) by 2045. The NHS has recommended that organisations set targets against a baseline year of 2007/08. However, accurate data for 2007/08 is not available and consequently 2009/10 has been selected by Royal Marsden NHS FT; the carbon footprint baseline\* for the Trust is 15,986 tonnes CO<sub>2</sub>e based on 2009/10 data. **Carbon emissions increased to a peak value of 17,525 tonnes in 2013/14 and have since decreased to a value of 10,734 in 2020/21, a decrease in gross emissions of 33% against the baseline year.** Given the continuous growth of the Trust since 2009/10, this is encouraging.



2009/10 baseline (tonnes) carbon footprint (left) and current 2020/21 carbon footprint (right)



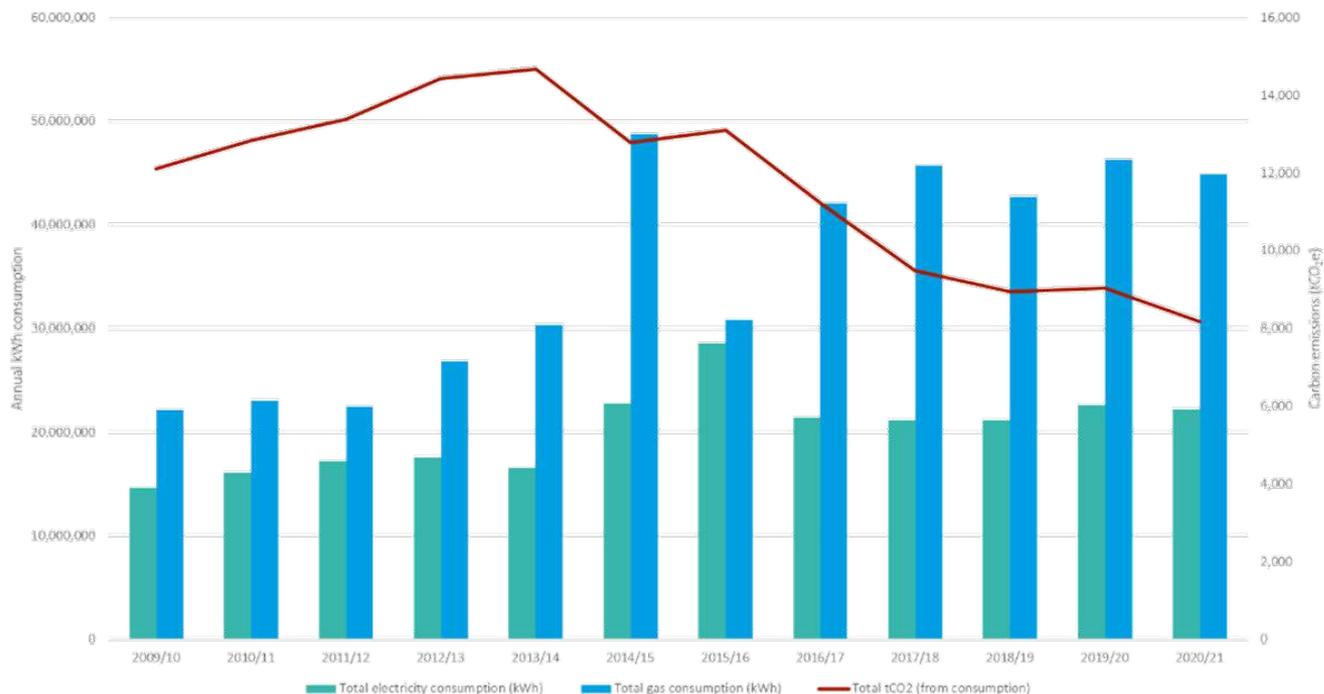
\*we have used 2018/19 transport emissions for the baseline year, to provide an estimate of transport emissions

# Where we are now

## Utilities

Emissions arising from utilities include the use of electricity, gas, oil and water. The two largest contributors to carbon emissions, electricity and gas, have been plotted below. The CHP engine at Sutton was installed in 2014, which corresponds to the large increase in gas consumption in 2014/15.

Emissions have steadily declined since 2014/15 despite increased gas consumption from the CHP. This is, in part, due to the decarbonisation of the National Grid, which applies to electricity use. As of April 2021, the Trust has switched to 100% renewable tariff for grid imported electricity which will reduce associated emissions to zero. However, the Trust will need to continue to reduce overall consumption to support a future heat decarbonization.

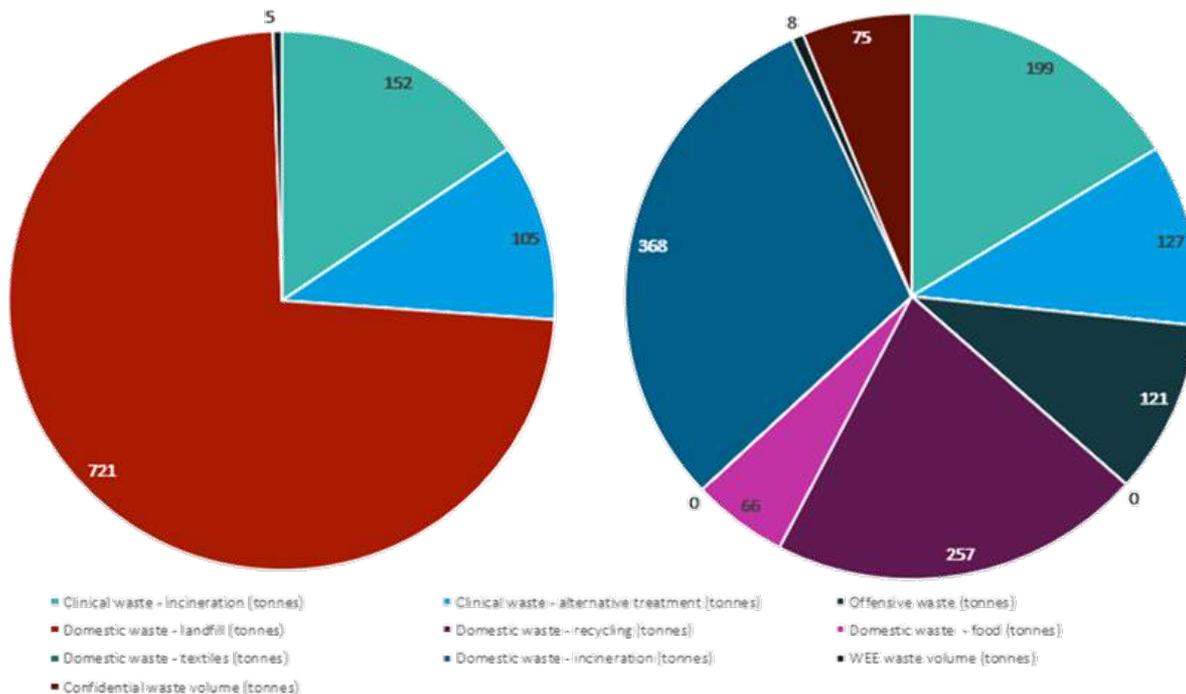


# Where we are now

## Waste

The Royal Marsden has incorporated new waste streams, including food, mixed recycling and offensive waste since its baseline year of 2009/10, and achieved a recycling rate of 33% in 2020/21 (42% when food to anaerobic digestion included). Since 2015/16, zero waste from the Trust goes to landfill.

The Trust’s waste contractor, ISS, has a recycling target of 62.5% for 2020/21. Actions to achieve this reaching target will include the development of a resource and waste management action plan as well as staff awareness training. The above charts show the increase in waste segregation between the baseline year and 2020/21. Whilst waste disposal does not significantly contribute to carbon emissions, proper waste segregation is important to protect the environment and the health and safety of the population.



2009/10 baseline (left) against 2020/21 (right) current volumes of waste by category (tonnes)



# Where we are now

## Transport

Emissions from transport arise from a range of sources, including the use of private cars and public transport for Trust business, hire cars, lease cars, taxis, patient travel, and non patient travel. At present, emissions arising from transport have been restricted to Trust fleet and leased vehicles, business travel from and mileage claimed, and car commute for staff that have parking permits for the Sutton site. Emissions from transport for the baseline year of 2009/10 have been estimated based on 2018/19 and staff car commute for 2019/20 and 2020/21 are based on the 2018/19 figure – the Trust recognises that the COVID-19 pandemic will have impacted commutes and will seek to understand these changes going forward.

The Trust is actively trying to reduce emissions from transport by providing an inter-site shuttle bus, providing a shuttle bus from Sutton station to the Sutton site, developing a business travel policy that promotes more sustainable travel, providing extensive video conferencing facilities, improving cycle and shower facilities and undertaking patient transport assessments every 28 days.

**12 journeys** a day  
by the inter site  
shuttle bus

Approximately  
**178k people** use  
the station shuttle  
service a year

Patient travel  
assessment **every**  
**28 days**

**1,160 tonnes** of  
CO<sub>2</sub>e



## Procurement

The SDU estimates that 72% of the NHS' carbon footprint is a result of the procurement of goods and services.

This Green Plan's action plan includes a commitment to utilise the SDU's Procuring for Carbon Reduction (P4CR) toolkit to identify and prioritise the environmental improvements of "carbon hot-spots" and to measure procurement activities.

This will provide the Trust with a baseline for the carbon impact of its supply chain, and will inform the strategy to reach net carbon zero by 2050.

There is significant commitment and interest from the procurement team at the Royal Marsden to take swift and significant action to reduce the Trust's impact, including commitment to the NHS Plastics Pledge and immediately changing from plastic and polystyrene cups to paper.

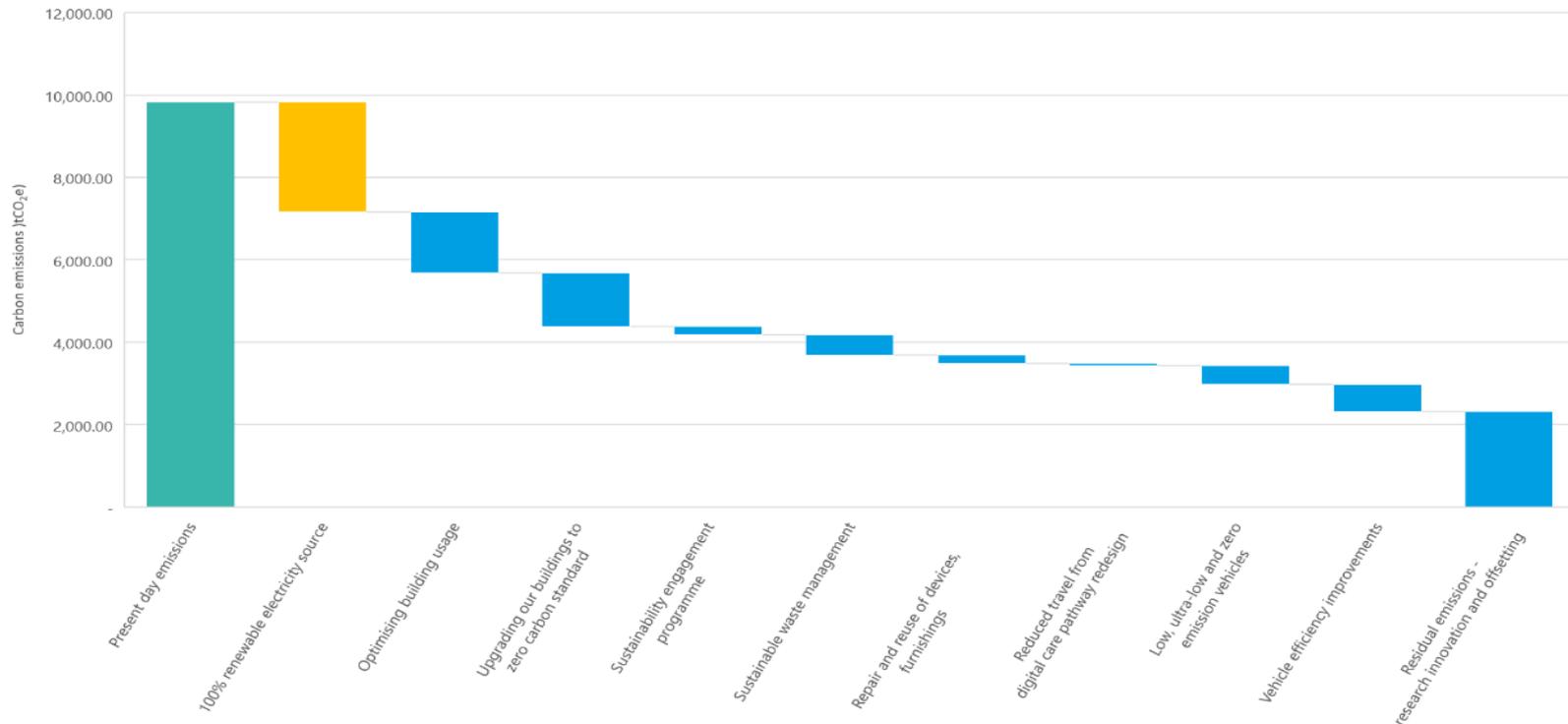
To measure impact, the Trust will utilise the P4CR toolkit.

As accurate emissions arising from procurement activities are not generally available, approximate conversion factors in kgCO<sub>2</sub>/£ spent on procurement categories provides a reasonable assessment (based on factors defined by the former Department for Energy and Climate Change (DECC) and the Department for Environment, Food and Rural Affairs (DEFRA) – this method is used in the SDU's toolkit.

# Targets

## NHS Carbon Footprint Reductions

The Trust has set both short and long-term carbon reduction targets in order to make the shift towards net-zero carbon healthcare. Our targets are aligned with the Greener NHS Delivering a ‘Net Zero’ National Health Service report. Below we have outlined interventions required across our *carbon footprint* to meet the net zero by 2040 target. The Trust recognises the need to develop a *carbon footprint plus* baseline and to set out the associated interventions required to meet net zero carbon by 2045. We will monitor progress to ensure that we revise the programme if there are opportunities to make the actions more ambitious or if progress is falling behind expectations.



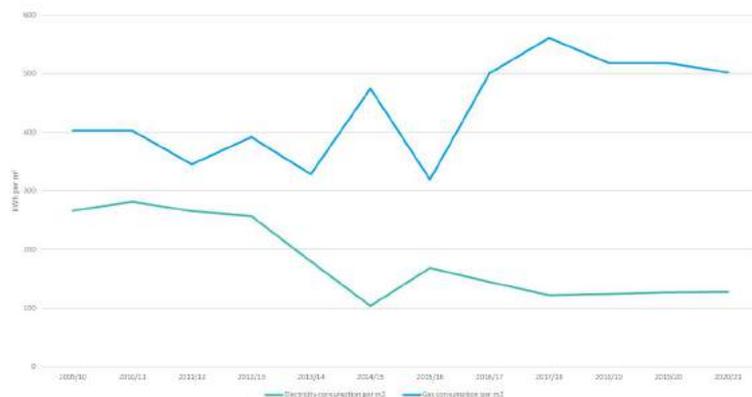
As outlined on page 13, the Trust switched to 100% renewable tariff for grid imported electricity which will reduce associated emissions to zero (highlighted in yellow above). The Trust uses the CRC Energy Efficiency Scheme methodology to report emissions from gas and electricity, which accounts for the emissions from onsite electricity, these are not classified as 100% renewable as they come from our CHP plant.

# Targets

## Utility savings

The Trust has also set energy, water reduction and waste recycling targets as part of the Green Plan. The Trust's reduction targets against a 2009/10 baseline are provided in the table. The Trust will work with staff and onsite facilities management (FM) providers to achieve these targets.

The chart below shows energy consumption per m<sup>2</sup>. The peak fossil thermal (gas and oil) consumption in 2014/15 is associated with the installation of the CHP engine at the Sutton site. Fossil thermal consumption is expected to increase in 2021/22 as a new CHP engine will be installed at the Chelsea site; however, the Trust will continue to work to reduce consumption in other areas.



The targets set out are aligned with the Health Technical Memorandum 07-02: EnCO<sub>2</sub>de 2015 – making energy work in healthcare<sup>10</sup>.

Year	Electricity reduction (kWh per m <sup>2</sup> )	Fossil thermal reduction (kWh per m <sup>2</sup> )	Water reduction target (m <sup>3</sup> per m <sup>2</sup> )	Trust Recycling rate (%)
2020/21	128	502	0.91	42%
2021/22	111	490	0.88	48%
2022/23	104	465	0.86	52%
2023/24	97	445	0.84	58%

10. [Health Technical Memorandum 07-02: EnCO<sub>2</sub>de 2015 – making energy work in healthcare](#)

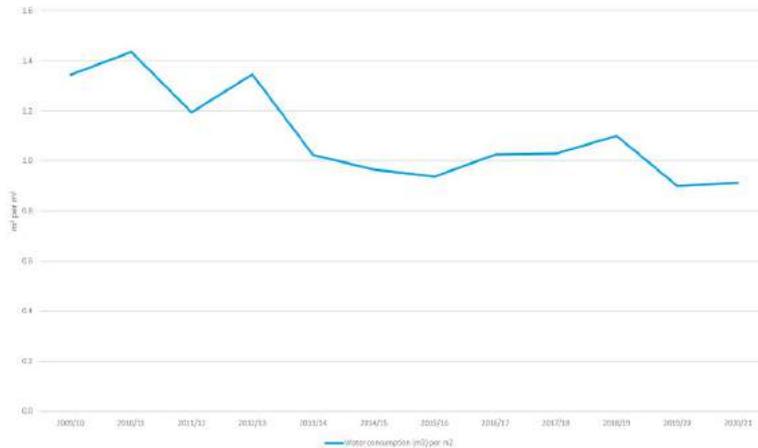
# Targets

## Utility savings

### Water

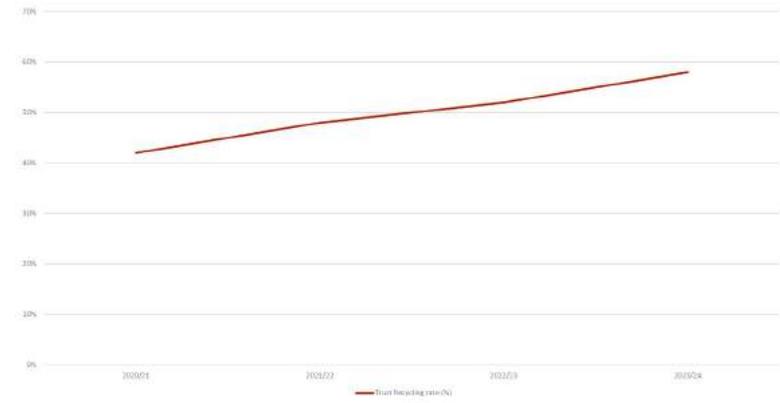
The Trust has been working to reduce the volume of water used, whilst balancing the need to continually address risk of infection via increased hand washing and flushing in areas of low consumption. **We have reduced our water consumption through better leak detection, upgrading pipework and water tanks and reducing the number of flushes**, where possible. The increase in 2018/19 was due to a meter breakdown under-reporting the site usage in 2017/18 and water leakages.

The Trust is **committed to reducing water consumption and will look to develop a water saving programme to achieve the targets<sup>11</sup>**.



### Waste

The Trust ensures that waste is stored, transported and disposed of in accordance with waste legislation, regulations and codes of practice. The current Waste Policy details the Trust's arrangements to minimise waste production and increasing waste recycling by utilising the Waste Hierarchy in line with our zero waste to landfill policy. We are also accredited to the Carbon Trust Standard for Waste and assessed bi-annually. The Trust's 2020/21 recycling rate is 42% compared to the target of 62.5%; as such the Trust must take steps changes to increase the recycling rate to achieve this, as outlined below. The Trust's 2021/22 waste data is expected to see significant improvement towards the 62.5% target.



11. [Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector](#)

# Key Areas of Focus

## Engagement

The key areas of focus of our Green Plan are set out together with clear objectives of what should be achieved and the actions which need to be undertaken. Delivering the key objectives will allow the Trust to achieve the carbon reduction and utility reduction targets. These key areas of focus, highlighted below, are aligned with the main drivers of change and sources of carbon emissions across the NHS as outlined in the Delivering a ‘Net Zero’ National Health Service report.

Workforce and system leadership	Sustainable models of care	Digital transformation
Travel and transport	Estates and facilities	Medicines
Supply chain and procurement	Food and nutrition	Adaptation



Additionally, the Trust has undertaken a stakeholder engagement exercise to understand staff, patient and visitor values regarding sustainability. These exercises have helped shape the action plan.

Additionally, the Trust has undertaken a stakeholder engagement exercise to understand staff values regarding sustainability – this has helped shape the action plan. 63 employees participated in the sustainability survey, including those that are part of the Green Matters focus group – more detail on the structure of the survey can be found in the appendix. As a result of feedback received, [the Trust produced sustainability corporate induction slides and maps that highlight sustainable options](#) – these are included in the appendix. A summary of the key results and highlights of the survey are seen below and on the next page (page 19).



# Key Areas of Focus

## Sustainability survey results

Topics in order of importance for non-clinical staff	    	Topics in order of importance for non-clinical staff	
Waste and recycling	<p>Highlight more sustainable options on site</p> <p>Help to understand how sustainability can fit into my role</p> <p>Include sustainability in corporate induction</p>	Waste and recycling	
Resource efficiency (water and energy)		Resource efficiency (water and energy)	
Climate change adaptation	<p>Provide training</p> <p>Communications and roadshows</p>	Sustainable procurement	
Sustainable procurement	<b>Key actions to enable staff to live a more sustainable lifestyle</b>	Climate change adaptation	
Active travel		Active travel	
Green spaces		Air quality	
Air quality		Green spaces	
Biodiversity		Biodiversity	
Community programmes		<b>Key comments from staff</b>	Community programmes



# Workforce and system leadership



The Royal Marsden recognises the great potential of our organisation and the skilled and caring staff to deliver high quality and sustainable services. It is vital that staff and senior leadership are engaged and accountable for the delivery of the Green Plan and the policies and procedures that are consequently developed. Staff must be supported to embed sustainable behaviours and by placing people at the heart of our programme we can develop an achievable pathway to sustainable healthcare that is supported by staff, patients and visitors.

The previous edition of the Trust sustainable development management plan (SDMP), approved in 2012 by the Trust Board, has formed the basis of all sustainability-related reporting over the last seven years. Additionally, the Environmental Management Policy and Strategy has applied to all Trust's activities in both owned and managed properties - it outlines the Trust's responsibilities towards environmental management and engagement.

Recently, a focus group comprised of staff, 'Green Matters' was set up to champion environmental improvement throughout the Trust.

**Goal:** To put structures in place to embed sustainability and share responsibility for the implementation, monitoring and reporting on the progress of this Plan.

Trust actions	Timeframe
Benchmark the performance of The Royal Marsden against other similar organisations, including Royal Brompton and Harefield NHS FT	Annually
Continue to hold bimonthly Green Matters meetings and progress ideas and initiatives that arise	Annually
Develop and implement a sustainability communications and engagement plan	2021/22
Introduce sustainability into corporate staff induction	2021/22
Include sustainability in all staff personal development objectives	2021/22
Undertake a sustainability survey for staff and patients	Annually
Include sustainability questionnaire in board papers to understand the impact of proposals on resource use	2021/22
Established a dedicated operational sustainability lead	2021/22
Develop and implement an engagement campaign that encourages healthy sustainable lifestyles	2021/22



# Sustainable Models of Care



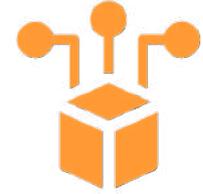
Current and future models of care must be environmentally, socially and economically sustainable. Sustainability is a core and measurable dimension that underpins quality. The design of more integrated care services provides an opportunity for developing services in a way that also delivers wider societal and environmental benefits. Clinical pathways are one of the greatest areas of opportunity for improvement within the health service and the Trust will work to ensure sustainability principles are considered when deciding what is right for patients.

**Goal:** To continue to make a national and global contribution to cancer research and treatment whilst considering the environment, social and economical impact

Trust actions	Timeframe
Educate patients about the importance of a balanced nutritional diet	2021/22
Embed the principle of getting it right the first time via the national clinical improvement programme on applicable specialities	2022/23
Embed prevention in the development of all models of care	2022/23
Sustainable use of resources to be embedded as a decision criterion in the development of care models	2021/22
Calculate the environmental and carbon impact of Trust care models	2021/22
Include sustainability principles in all service planning, commissioning, patient safety and quality improvement programmes	2021/22
Calculate the environmental and carbon impact of Trust care models through the use of the new zero framework	2023/24



# Digital transformation



The Trust recognises that we have opportunities to harness existing digital technology and systems to streamline our service delivery and supporting functions. These efforts will support us to reduce resource use and associated carbon emissions. As noted on page 24, the Trust shifted to delivering care remotely during COVID-19 and we will continue to embrace digitation of services, where beneficial. We will also continue to explore the use of digital systems to reduce our use of paper and printing.

**Goal:** To continue to digitally enable care across our services and support care closer to home

Trust actions	Timeframe
Ensure staff are aware and trained on how to use IT remote conferencing facilities such as Zoom and MS Teams and continue to consider new technologies to enhance this offering	2023/24
Offer flexible and remote working to accommodate specific personal needs of all staff	2021/22
Continue to assess and implement move to digital appointments/engagement, where appropriate	2022/23
Increase digitalisation of services and administration e.g. electronic payslips	Ongoing

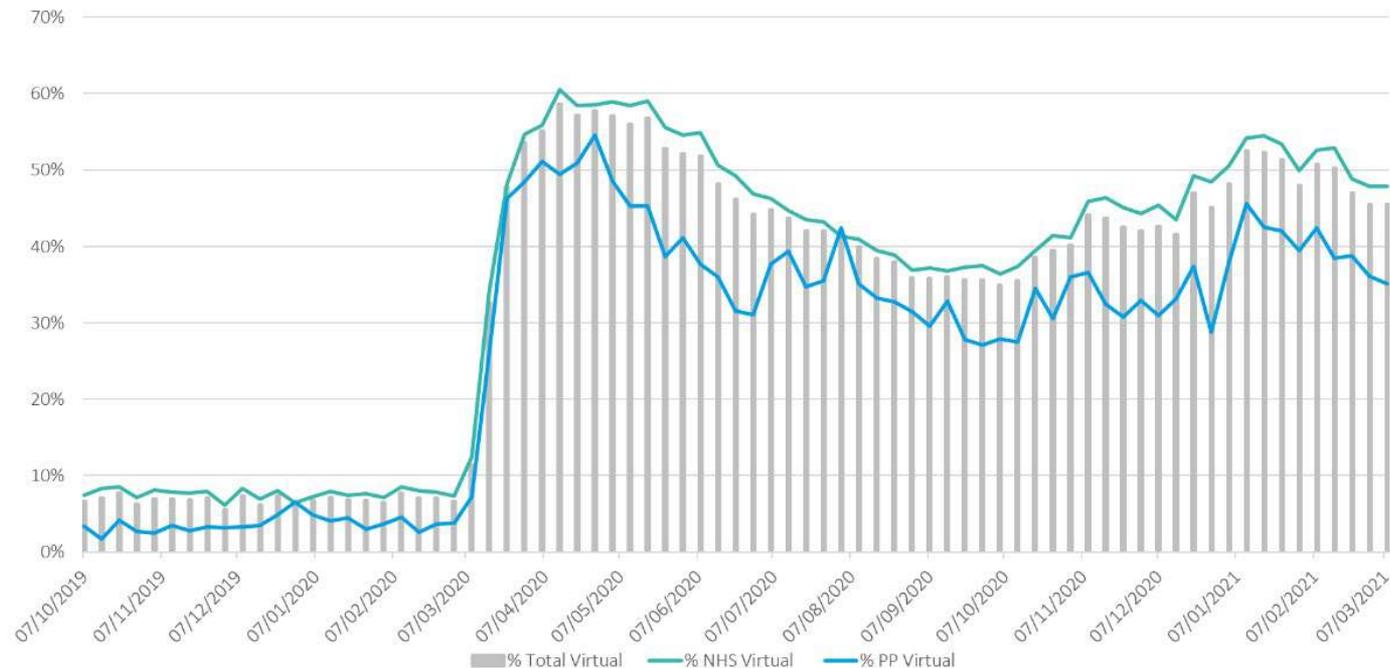




# Digital transformation

## Virtual clinics – the impact of COVID-19

The COVID-19 pandemic has forced us all to rapidly adapt to new ways of working. Some of these behavioural changes and service delivery alternatives will be maintained as we transition back towards a new normal. We have replaced some of our services with digital alternatives, including virtual consultations which has reduced carbon emissions. Whilst the percentages of virtual consultations is unlikely to stay at the same level, the Trust expects a maintained increase in virtual consultations compared to pre-COVID percentages. The figure below shows the percentage of attendances delivered virtually across both private and NHS patients over the last 16 months - this reflects the shift in behaviours as a result of the pandemic and the Trust will continue to embrace digitation of services, where beneficial.



# Travel and transport



Managing transport and encouraging sustainable travel provides opportunities to make savings and creates health benefits for staff, patients and visitors. Additionally, active travel reduces road traffic and helps improve local air quality. The Trust already has a travel plan that is reviewed annually. This travel plan delivers on key issues including improving access for patients, staff and visitors at both sites, bringing transport and travel policies together in a coordinated way. The Trust has also installed electric vehicle charging points, four on the Sutton site.

The Trusts Cycle To Work Scheme has raised the cycle value to £3000 so people can purchase electric cycles on the scheme. Additionally, the Trust has committed to reducing the number of staff parking permits issued by amending the car parking permit eligibility criteria. The local council will help monitor progress. This will assist in reducing emissions from staff commute.

The Trust will continue to work with key stakeholders including Transport for London (TfL), WestTrans, Royal Borough of Kensington and Chelsea and London Borough of Sutton to encourage active travel.

**Goal:** To promote sustainable transport facilities and encourage more active travel as well as reduce our organization's impact on the air quality

Trust actions	Timeframe
Install electric vehicle charging points across the site – aim to install two charging points every year. Encourage uptake on the cycle to work scheme.	Annually
Assess the feasibility of relaunching the car sharing scheme and implement relaunch as necessary	2021/22
Convert fleet and pool vehicles to fully electric	2023/24
Update the business travel policy to consider additional sustainability initiatives including advice on travel blending, planning ahead and fuel-efficient driving	2021/22
Update the Trust sustainable travel plan	2021/22
Undertake an annual staff travel survey	Annually
Offer additional incentives to staff to encourage active travel; including the development of Bicycle Users Group, Dr Bike Sessions, guided walks, steps challenge	2021/22





# Estates and facilities

The Trust is committed to reducing the impact of our operational assets and infrastructure on the environment. Our activities are particularly energy intensive and our utilities present a substantial cost to the organization. By measuring consumption we can prioritize actions to reduce it and ensure we minimize our environmental impact.

The Trust has been undertaking energy reduction schemes for many years including installing LED lighting, a combined heat and power engine at Sutton, Solar PV panels and replacing Building Energy Management system control panels. The Trust has also been upgrading ventilation systems and plant and boiler upgrades.

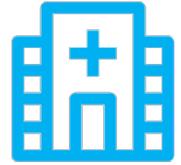
Over the last year, we have installed additional LED lighting and controls as well as upgraded air conditioning units and fans and motors that is saving over £38k and 55tCO<sub>2</sub>e annually.

Additionally, new builds such as the Oak Cancer Centre aim to achieve a BREEAM excellent rating. The Trust will continue to ensure that sustainability is embedded into design briefs for all new capital projects.

**Goal:** To take action to reduce the cost and environmental impacts from energy water and waste and improve health through reducing the impact of the Trust estates

Trust actions	Timeframe
Implement significant sub metering for electricity and water across the Trust sites	2021/22
Undertake annual space utilisation assessments	Annually
Install CHP engine at Chelsea site	2021/22
Develop and implement energy and water efficiency plans	2021/22
Purchase renewable energy	2021/22
Introduce training programme on sustainability for capital project staff on an annual basis	2021/22
Ensure that climate profiles are used in modelling design for all capital projects and major refurbishments	Ongoing
Achieve ISO14000 series of standards accreditation <sup>13</sup>	2021/22
Develop a list of energy efficiency schemes to be monitored yearly, including more solar PV panels	Annually
New builds will be required to achieve BREEAM excellent and refurbishments BREEAM very good	Ongoing
Apply whole lifecycle costing in the design and construction of capital projects	Ongoing
Prioritise sustainable design and ensure implementation of the BSRIA Soft Landings Protocol <sup>14</sup> in all capital projects by appointing a dedicated soft landings champion	2021/22
Develop and implement resource and waste management action plan	2021/22





# Estates and facilities

The Oak Cancer Centre is due to open in 2022 is designed to place 300 employees and treat 300 outpatients. The Trust is working to achieve a BREEAM Excellent rating for the new build and seeks to embrace natural ventilation and daylight among other measures:



*Heating will be provided by connecting to the existing combined heat and power engine*



*Proposed installation of 200m<sup>2</sup> mounted solar PV panels resulting in approximately 32,000 kWh of output per year*



*Installation of high efficiency LED lighting and lighting controls such as daylight dimming and presence and absence detection*



*Incorporation of green roof to promote biodiversity and sustainable drainage*



*Infiltration system into ground chalk including installation of infiltration storage tank in the event of a 1 in 100-year storm*



*The proposed energy strategy for the new build also follows the energy hierarchy to improve energy efficiency*



*Thermal modelling of the building has been undertaken and allowances have been made for the heat gains from solar radiation*



The Trust is also working with Transport for London to reroute bus services; this will support the Trusts active travel objectives. It is expected that site load will increase next year when OCC goes live – this will be considered as we continue to aim to reduce Trust emissions.



# Medicines



The Trust understands that anaesthetic gases and inhalers are the largest contributors to emissions from NHS medicines. As outlined on page 29, the majority of anaesthesia given at the Trust is total intravenous anaesthesia (TIVA), significantly reducing associated emissions. We will continue to monitor the use of anaesthetic gases as well as the impact of other medicines and consider optimising prescriptions, substituting high carbon products for low-carbon alternatives, and improving production and waste processes with our supply chain.

**Goal:** To reduce the impact of the buying and prescribing of medicines in line with Greener NHS ambitions

Trust actions	Timeframe
Encourage suppliers to adopt more sustainable packaging practices (e.g. pharmaceuticals and blister packs)	Ongoing
Require carbon emissions reporting from medical devices equipment and pharmaceutical suppliers	2023/24
Identify high carbon products and services and plan to reduce their impacts, for example by specifying lower carbon alternatives	2021/22
Ensure social prescribing initiatives and lifestyle medicine as an alternative	Ongoing
Incorporate the greenhouse gas impact of medical gases into the Medical Gas Policy	2021/22
Develop and implement resource and waste management action plan that considers pharmaceuticals, medical devices and anaesthetic gases	2021/22
Reduce unnecessary prescribing and undertake stock management to reduce pharmaceutical waste	2022/23





# Medicines

## Total Intravenous Anaesthesia

The Trust anaesthetic practice offer a unique patient focused service that also significantly reduces its impact on the environment.

Total intravenous anaesthesia (TIVA) is a technique of general anaesthesia which uses a combination of agents given exclusively by the intravenous route (administered into a vein) without using inhalation agents. In 2019, 91% of the anaesthesia given at the Trust was TIVA. The other 9% was gas or volatile anaesthesia, which is more commonly used worldwide.

Following the use of anaesthetic gases, they are expelled into the atmosphere and thus contribute to climate change. Volatile gases from anaesthetics contributes almost 2% of the greenhouse gas emissions from the NHS<sup>15</sup>. Switching to TIVA not only benefits the patient, but also reduces the Trust's carbon footprint.

The Royal Marsden's Anaesthetic Department Trust also teaches other consultants how to use TIVA techniques.

Whilst 9% of cases at the Trust use volatile anaesthesia, the Trust has also switched to using sevoflurane over desflurane, which emits less carbon per hour of use; the use of desflurane for one hour equates to driving a average passenger car for approximately 375km, whereas the use of sevoflurane for one hour equates to driving an average passenger car for 28km<sup>16</sup>. Additionally, the Trust has a scavenging system in place at both sites. This system collects waste gases that have either been exhaled or escaped from the breathing circuit into the theatre and helps avoid theatre pollution.

### Benefits of TIVA:



Improved quality of recovery



Minimises post operative nausea



Reduced carbon emissions



Photos show equipment used in total intravenous anaesthesia



15. [SDU - Reducing the use of natural resources in health and social care 2018 report](#)

16. [Ryan SM, Nielsen CJ; Global warming potential of inhaled anaesthetics: application to clinical use](#)

# Supply chain and procurement



The NHS supply chain accounts for approximately 62% of total carbon emissions and is a clear priority area for focus in every Green Plan. This chapter should consider how NHS organisations may use their individual or collective purchasing power and decisions to reduce carbon embedded in their supply chains. Examples may include reducing the use of clinical and non-clinical single-use plastic items; reusing or reprocessing equipment (such as walking aids) where appropriate; and considering lower carbon alternative supplies, such as recycled paper.

The Trust recognizes the importance of making better use of our collective resources and responsibly segregating and disposing of waste that is generated. All items that can be reused are reused; unwanted furniture is redistributed within the Trust for use where demand exists and otherwise it is donated to the local Hospice, St Raphael's. In addition, medical equipment is auctioned with the British Medical Association to minimise waste and maximise environmental and financial benefit. All condemned items are deconstructed, and component parts recycled. The Trust also recently recycled approximately half a tonne of unwanted linen, uniforms and curtains via a textile recycling company.

Additionally the Trust is currently on the waiting list to participate in a PVC recycling scheme. By working with our staff and supply chain we can optimize the use of our resources and progress towards a circular economy.

**Goal:** To take action to reduce the cost and environmental impacts from the goods and services we procure and use

Trust actions	Timeframe
Hold supplier engagement programme on sustainability	Annually
Develop and implement a sustainable procurement awareness programme	2021/22
Commit to increase spend with SMEs and social enterprises to £1 in every £3	2021/22
Include energy and water consumption as a factor in whole life costing in the procurement of goods	2021/22
Develop and implement a repair and reuse plan that includes working with the supply chain to maximises repair and reuse onsite of durable products	2021/22
Implement waste to resource processes including: <ul style="list-style-type: none"> <li>- Furniture re-use scheme</li> <li>- Donation of IT equipment</li> </ul>	2021/22
Identify and work with strategic suppliers to reduce overall carbon impacts from our supply chain	Annually
Sign up to the Plastics Pledge to reduce single-use plastics	2021/22
Develop a plan to increase accessibility to sustainable products	2022/23
Ensure suppliers continue to comply with NHS requirements aimed at driving carbon reduction	Ongoing



# Supply chain and procurement

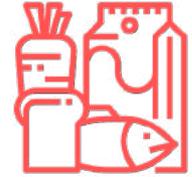


Over the last year, the Trust has undertaken a number of initiatives to reduce resource use, including the following:

- We have signed up with Globechain’s re-use marketplace application for predominantly bulky items in good condition that we can no longer use.
- We have replaced all plastic water cooler cups with recyclable paper ‘cone’ cups and signed the NHS Plastic Pledge.
- By April 2020, no longer purchase single-use plastic straws and stirrers in line with the government consultation
- By April 2021, no longer purchase single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics
- After April 2021, go beyond these commitments in reducing single-use plastic food containers and other plastic cups for beverages – including covers and lids.
- We are currently looking into the viability of recycling all blister packs from our pharmacies in collaboration with Marie Curie and Terracycle.
- We have joined the Simply Cups scheme to segregate and recycle disposable PE-lined coffee cups and have dedicated cup bins at both sites to capture these.
- Our catering department is liaising with suppliers to review their packaging, of note is our milk provider who have reduced bottle weights – circa 13% packaging/plastic reduction and there are plans for 30% recycled content in the coming months.



# Food and nutrition



The Trust understands that food and catering services in the NHS quates to approximately 6% of total emissions. Whilst we have not quantified emissions resulting from our food and catering services, we understand the benefits of healthier, locally sourced food and the impact it can have to reduce emissions. We will aim to deliver upon the new national standards for healthcare food for patients, staff and visitors and source local suppliers of food, use of seasonal produce and enhance efforts to reduce food waste.

**Goal:** To quantify and subsequently reduce emissions associated with our food and catering services

Trust actions	Timeframe
Track food miles, consumption patterns and disposal of food and drink and develop a plan to minimise the impact of food catering and food	2023/24
Develop targets to increase the amount of healthy and sustainable food choices	2021/22
Catering and food contracts to exceed government guidelines by achieving Government Buying Standards through external accreditation such as Food for Life	2022/23
Engage with staff and patients for onsite food growing and local sustainable food sourcing via a campaign	2022/23
Provide space for the growth and cultivation of food and food banks where appropriate	Ongoing





# Adaptation

Climate change is one of the biggest challenges the world currently faces – consequences include more frequent and severe weather conditions, increased air pollution, higher wildlife extinction rates and increased sea levels. These effects are causing one of the biggest global health threats of the century in a variety of direct and indirect ways; for example, increased occurrence of heatwaves days leading to increased emergency visits and increased pollution leading to increased prevalence of respiratory diseases.

In order to address the crisis, the Trust must not only work to reduce carbon emissions, but also prepare for the consequences. The Trust recognizes the need to respond and prepare for the changes ahead and will continue to work to reduce the impacts on infrastructure, services and resource.

**Goal:** We will ensure Trust infrastructure, operations and supply chain are resilient to the effects of climate change

Trust actions	Timeframe
Develop and implement a climate change adaptation plan. This includes upgrading drainage and air conditioning systems.	2021/22
Introduce workforce training for extreme weather preparedness that is held on an annual basis	2021/22
Embed climate change into the Trust risk register	2021/22
Develop and implement an extreme weather vulnerable communities' strategy	2022/23
Undertake impact assessment of adaptation decisions on local communities	Ongoing



# Governance and Monitoring

The Trust will set up a Green Plan Steering Group (GPSG), chaired by the Chief Operating Officer, to oversee the implementation of the plan. The implementation of the Green Plan will be monitored through bi-annual review and reported to the Audit and Finance Committee on an annual basis and also through the Trust's annual report. The group will review and report on progress against the requirements of the Trust's Green Plan on a quarterly basis.

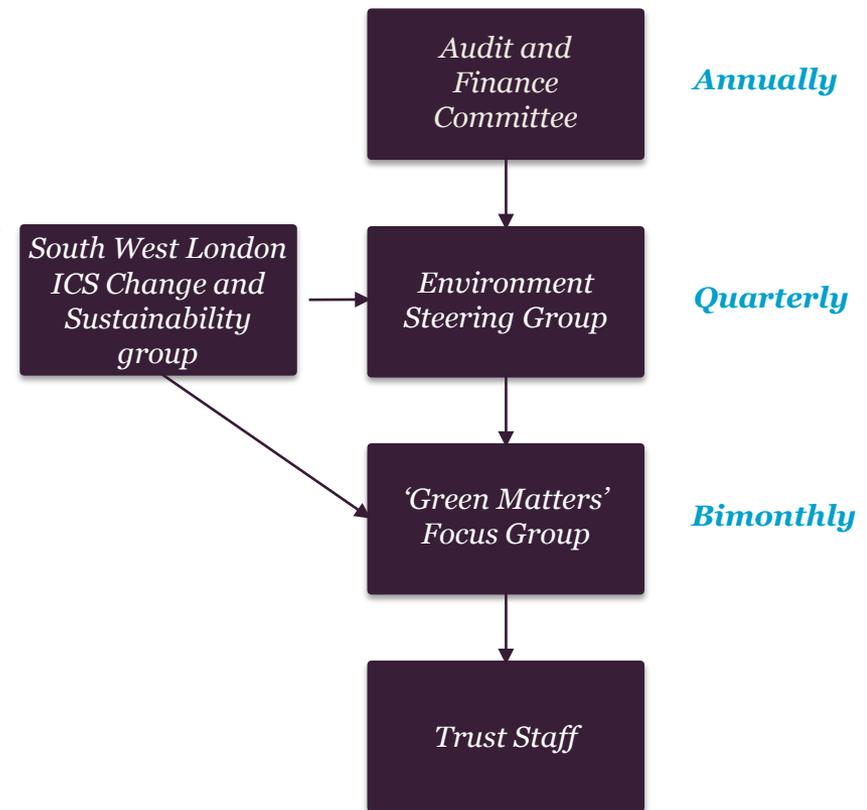
Green Matters\* brings together representatives from across the Trust with the aim of ensuring continual focus on opportunities for improvement in sustainable development and carbon reduction. Progress will be provided to the Green Plan Steering Group on a quarterly basis. Green Matters membership is open to all staff showing an interest in environmental improvement.

The action plan in this document also recommends that the Trust establishes a dedicated sustainability lead to drive forward the implementation of the Green Plan. This will ensure that efforts to integrate sustainability through projects and daily operations are coordinated and successful.

The dedicated sustainability lead will liaise with the 'Green Matters' focus group and support the Project & Estates team to oversee the forum. This dedicated sustainability lead will also report feedback from the staff engagement programme.

The diagram across the page shows the implementation and reporting structure of this Plan, as well as the frequency of reporting.

Additionally, the South West London Integrated Care System (ICS) has formed a Change and Sustainability Group that includes a delivery group which meets monthly. A more formal accountable meeting occurs quarterly where progress across the ICS is reported.



\* more information about Green Matters is on page 35

# Governance and Monitoring

## Green Matters

The focus group, Green Matters, provides a forum for Royal Marsden staff to initiate, drive and champion positive environmental change. It has already supported the Trust in developing its targets contained within this Green Plan.

Green Matters provides an opportunity for members of staff, on behalf of themselves and colleagues to work with key internal service providers to present and discuss ideas and improvements and be part of championing environmental improvement throughout the organisation, focusing on sustainable procurement, waste reduction management, travel and transport, estate development and maintenance, integrative behavioral change and biodiversity and environmental management.

### Green Matters

#### Who are we?

We're your sustainability group. We're people who are passionate about the environment.

Green Matters is a new group set up to innovate and share ideas on how to make The Royal Marsden a greener Trust. It's a grassroots group that selects your ideas to take forward!

#### What we're working on

We continue to work on the following staff initiatives posted on the Teams forum:

Re-designing The Royal Marsden site maps to incorporate environmental projects

The Plastic Pledge we've signed up to and what we've done so far  
Green modes of transport – improving showers and drying provision for cyclists

Re-using unwanted furniture at The Royal Marsden

Biodiversity and access to the Friends Garden at Chelsea

Download the Register of Ideas on the Teams site to view all ideas put forward to date

Green Matters is a staff-led initiative and all staff are encouraged to join the debate

The next meeting is scheduled for Monday 8 March at 1.00 pm – email [greenmatters@rmh.nhs.uk](mailto:greenmatters@rmh.nhs.uk) to receive an invite.

#### Got a green idea?

Join our environmental discussion on our Teams group. We're open to all ideas, get involved or join the group.

Post your ideas on the forum and tell us why it's too good to ignore! Or email us at [greenmatters@rmh.nhs.uk](mailto:greenmatters@rmh.nhs.uk)

#### Our purpose

We want to make our Trust as green as possible by making progress in the following areas:



**Water use** – how can we save water?



**Sustainable procurement** – how and what we buy



**Travel and transport** – green transport schemes



**Energy** – smart usage and smaller bills



**Waste/resource** – how and what can we reuse, recycle and repurpose



**Biodiversity** – making the most of our outside space

*Photo shows Green Matters website forum to get involved*



*Photos shows Green Matters forum meeting in January 2020 with key internal service providers*



The Steering Group will therefore focus on continuous improvement and maintain momentum for change in order to ensure the Green Plan remains a living plan.



Green Matters provides a 'ground up' approach to environmental management, complementing the 'top down' leadership and governance of the Green Plan, and ensures that environmental management becomes a part of day to day activity.

# Communications and Engagement

## Reporting

### Communicating Progress

In order to drive change across the organisation and achieve the ambitious programme of work set out in this plan, ongoing communication, engagement and feedback is required. The Trust will begin to publish an annual sustainability report that incorporates progress against the Green Plan, feedback from the annual sustainability survey and how the Trust respond to any key issues identified. Key information to communicate progress on sustainability includes:

Initiative	Reporting frequency	Method
Progress against the Sustainable Development Assessment Tool	Annually	Trust annual report, Sustainability report
Sustainability survey feedback	Annually	Sustainability report
Carbon emissions	Annually	Trust annual report, Sustainability report
Utilities consumption	Quarterly	Internal communications channels, Trust annual report, Sustainability report, ERIC
Rates of recycling and waste minimisation	Quarterly	Internal communications channels, Trust annual report, Sustainability report, ERIC
Financial savings from Green Plan initiatives	As and when completed	Internal communications channels, Sustainability report

### Staff Communications & Engagement

The Green Matters Focus Group will also work with the communications team to develop a communications and engagement plan; this will encompass regional and national activities such as NHS Sustainability Day and National Clean Air Day. This plan will ensure there is a structure around sustainability communications that provides staff with materials and information that will encourage them to make changes in both the workplace and at home. The plan will utilise the following communications methods and channels:

- 'Green Matters' network
- Trust communication outlets
- Public website
- Social media, including Twitter and Facebook
- Road-shows and face to face communication

The 'Green Matters' focus group will also help spread key messages effectively and educate staff on how they can contribute to sustainable health. Members of the focus group will be committed to championing sustainability in the Trust and they will engage with their teams through actions, including, but not limited to:

- Maintaining a sustainability notice board in their work area
- Include sustainability discussions in team meetings
- Putting up sustainability information posters
- Informing their teams of any new sustainability initiatives the Trust has introduced



# Local Partnerships

Collaboration with the community and local partners is also key to ensuring the Trust makes a positive contribution and reduces its impact on the environment.

Additionally, working in partnership with other healthcare organisations will also help drive innovation and make the most effective use of our resources through shared best practice.

The Trust is already working with multiple key partners to deliver the Trust travel plan and the South West London Integrated Care System provides an opportunity to continually improve and progress sustainability within our services as well as influence other health organisations.

In addition, we are currently liaising with the Institute of Cancer Research and looking at how we can collaborate jointly on environmental plans, in particular green travel.

The Trust will specifically share experiences and expertise with other providers via sustainability networks, such as the NHS sustainability campaign, to support the delivery of sustainable healthcare within the UK.

## Key Partners

*The Royal Borough of Kensington and Chelsea declared a climate emergency*

*Sutton Council declared a climate and ecological emergency*

*Transport for London*

*Epsom and St Helier University Hospitals NHS Trust (Sutton Hospital)*

*The Institute of Cancer Research*

*Royal Brompton & Harefield NHS Foundation Trust*

*Chelsea and Westminster Hospital NHS Foundation Trust*

*NHS Travel Plan Forum and supporting sub-regional group (via WestTrans)*

*Other constitute organisations of the South West London ICS*



# Finance and Risk

## Finance

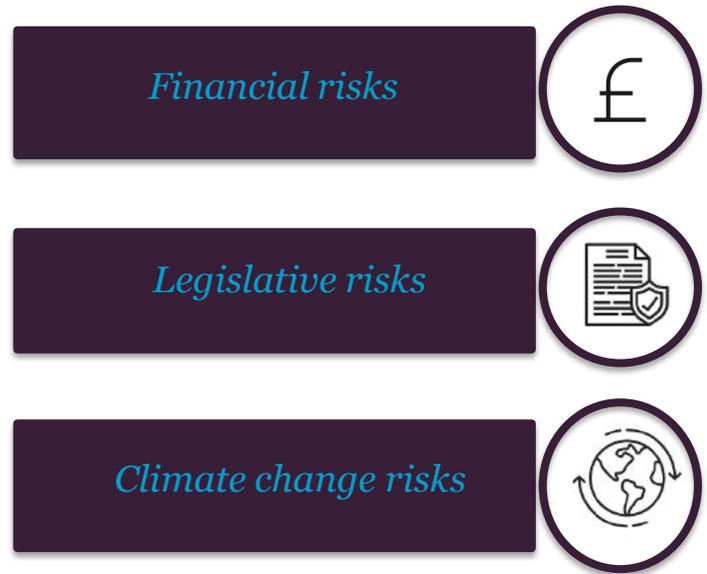
The Trust monitors the financial implications of energy and water use, waste disposal and business travel. Given the costs associated with utilities and waste disposal are rising, the Trust will continue to work to reduce demand and increase efficiency of resource use.

Whilst many initiatives will not require upfront funding, some The Trust also understands that some actions may need investment to implement. Where required, the Trust will develop robust business cases to provide justification of the spend. The Trust will also look at different of sources of funding where applicable – these have been outlined below.



## Risk

Where the Trust identifies any significant risks associated with the delivery of this Green Plan, they will be logged and included in the Trust risk register; these risks will be reviewed and updated regularly. Additionally, as outlined in the action plan, climate adaptation risks will also be logged and included in the Trust risk register.



# Data Sources

## Scope

The diagram across the page summarises the factors incorporated into the Trust carbon footprint; more information is provided below regarding data inclusion and data sources. The Estates Return Information Collection (ERIC) contains information relating to the costs of providing, maintaining, and servicing the NHS estate. Government emission conversion factors were used for carbon reporting.

### Utilities

Gas – Trust data from the Estates department, also reported into ERIC

Electricity – Trust data from the Estates department, also reported into ERIC

Oil – retrieved from ERIC

Water – Trust data from the Estates department, also reported into ERIC

### Travel

Patient and visitor transport – only includes patient transportation services provided by Flack, Trust service provider

Staff commute – only includes data for distance travelled to site for staff who park at the Sutton site

Business travel – includes travel from Trust managed fleet vehicles and business mileage claimed

### Waste Disposal

Incineration, Alternative treatment, Recycling, Anaerobic digestion, Landfill – all retrieved directly from ERIC data



### Key

Included in scope

Not included in scope



# Data Sources

## References

1. [\*Greener NHS campaign to tackle climate 'health emergency'\*](#)
2. [\*SDU - Reducing the use of natural resources in health and social – 2018 report\*](#)
3. [\*SDU – What is Sustainable Health?\*](#)
4. [\*Department of Health's settlement at the Spending Review 2015\*](#)
5. [\*BBC - NHS funding: Theresa May unveils £20bn boost\*](#)
6. [\*SDU – Staff survey – action and attitudes to sustainability\*](#)
7. [\*The NHS Long Term Plan\*](#)
8. [\*Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles\*](#)
9. [\*Sustainable Development Strategy for the Health and Social Care System 2014 – 2020\*](#)
10. [\*Health Technical Memorandum 07-02: EnCO<sub>2</sub>e 2015 – making energy work in healthcare\*](#)
11. [\*Health Technical Memorandum 07-04: Water management and water efficiency – best practice advice for the healthcare sector\*](#)
12. [\*SDU – Sustainable Development Assessment Tool\*](#)
13. [\*ISO 14000 Family – Environmental Management\*](#)
14. [\*BSRIA Soft Landings\*](#)
15. [\*SDU - Reducing the use of natural resources in health and social care 2018 report\*](#)
16. [\*Ryan SM, Nielsen CJ; Global warming potential of inhaled anesthetics: application to clinical use\*](#)
17. [\*The behaviour change wheel: A new method for characterising and designing behaviour change interventions\*](#)

## Glossary

CHP – Combined Heat and Power  
 CO<sub>2</sub> – Carbon Dioxide  
 CO<sub>2</sub>e – Carbon Dioxide Equivalent  
 ERIC – Estates Returns Information Collection  
 FM – Facilities Management  
 ICR – Institute for Cancer Research  
 LED – Lighting-emitting Diode  
 NHS – National Health Service  
 NIHR - National Institute for Health Research  
 PVC – Polyvinyl Chloride  
 SDAT – Sustainable Development Assessment Tool  
 SDMP – Sustainable Development Management Plan  
 SDU – Sustainable Development Unit  
 SMEs – Small and Medium Enterprises  
 STOR – Short Term Operating Reserve  
 STP – Sustainability and Transformation Partnerships  
 TfL – Transport for London  
 WTE – Whole Time Equivalent



# Appendix

## Sustainability Survey

### Questions asked in sustainability survey

#### 1. Please tell us at which site you spent most of your time

- Chelsea
- Sutton
- Kingston Hospital, Surrey
- Split equally between Chelsea and Sutton

#### 2. Please tell us who you are

- Clinical staff
- Non-clinical staff
- Patient
- Visitor

#### 3. Please rank (in order of importance) the following topics for our Trust's sustainability programme

- Waste and recycling
- Resource efficiency (water and energy)
- Active travel
- Biodiversity
- Climate change adaptation
- Green spaces
- Community programmes
- Sustainable procurement
- Air quality



#### 4. What are the two things that would enable you to live a more sustainable lifestyle?

- Help to understand how this can fit into my role
- Help to understand how it benefits patients' health and wellbeing
- Share news stories and examples with me
- Help to understand more about sustainability through communications and roadshows
- Include sustainability in corporate induction
- Provide training
- Help to understand how it saves money
- Help to understand how it saves me time
- Highlight more sustainable options on site (e.g. food options, location of drinking fountains)

#### 5. How important do you think the Trust considers sustainability?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

*Not important at all*

*Very important*

#### 6. Please include any additional comments about sustainability at the Trust below

# Appendix 2

## Drivers for behaviour change

There are nine identified intervention functions<sup>17</sup> that can change behaviour; these have been set out in the table below alongside energy saving example behaviours.

The Trust will consider the nine intervention functions and select those approaches most appropriate to encourage behaviour change.

To encourage behavioural change, the Trust will:

Implement a behavioural change communications campaign, e.g.:

- Provide positive examples of Trust staff taking action on sustainability

Develop and update policies that set out expected behaviours, for example:

- Restrict electrical heaters and set office temperature limits within an energy management policy
- Restrict under-desk bins within a waste management policy

Behavioural intervention function	What it means and example
Education	Increasing knowledge or understanding e.g. providing information about the impact of energy use
Persuasion	Using communication to induce positive or negative feelings e.g. awards given to departments that achieve the greatest energy reduction year on year
Incentivisation	Creating expectation of reward e.g. additional funding for departments that achieve the greatest energy reduction year on year
Coercion	Creating an expectation of punishment or cost e.g. charging departments for increased, unjustified energy consumption
Training	Imparting skills e.g. providing training to housekeeping staff to support switching off unnecessary equipment and lights
Enablement	Increasing means/reducing barriers to increase capability or opportunity e.g. empowering staff to switch off equipment when they are not needed
Modelling	Providing an example for people to aspire or imitate e.g. senior management always switching off lights and wearing more layers instead of turning up the heat
Environmental restructuring	Changing the physical or social context e.g. providing onscreen prompts for computer users to switch them off
Restriction	Using rules to reduce the opportunity to engage in the target behaviour e.g. Thermostat settings prevent users from changing temperature outside of a specific range



# Appendix 3

## Sustainability maps



# The ROYAL MARSDEN NHS Foundation Trust



Transport	
	Bus stop
	Car share
	Electric vehicle charging station
	Underground station
	Railway station
	Parking
	Disabled parking

Active	
	Bicycle storage
	Santander bike hire
	Stairs
	Staff showers
Sustainable initiatives	
	Sustainability message boards and feedback stations

Points of convenience	
	Water refill station
Waste disposal	
	General recycling
	Green space

# Appendix 4

## Corporate induction slides

The ROYAL MARSDEN  
NHS Foundation Trust

### The Royal Marsden NHS FT

First class sustainable healthcare



The Royal Marsden – First class sustainable healthcare – Corporate Induction

### Importance of sustainability

The health sector's carbon footprint accounts for approximately 6.3% of UK carbon emissions

- Financial benefits
- Legislative requirements
- Environmental benefits
- Societal needs



The Royal Marsden – First class sustainable healthcare – Corporate Induction

### Targets

- 51% carbon reduction target by 2025
- Behavioural change programme
- Install energy conservation measures
- Convert fleet and pool vehicles to electric
- Purchase renewable energy
- Procure in a sustainable way



The ROYAL MARSDEN  
NHS Foundation Trust

### Sustainable healthcare

29% decrease in CO<sub>2</sub>e emissions since 2009/10

- 2 electric vehicle charging points
- Energy awareness campaign
- 91% of anaesthesia given was low impact\*
- Additional energy-saving measures installed
- Inter-site shuttle bus taking cars off the road
- Zero waste to landfill
- 25% rebate for recovered metal parts
- CHP engines at Chelsea and Sutton†

\* Total anaesthesia administered / carbon footprint from 2019/20




# Appendix 4

## Corporate induction slides

The Royal Marsden First class sustainable healthcare – Corporate Induction

### Getting involved



Project Green team members



Sustainable procurement



Waste reduction and management



Factory development and improvement



Innovative behavioural change



Sustainable travel and transport



Biodiversity and environmental management



The Royal Marsden First class sustainable healthcare – Corporate Induction

### Engagement activities



The Royal Marsden First class sustainable healthcare – Corporate Induction

### What you can do



Segregate waste properly



Avoid single use items



Find more active ways to travel



Go meat free at least once a week



Shut down non-essential equipment



Wear clothing appropriate for the weather



Freeze leftovers



Pack a zero-waste lunch



Print only what is needed



The Royal Marsden First class sustainable healthcare – Corporate Induction

### Get involved!

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## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 8.
<b>Title of Document:</b> Monthly Quality Account – June (May Data) 2021	<b>To be presented by:</b> Mairead Griffin, Chief Nurse
<p><b>Executive Summary</b></p> <p>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.</p> <p><i>Good Performance:</i></p> <ul style="list-style-type: none"> <li>• Second round of Covid vaccinations ended on 21<sup>st</sup> May 2021</li> <li>• Friends and Family Test - 99.6% of patients would recommend Royal Marsden inpatient care (national average 95%) and 97.3% outpatient care (national average 93%).</li> <li>• In May we had a slight decrease in <i>c.difficile</i> cases from 9 to 6 cases ( with 4 attributable cases).</li> <li>• Reduction in hospital acquired pressure ulcers (n = 3). All low harm injuries. Trends observed: 0 acquired in Sutton site, 0 acquired in cancer services division.</li> <li>• Ongoing compliance with VTE risk assessments achieving 97.6% against an 85% target.</li> <li>• Significant improvement in performance of haematology day unit, improving 12.5% to 56.1%.</li> <li>• The Trust nurse vacancy rate decreased to 4.9% and is below the Trust target of 5%.</li> </ul> <p><i>Area for Improvement / Note:</i></p> <ul style="list-style-type: none"> <li>• Increase in <i>e.coli</i> numbers (n =6). Devising volunteer role to support with encouraging hydration with patients in inpatient and outpatient settings</li> <li>• There were 20 falls recorded for May, 5 of which related to 2 patients. All low harm but noted 28% occurred between 09.00 – 11.59 hrs. All wards to focus on orientating patients to bed spaces and encouraged to use call bell to request for assistance with mobilising.</li> <li>• The Trust Nursing voluntary turnover rate increased from 11.2% to 12.6% in month and is slightly above the Trust target of 12.0%. Whilst voluntary turnover rates for both band 5 and band 6 nurses reduced to 18.4% and 8.7% respectively, there were 11.9 WTE band 5&amp;6 voluntary nurse leavers which is the highest amount over the last 12 months, the main reasons given include relocation and promotion. Retention remains a key focus and includes a review of career pathways, stay conversations, staff engagement and learning from others.</li> </ul>	
<p><b>Recommendations</b></p> <p>Council of Governors are asked to review and comment on this report.</p>	

# The Royal Marsden NHS Foundation Trust

## Monthly Quality Account

JUNE 2021 (May Data)

A report by the Acting Chief Nurse: Andrew Dimech



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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 RMH 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)

May-21

Indicator	Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	2020/21
<b>Safe care</b>																
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											0	7
Datix (staff with >5 overdue incidents)	TBC	Below	59	33											92	32
Investigation outstanding actions	TBC	Below	79	50											129	69
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0	0											0	0
Number of diagnoses of Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) (Attributable)	6	Below	1	0											1	3
Clostridium difficile (C. Diff)	67		5	4											9	52
E-Coli	Total number of E. Coli Bacterium	65	3	6											9	70
	Number of Attributable E. Coli Bacterium	No target	2	5											7	33
Covid-19 positive tests	Positive tests – patient admissions (hospital onset, definite and probable)	0	0	0											0	38
	Staff new positive tests	No target	0	1											1	590
	Reportable outbreaks	0	0	0											0	N/A
PPE audit	95%		96.2%	97.0%												N/A
Hand hygiene	Trust	95%	97.1%	97.0%												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										0	6
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0	0										0	0
	Attributable Death Incidents	0	Below	0	0										0	1
Number of patients with attributable pressure ulcers	Number of patients	No target	8	3											11	130
	Category 1	No target	0	0											0	29
	DTI	No target	1	1											2	18
	Category 2	No target	6	2											8	56
	Category 3	No target	0	0											0	19
	Unstageable	No target	0	0											0	8
	Category 4	0	Below	0	0										0	0
Number of attributable medication incidents with moderate harm and above	6	Below	0	0											0	4
Number of cardiac arrests	No target	Below	1	2											3	24
Failure to recognise deterioration in a patient leading to death	0	Below	0	0											0	0
VTE risk assessment	95%	Above	96.2%	97.7%											96.9%	95.6%
DoLS applications	No target		1	0											1	22

# Quality Account dashboard 21/22 (2/2)

May-21

Indicator	Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	2020/21
<b>Effective Care</b>																
Chemotherapy waiting times: % chemo patients starting treatment within 1 hr of appointment time	Chelsea	85%	Above	87.0%	87.1%										87.1%	85.9%
	Sutton	85%	Above	76.4%	78.2%										77.3%	76.3%
	Kingston	85%	Above	89.7%	92.7%										91.1%	93.5%
	Cavendish Square	85%	Above	N/A	93.3%										93.9%	N/A
Chemotherapy waiting times: % chemo patients starting treatment within 3 hrs of first appointment of day	Chelsea	85%	Above	74.1%	75.0%										74.5%	74.8%
	Sutton	85%	Above	82.6%	82.0%										82.3%	82.7%
	Kingston	85%	Above	96.0%	98.6%										97.3%	96.3%
	Cavendish Square	85%	Above	N/A	86.7%										84.8%	N/A
Number of RMH published CMC records - applies to London CCG only	(Target under review)		22	10											32	209
<b>Caring</b>																
RMH Inpatient Friends and Family Test: % overall experience	95%	Above	99.2%	98.6%											98.8%	99.3%
RMH Inpatient Friends and Family Test: Number of responses	No target		125	208											333	1499
<b>Responsive</b>																
% of complaints responded to in required timescale	81%	Above	85.7%	100.0%											91.7%	91.4%
Number of complaints	No target		4	9											13	74
Number of complaints per 1000 daycase and inpatient discharges	4.08	Below	1.85	4.24											3.03	3.36
Number of concerns received	No target		13	22											35	231
Number of compliments received	No target		9	46											55	627
<b>Well-led</b>																
Number of Freedom To Speak Up (FTSU) alerts	No target															75
Trust vacancy rate	7%	Below	10.3%	6.3%											8.3%	10.2%
Nurse vacancy rate	8%	Below	8.7%	4.9%											6.9%	9.5%
Trust sickness rate (one month in arrears)	3%	Below	3.0%	3.2%											3.1%	4.3%
Sickness rate (rolling 12 month average)	3%	Below	4.0%	3.7%											3.9%	
Nurse sickness rate (one month in arrears)	3%	Below	4.7%	4.3%											4.5%	5.1%
Trust voluntary staff turnover rate	12%	Below	11.7%	10.9%											11.3%	
Nurse turnover rate	12%	Below	12.1%	12.6%											12.4%	12.5%
Appraisal & PDP rate	90%	Above	80.7%	76.1%											78.4%	84.5%
Local induction	85%	Above	82.0%	64.3%											71.9%	79.0%
Mandatory Training: % of staff compliant with training	90%	Above	88.5%	90.5%											89.5%	87.1%

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

# Monthly 'Big Four' (B4) Safety Messages May 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- Assessment of mental capacity

Documentation: Record of Assessment of Mental Capacity (Previously Consent Form 4) and Best Interests Decision for Adults that lack Capacity.

Completing the form

Part 1. Q1 of the assessment: Be very clear on the decision that needs to be made i.e., what is the treatment and care you are proposing as you would to a person with capacity. Do not write that a patient is unable to decide on treatment due to a learning disability.

Q3-Q9: Provide the evidence.

Q10: What is the impairment affecting the persons capacity to make an informed decision? If the impairment is suspected dementia, for example, but has not been formerly diagnosed, you cannot record the person lacks capacity due to dementia. [Mental Capacity Act 2005, Section 2(1, 4), 3 (2, 3)]

## B2- 'Best interest decisions'

If you are satisfied, on the balance of probabilities, that someone lacks capacity to make a specific decision, the person who needs to make the decision on their behalf, or to intervene in an individual's life, must do so in that individual's 'best interests'.

You must take into consideration the person's past and present wishes, their beliefs and values that would likely influence their decision as well as any other relevant factors. You must also take into account the views of anyone caring for the person or with an interest in their welfare.

[Mental Capacity Act 2005, Section 4 (1, 2, 3, 4, 5, 6a, 6b and 6c, 7)]  
Decision maker

Unless the patient has a Lasting Power of Attorney for Welfare and Health, and you have a copy of the LPA, you as the clinician are the decision maker. The Next of Kin cannot decide (consent) nor does the next of kin sign the document. It is good practice to let the next of kin know of the decision being made.

## B3- Investigation 6- pressure ulcer grade 3

A patient was found to have a grade 3 pressure ulcer 5 days after admission. The patient's relative reported that this was a longstanding injury, and this was supported by the assessment of the area as it appeared to be an older wound. Due to a lack of documentation, it was not possible to confirm if this skin injury has been acquired in hospital. The staff involved reported that the patient had declined skin inspections and communication had been difficult due to language barrier and difficulty with access to interpretation services in blue area.

Key Learning:

1. Staff to ensure skin assessment is completed within four hours of admission and documented in the medical notes where clinically appropriate.
2. Staff to document using the 'declining equipment' form and escalate to Matron/Divisional Nurse Director when a patient refuses treatment or intervention.

## B4- Personal protective equipment and heat stress

Wearing personal protective equipment (PPE) when working in warm or hot conditions increases the risk of heat stress. To help prevent this:

- Aim to take regular breaks; find somewhere cool if you can and change your PPE regularly.
- Make sure you are hydrated and try to drink more water than usual (checking your urine is an easy way of keeping an eye on your hydration levels – dark or strong-smelling urine is a sign that you should drink more fluids).
- Be aware of the signs and symptoms of heat stress and dehydration (thirst, dry mouth, dark or strong-smelling urine, urinating infrequently or in small amounts, inability to concentrate, muscle cramps, fainting).
- Do not wait until you start to feel unwell before you take a break.
- At your daily huddle discuss using a buddy system with your team to look out for the signs of heat stress (e.g., confusion, looking pale or clammy, fast breathing) in each other.
- Between shifts, try to stay cool as this will give your body a chance to recover.

Heat stress can present as heat exhaustion and lead to heatstroke if the person is unable to cool down. Heat exhaustion is not usually serious if you can cool down within 30 minutes. If it turns into heatstroke, it needs to be treated as an emergency.

# Monthly 'Big Four' (B4) Safety Messages May 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. A patient with a latex allergy was having a procedure in theatres. Whilst doing the routine documentation the member of staff noticed that a latex catheter had been inserted into the patient. Upon seeing the "Latex Mark" she escalated the problem to the circulating, scrub nurse and surgeon who acknowledged the problem and immediately changed the catheter into Latex free.*

*2. During a surgical procedure the member of staff noticed that a surgical instrument that had been intact at the beginning of procedure was broken and missing a part. She immediately informed the team who worked together to locate the missing part. An extensive search was performed, which enabled the missing part to be found thus preventing a never event.*

**Suggestions for the B4 or safety catch, can be sent to [helen.mills@rmh.nhs.uk](mailto: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.

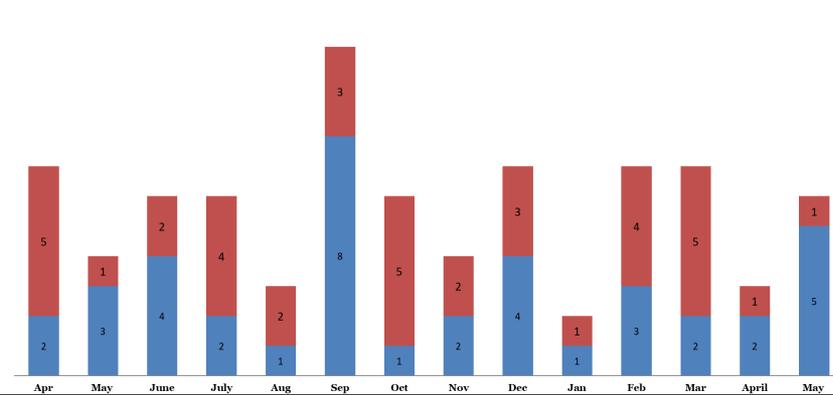
Hand hygiene and other audits continue via the 'Perfect Ward' app. We continue to work with the matrons to maintain high standards despite the pandemic.

The IPC and Micro teams continue to support the C-19 effort. There numbers have declined significantly, though we are still seeing sporadic cases. Incident meetings are held to assess any positive cases only 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 C-19. Over 85% of staff have had a first dose. Second doses started on 15<sup>th</sup> March. The vaccination service finished on 21<sup>st</sup> May and thereafter staff and patients will use other local services.

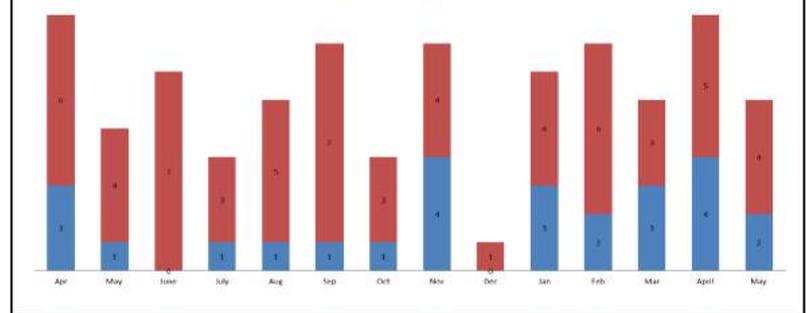
**E.coli BSI April 2020 - May 2021**

■ E. coli Attributable ■ E. coli Non-attributable



**C.difficile toxin positive cases April 20 - May 21**

■ CDT non-attributable ■ CDT attributable



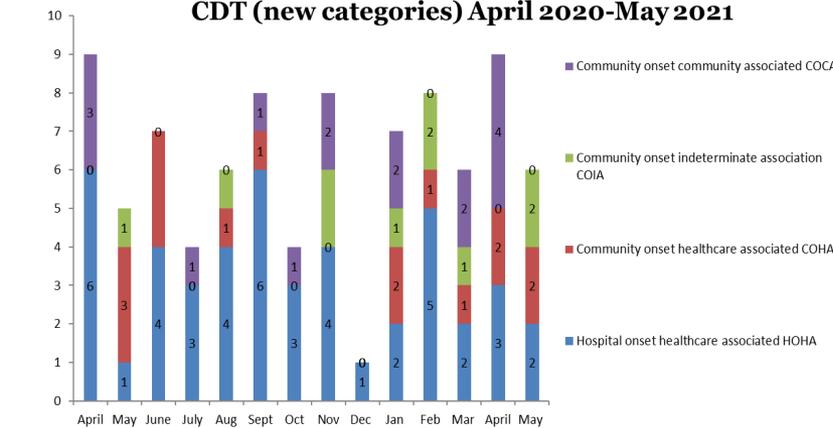
**CDT (new categories) April 2020-May 2021**

■ Community onset community associated COCA

■ Community onset indeterminate association COIA

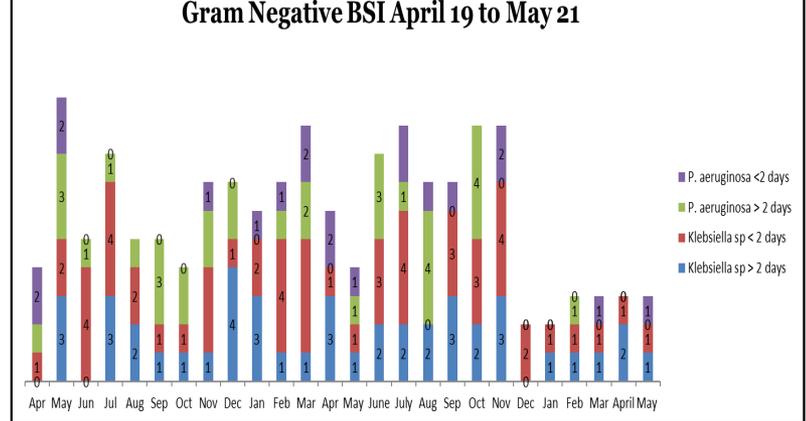
■ Community onset healthcare associated COHA

■ Hospital onset healthcare associated HOHA

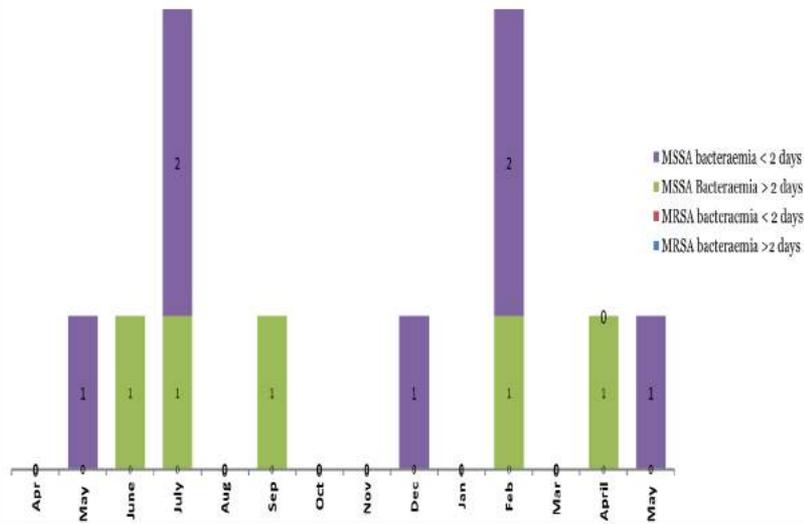


**Gram Negative BSI April 19 to May 21**

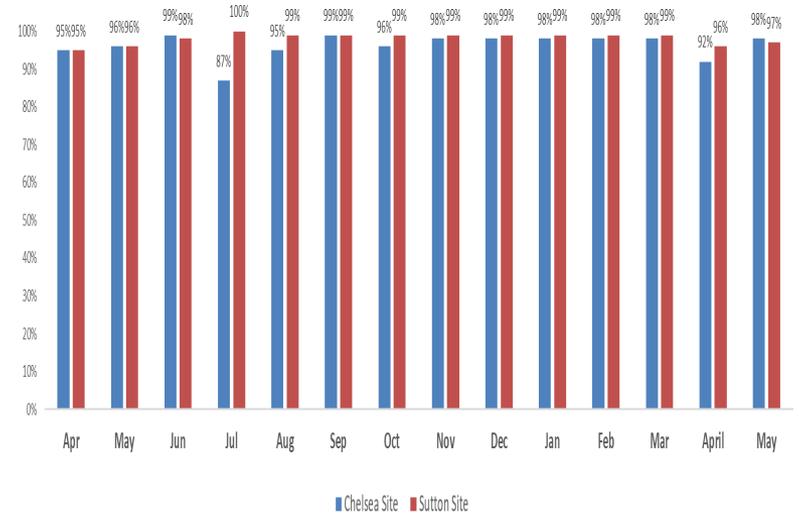
■ P. aeruginosa <2 days  
 ■ P. aeruginosa >2 days  
 ■ Klebsiella sp <2 days  
 ■ Klebsiella sp >2 days



**MRSA and MSSA BSI April 2020- May 2021**

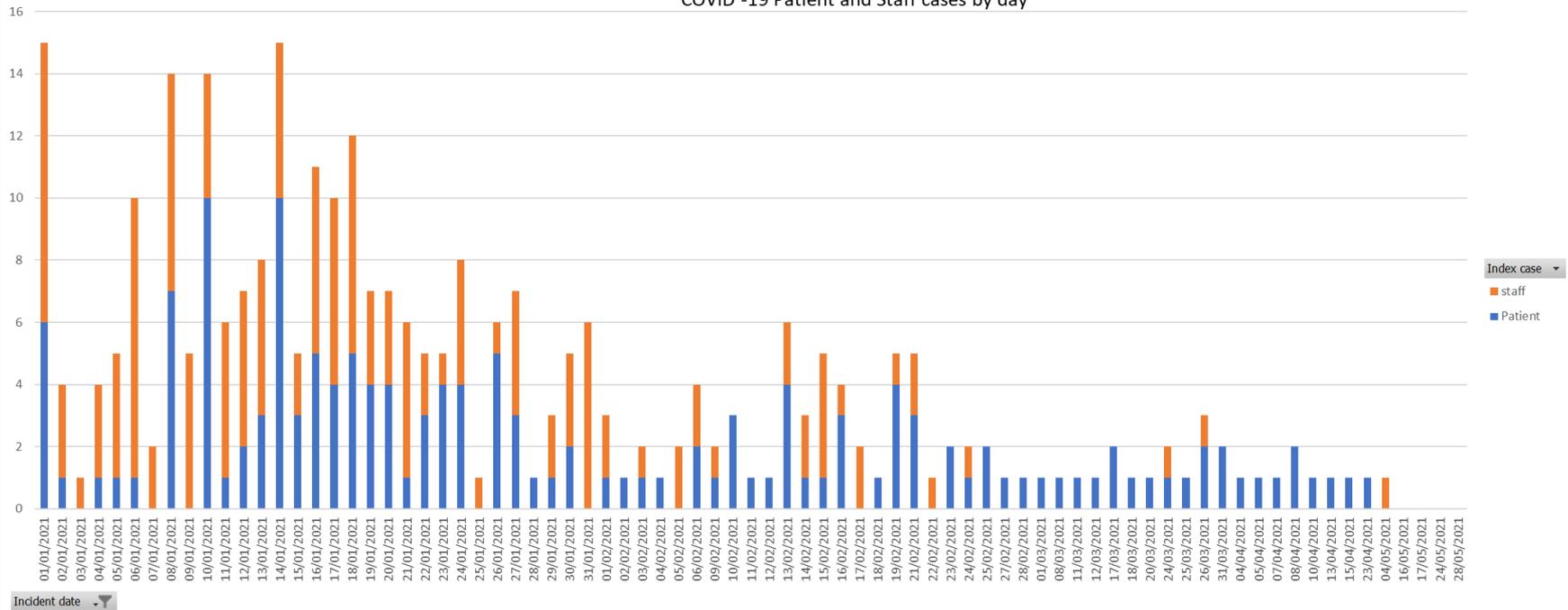


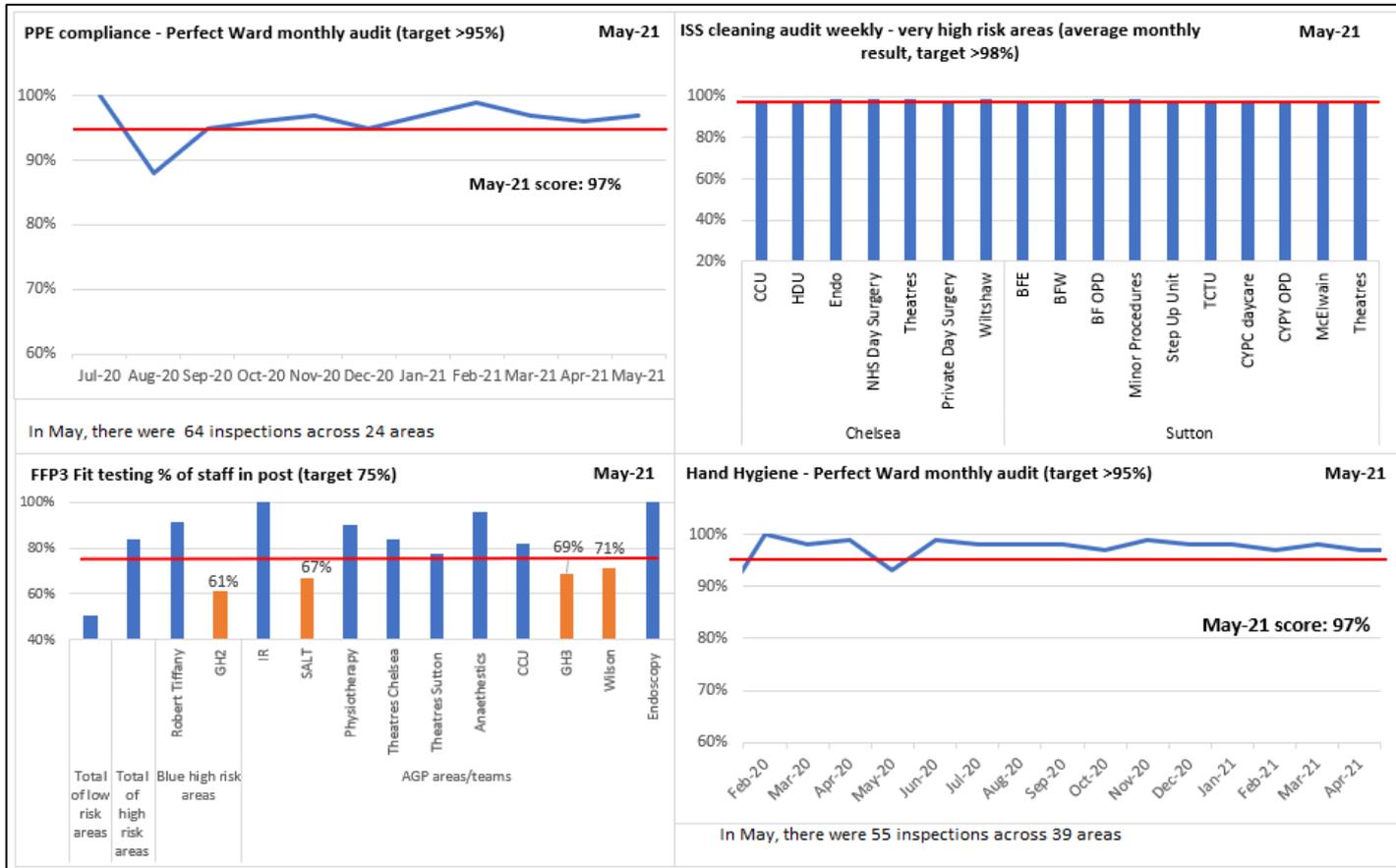
**Hand Hygiene Compliance April 2020- May 2021**

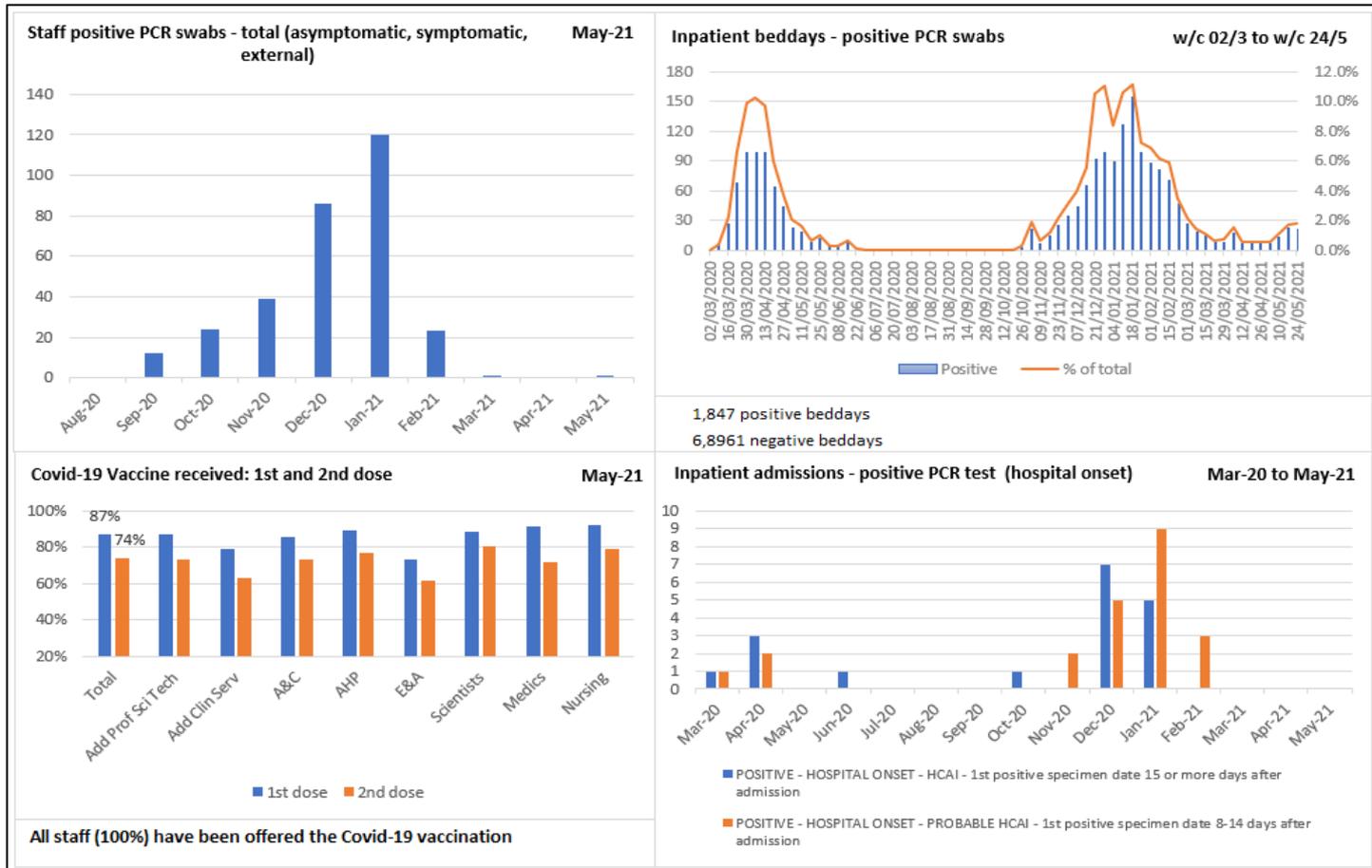


Count of Patient list

**COVID -19 Patient and Staff cases by day**



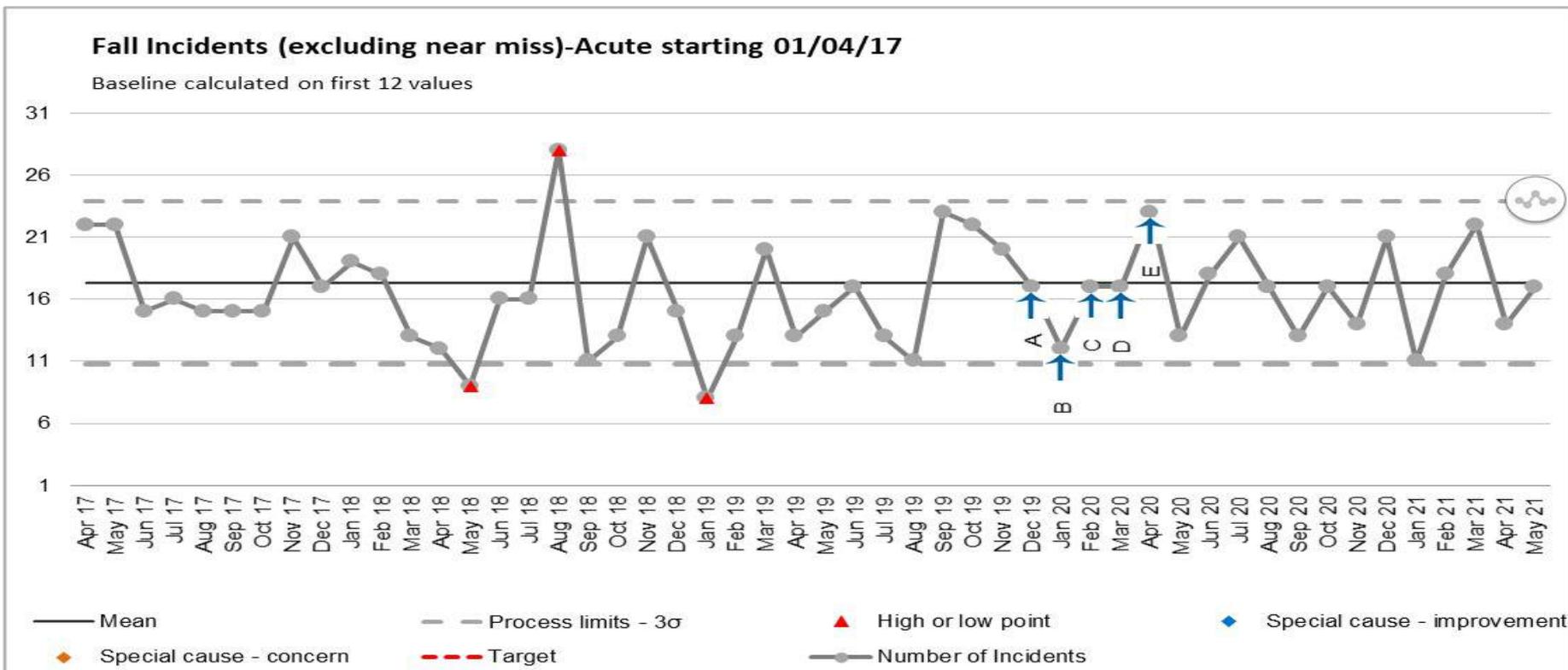




# Patient Fall Incidents

Target: <0.7 falls with moderate or above harm

**Data Owner: Teresa Deakin (Matron):** There were 20 falls recorded for May – slight increase of 3 in comparison to April. One patient fell twice – low harm reported on each occasion. The other had 3 falls reported, 2 of which were assisted – once again all low harm. There have been no moderate harm falls for the last 3 months. From June 2020 to May 2021 there have been 251 falls reported Trust wide which is a 1.6% decrease compared to the same time period last year with a 5.5% decrease in falls on the wards. During May, 28% of falls reported on the wards occurred between 09.00 – 11.59 hrs. Over the last 12 months 19% of falls occurred during this time period – the most common period of time.



## 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

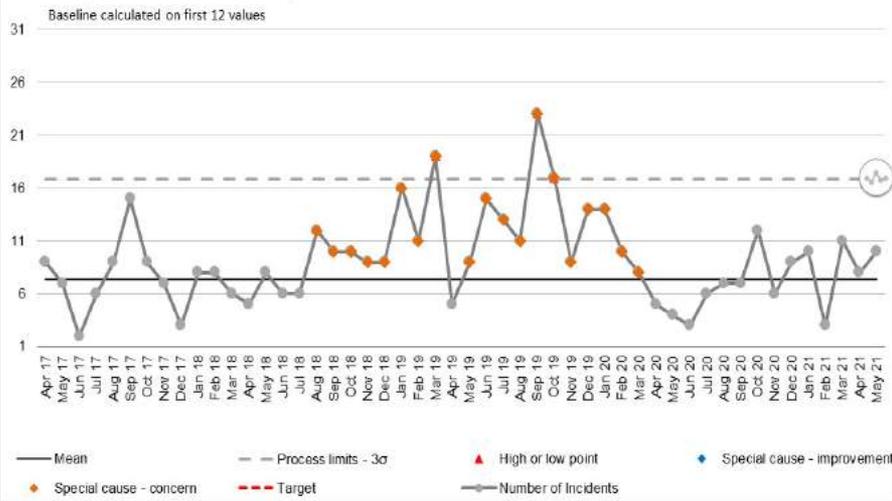
**Data owner: Suraya Quadir, Medication Safety Officer**

May 2021: There were 133 medication incidents, of which 26% were due to chemotherapy reactions when used as intended.

All of this month's incidents were no harm (98) and low harm (35).

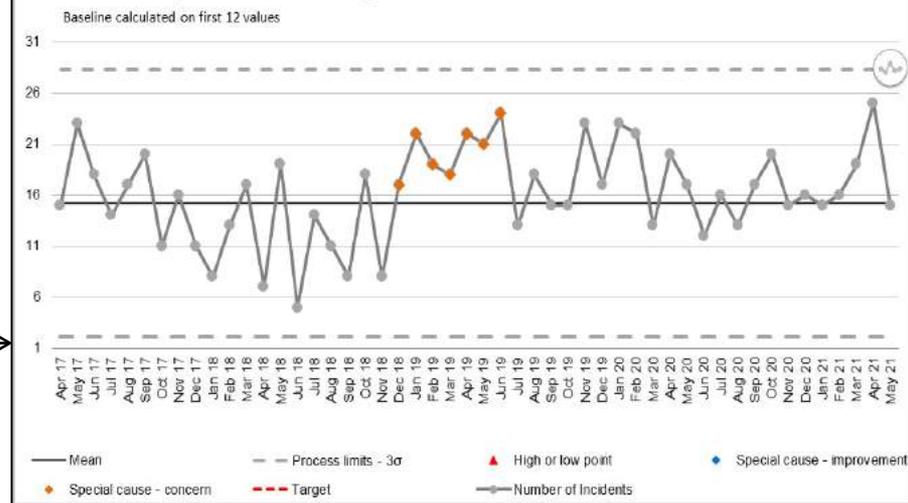
**Controlled Drug (CD) Incidents (14):** The majority of this month's incidents were due to accounted for losses-spillages (4), administration incidents, namely delayed doses (2) wrong formulation (2), and the prescribing of wrong dose/frequency (3). An incident occurred where a patient was found to have administered oral morphine from his own supply. This was due to safe custody of medication processes out of hours non-adherence.

**Delayed Incidents-Acute starting 01/04/17**



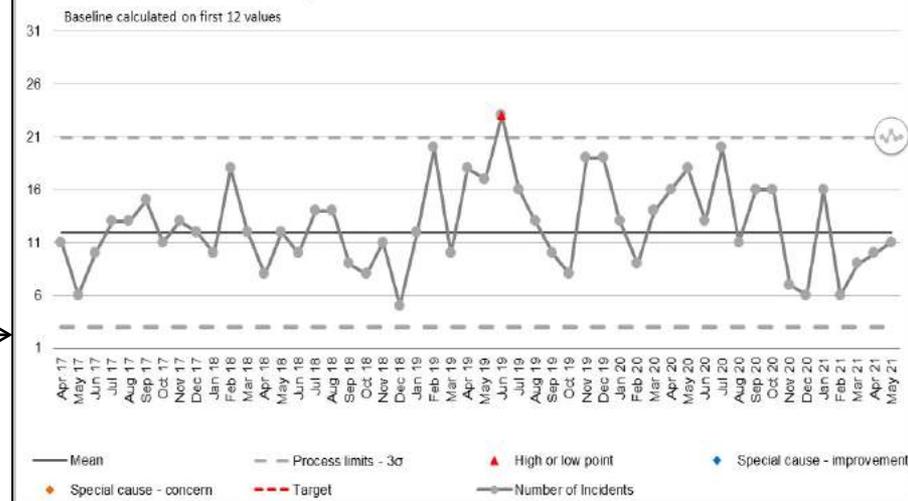
**Omissions (11):** The main themes here were dose omissions (5), expired medications (4) and supportive medicines being omitted from proforma (2). An incident occurred where expired intravenous amoxicillin was administered to a patient. This highlights the importance of checking expiry when selecting medication particularly prior to patient administration.

**Controlled Drug Incidents-Acute starting 01/04/17**



**Delayed medicines (9):** The main theme were delays in chemotherapy administration (5), these were mainly from aseptic preparation due to IVRS issues within CT regimens. There were also 4 cases of dose delays of which the majority was CDs.

**Omitted Incidents-Acute starting 01/04/17**



# Hospital Pressure Ulcers\* - excluding category 1

**Target: Zero grade 4 pressure ulcers**

**Data owner: Anna Collins (Matron)**

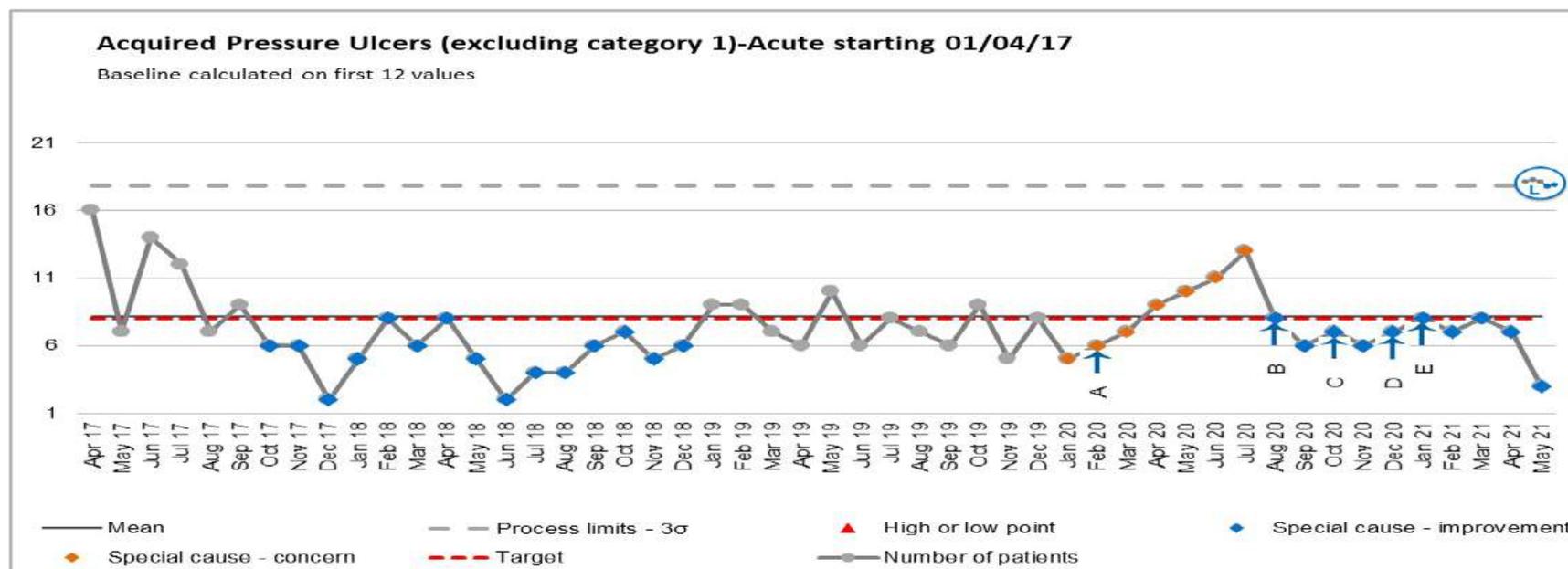
In May we had n= 3 hospital acquired pressure ulcers (HAPU) excluding Category 1. Two Category 2 and One Deep Tissue Injury. All low harm injuries. Trends observed – 0 acquired in Sutton site, 0 acquired in cancer services division.

Themes observed:

N= 1 caused by medical devices (VTE Stocking)

N=1 patient declining care and skin inspections

N=1 not on appropriate pressure relieving air cushion

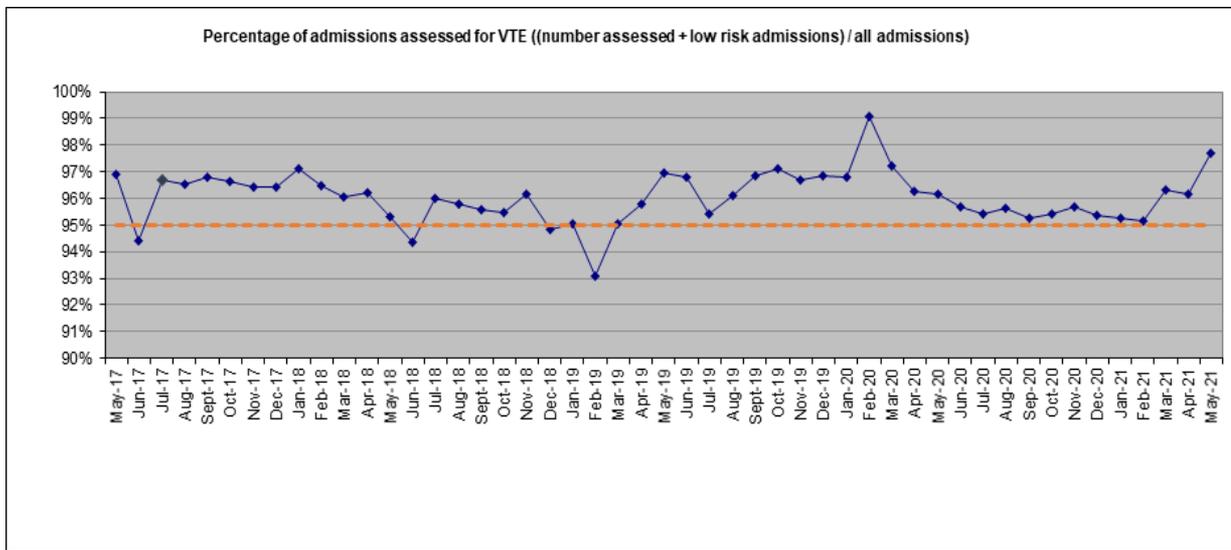


## Key Interventions

- A Launch of Pressure Ulcer E learning module
- B Targeted education provided to areas with increased PU prevalence
- C Launch of Level 2 Tissue Viability Champions Training
- D Launch of Healthcare Support Workers Booklet
- E Launch of updated Equipment selection guides



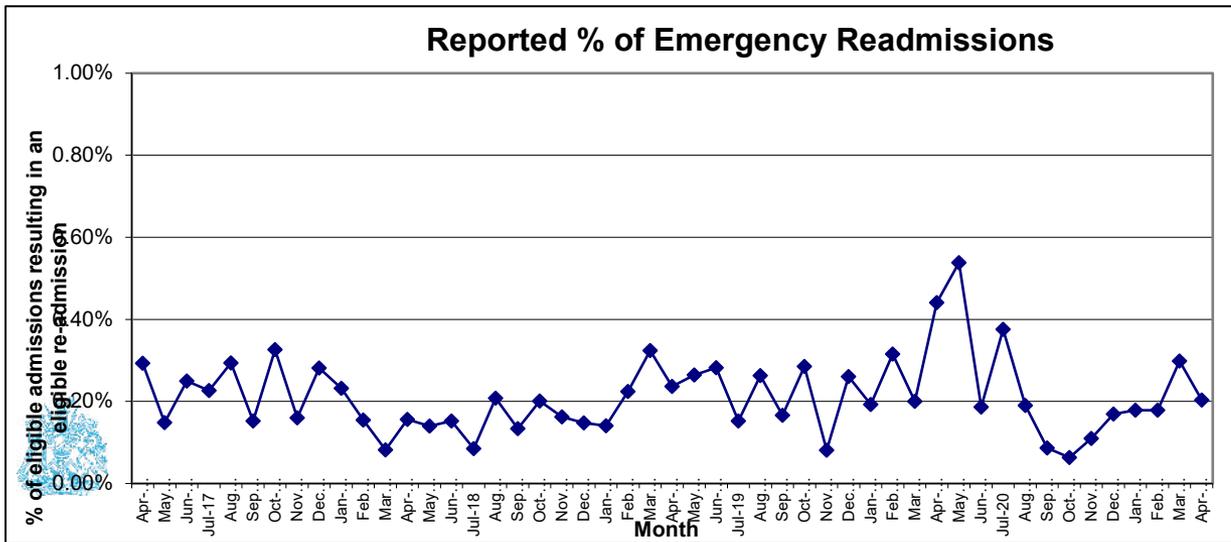
# Hospital VTE Screening (May 2021) and Readmission Performance (April 2021)



**Data Owner: Joanna Waller, Acting Deputy Chief Nurse**

VTE Data: May 2021:

VTE passed: 97.6%.  
 Ongoing work in progress to streamline electronic Venous Thrombus Embolism Risk Assessment (VTERA) on ICCA with potential workaround identified. Planning to remove VTE assessments from prescription charts in Q2 2021 to encourage electronic reporting.



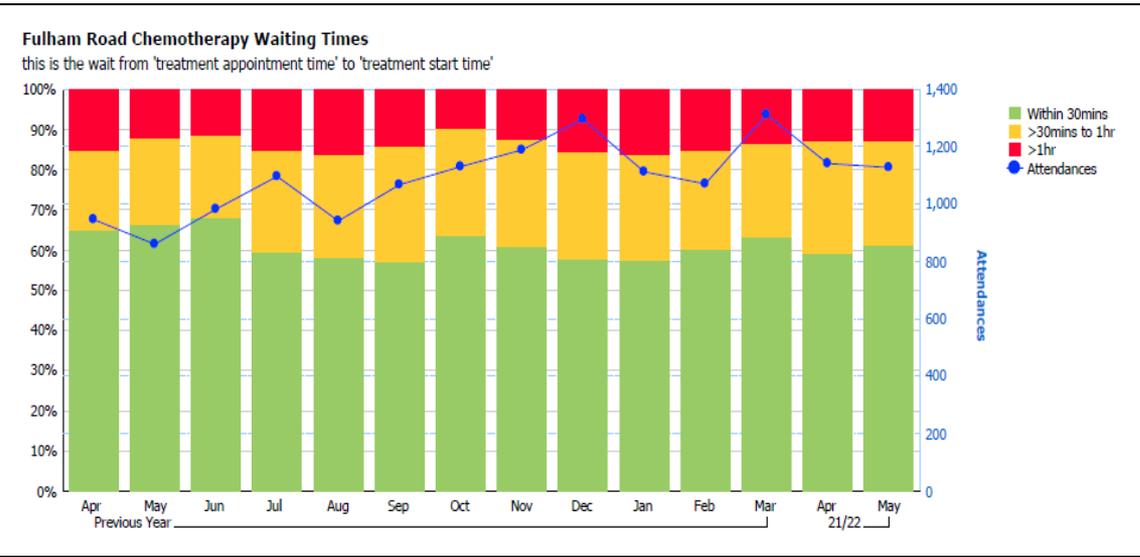
**Data Owner: Joanna Waller, Acting Deputy Chief Nurse**

Readmissions Data: April 2021

There were 10 readmissions in April; 1 of which related to symptom control, 1 surgical complication, 2 surgeries, 4 via clinical assessment unit and 2 'other'. Review of all these readmissions showed none were COVID-19 related.

**NB:** readmission performance data is reported 2 months retrospectively. This enables data validation for non elective patients admitted at the end of the month.

# Chemotherapy Waiting Times & Prescribing



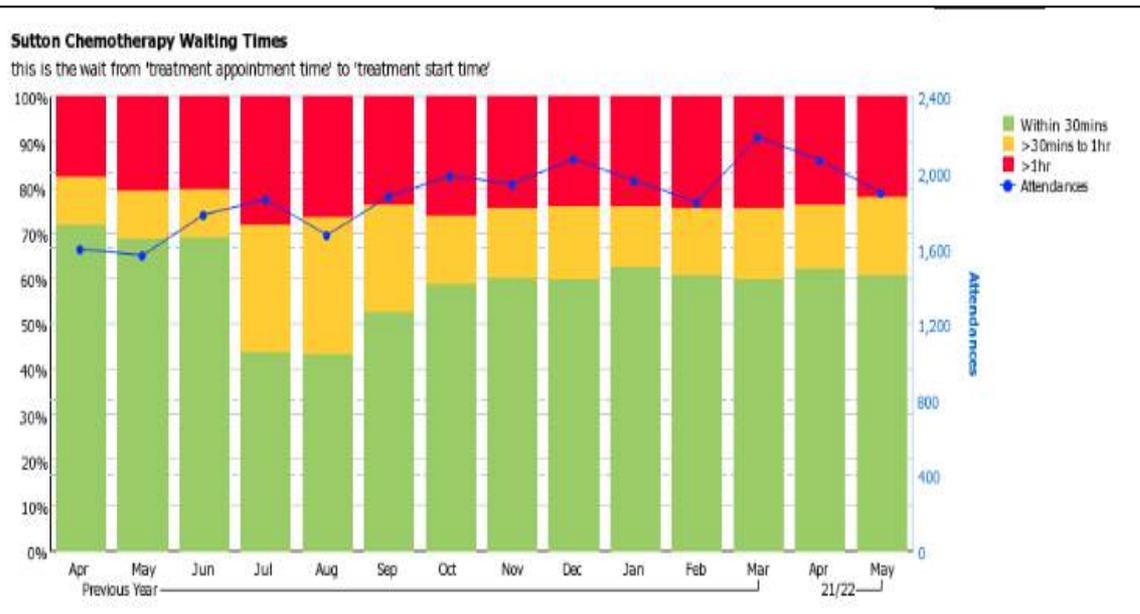
**Data Owner: Jatinder Harchowal, Chief Pharmacist; Eleanor Bateman, Divisional Director; Cat Liebenberg, Transformation Programme Manager.**

May performance at the Trust was 82.6% of patients starting chemotherapy within one hour of their treatment appointment time (against a target of 85%). This is an improvement on April when it was at 81%. May data saw a significant improvement in the performance of haematology day unit improving to 56.1% in May from 43.6% in April.

An improvement programme has been put in place at the Trust focusing on the haematology and children's day units. The following actions have been put in place:

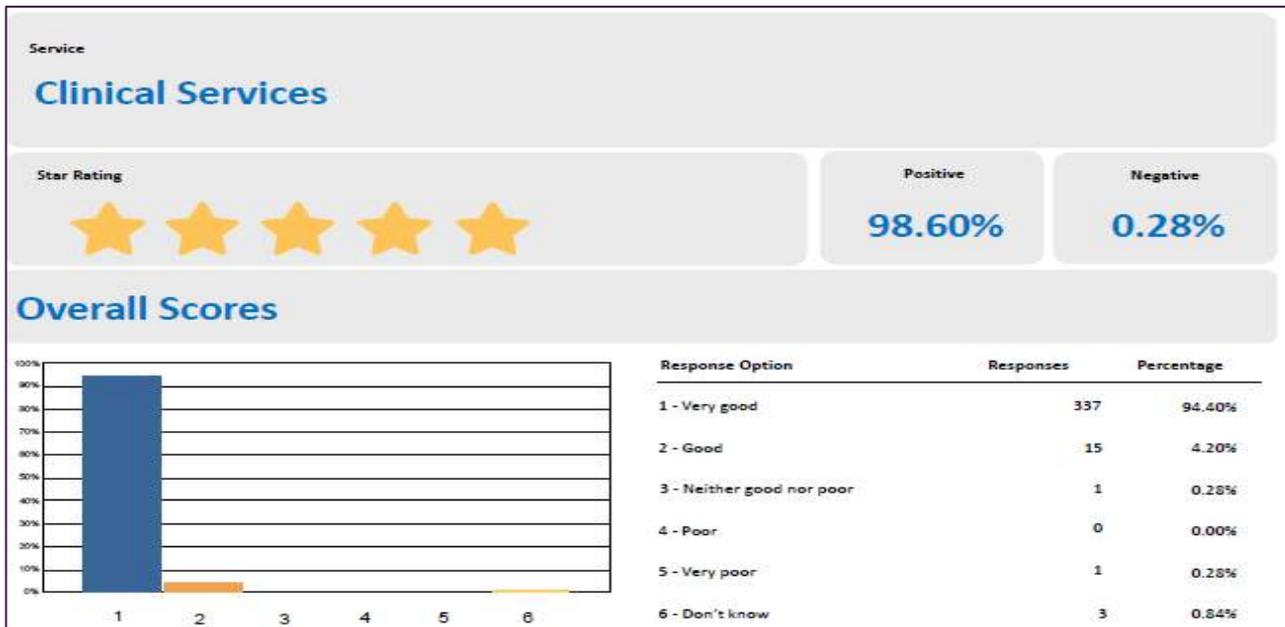
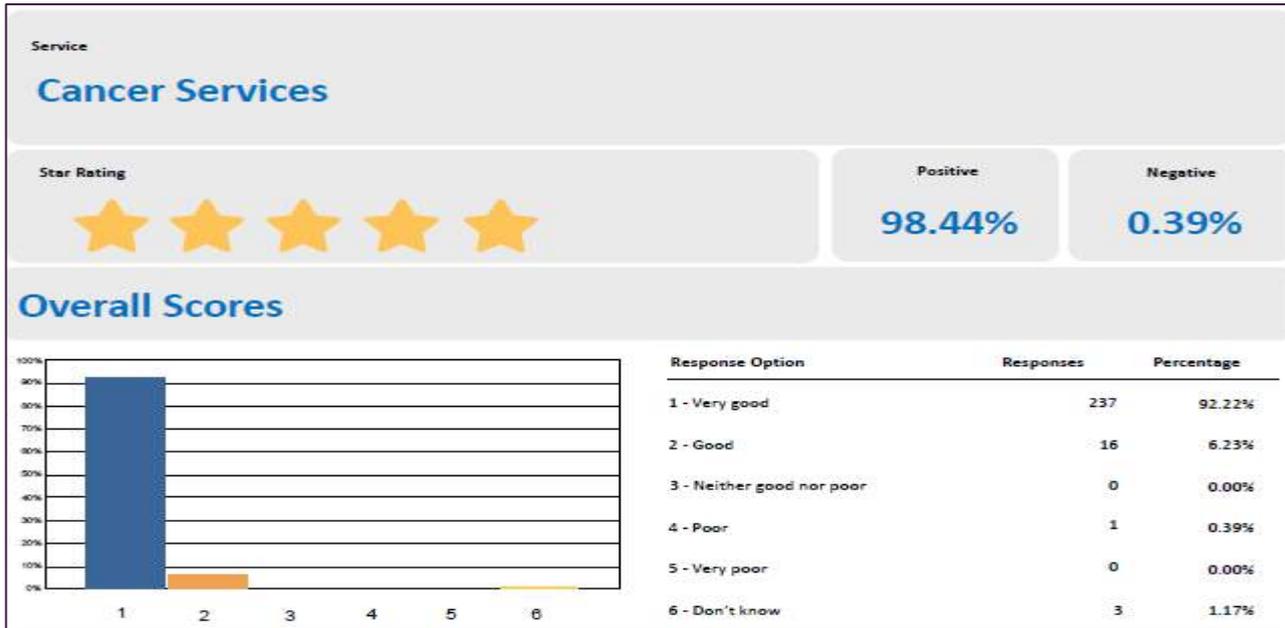
- Haematology specific actions**
- Increasing two-stop pathways and improving the rate of pre-prescribing
  - Ensuring confirmation of treatment is carried out in a timely manner
  - Reviewing administration processes
  - Reviewing clinic flows to reduce delays
  - Implementing zoning in the day care area
  - Implementing the chemotherapy recording rules, already rolled out in the two main MDUs

- Children's and TYA specific actions:**
- Administrative review has been concluded and an associated workstream within the improvement programme developed
  - E-scheduling training and rollout – commenced in June
  - Review of clinical confirmation process
  - Review of chemo clinic timetable and scheduling
  - Improving the rate of pre-prescribing
  - Reviewing and refining day care paperwork
  - Reviewing administrative processes and creating new process flows, guidance and admin KPIs



The Trust is starting to see improvement in the performance data and will continue to monitor and track progress in the haematology and SACT recovery groups.

# Patient Experience



**Data Owner: Kayleigh Hawes (Head of Assurance)**

## May 2021: Patient Experience Feedback Summary

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.

The numbers of responses has decreased since April due to the COVID-19 pandemic and we are currently working without external service provider to introduce SMS and IVM methods to collect feedback, as well as looking at other digital methods.

Training for staff on the Patient Experience Platform is taking place on 21 July 2021 to enable to staff to manage and respond to comments locally as well as generate actions and 'you said we did' to inform patients of the actions taken in response to their feedback,

# 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**

*Amazing as always! Understanding when asked to recline chair for blood tests. Friendly, chatty - put me at ease. Organised and professional. Could be improved: No improvements. Thank you for being awesome!*  
**Admissions and Pre-assessment Unit Chelsea**

*Lovely and extremely patient. Made you feel special and could not fault their care and attention.*  
**Radiosurgery Chelsea**

*Wonderful personal care. Nothing was too much trouble. Great sense of being "looked after" by committed people. Difficult to suggest improvement. Maybe later meal time in the evening but that is a resource issue.*  
**Oak Ward**

*Excellent and prompt professional care applied with patience, understanding and great kindness. Person centred care adapted to the individual including holistic planning. As a Christian and it being Holy Week the centre of my faith it was great that I was able to go to Holy Communion in the chapel and visits by a variety of chaplains, much appreciated. Wonderful and caring medical team, ward cleaner and ward host.*  
**Horder Ward**

**Comments where care can be improved this period**

*Nearly everyone was very kind and attentive. There were a lot of different staff, which could be confusing if you are not familiar with various uniforms and are not prepared to ask the correct questions from the appropriate staff, especially when you had had tranquillisers. It would be useful to know what medication is being given - as much of it looks unfamiliar and timings are not as at home.* **Wilson Ward**

**Wilson Ward Action:** Nursing staff reminded of importance of explaining medicines individually to patients.

*Improvements on the mobile chemo unit - pump action hand sanitisers. The ones they have you have to hold and squeeze, which defeats the object! Two tiny bins in toilet are always full/overflowing. They need bigger bin or empty more.* **Mobile Chemotherapy Unit**

**Mobile Chemotherapy Unit Action:** Sanitisers and larger bins put in place.

*Extremely friendly team, always with a smile and time to talk personally. Lucia (name) was amazing, helping me through those first post-op hours, both emotionally and physically. All staff were very motivating about helping me achieve daily recovery targets especially Jack (name). A quick replacement of a faulty Doppler would have helped staff and reduced wake-ups to locate shared machine. Advising cleaning staff to not start cleaning and leaving door open when patient is doing a personal bowel wash.*  
**Kennaway Ward**

**Kennaway Ward Action:** Doppler reported to clinical engineering. ISS staff provided with patient feedback and will be reiterated at staff meeting.

# 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 patient that had a positive experience was 95% in March 021. **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 98 %**

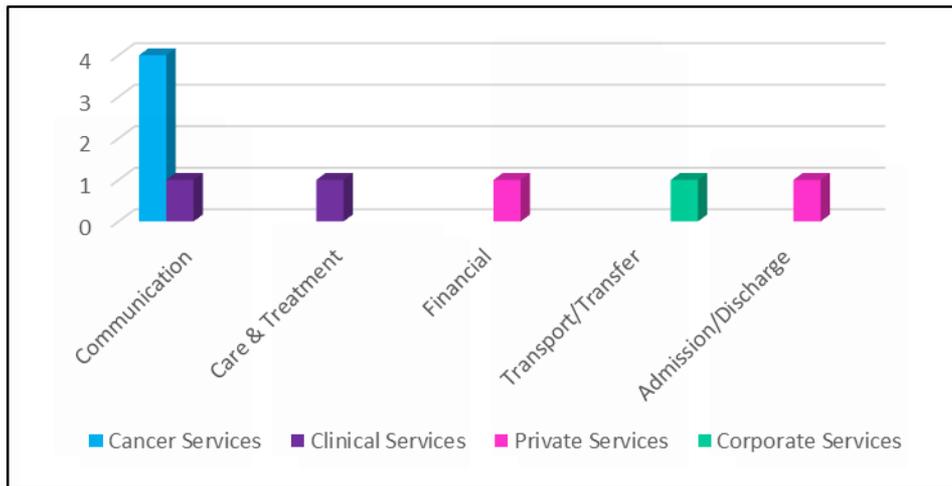
INPATIENTS FFT	Q1 20/21	Q2 20/21	Q3 20/21	Q4	Apr 21	May 21
<b>The Royal Marsden inpatients who would recommend</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	99.6%	National data not yet published	National data not yet published
<b>National average</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	95%	National data not yet published	National data not yet published
<b>Response number</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	313	National data not yet published	National data not yet published

OUTPATIENTS FFT	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Feb 21	Mar 21
<b>The Royal Marsden outpatients who would recommend</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	97.3%	National data not yet published	National data not yet published
<b>National average</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	93%	National data not yet published	National data not yet published
<b>Response number</b>	National upload suspended due to covid	National upload suspended due to covid	National upload suspended due to covid	634	National data not yet published	National data not yet published

# Patient Feedback - Complaints

**Data Owner: Kayleigh Hawes (Head of Assurance): Complaints Summary:** 9 new complaints were opened in May 2021. 4 complaints were for Cancer Services, 2 complaints were for Clinical Services, 2 complaints were for Private Services and 1 complaint was for Corporate Services. 1 complaint was reopened and in total, 14 complaints remain open at the beginning of June 2021. No themes were identified.

**Table 18.0 May 2021 Received Complaints – Grouped by Subjects**



**Table 19.0 Subject narrative :**

For the 9 complaints received, the subjects were:

- Communication (5)
- Care & Treatment (1)
- Financial (1)
- Transport/Transfer (1)
- Admission/Discharge (1)

**Table 20.0 Closed Complaints**

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

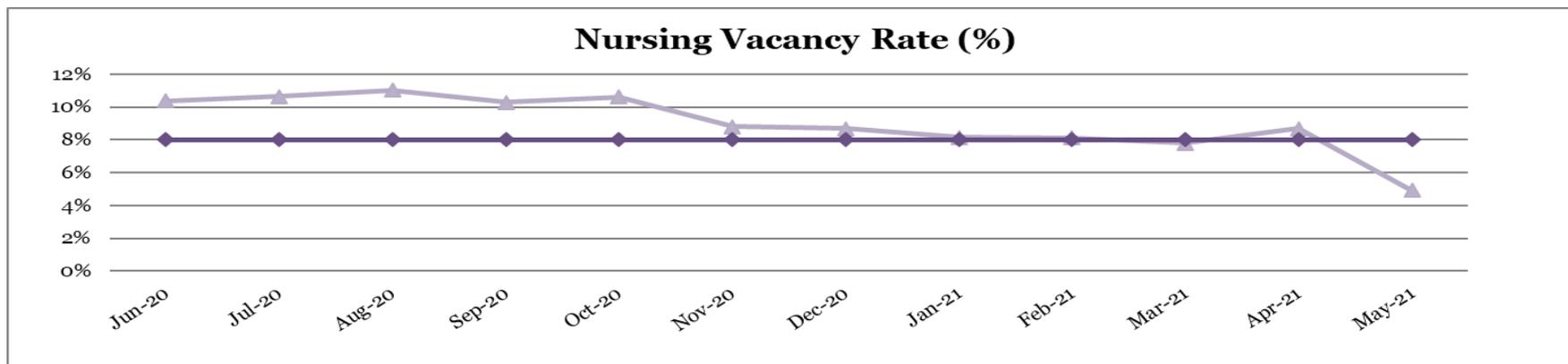


# Safer Staffing: Nurse Recruitment

**Data Owner: Karen Musee (Head of Resourcing):** The Trust nurse vacancy rate decreased to 4.9% and is below the Trust target. The Trust vacancy rate has dropped significantly due to the financial alignment to ESR where posts with staff in them have been changed to show no budget. We continue to make use of associated national funding to increase health care support workers (HCSWs) and international recruitment of nursing staff to ensure we continue to grow our workforce sustainably. There are 81 wte nurses in the recruitment pipeline of which 36 wte had a start date agreed. There were 4 wte band 5/6 new joiners in May a decrease of 4 on the previous month. International recruitment continues and we have 22 international nurses in our recruitment pipeline.

## May 2021 Nurse Recruitment Activity:

1. Continue to undertake a range of recruitment activities, rolling adverts for hotspot areas and targeted newly qualified events. 19 Newly qualified nurses have been offered positions for September 2021 and a 2-year Early Career's programme developed to support these Nurses. A Coffee morning for the Newly Qualified Nurses has been arranged for early September to meet the senior team as part of the onboarding process.
2. International recruitment interviews continues with a focus on Critical Care and Oncology Nurses. 15 Internationals in the pipeline, with 4 due to arrive on 22nd July 2021. A new MS Feedback form is being developed to capture the opinions of new recruits and their experience with the onboarding process, in order to implement any improvements or adaptations to the current process.
3. A registered nurse recruitment day will be held on the 15th June, and we plan to hold a non-virtual recruitment day at the end of July. SNAP has been rolled out as the new testing system for all external nurses, the system will ensure all candidates are tested prior to being offered and will streamline this process for both managers and recruitment.



Nursing Joiners - Band 5-6													
Month	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Total
Starters (fte)	4.0	12.3	11.0	22.0	13.6	4.0	9.0	9.0	6.0	10.1	8.0	4.0	111.9

# Safer Staffing: Nurse Turnover & Retention

**Data Owner: Karen Musee (Head of Resourcing):** The Trust Nursing voluntary turnover rate increased from 11.2% to 12.6% in month and is slightly above the Trust target of 12.0%. The voluntary turnover rates for both band 5 and band 6 nurses reduced to 18.4% and 8.7% respectively. There were 11.9 wte band 5&6 voluntary nurse leavers which is the highest amount over the last 12 months, the main reasons given include relocation and promotion. Following the 2020 staff survey results, feedback is being cascaded through divisions and local action plans will be devised focusing on morale, fairness and equality. Retention remains a key focus and includes a review of career pathways, stay conversations, staff engagement and learning from others.

## Nurse 'Leavers' cumulative position

Nursing Voluntary Leavers - Band 5-6													
Month	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Total
Leavers (fte)	5.6	8.3	5.0	10.3	8.0	3.0	3.7	8.8	1.8	8.0	8.0	11.9	70.1

## Reasons for leaving

Voluntary Nurse leavers Bands 5&6	FTE
Adult Dependants	0.6
Promotion	3.0
Relocation	3.8
Education / Training	1.0
Work Life Balance	0.6
Other/ Not Known	2.9
<b>Total</b>	<b>11.9</b>

# Safe Staffing (Adult Inpatients): May 2021

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

	RN Fill %	NA Fill %	HCA Fill %	Total CHPPD	Red Flags
Burdett Coutts	86.0%		88.0%	9.7	
Critical Care Unit	97.0%		67.0%	31.8	
Ellis Ward	91.0%		167.0%	9.8	
Granard House 1	100.0%	118.0%	154.0%	12.6	
Granard House 2	96.0%	116.0%	105.0%	12.0	2
Granard House 3	99.0%	116.0%	100.0%	12.5	
Horder Ward	96.0%	131.0%	190.0%	14.9	
Markus Ward	102.0%		111.0%	12.4	3
Wilson Ward	93.0%		158.0%	9.4	4
Wiltshaw Ward	93.0%		98.0%	12.3	1
Bud Flanagan East Ward	88.0%		100.0%	11.8	3
Bud Flanagan West Ward	89.0%		132.0%	10.0	1
McElwain Ward	92.0%		90.0%	11.0	
Kennaway Ward	103.0%		67.0%	12.7	
Oak Ward	94.0%	100.0%	95.0%	26.5	
Robert Tiffany Ward	100.0%		233.0%	13.6	
Smithers Ward	115.0%	59.0%	163.0%	10.6	
Teenage and Young Adult Unit	110.0%		257.0%	18.9	1

## 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 however an increasing number were left unfilled due to lack of available bank/agency staff.

The higher fill % rate for HCA was due to a high number of patients requiring specialising (1 to 1 nursing care)

TCT – High use of specials and staffing 2:1 at times due to the complexity of patient needs – approved by CN. This also links to their high CHPPD this month.

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

**Red Flags :** The key themes with these this month was Missing key skills/ Delay/omission of elements of care. These occurred either through shifts not being covered, increased patient acuity/ requirements that did not reflect staffing on the ward.

# Safe Staffing: May 2021

Ward name	Fill% RN Days	Fill % NA Days	Fill % HCA Days	Red Flags
Bud Flanagan AC	97.00%		121.00%	1
APU C	90.00%			
APU S	96.00%			
CAU L	100.00%	79.00%	68.00%	
CAU S	89%			
Cavendish Square	85%		70%	
Childrens Day unit	103.00%		115.00%	1
DSU	96.00%		68.00%	1
Endoscopy	107.00%		99.00%	
MDU C	84%		69.00%	2
MDU Kingston	98.20%		69.00%	
MDU Sutton	92.00%		50.00%	
Oak Day unit	88.00%		67.00%	
PPMDU C	99.00%		85%	
PPMDU S	98.00%		79.00%	
PPOPD C	92.00%		105%	
PPOPD S	97.80%		83.30%	
PPDSU	111.00%			
Outpatients C	93.80%		91.30%	
Outpatients S	92.00%	86.00%	87.20%	
RDAC C	89.00%		96%	1
RDAC S	81.00%		98.00%	
Theatres C	94%		95.00%	
Theatres S	94.00%		101.00%	
West Wing	95.00%		82%	

## Data Owner: Sharyn Crossen: Safe Staffing Lead

Cavendish Square has now being added to this report – staffing reflects current activity levels.

Day areas are being supported by Matrons and where able additional HCA used to support.

**Fill %** across many units remain below trust target- mainly due to vacancies not been covered.

MDU C and RDAC Chelsea both experiencing high levels of long term absences.

**Red Flags** – The key theme remains this month to being is 1 RN on shift/2clinical staff short.

### RAG rating

**Green** ≥95%

**Amber** ≥ 85% <95%

**Red** <85%



# Quality of Care of the Dying- *Key Performance Indicators*

## Data Owner: Angela Halley (Palliative Care Consultant)

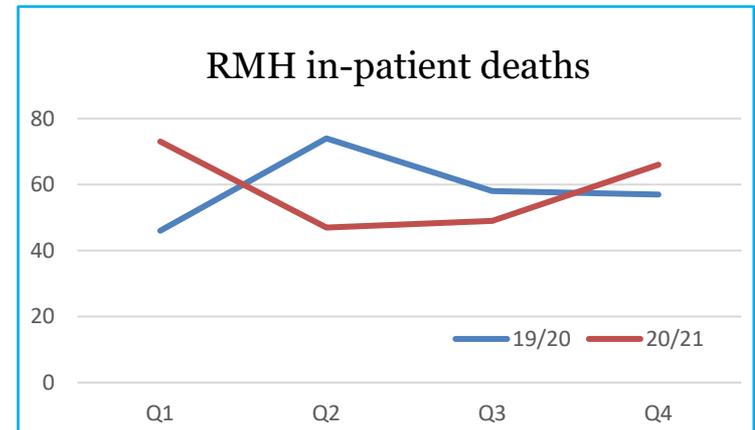
- The symptom Control and Palliative Care team review care of the dying across the trust quarterly.
- The NICE Quality standards Care of Dying adults in the last days of life (Quality Standard: QS144) are used to audit against.
- Internally we set a KPI of 80% of those recognised as dying within the trust should be commenced on the Principles of Care for the dying person. This is to ensure excellent and holistic care of the dying from all members of the MDT.

## Headlines (Q4 2020/21 data):

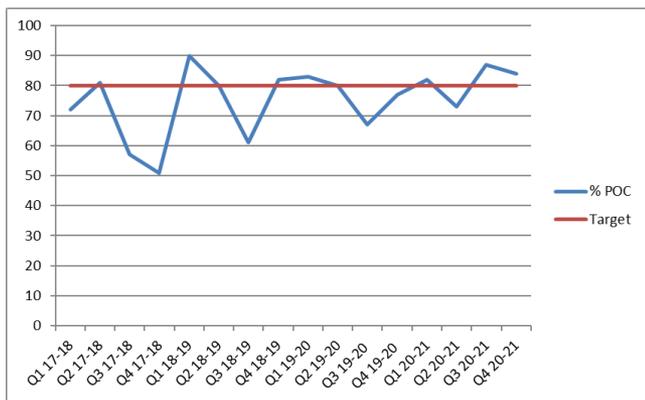
- Q4 was during the 2nd peak of the COVID-19 pandemic.
- Q4 deaths for 2020= 66 (52 ward, 14 CCU)
- 84% of inpatient deaths outside of CCU had been commenced on the Principles of care (Q3: 87%)
- 92% had anticipatory medications prescribed (Q3: 90%)
- 87% had documented discussion regarding hydration (Q3: 90%)
- 94 % had family discussion to discuss recognition of dying (Q3: 92%)
- Family visiting took place at the end of life in 90% cases
- 17 deaths with COVID-19 on death cert (12 ward, 5 CCU)
- Total number of inpatient death 20/21- 235 (19/20- 235)

## Action plan to improve performance:

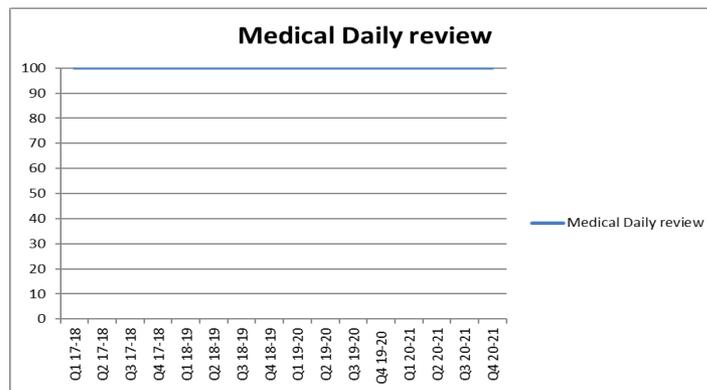
- Results shared at Symptom Control and Palliative Care Research and Audit meeting to model good practice of use of Principles of care document
- Continue sharing results with Nurses via Ward meetings
- Share results at junior doctor teaching and induction
- Ongoing internal quarterly audit
- Ongoing review of end of life care for COVID-19 deaths as part of service evaluation



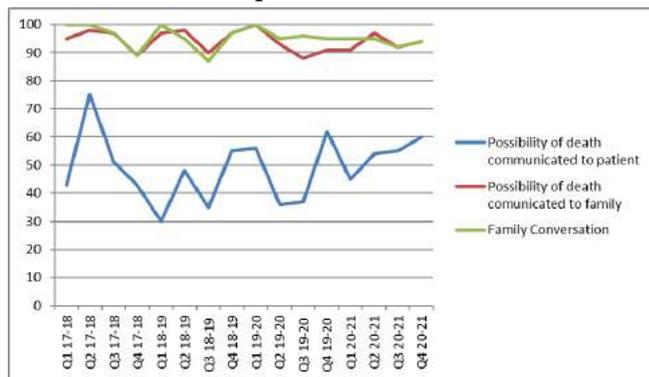
**All patients who die across RMH who are diagnosed as dying should have a principles of care for dying patient's document initiated**



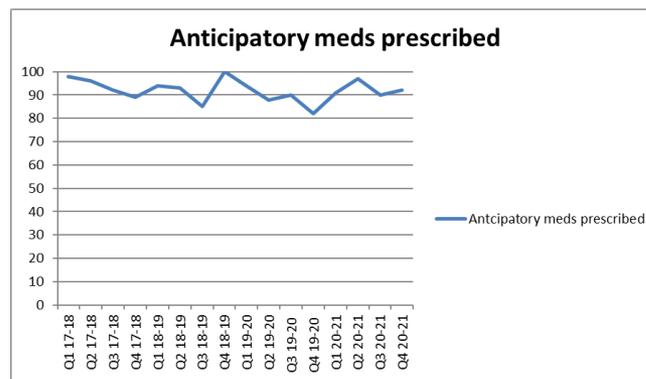
**NICE Quality Standard 1- Adults who have signs and symptoms that suggest they may be in the last days of life are monitored for further changes to determine if they are nearing death, stabilising or recovering**



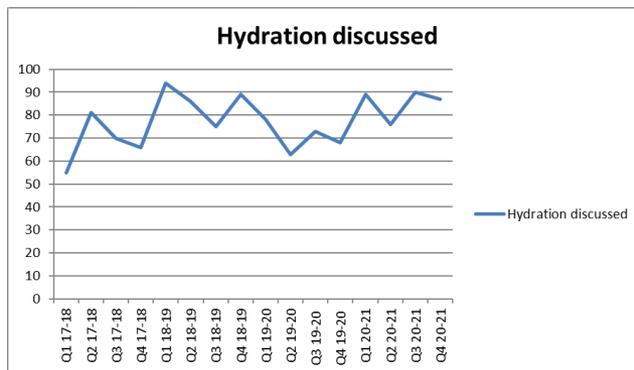
**NICE Quality Standard 2- Adults in the last days of life and people important to them are given the opportunity to discuss, develop and review individualised care plan**



**NICE Quality Standard 3- Adults in the last days of life are prescribed anticipatory medicines with individualised doses and route**



**NICE Quality Standard 4 - Adults in the last days of life have hydration status assessed daily and have a discussion about the risks and benefits of hydration options**



## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 9.
<b>Title of Document:</b> Key Performance Indicators Q1	<b>To be presented by:</b> Steven Francis, Director for Performance and Information
<b>Executive Summary</b>  This paper provides the Council of Governors with an update on the Trust's performance for quarter 1 2021/22. The scorecard and narrative are also submitted to the Board.	
<b>Recommendations</b>  The Council of Governors is asked to note the Trust's balanced scorecard and commentary for quarter 1 2021/22 and are invited to discuss the position.	

## KEY PERFORMANCE INDICATORS

### QUARTER 1 2021/22

#### 1. Purpose

This paper provides the Council of Governors with an update on the Trust's performance for quarter 1 2021/22. 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 1 report, including actions underway to improve performance.

#### 2. Balanced scorecard annual review

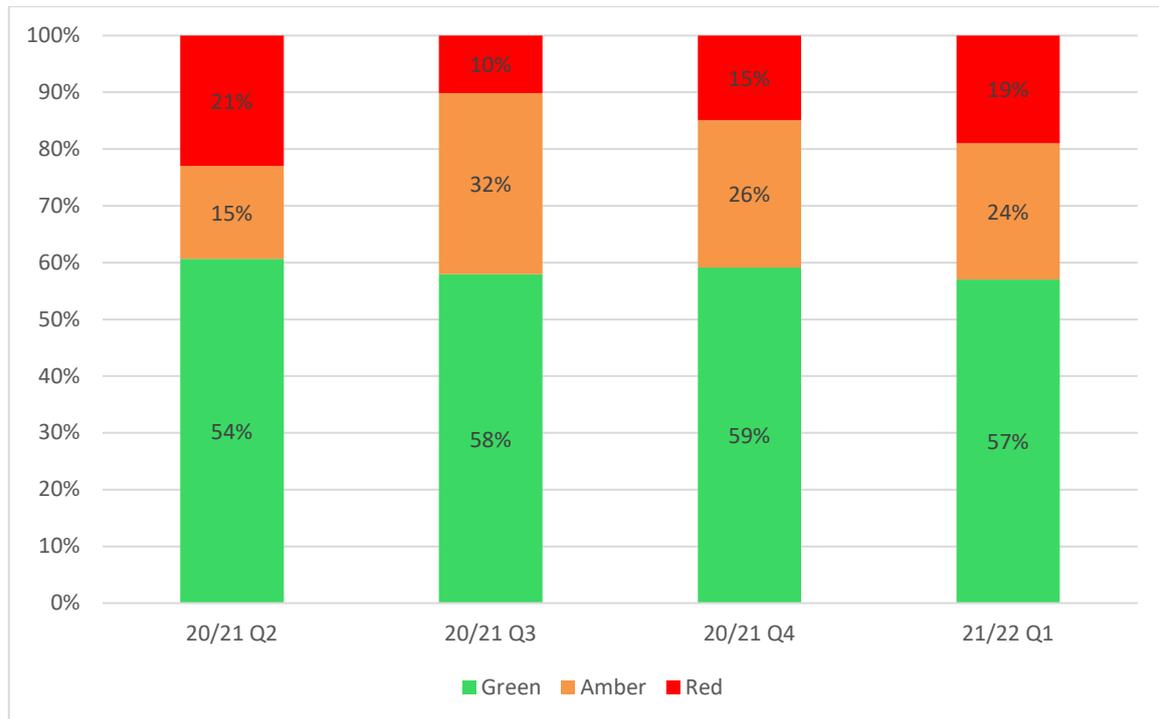
The KPIs within the scorecard were reviewed at the start of the financial year to ensure they remain in line with national targets and organisational priorities. A paper detailing the changes was approved by the Executive Board in July and QAR/AFC in September.

The Performance and Information Team has reviewed the latest Board Assurance Framework (BAF) and annotated on the scorecard any KPI that relates to the BAF. It has also ensured that significant new projects, are reflected in the KPIs at an appropriate time (for example the inclusion of a KPI relating to Cavendish Square, now that it has gone live).

#### New KPIs are as follows:

- Following national guidance released in August 2021, the Trust now reports the attributable E. Coli Bacterium cases. The total number was included previously.
- KPIs for the number of cases of P. aeruginosa and Klebsiella (number of attributable cases): national thresholds were released in August 2021 and therefore the board scorecard has been updated to include these KPIs.
- Flu vaccine: % offered: in line with previous years, it is likely that there will be a target relating to % offered in addition to uptake (applicable from Q3)
- COVID-19 vaccine: The Trust will incorporate any national standards or expectations, once released.
- In line with the Elective Recovery Fund (ERF) guidance, the recovery metrics have been replaced with a metric reflecting ERF financial performance (%) against the national benchmark. The number provided in the scorecard for Q1 is RMH's estimation and therefore will be shown in italics. Once commissioners confirm the value, the figure will be amended in areas the next quarter.
- Cavendish Square: the scorecard has been updated to include a KPI relating to the new PP service at Cavendish Square, launched at the end of April 2021. The agreed KPI is income against plan.
- Non-PP Debtors over 90 days (£m) and achievement of efficiency programme (YTD %) indicators: the finance directorate has revised the indicators to ensure they remain relevant and appropriate.

### 3. Performance Summary 2021/22



In quarter 1 2021/22, there was an increase in the percentage of red-rated indicators and a decrease in the percentage of green rated metrics.

The following five indicators turned red in quarter 1 either from amber or green in the previous quarter:

- 31 day wait from diagnosis to first treatment (All Treatments)
- Capital Expenditure Variance YTD (£000)
- Bed occupancy – Sutton
- Appraisal & PDP rate
- Completed induction

However, improvement was seen in several indicators including the following that turned green in Q1:

- Covid-19 positive new PCR test (hospital onset, definite and probable): zero were reported in Q1
- 62 day wait for first treatment: Screening referral to treatment (Reallocated)
- Statutory and Mandatory Staff Training
- Additionally, Total NHS Referrals turned amber in quarter 1 from red in the previous quarter.

The following section of the report provides a commentary on the red-rated indicators identified in Q1 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

Q1 2021/22	<b>COVID-19 positive tests – Positive new PCR test (hospital onset, definite and probable) - (amber rated)</b>		
	<b>Actual: 0</b>	<b>Target: 0</b>	<b>Forecast: Amber</b>
	<b>PHE reportable outbreaks (amber rated)</b>		
	<b>Actual: 1</b>	<b>Target: 0</b>	<b>Forecast: Amber</b>

The number of hospital onset positive COVID-19 tests in Q1 was zero compared to 21 in quarter 4 2020/21. In total, the Trust reported 8 staff new positives tests across Q1 (compared to 144 in Q4 2020/21). The highest number of new positive tests in Q1 was in June 2021 with 7 staff members testing positive. There was one reportable outbreak during the period (in Granard House Outpatient department), however it did not result in a service closure and therefore rated amber.

A comprehensive programme to reduce the risk of transmission of COVID-19 has been in place at the hospital since the beginning of the pandemic to minimise the spread of infection across the Trust. As previously reported, this includes, symptomatic and asymptomatic testing of patients and staff, the implementation of blue and green pathways, a comprehensive immunisation programme, enhanced cleaning and PPE. A monthly IPC Dashboard to provide Covid-19 assurance is taken to the Trust's Tactical Command Meeting and Board on a monthly basis, which includes PPE compliance, staff and patient testing data and other key trigger metrics.

#### 4.2 Effective Care: National Waiting times

Q1 21/22	<b>31 day wait for first treatment</b>		
	<b>Actual: 95.2%</b>	<b>Target: ≥96%</b>	<b>Forecast: Green</b>

The Trust did not meet the 31 day target for first treatment in Q1. This was primarily the result of working through the backlog of cases as services re-opened following the peak of the Covid-19 pandemic. A significant proportion (42%) of the breaches in Q1 were low clinical priority cases that had been delayed in line with national guidance during the peak of the COVID-19 pandemic.

Q1 21/22	<b>31 day wait for subsequent treatment: Surgery</b>		
	<b>Actual: 85.7%</b>	<b>Target: ≥94%</b>	<b>Forecast: Green</b>

Performance was challenged throughout the quarter, as surgical capacity opened up for low clinical priority cases. In addition, the impact of key infection prevention guidance reduced the flexibility to schedule patients within tight timeframes. In Q1, 20 of the 37 breaches (54%) were priority 3 cases, delayed during the peak of the pandemic in line with national guidance. 14 breaches (38%) were the result of capacity challenges linked in part to the requirements to self-isolate ahead of elective surgery and adhere to green pathways.

Q1 21/22	<b>62 day target from urgent suspected cancer referral to treatment: GP referral to treatment (Reallocated)</b>		
	<b>Actual: 81.1%</b>	<b>Target: ≥85%</b>	<b>Forecast: Green</b>

Review of Q1 breaches indicates that over half (54%) were unavoidable, resulting from patient-initiated delay, patient fitness, unavoidable covid related delays, priority 3 cases delayed during the peak of the pandemic and complex pathways.

Analysis of the avoidable breaches indicates a mixture of outpatient capacity and elective surgical capacity challenges. This was due to demand and activity returning to pre-COVID levels coupled with the pressures of staff absences due to sickness or isolation. In Q1, Trust internal compliance (GP referrals direct to the Trust) was measured at 88.2%.

### 4.3 Effective Care: Finance, Productivity and Efficiency

Q1 2021/22	PP activity Income Variance YTD (£000)		
	Actual: -1,871	Target: B/even or >plan	Forecast: Amber

Private Care income remains below the plan due to international travel restrictions. Whilst insured and self-pay activity is high, Embassy business is not yet back to pre-covid levels due to access restrictions. The Trust expects the income position to improve in line with the increased numbers of private referrals to the Trust during quarter 1 and the backlog of international patients starting to come through.

Q1 2021/22	PP Aged debt at >6months		
	Actual: 29.1%	Target: ≤23%	Forecast: Red

Private Care aged debt has improved from 35% in Q4 2020/21 to 29.1% in Q1 21/22. However, Embassy debt over 6 months old is still a concern and remains a focus of the Trust. Embassy credit control continue to work collaboratively with the embassies ensuring queries are resolved and invoices are prioritised. This is having an impact, with steady improvements delivered over the past 9 months on embassy debt.

Q1 2021/22	Non-PP Debtors over 90 days (£m)		
	Actual: £2m	Target: Less than £1m	Forecast: Amber

The Trust has set an ambitious target to reduce non-pp aged debt in year. Although the aged debt is down on the previous year it is just above amber levels at quarter end. Non-PP debt is reviewed regularly and the Finance team continue to work with SBS to reduce the debt.

Q1 2021/22	Capital Expenditure (CDEL) YTD (£m)		
	Actual: £0.7m	Target: YTD Plan	Forecast: Red; green by Q4

Capital spend is above plan at Q1. However, this is due a phasing difference to budget and is expected to recover by the end of the year.

### 4.4 Effective Care: Productivity & Asset Utilisation

Q1 2021/22	Bed occupancy - Sutton		
	Actual: 75.2%	Target: ≥82% ≤87%	Forecast: Amber

Sutton site recorded a decrease in bed occupancy from 78.4% in quarter 4 to 75.2% in quarter 1 moving the KPI from amber to red. A review was taken of the wards that reported the biggest drops in bed occupancy. The Kennaway surgical day area was opened, along with the increased use of the ambulatory pathway for haematology which diverted some activity to day areas. In addition, the blue (non-electives, symptomatic patients) and green (elective patients) pathways has caused challenges in ensuring beds are utilised fully.

<b>Q1 2021/22</b>	<b>Theatre utilisation - Sutton</b>		
	<b>Actual: 59.7%</b>	<b>Target: ≥70%</b>	<b>Forecast: Amber</b>

Performance against the theatre utilisation KPI in Sutton has improved compared to Q4 (49.5%). However, it continues to be below target. Utilisation also improved throughout Q1 (55.2% in April, 58.4% in May and 65.6% in June). 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

<b>Q1 2021/22</b>	<b>Total PP referrals</b>		
	<b>Actual: 1734</b>	<b>Target: ≥1526≤1679</b>	<b>Forecast: Amber</b>

Private care saw a significant increase in referrals in Q1, compared to Q4. The number of referrals received was greater than the threshold and was mainly driven by the increase in tertiary referrals. This is in the main due to the continued recovery in the insured sector along with an easing in some travel restrictions leading to an increase in international patients.

The Trust sets a range for 'green' rather than a minimum to ensure higher than expected referrals are also reviewed due to the possible impact on capacity and waiting times. Referral activity is monitored and reported in Private Care weekly Operational meeting and monthly performance review meetings and any resultant capacity challenges (for example, beds and theatres) are worked through with the NHS teams.

#### 4.6 Effective Care: Research

<b>Q4 2020/21</b>	<b>Accrual to target (1Q arrears) - National definition (% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target))</b>		
	<b>Actual: 57.9%</b>	<b>Target: ≥85%</b>	<b>Forecast: Amber</b>

Reporting against this KPI was paused from Q4 2019/20 to Q3 2020/21 due to the Covid-19 pandemic. The reporting reinstated in Q4 2020/21. The Trust did not meet the target in quarter 4. This was mainly caused by the trials closing prior to target date and trials being withdrawn by the sponsor therefore not providing the opportunity to recruit to the agreed target. No adjustment has been made by the NIHR for studies withdrawn by the sponsor before the planned recruitment end date.

The National average for trials meeting time to target was 55.4%, meaning the Trust has performed better than the national average.

#### 4.7 Well Led: Quality and Development

<b>Q1 2021/22</b>	<b>Appraisal &amp; PDP rate</b>		
	<b>Actual: 76.8%</b>	<b>Target: ≥90%</b>	<b>Forecast: Amber</b>

Appraisal & PDP rate declined in quarter 1 compared to Q4 (84.0%). The Learning and Development Team continues to work with HR Business Partners (HRBP's), Divisional leadership teams and staff to support increased compliance. Reports have been sent to HRBP's to share with divisional leads to target line managers to complete appraisals as well as

individual emails to those non-compliant. This will remain the strategy to improve the overall appraisal compliance.

Q1 2021/22	Completed induction		
	Actual: 71.1%	Target: ≥85%	Forecast: Amber

Completed induction declined significantly in quarter 1 compared to the previous quarter when it was at 80.0%. The Trust is continuing to streamline the process for local induction, making the system more user-friendly. The team is also working with staff and line managers to ensure that compliance is also being recorded within the Learning Hub. The Trust continues to work with new starters, their line managers and Divisional leadership teams to offer support in increasing levels of compliance with local induction. Additionally, the Trust continues to include Local Induction reporting to Divisional Directors on a monthly basis and target individuals who are not compliant by email.

## 5.0 Conclusion

The Council of Governors are asked to note the Trust's balanced scorecard and commentary for quarter 1 2021/22 and are invited to discuss the position.

## APPENDIX B

### 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	93.83%
Gynaecological	63.41%
Haematological (excl. Acute Leukaemia)	50.00%
Head & Neck	63.64%
Lower GI	92.31%
Lung	100.00%
Sarcoma	63.64%
Skin	75.00%
Upper GI	71.43%
Urological	75.51%
Unknown Primary / Other diagnosis	95.24%

The Royal Marsden NHS Foundation Trust  
Balanced Scorecard 21/22

Denotes different targets applied for 2020/21 performance

Denotes NHS England and KPI related to risk on the BAF

NHSE / BAF\*

1. Safe Care								
Patient Safety and Quality		Target in 2021/22	Q1 (Apr- Jun 21/22)	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr - Jun 20/21)	
BAF 5	Covid-19 testing/IPC metrics	Positive tests – patient admissions (hospital onset, definite and probable)	0	0	17	15	0	6
BAF 5		Reportable outbreaks	0	1	10	10	1	New measures for 2020/21 Q2 onwards
BAF 5		PPE audit results monthly (from Q2)	≥95%	97.0%	97.7%	96.0%	94.4%	
BAF 5		Hand hygiene audit results (from Q2)	≥95%	97.3%	97.7%	98.0%	98.0%	
NHSE	Quality Account indicators	MRSA positive cultures (cumulative)	0	0	0	0	0	0
NHSE		Number of Attributable E. Coli Bacterium (at YTD)	≤52 per annum	15	70	54	37	17
NHSE		C Diff - Number of Reportable Cases (COHA/HOHA) (at YTD)	≤56 per annum	14	52	39	31	16
NHSE		Number of attributable P. aeruginosa cases (at YTD)	≤21 per annum	5	New measure for 2021/22			
NHSE		Number of attributable Klebsiella spp. Cases (at YTD)	≤33 per annum	4	New measure for 2021/22			
NHSE		VTE risk assessment	≥95%	96.8%	95.6%	95.5%	95.4%	96.0%
	Serious incidents (Including Level 4 Pressure Ulcers) (cumulative YTD)	≤7 /year	0	7	5	4	1	
	Mortality							
	Hospital Standardised Mortality Ratio (rolling 12 month - qtr in arrears - NHS & Private patients)	≤80	78.17	79.29	78.06	88.50	85.97	
	Mortality audit	G	G	G	G	A	G	
	30 day mortality post surgery	≤0.7%	0.70%	0.46%	0.40%	0.68%	1.49%	
	30 day mortality post chemotherapy	≤1.8%	1.87%	1.63%	1.86%	1.76%	1.94%	
	100 day SCT mortality (Deaths related to SCT)	≤5%	1.82%	3.85%	3.08%	0.00%	0.00%	
	100 day SCT mortality (All deaths)	≤5%	1.82%	3.85%	4.62%	3.45%	0.00%	
	Medicines Management							
	% Medicines reconciliation on admission	≥90%	97%	98%	91%	95%	96%	
	Unintended omitted critical medicines (Quarterly ratio)	0	1.3	1.0	1.6	3.7	1.5	
	Cancer staging							
	Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears)	≥70%	66.6%	68.4%	71.4%	74.1%	75.7%	
2. Effective Care								
National waiting times targets		Target in 2021/22	Q1 (Apr- Jun 21/22)	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr - Jun 20/21)	
NHSE / BAF 5	2 wk wait from referral to date first seen:	All Cancers	≥93%	94.3%	95.8%	92.2%	95.4%	96.1%
NHSE / BAF 5		Symptomatic Breast Patients	≥93%	95.9%	98.9%	99.0%	98.8%	97.4%
NHSE / BAF 5	28 day Faster Diagnosis Standard (FDS)	All Cancers	Shadow reporting until Q3	88.6%	90.4%	85.0%	76.8%	New measure for 2020/21 Q2 onwards
NHSE / BAF 5	31 day wait from diagnosis to first treatment	All Treatments	≥96%	95.2%	97.9%	98.0%	97.1%	91.0%
NHSE / BAF 5	31 day wait for subsequent treatment:	Surgery	≥94%	85.7%	90.5%	96.9%	91.6%	83.9%
NHSE / BAF 5		Drug treatment	≥98%	99.6%	99.0%	99.8%	98.5%	98.9%
NHSE / BAF 5		Radiotherapy	≥94%	97.0%	97.5%	98.5%	97.4%	96.6%
NHSE / BAF 5	62 day wait for first treatment:	GP referral to treatment (Reallocated)	≥85%	81.1%	82.9%	83.9%	89.8%	68.9%
NHSE / BAF 5		Screening referral to treatment (Reallocated)	≥90%	94.7%	89.6%	96.9%	100.0%	46.9%
NHSE / BAF 5	18 wks from Referral to Treatment	Incomplete Pathways under 18 weeks	≥92%	94.8%	93.6%	96.6%	91.2%	89.7%
NHSE / BAF 5	18 wks pathways - patients waiting > 52 wks. (distinct patients across the quarter)	≤6 a quarter	6	5	5	8	5	
Finance, Productivity & Efficiency		Target in 2021/22	Q1 (Apr- Jun 21/22)	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr - Jun 20/21)	
BAF 10	Cash (£m)	On or > plan	152.0	150.1	142.6	148.5	149.0	
BAF 10	Delivery against recovery plan	On or > plan	2.4	19.6	2.2	0.0	0.0	
BAF 10	PP activity Income Variance YTD (£000)	B/even or > plan	-1,871	-2,869	-102	1,339	12,890	
BAF 10	PP Aged debt at >6months	≤23%	29%	35%	40%	49%	34%	
BAF 10	Non-PP Debtors over 90 days (£m) - absolute value at month end	<£1m	2	New measure for 2021/22				
BAF 10	Capital Expenditure Variance YTD (£000)	YTD Plan	0.7	67%	64%	58%	55%	
Contract performance (QUARTER IN ARREARS)		Target in 2021/22	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)	
	Contractual Sanctions incurred (£000)	Trust	0	0	0	0	0	
Productivity & Asset Utilisation		Target in 2021/22	Q1 (Apr - Jun 21/22)	Q4 (Jan-Mar 20/21)	Q3 (Oct-Dec 20/21)	Q2 (Jul-Sep 20/21)	Q1 (Apr - Jun 20/21)	
	Bed occupancy - Chelsea	≥82% ≤87%	79.8%	84.3%	79.0%	76.2%	72.8%	
	Bed occupancy - Sutton	≥82% ≤87%	75.2%	78.4%	76.6%	76.7%	76.8%	
	Bed occupancy - Critical care Chelsea	≥67% ≤75%	66.4%	72.6%	62.8%	60.3%	61.0%	
	Bed occupancy - Blue beds	≥82% ≤87%	86.1%	86.8%	83.6%	84.6%	New measure for 2020/21 Q2 onwards	
	Care Hours per Patient Day Total Ratio	≥11.7 ≤13.3	13.1	12.3	13.1	13.0	14.0	

**The Royal Marsden NHS Foundation Trust  
Balanced Scorecard 21/22**

Denotes different targets applied for 2020/21 performance

Denotes NHS England and KPI related to risk on the BAF

NHSE / BAF\*

Theatre utilisation - Chelsea		≥85%	82.6%	76.7%	72.4%	72.9%	58.5%
Theatre utilisation - Sutton		≥70%	59.7%	49.5%	58.1%	46.4%	42.9%
NHSE / BAF 5	ERF metrics - Q1 and Q2	ERF financial performance against BAU (%)	≥ 80% Q1; ≥ 95% Q2	123.5%	New measure for 2021/22		
		% of outpatient appointments virtual	≥ 25%	31.9%	New measure for 2021/22		
<b>Clinical and Research Strategy</b>		<b>Target in 2021/22</b>	<b>Q1</b> (Apr - Jun 21/22)	<b>Q4</b> (Jan-Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr - Jun 20/21)
Total NHS Referrals		≥5992 ≤6356	5857	5503	5598	4962	3711
BAF 9	Total PP Referrals		≥1526≤1679	1734	1389	1651	925
BAF 9	Cavendish square - Income vs plan (£000)		Actual vs Plan	923	New measure for 2021/22		
<b>Research (1 QUARTER IN ARREARS)</b>		<b>Target in 2021/22</b>	<b>Q4</b> (Jan - Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr-Jun 20/21)	<b>Q4</b> (Jan-Mar 19/20)
BAF 1	Date site selected to first participant recruited	Mean number of days between date site selected and date of first participant recruited	≤90 days	90.4	Data not released at time of publication	Suspend	Suspend
BAF 1	Accrual to target (1Q arrears) - National definition	% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target)	≥85%	57.9%	Data not released at time of publication	Suspend	Suspend
BAF 1	No. of 1st patients recruited in previous 12 months	No. of 1st UK patients	1	6	13	13	14
BAF 1		No. of 1st European patients	1	2	3	2	1
BAF 1		No. of 1st Global patients	1	4	5	4	6
BAF 1	Trials led by RMH	As percentage of commercial interventional trials with RMH involvement which opened in the last 12 months	≥20%	54.3%	61.0%	63.0%	60.4%

**3. Caring**

<b>Patient Satisfaction</b>		<b>Target in 2021/22</b>	<b>Q1</b> (Apr - Jun 21/22)	<b>Q4</b> (Jan-Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr - Jun 20/21)
Friends and Family Test (Inpatient and Day Care)		≥95%	99.1%	99.7%	99.8%	98.5%	99.3%
Friends and Family Test (Outpatients)		≥95%	97.5%	97.0%	98.5%	98.5%	97.4%
Percentage of Chemotherapy patients starting treatment within 3 hours of arrival		≥85%	80.3%	80.9%	80.4%	81.9%	82.0%
Percentage of Chemotherapy patients starting treatment within 1 hour of appointment time		≥85%	82.1%	80.4%	80.9%	79.1%	83.9%
Mixed sex accommodation breaches		0	0	0	0	0	0

NHSE

**4. Responsive**

<b>Experience</b>		<b>Target in 2021/22</b>	<b>Q1</b> (Apr - Jun 21/22)	<b>Q4</b> (Jan-Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr - Jun 20/21)
Complaints per 1,000 daycase and inpatient discharges		≤4.08	3.74	3.10	4.34	2.65	3.35
Staff Friends and Family Test: Recommend – Care		≥96%	Suspend	Suspend	N/A	Suspend	Suspend
Staff Friends and Family Test: Not recommend – Care		≤1%	Suspend	Suspend	N/A	Suspend	Suspend

**5. Well Led**

<b>Workforce productivity</b>		<b>Target in 2021/22</b>	<b>Q1</b> (Apr - Jun 21/22)	<b>Q4</b> (Jan-Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr - Jun 20/21)
Vacancy rate		≤7%	7.8%	9.6%	9.7%	10.6%	10.9%
Voluntary staff turnover rate		≤12%	11.3%	9.9%	10.2%	11.3%	12.8%
Sickness rate		≤3%	3.4%	3.9%	4.3%	3.3%	4.5%
<b>Quality and Development</b>		<b>Target in 2021/22</b>	<b>Q1</b> (Apr - Jun 21/22)	<b>Q4</b> (Jan-Mar 20/21)	<b>Q3</b> (Oct-Dec 20/21)	<b>Q2</b> (Jul-Sep 20/21)	<b>Q1</b> (Apr - Jun 20/21)
Consultant appraisal (number with current appraisal)		≥95%	93.0%	92.0%	94.0%	80.0%	98.3%
Appraisal & PDP rate		≥90%	76.8%	84.0%	91.0%	85.1%	78.2%
Completed induction		≥85%	71.1%	80.0%	75.9%	77.2%	69.2%
Statutory and Mandatory Staff Training		≥90%	90.1%	87.0%	91.3%	90.7%	86.8%

BAF 3

**\*BAF Strategic Objectives**

**Research and innovation**

BAF 1. Increasing the scope and scale of our R&D expertise and impact in a greater number of tumour groups and treatment modalities including Early Diagnosis

**Treatment and care**

BAF 2. The implementation of Integrated Care Systems and recognition of RM and RMPs regional and national leadership roles in cancer

BAF 3. Developing and implementing a flexible and sustainable workforce model which attracts and nurtures the very best talent.

BAF 4. Ensuring a sustainable paediatric service model at RM.

BAF 5. Covid-19 – Delivery of a safe, effective and responsive service, Development of the Cancer Hub and ensuring the right capacity is in place to deliver timely and effective treatment

**Modernising infrastructure**

BAF 6. Maximising opportunities for Sutton via the successful delivery of the Oak Cancer Centre and agree a strategy and delivery plan in terms of RM's role in the new ESTH hospital

BAF 7. Modernising the Chelsea Estate supported by an investment strategy jointly developed with RMCC

BAF 8. Delivery of the IT Strategy

**Financial sustainability and best value**

BAF 9. Delivery of PP Strategy

BAF 10. Delivery of financial plan

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<p><b>Date of Meeting:</b></p> <p>4 October 2021</p>	<p><b>Agenda item:</b></p> <p>10.</p>
<p><b>Title of Document:</b></p> <p>Financial Performance Report</p>	<p><b>To be presented by:</b></p> <p>Marcus Thorman Chief Financial Officer</p>
<p><b>Executive Summary</b></p> <p>The paper provides a summary of the financial position at 31st August 2021. A Covid-19 financial framework is in place in the NHS for the first half of 2021/22. All trusts will receive block income contracts, calculated based on the NHS income received to month 9 2019/20, uplifted for inflation. High cost drugs remain outside of blocks and are pass-through in nature. In addition, a top-up payment has been awarded to each Trust, via their Integrated Care System (ICS) to help fund the additional costs associated with Covid-19 and to target bringing each provider to a breakeven financial position. Department of Health negotiations with Treasury have now concluded for funding for the second half of 2021/22, however details on the settlement are yet to be received.</p> <p>For YTD August 2021, the key headlines are as follows:</p> <ul style="list-style-type: none"> <li>• The Trust reported a <b>£10.6m surplus year to date</b>, £2.9m adverse to budget. This was largely driven by lower Donated Asset Income than budgeted. At the control total level, the trust was <b>£0.2m in deficit year to date</b>, £6.6m favourable to budget. This was largely driven by unbudgeted NHS income offsetting lower Private Patient Income than anticipated.</li> <li>• Capital expenditure of <b>£21.1m year to date</b>, which was £8.3m behind the Trust's capital plan, largely due to Oak Cancer Centre costs phasing.</li> <li>• Cash in bank of <b>£142.1m</b>, a decrease of £8m compared to the year-end position as at 31<sup>st</sup> March 2021.</li> </ul>	
<p><b>Recommendations</b></p> <p>The Council is asked to note the position as at 31<sup>st</sup> August 2021.</p>	

## 1. Introduction

The paper provides a summary of the financial position at 31<sup>st</sup> August 2021.

A Covid-19 financial framework is in place in the NHS for the first half of 2021/22. All trusts will receive block income contracts, calculated based on the NHS income received to month 9 2019/20, uplifted for inflation. High cost drugs remain outside of blocks and are pass-through in nature. In addition, a top-up payment has been awarded to each Trust, via their Integrated Care System (ICS) to help fund the additional costs associated with Covid-19 and to target bringing each provider to a breakeven financial position. Department of Health negotiations with Treasury have now concluded for funding for the second half of 2021/22, however details on the settlement are yet to be received.

The budget referred to in this paper was approved by the Board and submitted to NHSEI in March 2021 before the NHS Income position for 2021/22 was finalised. It does not include a number of income mitigations that are still being worked through with the SWL ICS which target a breakeven position for the first half of this financial year.

## 2. Summary Financial Position

### Key headlines

For YTD August 2021, the key headlines are as follows:

- The Trust reported a **£10.6m surplus year to date**, £2.9m adverse to budget. This was largely driven by lower Donated Asset Income than budgeted. At the control total level, the trust was **£0.2m in deficit year to date**, £6.6m favourable to budget. This was largely driven by unbudgeted NHS income offsetting lower Private Patient Income than anticipated.
- Capital expenditure of **£21.1m year to date**, which was £8.3m behind the Trust's capital plan, largely due to Oak Cancer Centre costs phasing.
- Cash in bank of **£142.1m**, a decrease of £8m compared to the year-end position as at 31<sup>st</sup> March 2021.

# Financial Performance Report

## 31<sup>st</sup> August 2021

August				Year to Date			Annual Budget £'000
Budget £'000	Actual £'000	Variance £'000		Budget £'000	Actual £'000	Variance £'000	
(20,513)	(23,339)	(2,826)	NHS Acute Income	(102,299)	(109,677)	(7,378)	(238,541)
0	(3)	(3)	Other NHS Clinical Income	0	11	11	0
(10,394)	(11,504)	(1,109)	Private Patients Income	(54,256)	(52,893)	1,363	(135,537)
<b>(30,908)</b>	<b>(34,845)</b>	<b>(3,938)</b>	<b>Total Patient Care Income</b>	<b>(156,555)</b>	<b>(162,558)</b>	<b>(6,003)</b>	<b>(374,079)</b>
(1,050)	(1,126)	(76)	R&D income	(5,249)	(5,478)	(229)	(12,598)
(1,395)	(1,114)	281	Commercial clinical trials	(6,977)	(6,758)	219	(16,746)
(1,474)	(1,562)	(88)	Grants income (Charitable contributions to Income)	(7,388)	(5,368)	2,020	(17,704)
(421)	(344)	78	Education income	(2,105)	(1,812)	293	(5,053)
0	(260)	(260)	Top up income	0	(260)	(260)	0
(2,226)	(893)	1,333	Other Operating Income	(11,130)	(9,825)	1,305	(26,712)
<b>(6,566)</b>	<b>(5,299)</b>	<b>1,267</b>	<b>Total Other Income</b>	<b>(32,850)</b>	<b>(29,502)</b>	<b>3,348</b>	<b>(78,812)</b>
<b>(37,474)</b>	<b>(40,144)</b>	<b>(2,671)</b>	<b>Total Operating Income</b>	<b>(189,404)</b>	<b>(192,060)</b>	<b>(2,655)</b>	<b>(452,891)</b>
20,867	19,309	(1,558)	Substantive	104,479	96,913	(7,567)	250,412
96	1,389	1,293	Bank	479	5,750	5,271	1,149
56	204	148	Agency	278	1,181	903	668
<b>21,018</b>	<b>20,901</b>	<b>(117)</b>	<b>Total Operating Pay</b>	<b>105,236</b>	<b>103,843</b>	<b>(1,393)</b>	<b>252,228</b>
8,020	7,680	(340)	Drugs	40,340	39,546	(794)	98,492
3,201	3,528	326	Clinical Supplies	15,891	16,616	724	38,653
822	754	(68)	Non Clinical Supplies	3,863	3,902	40	9,261
1,375	1,268	(106)	Premises	6,959	6,209	(750)	17,346
3,222	2,376	(846)	Other Non Pay	16,703	14,616	(2,087)	39,329
58	0	(58)	Divisional Reserves	288	0	(288)	691
<b>16,698</b>	<b>15,606</b>	<b>(1,091)</b>	<b>Total Operating Non Pay</b>	<b>84,044</b>	<b>80,889</b>	<b>(3,155)</b>	<b>203,772</b>
<b>37,716</b>	<b>36,507</b>	<b>(1,209)</b>	<b>Total Operating Expenditure</b>	<b>189,280</b>	<b>184,732</b>	<b>(4,548)</b>	<b>456,001</b>
<b>242</b>	<b>(3,637)</b>	<b>(3,880)</b>	<b>Total Operating (Surplus)/Deficit</b>	<b>(124)</b>	<b>(7,328)</b>	<b>(7,204)</b>	<b>3,110</b>
326	135	(191)	PDC	1,630	1,663	33	3,911
20	17	(3)	Finance Costs	98	86	(12)	235
(4,650)	(2,581)	2,070	Donated Asset Income	(23,252)	(13,819)	9,432	(55,804)
1,613	1,847	234	Depreciation	8,063	8,722	659	19,352
0	0	0	Impairment	0	0	0	1,250
<b>(2,692)</b>	<b>(582)</b>	<b>2,110</b>	<b>Total Non operating Income and Expense</b>	<b>(13,461)</b>	<b>(3,348)</b>	<b>10,113</b>	<b>(31,056)</b>
<b>(2,450)</b>	<b>(4,219)</b>	<b>(1,770)</b>	<b>Total (Surplus)/Deficit</b>	<b>(13,585)</b>	<b>(10,676)</b>	<b>2,909</b>	<b>(27,946)</b>
4,650	2,581	(2,070)	Deduct: Donated Asset Income and PPE	23,252	13,819	(9,432)	55,804
(560)	(579)	(20)	Add back: Depreciation on Donated Assets	(2,798)	(2,890)	(93)	(6,715)
0	0	0	Add back: Impairment	0	0	0	(1,250)
<b>1,641</b>	<b>(2,218)</b>	<b>(3,859)</b>	<b>Control Total</b>	<b>6,869</b>	<b>253</b>	<b>(6,616)</b>	<b>19,894</b>

The Trust reports the percentage of income for the provision of goods and services for the purpose of the health service as set out within the NHS Act 2006 and amended by the Health and Social Care Act 2012.

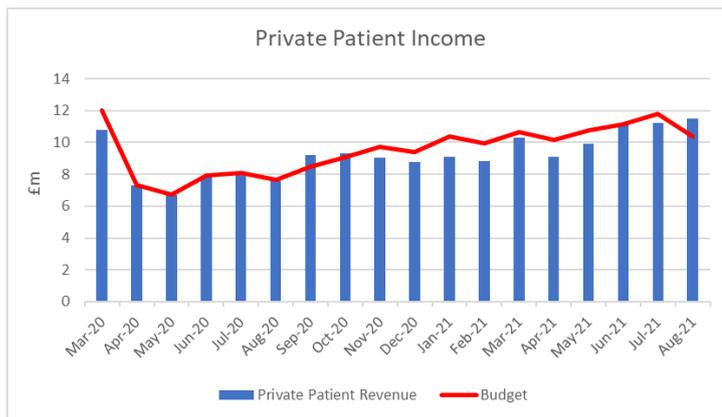
As a ratio the Trust is required to have more income as NHS than non-NHS and for month 5 the cumulative position was 66% of income was from NHS sources.

### 3. Income and Expenditure

**Income** – The income position was £2.7m favourable to budget year to date.

The in month position was driven by the receipt of £1.5m of non-NHS income loss funding received from SWL ICS, expected to total £9m by September 2021. This was not budgeted for and will improve the forecast position. Offsetting this were some NHS block changes that are being worked through.

Private Patient Income remains down on prior year levels but increased in month with £11.5m income recorded (£11m/month 19/20 average). This was 1.1m ahead of plan in month, but is 1.4m under budget year to date (see chart below). This reflects the ongoing challenge with international patient activity and the delay in opening of the travel corridors.

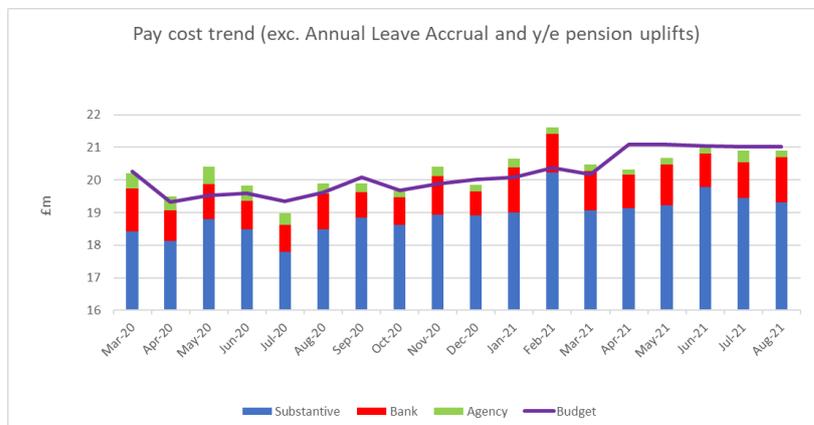


NIHR Research and Development Income has returned to prior year levels, with Commercial Clinical Trial Income also recovering, albeit more slowly, but on plan year to date.

Grant and Education Income are released in line with expenditure so although there are variances to budget, the net impact is zero. The in-month variance is due to Clinical Research, with similar underspends seen in pay and non-pay costs.

**Pay expenditure** – Pay expenditure was £1.4m favourable to budget year to date.

The pay trend shown in the chart below shows pay costs slowly increasing since. In February, £0.6m of local Clinical Excellence Awards were paid to consultants driving a peak in that month. Substantive pay is increasing due to the recruitment of Cavendish Square staff and Sphere staff TUPEing to the Trust in April following its dissolution. Costs are however under budget, largely due to Clinical Research posts not yet recruited to as planned (mirrored by lower grant income) as well as some Business Case posts. Agency spend has remained controlled, and at £0.2m in month, remains below 2019/20 and 2020/21 levels.



**Non-pay expenditure** – Non-pay expenditure was £3.2m favourable to budget year to date.

Non-pay costs have flexed largely in line with activity with drugs and clinical supplies over budget year to date. High cost drugs are funded as a pass-through cost, so much of this increase is funded. IT project spend drove the Premises variance and low Royal Marsden Partners activity drove the underspend in Other Non-Pay.

#### 4. Capital Expenditure

In March 2021 the Board approved a draft capital plan for 2021/22 of £90.3m, consisting of £34.5m Trust funded schemes and £55.8m Royal Marsden Cancer Charity funded schemes. After consolidation into SWL ICS, the group saw a shortfall against their allocated CDEL. Plans are still being discussed with the London Regional team on how to address this shortfall, although due to additional capital funds recently being announced it is not expected to be an issue for the Trust. Both SWL ICS and London Region have stated that any underspends in London on capital would be the first call against any shortfall.

Capital Expenditure was £21.1m year to date, £8.4m under plan. £2.2m of Sphere transition infrastructure upgrade costs were recorded in May earlier than budgeted. Most other Trust funded schemes were on or slightly behind plan. RMCC grant funded medical equipment and the Sutton Oak scheme have lower costs than anticipated at this point in the year but are phasing differences and are expected to catch up soon.

	Capital plan by funding source			
	Year to Date Plan	Year to date spend	Year to date variance	Initial plan
	£000	£000	£000	£000
Purchased	6,111	7,947	1,836	34,431
Donated	23,437	13,243	(10,194)	55,867
<b>Grand Total</b>	<b>29,549</b>	<b>21,191</b>	<b>(8,358)</b>	<b>90,298</b>

#### 5. Cash and Debt

**Cash** – The Trust had £142.1m in cash at the end of August, a decrease of £8m from the year-end. The key movements this year are related to working capital movements with the Royal Marsden Cancer Charity as the Oak Cancer Centre expenditure increases.

**Debt** – Overall receivables have reduced by £24.9m in year, however accrued income has increased by £15.4m. This is predominantly driven by The Royal Marsden Cancer Charity as referenced above.

#### 6. Conclusion and Recommendation

The Trust reported a year to date £0.2m deficit at the control total level, £6.6m favourable to budget. This was largely driven by unbudgeted NHS income offsetting lower Private Patient Income. Whilst the Annual Plan is currently a £19.9m deficit, a number of income mitigations are targeted to bring the first half of the year to breakeven.

In addition to the revenue pressures, capital has also been constrained for the ICS. The Trust is £8.4m behind year to date capital plans due to phasing of RMCC grant funded medical equipment and the Sutton Oak scheme but these are expected to catch up soon.

The cash position of the Trust remains strong.

The Council is asked to note the position as set out in the paper above.

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 11.
<b>Title of Document:</b> Trust Recovery and Restoration Plan	<b>To be presented by:</b> Karl Munslow Ong, Chief Operating Officer Nick van As, Medical Director
<b>Executive Summary</b> <p>The Trust has continued to perform well in recovering from the latest wave of the pandemic although the summer months have seen an expected dip in activity volumes which we anticipate will pick up again in September.</p> <p>The Trust over-achieved against the latest Elective Recovery Fund targets although planning is underway to ensure we have the right level of capacity in place for the second half of the financial year.</p> <p>We continue to have to manage our clinical activity in line with the National Guidance (COVID-19 Infection Prevention and Control (IPC) Guidance: Care Pathways). This means streaming patients on a blue (un-planned or not fully isolated) and green (planned) pathway adhering to clear guidance regarding screening and isolation.</p> <p>The Trust is looking to make some revisions to our clinical pathways to increase flexibility in the use of our capacity without compromising safety although our position around social distancing and working a hybrid model with our corporate staff remains in place.</p> <p>Finally, the paper provides an update on the vaccine booster programme which will be rolled out over the autumn in line with national guidance.</p>	
<b>Recommendations</b> <p>The Council of Governors is asked to note and comment on progress with our recovery and restoration plans and our proposal for ongoing site management arrangements and the vaccine booster programme.</p>	

## RECOVERY AND RESTORATION PLAN

### 1.0. Activity Planning – Overview

The Trust submitted activity plans to the SWL ICS in April 2021 based on the assumption that the Trust would continue to maintain the prevailing run-rate of each activity modality type for the first 6 months of the year.

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

*The table above translates the 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 due to a smooth profile 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 a target threshold of %age BAU each month. At the start of the year these thresholds were set as follows :

%BAU	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
<b>Top-Up Funding Threshold</b>	70%	75%	80%	85%	85%	85%

However, after Q1 proved to be more successful nationally than anticipated the thresholds for July-September were increased from 85% to 95%.

The Trust has been able to deliver high volumes of diagnosis and treatment throughout the pandemic into 21/22, but in April referral-driven demand increased to levels above the pre-pandemic average. Elective capacity was also challenged by the need to separate green / blue inpatient pathways according to patients COVID risk, with added pressure coming from test and trace isolation requests at the start of the year and more latterly the holiday period in July and August.

The Trust maintained a relatively strong grip on backlogs, but inevitably in the summer months cancer and RTT backlogs did increase as staff took much needed annual leave, although the backlog has not reached the levels seen in 2020.

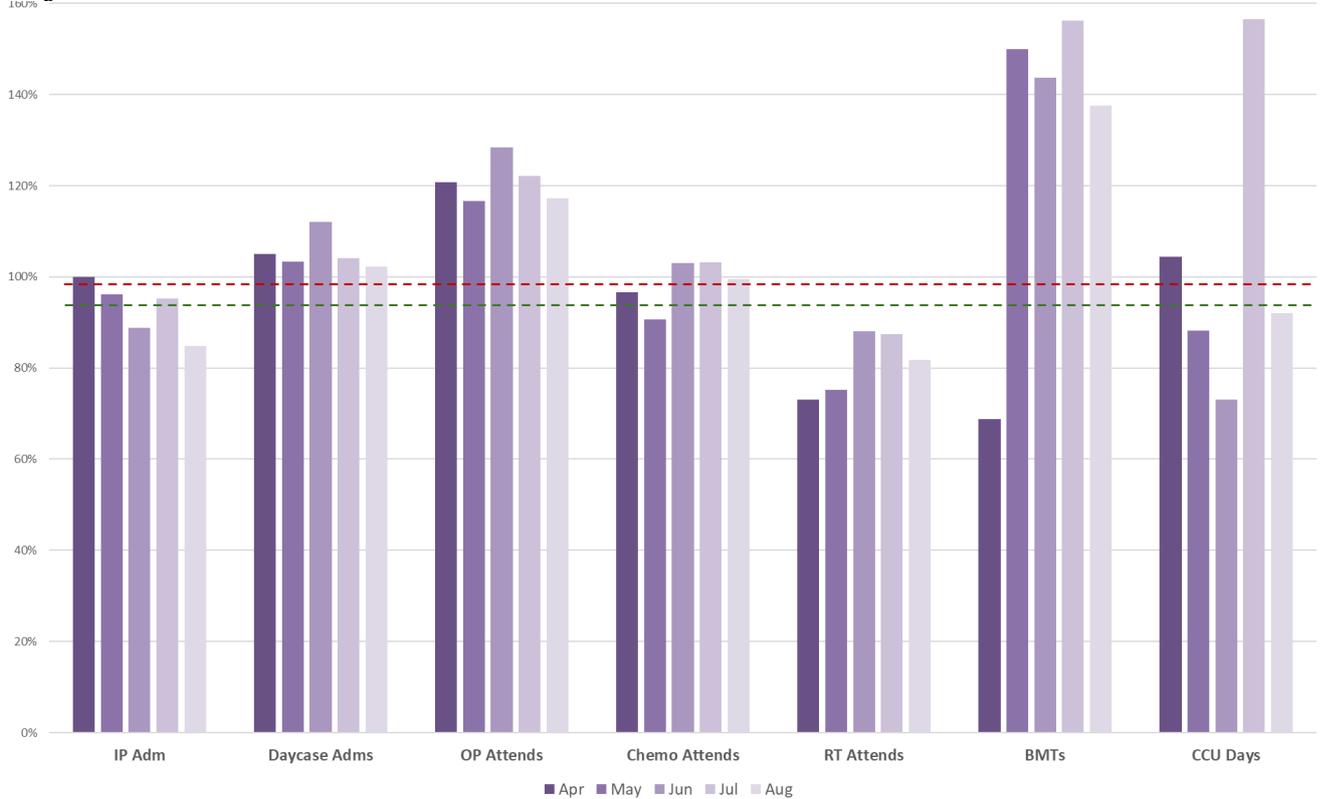
Figure 1. Cancer 62 Day Backlog patient with/without decision to treat date (DTTD) Jan 20-Aug 21



## 2.0. Year To Date Activity

The graph below shows NHS monthly activity levels (April to August 2021) compared to the 19/20 average BAU baseline. The dashed lines show the 95% ERF threshold (green) and the 100% BAU level (red).

Figure 2. NHS Treatment activity compared to 19/20 BAU baseline, by modality (Apr 21 – Aug 21)



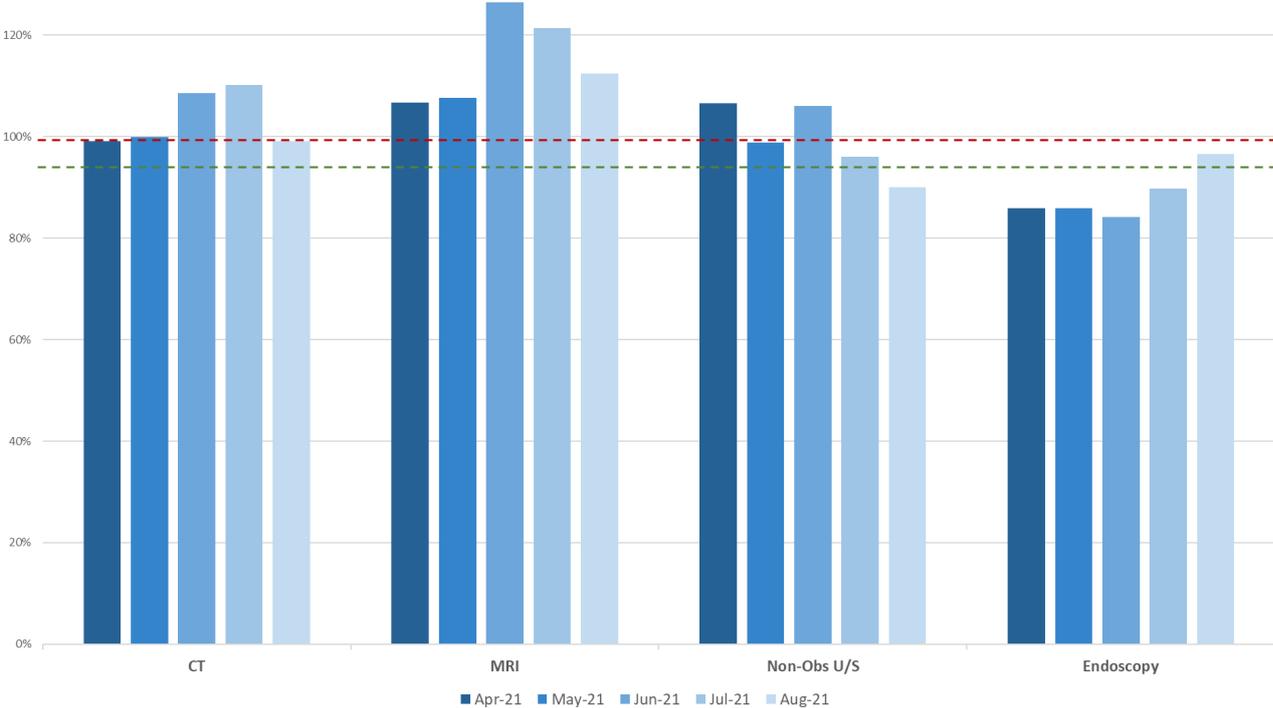
As can be seen above, the majority of treatment activities are above the ERF 95% thresholds, with most ambulatory activity consistently above 100%. BMTs have performed substantially above the pre-pandemic baseline since May.

Radiotherapy is consistently reporting below 100% BAU due to changes in treatment protocols that now result in fewer attendances, that said, due to different casemix this is having a greater impact at Chelsea, whereas Sutton activity remains high.

Inpatient admissions have hovered around the 95% level and have been impacted by the need to manage pathways differently due to high rates of community COVID prevalence.

The chart below shows NHS diagnostic activity in a similar format.

Figure 3. NHS Diagnostic activity compared to 19/20 BAU baseline, by modality (Apr 21 – Aug 21)



Most diagnostic modalities have seen activity levels consistently above the ERF thresholds. Ultrasound activity dipped slightly in August as referrals reduced for the summer holidays, and Endoscopy activity has slowly climbed throughout the year to reach 97% BAU in August.

**3.0. | Elective Recovery Fund**

Elective recovery fund (ERF) quantum is nationally calculated from standard NHS data submissions. The national formula only includes selected elective NHS activity covered by the national tariff. As such, much of the Trust’s activity such as Chemotherapy, Radiotherapy, BMTs and complex sarcoma surgery are excluded from the calculation.

The table below shows how the Trust’s activity levels shown above distil down to an ERF %age when the national formula is applied. It was always anticipated that we would see a dip in July and August with an anticipated pick up again in September. It should also be noted that whilst the ERF provides additional income top-up when activity is above baseline, it does NOT deduct income when overall activity is below baseline.

	<b>Apr-21</b>	<b>May-21</b>	<b>Jun-21</b>	<b>Jul-21</b>	<b>Aug-21*</b>
<b>ERF Achievement vs BAU</b>	129.7%	129.1%	113.1%	106.3%	95.2%

\*August 2021 is an early low-case position based on part-coded data. The ERF is confirmed in-line with standard commissioning timetables and so this data will not be finalised for another month and will increase when fully coded.

As can be seen above all months have exceeded the 95% BAU threshold and so on that basis the Trust has achieved a positive ERF position. The actual funds payable to the Trust are determined at system level and this income could be at risk if SWL fails overall to achieve a positive ERF position.

#### **4.0. Capacity and System Planning**

As the holiday period draws to an end, referrals are expected to rise again and the Trust is working hard to explore additional capacity options to ensure that we can meet predicted demand levels (both NHS and PP) and reduce our NHS backlog from now and through the autumn. This includes additional sessional activity in different modalities of care and the possibility of commissioning independent sector capacity with partners. Our planning will in part depend on what funding arrangements are available for trusts and systems through the new government settlement for the second half of the financial year.

#### **5.0. Site Management Arrangements**

In line with the National Guidance (COVID-19 Infection Prevention and Control (IPC) Guidance: Care Pathways), the Trust continues to accommodate patients safely on a blue (unplanned or not fully isolated) and green (planned) pathway adhering to clear guidance regarding screening and isolation. Despite the recent relaxation of lockdown restrictions in July, the latest National Guidance (2<sup>nd</sup> Sep 2021) concerning pathways has not changed. This is resulting in significant daily challenges, particularly at the Chelsea site with managing inpatient capacity across the two streams (green and blue).

In addition, there is a high level of acuity on the non-elective wards adding to further pressure on staff who are also facing a lack of available community support to fast track some of our more complex patients out of hospital.

Work is now underway to implement a mixed pathway model for the side rooms at the Chelsea site meaning the site team can flex side rooms between blue and green which will maximise capacity. Patients will undergo a thorough risk assessment to ensure suitability with close monitoring of associated nosocomial infections by IPC and the Non-Elective working group. This will enable us to reduce admission delays, enhance patient experience and ensure continuity of care for all RM patients requiring specialist treatment.

Following the National easing of lockdown, the RM is reviewing when visitors are able to return on site. It is proposed that we will open initially to inpatients having one designated visitor who will be provided with an inpatient visiting card. The rate of associated nosocomial infections will again be closely monitored prior to increasing our visiting numbers further. Visiting restrictions for ambulatory patients will be reviewed in line with the removal of social distancing regulations.

For our non-clinical and support staff existing arrangements including maintaining social distancing and following IPC guidance on site continues. Many of our corporate teams continue to deploy hybrid working arrangements including time on site and off site. We are

also continuing to conduct the majority of our meetings virtually as a result of needing to maintain social distancing. These arrangements are now likely to be in place until the end of the calendar year in the first instance although we are continuing to keep this under regular review.

## **6.0. Vaccine Programme**

We closed the RM COVID-19 vaccination clinics on 21 May 2021 having delivered over 19,000 vaccines and currently signpost staff and patients that have not had a first dose, or due a second dose, to the national NHS booking system. We have developed a pathway for international and Embassy Private Patients to access the vaccination at the Science Museum, Marble Arch Vaccination Centre and with SWL CCGs via a direct booking system.

We are also now actively planning for phase three of the COVID-19 Booster vaccination programme updating all relevant SOPs. There are several clinical and supply issues that remain unknown and therefore our approach to planning and design of the booster programme will need to remain flexible.

A decision on what vaccine will be administered has not yet been made - a final decision is contingent on the outcome of clinical trials that are on-going. However, it is anticipated that the booster will be the Pfizer/BioNTech vaccine, and that a recommendation will be made for this to be given to everyone irrespective of what type of dose they received for 1<sup>st</sup>/2<sup>nd</sup> vaccines (Pfizer, AZ, Moderna etc).

For logistical and operational issues, the requirement to deliver Flu and COVID-19 Booster vaccines at the same time, through the same clinic, has been relaxed in recent NHSE/I communications in preference of allowing Trusts to adopt an approach that best suits the local situation. All SWL Trusts are reporting that they will be delivering Flu and COVID-19 Boosters through different clinics.

NHS England term the ongoing commitment to provide a first dose of the COVID-19 vaccine to anyone eligible who have not yet accessed it as the '*evergreen offer*'. There is an expectation that operational vaccine sites during phase three commit to supporting the *evergreen offer*. RM is committed to ensuring that we support this *offer* to maximise vaccination uptake by staff.

NHSE/I had initially informed sites that the Booster programme will go live from 6 September 2021, however this has been delayed. We are due to receive the vaccine on 20 September and due to our patient population have been given approval to open the vaccine programme to patients that are eligible for a 3<sup>rd</sup> dose (those that are immunodeficient / immunosuppressed / undertaking immunosuppressive therapy) – this 3<sup>rd</sup> dose is in addition to the Booster.

JCVI has recommended vaccination of those aged 12 and above that are immunosuppressed and /or who are considered clinically extremely vulnerable. We will deliver a vaccine programme at the CYP Unit for patients and their families.

The RM Booster programme will run for approximately 4 weeks on both sites with a mop up clinic on a weekly basis for those that were not vaccinated when the programme first started in December 2020 or had a delayed 2<sup>nd</sup> dose.

## **7.0 COVID-19 testing update**

In July COVID-19 testing for both patients and staff was transferred to the new in-house service provision from the private provider HSL. Over 6,000 patient and 3,000 staff PCR tests have been undertaken on site so far. Importantly moving forward this new testing technology

will not only provide COVID test results within 24hrs, but also enable rapid turnaround flu and RSV panel testing for high-risk groups such as critical care & haemato-oncology patients. Work is underway to establish this service prior to the flu season.

The third round of staff antibody testing started in August with 448 tests undertaken, of which there were only 4 negative results, all for staff who had not been vaccinated. This staff testing programme has been paused temporarily due to the national shortage of blood bottles but will be recommenced once the issues in the supply chain have been resolved.

To support compliance with the weekly asymptomatic swabbing protocols for day chemotherapy patients, volunteers are supporting the Day Unit staff with the creation of swabbing packs. The potential to expand the volunteer roles to further release clinical resource is currently being explored.

The in-house Test and Trace service identified, and risk assessed contacts for 90 positive staff cases in July and August. An evaluation of the risk rating conversion into positive PCR results for contacts is being undertaken. A de-isolation policy has been created and implemented to ensure front line staff who would normally be required to isolate having been 'pinged' by the NHS tracing app, are assessed and where appropriate return to work. This process follows government guidance alongside the same principles as the Trust's Test and Trace risk assessment, with an electronic form assessing suitability for de-isolation based on a set of operational criteria. Over 150 staff were assessed in August, and where appropriate, staff returned to work whilst ensuring the safety of staff, patients and volunteers. 26% of the front line staff who had been 'pinged' were able to return to their roles on site following this risk assessment process.

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting</b> 4 October 2021	<b>Agenda item</b> 12.
<b>Title of Document:</b> External Auditor's Report	<b>To be presented by</b> Angus Fish, Senior Manager, Deloitte LLP
<b>Executive Summary</b>  Angus Fish, Senior Manager from Deloitte LLP, will attend for this item and present the external audit report to the Council of Governors on the audit of the Trust's financial statements for the year ended 31 March 2021.	
<b>Recommendations</b>  The Council of Governors is asked to note the auditor's report and discuss accordingly.	



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# Key Messages

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**Audit opinion on the financial statements** We issued an unqualified opinion on the Trust's and group's financial statements on 15 June 2021.

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## The Trust's arrangements to secure Value for Money

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### Commentary on the Trust's arrangements

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**Financial Sustainability**  
*How the body plans and manages its resources to ensure it can continue to deliver its services*

The Group recorded a surplus in 2020/21 of £5.5m, after receipt of £47.3m of top-up and reimbursement funding.

At 31 March 2021, the Group had net assets of £348.2m, net current assets of £120.2m and cash of £146.4m.

Arrangements were in line with our expectation in the current operating environment.

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**Governance**  
*How the body ensures that it makes informed decisions and properly manages its risks*

The "Well Led" element of the last CQC report published in January 2020 rated the Trust as Outstanding.

The Trust's Head of Internal Audit opinion for the year was "Significant Assurance with minor improvements on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control."

The Accounting Officer concluded from her annual review of the effectiveness of internal control that the Trust has a generally sound system of internal control and no significant internal control issues have been identified.

The Trust has adapted its governance arrangements to enable it to support an agile response to the pandemic.

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**Improving economy, efficiency and effectiveness**  
*How the body uses information about its costs and performance to improve the way it manages and delivers its services*

The Trust has adapted its processes for assessing financial and performance information, including identifying areas for improvement, in response to the pandemic. We concluded that these changes were appropriate in the context of the prevailing operating environment and national priorities.

The Trust plays an active part in the local Integrated Care System (ICS).

The Trust procurement team has achieved level 1 accreditation.

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# Purpose of this report

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Our Auditor's Annual Report sets out the key findings arising from the work we have carried out at Royal Marsden NHS Foundation Trust ("the Trust") for the year ended 31 March 2021.

This report is intended to bring together the results of our work over the year at the Trust, including commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources ("Value for Money", "VfM").

In preparing this report, we have followed the National Audit Office's ("NAO") Code of Audit Practice and its Auditor Guidance Note ("AGN") 03, Value for Money, and AGN 07, Auditor Reporting. These are available from the NAO website.

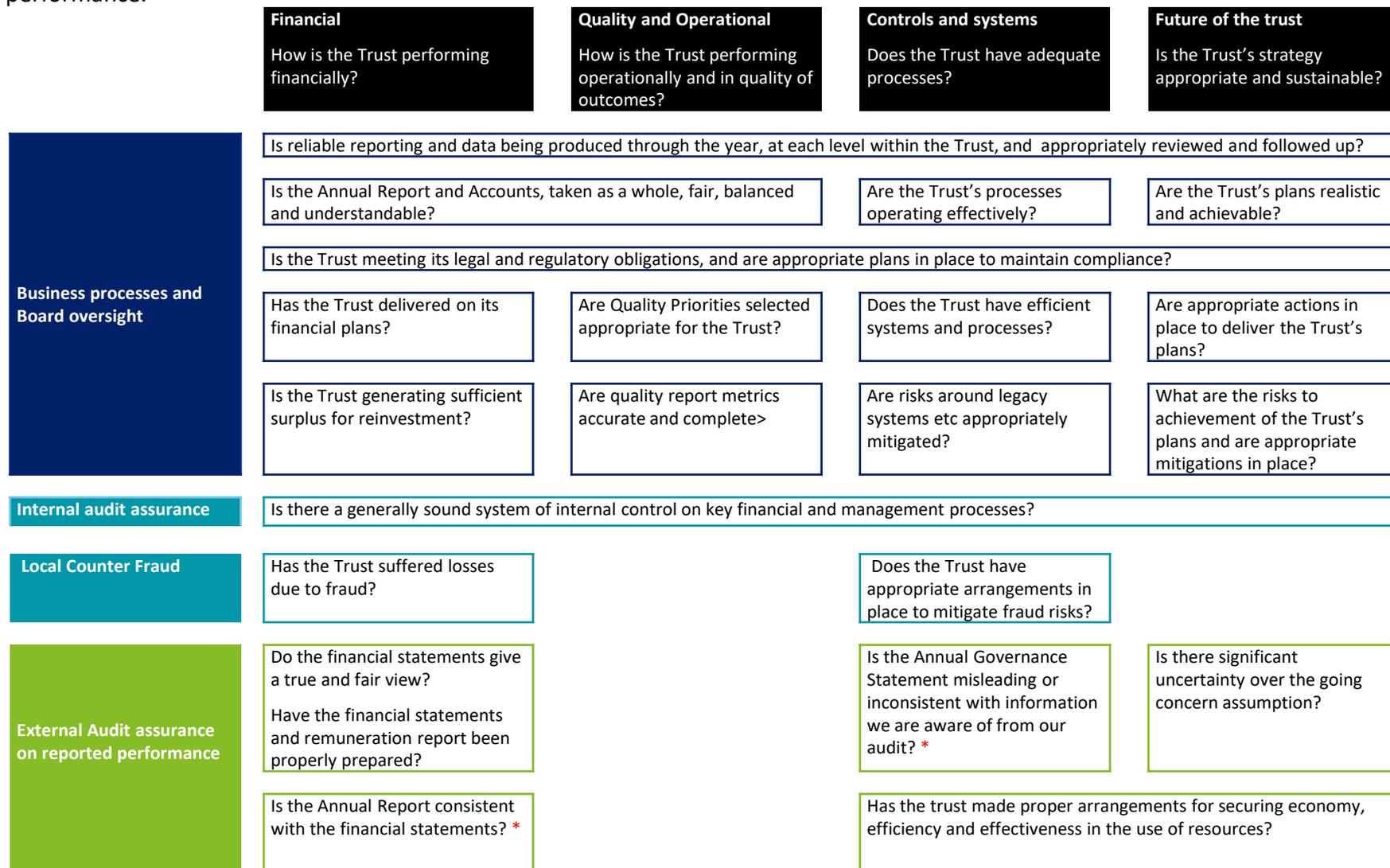
A key element of this report is our commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources ("Value for Money", "VfM"). Our work considering these arrangements is based on our assessment of the adequacy of the arrangements the Trust has put in place, based on our risk assessment. The commentary does not consider the adequacy of every arrangement the Trust has in place, nor does it provide positive assurance that the Trust is delivering or represents value for money.

We have not identified any significant weaknesses in the Trust's VfM arrangements, and so have not reported any recommendations in respect of significant weaknesses.

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# Assurance sources for the Trust

The diagram below illustrates how the assurances provided by external audit around finance, quality, controls and systems and the future of the Trust (in the green rows) and how this fits with some of the other assurances available over the Trust's position and performance.



\* The scope of external audit in this area is "negative assurance" of reporting by exception of issues identified.

# Opinion on the financial statements

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## **We provide an independent opinion whether the Trust's financial statements:**

- Give a true and fair view of the financial position of the Trust and its group at 31 March 2021 and of the Trust's and group's income and expenditure for the year then ended.
- Have been properly prepared in accordance with the accounting policies directed by NHS Improvement.
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.

The full opinion and certificate are included in the Trust's Annual Report and Accounts, which can be obtained from the Trust's website.

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We conduct our audit in accordance with the NAO's Code of Audit Practice, International Standards on Auditing (UK) ("ISAs (UK)") and applicable law.

We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

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## **Audit opinion on the financial statements:**

We issued an unqualified opinion on the Trust and group's financial statements on 15 June 2021. We did not identify any matters where, in our opinion, proper practices had not been observed in the compilation of the financial statements.

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## **Remuneration and Staff Report:**

We reported that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

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## **Annual Governance Statement:**

We did not identify any matters where, in our opinion, the Annual Governance Statement did not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, was misleading, or was inconsistent with information of which we are aware from our audit.

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## **Annual Report:**

We reported that the information given in the Performance Report and Accountability Report for the year ended 31 March 2021 is consistent with the financial statements.

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## **Reports in the public interest and reports to NHS Improvement:**

We did not exercise any of our additional reporting powers in respect of the year ended 31 March 2021.

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## **Reporting to the group auditor:**

In line with the group audit instructions issued by the NAO, we reported on 15 June 2021 that the Trust's consolidation schedules that feed into the Consolidated NHS Provider Account and Department of Health and Social Care's group accounts were consistent with the audited financial statements, except for a small number of instances where information had been analysed differently.

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## **Audit Certificate**

We certified completion of the audit on 3 September 2021, following completion of our responsibilities in respect of the audit for the year ended 31 March 2021.

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# Our financial statement audit approach

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## **An overview of the scope of the audit**

Our audit was scoped by obtaining an understanding of the Trust and the environment it operates in, including internal control, and assessing the risks of material misstatement to the financial statements. Our risk assessment procedures include considering the size, composition and qualitative factors relating to account balances, classes of transactions and disclosures. This enables us to determine the scope of further audit procedures to address identified risks of material misstatement.

Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team, led by the audit partner, Jonathan Gooding. The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems. Full scope work was carried out on the Trust and work on specified account balances in relation to the Trust's subsidiary, RM Medicines Limited.

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## **Materiality**

Our work is planned and performed to detect material misstatements. We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the Trust to be £9.7m, on the basis of 2.0% of revenue, which is c2.0% of gross assets and c2.8% of taxpayers' equity.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £300k as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

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## **Procedures for auditing the Trust's financial statements**

Our audit of the Trust's financial statements included:

- developing an understanding of the Trust, including its systems, processes, risks, challenges and opportunities and then using this understanding to focus audit procedures on areas where we consider there to be a higher risk of misstatement in the Trust's financial statements;
- interviewing members of the Trust's management team and reviewing documentation to test the design and implementation of the Trust's internal controls in certain key areas relevant to the financial statements; and
- performing sample tests on balances in the Trust's financial statements to supporting documentary evidence, as well as other analytical procedures, to test the validity, accuracy and completeness of those balances.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest and in journal testing, using our Spotlight data analytics platform.

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## **Approach to audit risks**

We focused our work on areas where we considered there to be a higher risk of misstatement. We refer to these areas as significant audit risks.

We provided a detailed audit plan to the Trust's Audit Committee setting out what we considered to be the significant audit risks for the Trust, together with our planned approach to addressing those risks. We have provided a summary of each of the significant audit risks on the next page.

We have made recommendations in our Audit Committee reporting/to management for improvement in the Trust's policies, procedures and internal controls based on observations from our work. However, we do not consider these recommendations to reflect significant weaknesses in the Trust's VfM arrangements. 7

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# Financial statement audit significant risks

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## Accounting for capital expenditure

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**Risk identified** The Trust has an extensive capital programme, with spend for the year of £49.8m, compared to £37.8m for 2019/20, as detailed in notes 9 and 10 to the financial statements. Accounting for capital expenditure can involve significant judgement. Whether expenditure is capitalised, and the period it is recognised in, can significantly impact against the budgetary control totals the Trust is assessed against by NHS Improvement.

The increased level of expenditure in the current year and the higher level of capital budgets available in the current year increases the risk of amounts being incorrectly capitalised, or of incorrect recognition in the current period.

This has been identified as a new significant risk for 2020/21 given the increased level of expenditure in the year.

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**Deloitte response**

- We tested the design and implementation of controls around the capitalisation of costs
- We tested spending on a sample basis to confirm that it complies with the relevant accounting requirements.

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**Key observations** Based on the work performed, we found no matters that were reportable to those charged with governance.

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# Financial statement audit significant risks (continued)

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## Validity of deferred income

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**Risk identified** The changes to the NHS funding and monitoring regime in the current year have meant that there has been a significant increase in the overall level of revenue and capital funding available to NHS providers, and a reduction in the overall pressure to achieve specific control totals.

As detailed in note 15 to the financial statements, the Trust's deferred income increased from £12.2m at 31 March 2020 to £28.7m at 31 March 2021, an increase of £16.5m.

This may create an incentive to make overly prudent estimates and judgements so as to defer income into the next financial year and make future targets easier to achieve.

This was identified as a new significant risk for 2020/21, given the changes in the profile of risks for the year.

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**Deloitte response**

- We tested the design and implementation of controls over the timing of recognition and deferral of income.
- We tested a sample of deferred income items to supporting documentation and evaluated management's assessment as to whether the criteria for revenue recognition had been met as to 31 March 2021 and the value to be deferred.

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**Key observations** We concluded that the recognition of income items had been appropriately deferred.

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# Financial statement audit significant risks

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## Property valuations

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**Risk identified** The Trust held £151.8m of property assets within Property, Plant and Equipment, which it is required to hold at a current valuation. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.

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**Deloitte response** Our testing procedures in this area included the following:

- Carried out tests of the design and implementation of key controls in place around the property valuation.
- Evaluated the qualifications, experience and objectivity of the valuer.
- Included valuation specialists within our team to review and challenge the valuation completed by management's expert, including assessing the reasonableness of the assumptions used and the reasonableness of the outcome.
- Considered the impact of uncertainties relating to the COVID-19 pandemic upon property valuations in evaluating the property valuations and related disclosures.

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**Key observations** We concluded that key judgements were within the acceptable range.  
We reported to those charged with governance on a deficiency in internal control over the posting of entries relating to the valuation.

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# Financial statement audit significant risks (continued)

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## Management override of controls

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**Risk identified** In accordance with ISA 240 (UK) management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Trust's controls for specific transactions.

We considered that in the current year there was a risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates. In previous years, this has been to meet or exceed control totals – however, in light of the increased funding in the current year, we have also considered the potential incentives to recognise excess liabilities in the current year.

Note 1.20 and 1.21 to the financial statements details the Critical Accounting Judgements and Key Sources of Estimation Uncertainty identified by management.

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**Deloitte  
response**

**Manipulation of accounting estimates**

We tested the design and implementation of controls in relation to accounting estimates.

We tested accounting estimates (including in respect of capital expenditure, deferred income and property valuations discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources.

In testing each of the relevant accounting estimates, we considered their findings in the context of the identified fraud risk.

Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS.

**Manipulation of journal entries**

We tested the design and implementation of controls over journals.

We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting. We traced the journals to supporting documentation and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements and consolidation adjustments and journals.

**Accounting for significant or unusual transactions**

We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.

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**Key  
observations**

A control over the retrospective scrutiny of self approved journals did not operate in the early part of the year due to the pandemic.

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# Auditor's work on Value for Money (VfM) arrangements

The Accounting Officer and the Board are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money.

The Accounting Officer reports on the Trust's arrangements, and the effectiveness with which the arrangements are operating as part of their annual governance statement.

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the National Audit Office's Auditor Guidance Note 3, we are required to assess arrangements under three areas:

<b>Financial Sustainability</b>	<i>How the body plans and manages its resources to ensure it can continue to deliver its services</i>
<b>Governance</b>	<i>How the body ensures that it makes informed decisions and properly manages its risks</i>
<b>Improving economy, efficiency and effectiveness</b>	<i>How the body uses information about its costs and performance to improve the way it manages and delivers its services</i>

In this report, we set out the findings from the work we have undertaken. Where we have found significant weaknesses in arrangements, we are required to make recommendations so that the Trust can consider them and set out how it plans to make improvements. We have not identified any significant weaknesses in arrangements.

In planning and performing our work, we consider the arrangements that we expect bodies to have in place, and potential indicators of risks of significant weaknesses in those arrangements. As a result of the Covid-19 pandemic, there have been changes in nationally led processes, changes in expectations around Trust's arrangements, and events occurring outside of the Trust's control, which affect the relevance of some of these indicators. We have still considered whether these indicators are present, but have considered them in the context of the circumstances of 2020/21 in assessing whether they are indicative of a risk of significant weakness.

In addition to our financial statement audit, we performed a range of procedures to inform our VfM commentary, including:



Meeting with management.



Review of Board and committee reports and attendance at Audit and Finance Committee meetings.



Reviewing reports from third parties including Care Quality Commission.



Considering the findings from our audit work on the financial statements.



Review of the Trust's annual governance statement and annual report.

# VfM arrangements: Financial Sustainability

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## Approach and considerations

We have considered how the Trust plans and manages its resources to ensure it can continue to deliver its services, including:

- How the Trust ensures it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning; and
- How the Trust identifies and manages risks to financial resilience, including challenge of the assumptions underlying its plans.

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## Commentary

The Group recorded a surplus in 2020/21 of £5.5m, after receipt of £47.3m of top-up and reimbursement funding.

At 31 March 2021, the Group had net assets of £348.2m, net current assets of £120.2m and cash of £146.4m.

The timing and extent of the Trust's annual planning process and process around identification of significant pressures was significantly impacted by the Covid-19 pandemic and, as a result of the timing of national planning cycles, financial planning for 2021/22 was at a very early stage at 31 March 2021. Arrangements were in line with our expectation in the current operating environment.

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# VfM arrangements: Governance

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## Approach and considerations

We have considered how the Trust ensures that it makes informed decisions and properly manages its risks, including:

- how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the body approaches and carries out its annual budget setting process;
- how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed;
- how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer behaviour.

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## Commentary

The Trust continued to manage risk under its risk management policy and identified new risks relating to covid-19 and the recovery of services.

The Trust needed to adapt its annual budget setting process for 2020/21 in response to changes in contractual and funding arrangements as a result of the pandemic and, as explained on the previous page, financial planning for 2021/22 was at a very early stage at 31 March 2021.

The Trust maintained a focus on budgetary control during 2020/21, including tracking progress on pressures and mitigations to bridge the gap between its original forecast for the second half of the year and its final outturn surplus.

The Trust adapted its business planning and investment process for covid-19. Key decisions taken or implemented in 2020/21 included insourcing outpatient pharmacy and activities previously undertaken by its joint venture with another trust.

The Trust's Audit and Finance Committee approves the annual Internal Audit Plan and Counter Fraud Plan and receives updates at committee meetings through the year. The Trust's Head of Internal Audit opinion for the year was "Significant Assurance with minor improvements on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control."

The "Well Led" element of the last CQC report published in January 2020 rated the Trust as Outstanding.

The Chief Executive, as the Accounting Officer, concluded from her annual review of the effectiveness of internal control that the Trust has a generally sound system of internal control and no significant internal control issues have been identified.

# VfM arrangements: Improving economy, efficiency and effectiveness

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## Approach and considerations

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We have considered how the body uses information about its costs and performance to improve the way it manages and delivers its services, including:

- How financial and performance information has been used to assess performance to identify areas for improvement;
- How the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- How the Trust ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve; and
- Where the Trust commissions or procures services, how the Trust ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the Trust assesses whether it is realising the expected benefits.

## Commentary

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The Trust has adapted its processes for assessing financial and performance information, including identifying areas for improvement, to take account of the impact of the pandemic on expected performance and to introduce additional measures of particular pertinence during the pandemic, such as in relation to infection prevention and control and adapt the frequency of reporting – whilst maintaining the structure of performance reporting and action planning for improvements. We concluded that these changes were appropriate in the context of the prevailing operating environment and national priorities.

The Trust plays an active part in the local Integrated Care System (ICS) with updates discussed at Board meetings through the year. The Trust, in collaboration with NHS Improvement/NHS England and other partners, set up a dedicated Cancer Hub for cancer surgery to maximise the number of patients across West London able to undergo curative cancer surgery during the pandemic. The Trust's Integrated Governance and Risk Management Committee received a report providing assurance over the Trust's governance arrangements over this arrangement.

The Trust procurement team has achieved level 1 in the NHS procurement and commercial standards accreditation scheme ("Building – awareness and building blocks in place"). The Trust adapted or extended its procurement arrangements in response to the pandemic to support a rapid response, including agreeing approval and tracking arrangements for expenditure relating to the covid-19 response, adapting competitive selection requirements and adapting arrangements for the scrutiny and approval of investments during the recovery phase of the pandemic.

# Purpose of our report and responsibility statement

## What we report

Our report fulfils our obligations under the Code of Audit Practice to issue an Auditor's Annual Report that brings together all of our work over the year, including our commentary on arrangements to secure value for money, and recommendations in respect of identified significant weaknesses in the Trust's arrangements.

## What we don't report

Our audit was not designed to identify all matters that may be relevant to the Trust.

Also, there will be further information the Board of Directors and Board of Governors need to discharge their governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and work under the Code of Audit Practice in respect of Value for Money arrangements.

## The scope of our work

Our observations are developed in the context of our audit of the financial statements.

We described the scope of our work in our audit plan.

## Use of this report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Royal Marsden NHS Foundation Trust, as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in our Auditor's Annual Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



**Deloitte LLP**

St Albans | 3 September 2021

# Appendix 2: Trust's responsibilities

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**Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.**

**Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.**

**All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.**

The Chief Executive, as Accounting Officer of the Trust, is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Accounts Direction issued by NHS Improvement, which requires the Trust to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. In applying the going concern basis of accounting, the Accounting Officer has applied the 'continuing provision of services' approach set out in the Group Accounting Manual, as it is anticipated that the services the Trust provides will continue into the future.

The Accounting Officer is required to confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources, for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance, for safeguarding the assets of the Trust, and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer and the Board are responsible for ensuring proper stewardship and governance, and reviewing regularly the adequacy and effectiveness of these arrangements.

# Appendix 3: Auditor's responsibilities

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## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Auditor's responsibilities relating to the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

We are required under the Code of Audit Practice and the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the Trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the Trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021. Other findings from our work, including our commentary on the Trust's arrangements, are reported in our Auditor's Annual Report.

## **Auditor's other responsibilities**

We are also required to report to you if we exercise any of our additional reporting powers under the National Health Service Act 2006 to:

- make a referral to NHS Improvement if we believe that the Trust or an officer of the Trust is:
  - about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure;;
  - about to take, or has begun to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency
- consider whether to issue a report in the public interest.



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## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 13.1
<b>Title of Document:</b> Audit & Finance Committee Annual Report	<b>To be presented by:</b> Ian Farmer, Chair of the Audit & Finance Committee
<b>Executive Summary</b>  The performance of the Board sub-committees is an important consideration for Governors to hold the NEDs to account for the performance of the Board. This report summarising the work of AFC showing how the Committee has met its terms of reference, duties and responsibilities.	
<b>Recommendations</b>  The Council of Governors is asked to note and discuss the report.	

## Audit & Finance Committee

# Annual Report

April 2020-March 2021

<b>1.</b>	<b>INTRODUCTION</b>
	The purpose of the report is to review the work of the Audit & Finance Committee (AFC) undertaken in the period 1 <sup>st</sup> April 2020-31 <sup>st</sup> March 2021 and to set out how the Committee has met its terms of reference and priorities.
<b>2.</b>	<b>COMMITTEE MEMBERSHIP</b>
	<p>The membership consists of four Non-Executive Directors. In addition, in attendance were the Chief Financial Officer, the Chief Nurse together with the Director of Operational Finance, Director of Strategic Finance, along with representatives of Internal Audit (KPMG) and External Audit (Deloitte).</p> <p>Meetings were organised and supported by the Chief Financial Officer's team.</p>
<b>3.</b>	<b>MEETINGS</b>
	Five meetings were held over the year on 30 <sup>th</sup> April 2020, 2 <sup>nd</sup> June 2020, a joint QAR/AFC meeting on 9 <sup>th</sup> September, 25 <sup>th</sup> November 2020 and 25 <sup>th</sup> February 2021. Currently there are five meetings planned during 2021/22 on 29 <sup>th</sup> April 2021, 7 <sup>th</sup> June 2021, a joint QAR/AFC meeting on 8 <sup>th</sup> September, 18 <sup>th</sup> November 2021 and around 23 <sup>rd</sup> February 2022. The November meeting each year is planned to be held in Sutton to enable the members to have a site tour; all other meetings are based in Chelsea. However, due to Covid restrictions most meetings have been held online in the past year.
<b>4.</b>	<b>ASSURANCE</b>
	<p>The Audit and Finance Committee (AFC) shares responsibility with the Quality Assurance and Risk Committee (QAR) in providing assurance to the Board that the Foundation Trust is properly governed, and that risk is appropriately identified and managed across the full range of the Trust's activities.</p> <p>The Committee is responsible for all matters relating to financial risk. Both Committees work collaboratively to ensure that all aspects of risk are covered and that the Board receives comprehensive assurances on the Trust's activities.</p> <p><b>Co-ordination with Quality, Assurance and Risk Committee</b></p> <p>The Chair of AFC and QAR have discussed priorities for the respective Committees and the use of internal audit resources to provide assurance in key risk areas. In addition, forward Agendas and Minutes are regularly provided to each Committee and key items from QAR are reported at each AFC meeting. A joint meeting of the two Committees was held on 9<sup>th</sup> September 2020 covering joint areas of risk.</p>

	<p><b>Terms of Reference</b> The AFC Terms of Reference was presented at the November 2020 meeting for the Committee’s annual review, which was approved by the Committee, forwarded to the Board and endorsed at the Board meeting on 2<sup>nd</sup> December 2020.</p>
5.	<p><b>INTERNAL CONTROL AND RISK MANAGEMENT</b></p> <p>The Committee covered the following areas during the year:</p> <p><b>Financial Performance (standing item)</b> The Committee reviewed the Trust’s financial performance versus plan at each meeting, discussed trends and variances and reviewed key financial assumptions and Cost Improvement Plans.</p> <p><b>Capital Performance (standing item)</b> The Committee reviewed performance on capital expenditure at each meeting, but with particular focus on the key strategic capital items, Digital Transformation Programme; Oak Cancer Centre; and Cavendish Square.</p> <p>On Oak Cancer Centre the Committee was updated on progress of securing the main contractor and getting the site set-up. In addition, updates on design, internal fit-out, changes to scope and progress on site were discussed and reviewed in the Committee.</p> <p>For Cavendish Square updates were discussed in relation to delays in the scheme due to Covid and site issues and a draft update to the business case was brought to the Committee ahead of being reviewed and approved by the Board.</p> <p><b>Losses, Compensation and Waivers (standing item)</b> The Committee considered and noted details of waivers in the procurement process at each meeting and received an annual report on losses and compensations payments.</p> <p><b>RM Digital Services update (standing item):</b></p> <p><b>Digital Transformation Programme</b> The Committee were advised that good progress had been made with the Digital Transformation Programme, particularly with infrastructure and its focus will remain on strategic projects such as the digital health record. The roll out of Office 365 and Microsoft Teams was brought forward and carried out at pace due to the Covid-19 pandemic. In addition to this, a new virtual desktop to aid working from home was set up within nine days due to the national shortage of laptops and RM Digital Services supported staff to facilitate working from home in response to the pandemic. The Radiology Imaging System go live was delayed slightly due to the pandemic. The Programme Assurance Group met quarterly to review the digital transformation programme and provide assurance to AFC on scope, cost, timescale and quality of the overall programme.</p> <p><b>Cyber Security</b> Due to there being a continual cyber threat, including attacks during the year, this remains a standing item of the Committee. This year there was an attack on one of the trust’s fire walls, additional controls were put in place and fire walls were strengthened. The Committee was advised that a Chief Security Information Officer had been recruited. The Committee was advised that cyber security risk will remain on the risk register, however, vulnerability has reduced somewhat following the implementation of the Digital Transformation programme. The trust also received external funding for back-up solution improvements.</p> <p><b>Sphere Transition</b> Following the departure of the Sphere managing director, and subsequently Chelsea &amp; Westminster serving 12 months’ notice at the end of March 2020 to exit the Sphere entity, the Trust compiled three business case options for discussion by the board in September 2020. The</p>

three options were to re-brand Sphere and turn into a wholly owned subsidiary, to bring the service in-house or to outsource the service to a third party. The preferred option was to bring the IT service in-house as part of the Trust's digital transformation programme and this was endorsed by the Committee, noting the governance arrangements for the transition.

**Pharmacy Wholly Owned Subsidiary (WOS) / RM Medicines (standing item)**

The Director of Strategic Finance advised the Committee that RM Medicines was initially set up in February 2020 and went live in September 2020. The committee approved the governance structure and continual updates were presented to the Committee through the implementation period. Two subsequent changes to the governance for RM Medicine were approved by the Committee in February 2021. Firstly, the Chief Pharmacist returned to post on 1<sup>st</sup> October 2020; during the 'go live' this role had been filled on an interim basis by the Deputy Chief Pharmacist. To ensure continuity from implementation it was proposed that the Deputy Chief Pharmacist continued as Executive Director of RM Medicines. The second change was regarding the Chair role of RM Medicines as the Deputy Chief Operating Officer was leaving the Trust and it was proposed that the Divisional Director for Clinical Services take on this role.

**2020 National Cost Collection (NCC) submission report (Jun 20 & Nov 20)**

The Committee approved on behalf of the Board the plans in place to ensure that the trust's mandated 2019/20 National Cost Collection (NCC) submission to NHS England & Improvement (NHSEI) was produced and validated by the deadline of 14<sup>th</sup> September 2020. The submission was subsequently made on time and was compliant with NHSEI Approved Costing Guidance. The submission passed NHSEI's data quality checks as well as the Trust's own internal quality control process. The trust achieved a score of 94% in NHSEI's costing quality assessment, which ranked 3<sup>rd</sup> out of 97 assessed providers, improving from a score of 92% the previous year, which ranked 11<sup>th</sup>.

**Financial Plan 2020/21 (Jun 20) and 2021/22 (Feb 21)**

The Committee reviewed the Financial Plan in detail ahead of the Trust Board and recommended the Board adopt the plan and submit to the regulators.

**Financial Framework 2020/21 (Nov 20)**

The Director of Strategic Finance advised that the proposal for the financial framework for 2020/21 had been released for informal consultation. The Trust can provide feedback through workshops and an online survey. The proposal moves away from payment by result to a more blended approach in a block contract with some variables. The formal consultation was planned to begin in December 2020 or January 2021, with results due to be announced in March. The Committee recognised that the informal consultation showed a clear direction of travel to money allocations to the STP/ICS, including both NHS and specialist commissioning. The STP/ICS will then be responsible for allocating money to each provider within its catchment. The CFO confirmed that the Trust would respond formally once it is able to.

**Financial governance of Covid-19 (Nov 20)**

The CFO reported that the Trust maintained a good control on expenditure throughout the first wave of the Covid19 pandemic, including identifying how money was being spent and allowing available money to be spent at speed by taking decisions through the Command and Control centre. During the Summer the Trust reverted to the previous financial governance arrangements however, a member of the Finance team is always in attendance at Tactical and Gold meetings to oversee any decisions made. The CFO advised the Committee that the business planning process for the next financial year had begun.

**AFC Self-assessment tool 2020 Results report and Action plan (Nov 20)**

The Chair presented the item and recognised that the Committee could be improved in two areas. The first area was agenda items and time management, and ensuring the balance is right between detailed discussion and time. The second issue was the oversight of internal controls. The Chair recognised that the Committee had not done a deep dive in an area of the organisation for several



	<p>months, and the Committee should request this once the Covid-19 pandemic is over. The Committee agreed with the action plan and further agreed to send an areas of interest for the deep dive to the Chair.</p> <p><b>MRI Joint Venture (Feb 21)</b> The Committee reviewed the proposal to develop and commercialise new technology that will materially improve MRI efficiency. This would involve forming a spin off company with the ICR and founding clinicians/scientists that will act as the holding company for jointly owned MRI Diffusion Weighted Imaging IP. The new company would then enter a joint venture (JV) with Sopra Steria to develop the IP into a commercial product. RM would need to invest £0.5m and provide significant imaging data in return for a preferential share of dividends from the new company. The members of the Committee endorsed the business case but felt that more focus needed to be put on the benefit to patients and patient experience within the business case.</p> <p><b>Integrated Care System (ICS) Development (Feb 21)</b> The Audit and Finance Committee reviewed the paper on the Integrated Care System development (ICS) recognising both risk and opportunities for the ICS development have been concluded as well as structural options for Private Care and RM Partners. An updated paper was circulated to all Non-Executive Directors.</p> <p><b>Insurance Review (Feb 21)</b> The Audit and Finance Committee noted the update on the insurance cover held by the Trust and the relevant policies held.</p> <p><b>Review of Board Self-Certification 2020/21 (Feb 21)</b> The Audit and Finance Committee reviewed and approved the Board Self-Certification for 2020/21, noting the areas of responsibility by the Committee and ensuring appropriate governance was in place to support these areas.</p>
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**6. INTERNAL AUDIT**

	<p>The Internal Audit Strategic and Operational Plan, covering the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 was discussed and agreed by the Committee at the 30<sup>th</sup> April 2020 meeting. The plan, which had been developed by the Head of Internal Audit in discussion with the Chairman of the AFC, the Chief Financial Officer and Chief Nurse, reflected the Board Assurance Framework and several priority areas identified by both AFC and QAR.</p> <p><b>Summary of Internal Audits Completed 2020/21</b></p> <p>Reports received relating to the <b>2019/20</b> audit plan:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Planned Audit</th> <th style="text-align: center;">Review Completed</th> <th style="text-align: center;">Received by Committee</th> <th style="text-align: center;">Assurance Status</th> </tr> </thead> <tbody> <tr> <td> <b>Quality governance</b>  <i>[reviewing the quality improvement strategy and ways in which the trust has set out quality objectives and reporting of quality and safety performance from Board to ward]</i> </td> <td style="text-align: center;">Feb 2020</td> <td style="text-align: center;">Jun 2020</td> <td style="text-align: center;">Significant assurance with minor improvement opportunities</td> </tr> <tr> <td> <b>Risk maturity</b>  <i>[working with executive directors to develop a risk appetite statement. This enhances a mature and balanced framework that is already in place to support the board in</i> </td> <td style="text-align: center;">Apr 2020</td> <td style="text-align: center;">Apr 2020</td> <td style="text-align: center;">Significant assurance with minor improvement opportunities</td> </tr> </tbody> </table>	Planned Audit	Review Completed	Received by Committee	Assurance Status	<b>Quality governance</b> <i>[reviewing the quality improvement strategy and ways in which the trust has set out quality objectives and reporting of quality and safety performance from Board to ward]</i>	Feb 2020	Jun 2020	Significant assurance with minor improvement opportunities	<b>Risk maturity</b> <i>[working with executive directors to develop a risk appetite statement. This enhances a mature and balanced framework that is already in place to support the board in</i>	Apr 2020	Apr 2020	Significant assurance with minor improvement opportunities
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	<i>assessing the level of risk it is willing to take in managing strategic risks and decisions]</i>			
	<b>Data Security &amp; Protection Toolkit</b> <i>[assessing controls in place for compilation and validation of DSP Toolkit return and testing evidence available to support sample of assertions]</i>	Apr 2020	Apr 2020	Significant assurance with minor improvement opportunities
	Reports received relating to the <b>2020/21</b> audit plan:			
	<b>Planned Audit</b>	<b>Review Completed</b>	<b>Received by Committee</b>	<b>Assurance Status</b>
	<b>Learning from Covid-19</b>	Sep 2020	Sep 2020	Not applicable
	<b>Financial Scenario Planning</b> <i>[reviewing the design and operation of controls relating to post Covid-19 financial planning]</i>	Feb 2021	Feb 2021	Significant assurance
	<b>Core Financial Controls</b> <i>[testing the operation of financial controls for each of the trust's key financial systems, utilising data and analytics to assess consistency of operation of the controls]</i>	Feb 2021	Feb 2021	Significant assurance
	<b>Education Governance – RM School</b> <i>[review of arrangements in place regarding education governance]</i>	Feb 2021	Feb 2021	Significant assurance with minor improvement opportunities
	<b>Patient Experience</b> <i>[reviewing the processes and controls in place for managing patient experience including collection and analysis of data, the response to data and effectiveness of current governance arrangements for management of the trust's patient experience performance]</i>	Feb 2021	Feb 2021	Significant assurance with minor improvement opportunities
	<b>Patient Safety Data</b> <i>[assessing the design and operating effectiveness of controls and processes to ensure sound data quality for C.Diff and pressure ulcers]</i>	Feb 2021	Apr 2021	Significant assurance with minor improvement opportunities
	<b>Disaster Recovery</b> <i>[assessing disaster recovery planning arrangements]</i>	Apr 2021	Apr 2021	Partial assurance with improvements required
	<b>GDPR Implementation (inc DSP Toolkit)</b>	Apr 2021	Apr 2021	Significant assurance with minor improvement opportunities

	<p><b>Implementation of Internal Audit Recommendations</b></p> <p>The Committee reviewed at each meeting the progress made on implementation of the recommendations. Several additional processes were agreed during the year to ensure accountability for recommendations and their timely clearance.</p> <p><b>Technical Updates</b></p> <p>KPMG LLP presented a Technical update covering developments relevant to Trust sector at each meeting which the Committee found extremely useful.</p> <p>The Committee held a closed session (Non-Executives only) with KPMG in June 2020.</p>
<b>7.</b>	<b>COUNTER FRAUD</b>
	<p><b>Counter Fraud Strategy 2020/21</b></p> <p>The Committee reviewed and approved the Counter Fraud Strategy developed by the Trust's Local Counter-Fraud Specialists at the 30<sup>th</sup> April 2020 meeting. The Committee noted that adopting a clear strategy enforced the Trust's absolute commitment to countering fraud.</p> <p><b>Investigations</b></p> <p>The Committee regularly reviewed the results and progress of fraud investigations conducted during the year. No material new cases were reported.</p>
<b>8.</b>	<b>EXTERNAL AUDIT</b>
	<p>The Annual External Audit Plan was presented by the Trust's External Auditors, Deloitte LLP and approved at the 25<sup>th</sup> November 2020 meeting.</p> <p>Representatives from Deloitte were present at each meeting and the Committee considered written and verbal reports on the progress of their audit and issues which had arisen.</p> <p>The Committee held a closed session (Non-Executives only) with Deloitte on 25<sup>th</sup> November 2020.</p>
<b>9.</b>	<b>FINANCIAL REPORTING AND FINANCIAL REVIEW</b>
	<p><b>Financial performance and key financial assumptions</b></p> <p>The Committee reviewed the financial performance of the Trust and tests key financial assumptions at each meeting.</p> <p><b>Financial Statements to 31<sup>st</sup> March 2020</b></p> <p>The Committee reviewed the draft Financial Statements of the Trust for the 2019/20 financial year at the 2<sup>nd</sup> June 2020 meeting, and these were recommended for approval by the Chief Executive on behalf of the Board. The Chief Financial Officer presented the draft financial statements and there followed a discussion on several areas including:</p> <ul style="list-style-type: none"> <li>• Asset valuation processes and impairment charges</li> <li>• Bad debt provisions</li> </ul>

	<ul style="list-style-type: none"> <li>• Presentation of the results on the Trust and clarification on the way accounting impairment adjustments were explained</li> <li>• Quality Accounts and local quality indicator</li> </ul> <p>At this meeting, the Committee also received a report from the Trust’s External Auditors and had the opportunity to discuss the results of the audit and the Letter of Representation to Deloitte LLP to be signed on behalf of the Board.</p> <p>The Committee received the Head of Internal Audit Opinion report from the Head of Internal Audit, who was able to give a substantial assurance opinion for 2020/21 based on the work that had been undertaken.</p>
<b>10.</b>	<b>FUTURE PLANS</b>
	<p>The AFC has identified the following priorities for its work in 2021/22:</p> <ul style="list-style-type: none"> <li>• Oversight of major capital project approvals and progress versus plan</li> <li>• Cyber risk</li> <li>• Digital Strategy</li> <li>• Delivery of CIPs</li> <li>• Financial risk management</li> </ul> <p>In conjunction with QAR, the AFC will also review:</p> <ul style="list-style-type: none"> <li>• Quality Accounts</li> <li>• Risk Management Arrangements and Board Assurance Framework</li> </ul>

**Ian Farmer**  
**Chair, Audit and Finance Committee**  
**April 2021**

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 13.2
<b>Title of Document:</b> Quality, Assurance and Risk Committee Annual Report	<b>To be presented by:</b> For information
<b>Executive Summary</b> <p>The performance of the Board sub-committees is an important consideration for Governors to hold the NEDs to account for the performance of the Board. This report summarising the work of Quality, Assurance and Risk Committee (QAR) undertaken in the period 1 April 2020 to 31 March 2021 and sets out how the Committee has met its terms of reference.</p>	
<b>Recommendations</b> <p>The Council of Governors is asked to note the report.</p>	

# Quality, Assurance and Risk Committee

## Annual Report

April 2020-March 2021

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### 1. INTRODUCTION

The purpose of the report is to review the work of the Quality, Assurance and Risk Committee (QAR) undertaken in the period 1 April 2020 to 31 March 2021 and to set out how the Committee has met its terms of reference.

### 2. COMMITTEE MEMBERSHIP

The membership consists of three Non-Executive Directors, including the Trust's Chairman, and Executive Directors. The Director of Workforce, Director of Performance and Information, Divisional Directors, Managing Director - Private Care, Chief Pharmacist/Head of Quality Improvement and Deputy Director of Patient Safety and Clinical Assurance are in attendance at the meetings.

Meetings were organised and supported by the Corporate Governance and Quality Assurance teams.

### 3. MEETINGS

Five meetings were held over the year on 3 June 2020, 9 September 2020, 23 September 2020, 18 November 2020 and 10 February 2021. The 9 September meeting was jointly held with the Audit and Finance Committee (AFC).

### 4. ASSURANCE

The Quality, Assurance and Risk Committee (QAR) shares responsibility with The Audit and Finance Committee (AFC) in providing assurance to the Board that the Foundation Trust is properly governed, and that risk is appropriately identified and managed across the full range of the Trust's activities.

QAR is responsible for all matters relating to non-financial risk. The two Committees work collaboratively to ensure that all aspects of risk are covered and that the Board receives comprehensive assurances on the Trust's activities.

### 5. STAFF REPORTS AND CLINICAL SAFETY SERIES

Agendas were shortened to ease pressure on staff during the COVID-19 pandemic leading to fewer staff reports and clinical safety series discussions than usual.

QAR invited Members of the Trust's Black, Asian, and Minority Ethnic Forum to discuss how staff are feeling after international and national events and what could be done to further support them. The forum is well attended with Executive Directors in attendance. Learning and improvement continues. Staff from the Critical Care Unit discussed topical patient safety issues and the challenges they faced in providing excellent care for patients during the COVID-19 pandemic. The Patient Safety Co-Lead described the recently introduced Clinical Forum which takes place weekly. The forum develops interprofessional peer connections and opportunities for staff to share and feedback ideas to improve staff experience and patient care. The forum also discusses what is working well in departments and how this can be disseminated across the Trust.

Sometimes linked to the staff reports is the Clinical Safety Series of discussions with invited staff exploring the governance of relevant areas of risk. The two subjects covered in the year were whistleblowing and freedom to speak up (FTSU), and the Trust's response to the COVID-19 pandemic.

## **6. MANDATORY AND OTHER REPORTS**

**COVID-19 pandemic reports** (June 2020, 9 September 2020, 23 September 2020, November 2020 & February 2021)

Throughout 2020/21 the Committee received reports and updates about the impact and actions undertaken to mitigate the effects of the COVID-19 pandemic. These included a discussion of the governance of the surgical Cancer Hub that was rapidly established early in the pandemic to support the continuation of urgent cancer surgery for the Royal Marsden and partner trusts. Other reports discussed included an internal audit paper reviewing the Trust's response to COVID-19, feedback of frontline staff about their experiences and the results of a survey of patients treated at the Cancer Hub. The latter showed 85.5% of patients reporting their experience at the highest rating.

**Monthly quality accounts** (June 2020, 23 September 2020, November 2020 & February 2021)

Issues included a decline in the number of patient falls towards the end of the 12 months, reducing numbers of pressure ulcers after an increase and the lowest nurse vacancy rate of 8.8% of the year at the end of the 12 months. Metrics related to COVID-19 control including vaccination rates were discussed. Remedial actions and plans were described.

**Annual quality account 2019/20** (9 September 2020)

The annual quality account 2019/20 was reviewed and approved. The annual report summarised the Trust's performance and improvements against the quality priorities and objectives set for 2019/20 and presented the quality priorities and objectives for 2020/21.

**Mortality review** (June 2020, 23 September 2020, November 2020 & February 2021)

The meeting received a quarterly mortality review update from the Medical Director. No concerns were highlighted by the Structured Judgement Reviews carried out and standards were met. A review of COVID-19 deaths was also considered by the Committee. The impact psychologically that COVID-19 has on patients' families was highlighted.

**Serious incidents that resulted in death or serious harm** (June 2020, 23 September 2020, November 2020 & February 2021)

Summaries of serious incidents are presented and discussed. The availability of senior medical cover was followed up by the Committee for assurance after a case where a patient presented out of hours with sepsis. Remediations were discussed with the Committee.

**Safeguarding children and vulnerable adults** (June 2020, November 2020 and February 2021)

The Trust's performance in safeguarding children and vulnerable adults was reviewed in the year. Funding for a senior cancer nurse to manage patients with Additional Needs such as learning disability and dementia was highlighted. An increase in safeguarding children's cases and domestic abuse in families with children was discussed at the November 2020 meeting.

**Infection prevention and control (IPC): annual report 2019/20** (23 September 2020)

Outlined the work carried out by the Infection Prevention and Control Team in the previous year which included investing further in the IPC and microbiology teams to improve the Trust's position for *Escherichia coli* and *Clostridium difficile*. Antimicrobial stewardship performance was high. The Trust did not meet its target of a minimum of 65 cases *Escherichia coli* however improved from the 2019/20 position. After March 2020 the IPC Team was required to focus on keeping staff and patients safe from COVID-19. All other infections and IPC related work continued to be monitored and controlled during the pandemic.

**Day care improvement/chemotherapy waits** (November 2020)

The committee was updated about progress with this project. An aim of the systemic anti-cancer treatment (SACT) improvement plan is to achieve 85% compliance with patients being seen within an hour of arriving at the Trust. This target has been met for Chelsea and Kingston sites. Areas requiring extra work in Sutton have been identified which include Haematology and Paediatrics. The COVID-19 pandemic has led to changes to pathways including those for chemotherapy, supportive treatments and clinical trial prescriptions. Progress has not been made as expected with the Day Care Improvement Plan due to the COVID-19 pandemic. However, treatment from home has been extremely well received and despite the pandemic improvements have continued to be made.

**Hospital at Night** (23 September 2020)

A revised clinical leadership model was discussed at the Committee. The staffing changes were made in response to a serious incident. A long-term solution is being developed involving creating five resident medical officer posts to support hospital at night working. The Committee highlighted the importance to ensure that the job description reflects leadership and decision making adequately in order to make the role attractive.

**Volunteering annual report** (23 September 2020)

A pool of volunteers is being developed with previous gaps in relation to DBS checks and mandatory training now resolved.

**7. INSPECTIONS AND ACCREDITATIONS****Care Quality Commission** (23 September 2020, November 2020 & February 2021)

The Care Quality Commission stepped back from inspections at the beginning of the COVID-19 pandemic with the Trust's quarterly review meetings, focussing largely on infection control and held virtually with the Acting Chief Nurse, Medical Director and Chief Operating Officer. There were no compliance actions and notices issued at the quarterly review. The Trust hosted the CQC Leadership Team who visited to learn about the Trust's Cancer Hub, The Trust's contribution to the Nightingale Hospital London and multi-professional learning systems.

**Internal audit** (June 2020, 23 September 2020 and November 2020)

A standing item provides the opportunity for the Committee to receive briefings about the latest internal audit reports. Reports about infection control and quality governance were discussed. Most actions from the various internal audit reports were reported as completed.

**8. RISK****Board Assurance Framework** (June 2020, 23 September 2020, November 2020 & February 2021)

The Trust Risk Register and Board Assurance Framework (BAF) were updated in response to the COVID-19 pandemic with new entries added. Risks both increased and decreased due to uncertainty caused by the pandemic. The impact of COVID-19 on services was added to the top five risks on the BAF. At the request of the Committee work was undertaken to align the Trust Risk Register and BAF. At the November 2020 meeting it was agreed that a report should be made to the Board about the Biomedical Research Centre grant.

**Risk register** (June 2020, 23 September 2020, November 2020 & February 2021)

Risks upgraded or added to the risk register were highlighted at meetings. Longstanding risks and those which have exceeded the risk allowable amount were part of a KPMG risk review.

**Top Risks and Concerns** (9 September 2020)

At the joint meeting with the Audit and Finance Committee it was recommended that the Risk Appetite, BAF, Trust Risk Register, views from Staff and the top five risks identified by the Trust be reconciled, recognising that these were different documents serving different purposes. The meeting discussed the dedicated COVID-19 BAF introduced by the Department of Health and Social Care and related actions carried out in response by the Trust.

### **Quality Improvement Strategy (9 September 2020)**

Members discussed progress with the implementation of the Quality Improvement Strategy and the impact of the COVID-19 pandemic was having on progress.

### **Balanced scorecard 2020/21 (9 September 2020)**

Changes made to the balanced scorecard during its annual review and to reflect COVID-19 pandemic pressures were welcomed.

## **9. COMPLAINTS AND CLAIMS (June 2020, 23 September 2020, November 2020 & February 2021)**

In June 2020 the Committee heard that the number of complaints received had fallen however those that were being received are now more complex. The number of complaints started to rise again in Q3, but remained below the levels seen before the COVID-19 pandemic. The time taken to respond to complaints slightly increased in Q2, due to the workload of staff increasing with pandemic pressures. It was confirmed that this would be monitored. The tone of complaints responses was challenged by members of the Committee.

One selected complaint was reviewed at each meeting.

The Trust receives a low number of claims compared to other organisations. Work was undertaken to see how themes of claims can be benchmarked against other organisations. Two themes from a review of four years of claims (11 in total) were delay in treatment and delay in diagnosis.

## **10. SUPPORTING ITEMS**

The following documents were received and considered by the committee:

- Annual reports for patient and public engagement, research governance, harm free care, information governance, emergency planning & fire management and patient experience
- National staff survey
- National cancer patient and inpatient surveys
- End-of-life six month reports
- Risk management policy for approval
- Quality improvement
- Annual review of effectiveness of the Integrated Governance and Risk Management Committee
- Integrated Governance Monitoring Reports

## **11. QAR**

The results of the annual QAR self-assessment and terms of reference of the committee were reviewed. The Committee asked that the terms of reference provide further clarity on whistleblowing and the membership be updated.

Five meetings are planned for 2021/22 including the joint meeting with the Audit and Finance Committee.

June 2021

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 14.1
<b>Title of Document:</b> Quality and Patient Experience Committee	<b>To be presented by:</b> For information
<b>Summary</b> <p>The purpose of this report is to provide the Council of Governors with an update on the work of the Quality and Patient Experience Committee (QPEC) for the period July 2020 – July 2021. The membership of the Committee includes two Governors; representation from all staff groups; Patient and Carer Advisory Group members; and Healthwatch for Central West London. The Committee convened four times during the period of July 2020 to July 2021.</p>	
<b>Recommendations</b> <p>The Council is asked to note the enclosed report for information.</p>	

## Quality and Patient Experience Committee

### Annual Report July 2020 – July 2021

#### 1.0 Introduction

During 2019 staff across the Trust reviewed the framework for monitoring patient experience at the Trust to ensure that it was fit for purpose and as a result, a new reporting structure was approved. This is in the form of the Quality and Patient Experience Committee (QPEC or the Committee) which meets quarterly and the QPEC had its inaugural meeting in July 2020. The QPEC Terms of Reference were approved by the Committee in November 2020.

#### 2.0 Objective and Composition of the QPEC

The main aims of the QPEC are:

- to gain assurance that the objectives as defined in the Trust's Patient Experience Commitment are embedded and delivered throughout the Trust
- to assume responsibility for monitoring, advising and providing assurance on patient experience
- to obtain assurance that lessons learnt from involving service users are used to improve the quality of service provided
- to obtain assurance that the experience of users, carers and voluntary groups are central to the Trust's work.

The membership of the Committee has representation from all staff groups; stakeholders which includes Governors; Patient and Carer Advisory Group members; and Healthwatch for Central West London. Project/Clinical Leads were invited as appropriate to discuss and update on key projects and specific action plans.

Beneath the QPEC sits three newly formed site-specific Patient Experience groups: Chelsea & Cavendish Square; Sutton & Kingston; and Children and Young People. These groups monitor and advise on patient experience at a local level, given that a variety of environmental and clinical factors can influence the patient experience at each site. The three Chairs of the groups are members of the QPEC with remit to report the business.

The Committee convened four times during the period of July 2020 to July 2021.

#### 3.0 Patient Experience

In the 12 month period to July 2021, the Committee reviewed, commented, and advised on a scope of reports, surveys and action plans relating to the patient experience. Some examples include:

- Combined Action Plan for the National In-patient Survey and National Cancer Patient Survey
- Food and Drink Commitment 2021-2024
- Patient Safety Strategy
- AccessAble working relationship with the Royal Marsden
- Food and Drink Committee (6 monthly report)
- Pharmacy discharge project, the roll out of the new electronic discharge summary
- Physical Activity Strategy and implementation plan
- Patient Information Digitisation project
- Radiotherapy 'Day Care' room for non-ambulatory patients.

#### **4.0 Annual Quality Account**

An update in respect of the current Annual Quality Report is provided at each Committee meeting. At the November 2020 and February 2021 meetings, the Committee reviewed progress against the priorities set for 2020/21.

The final draft of the Annual Quality Report for 2020/2021 was circulated to the QPEC for review and this was approved by the QPEC in June 2021.

#### **5.0 Patient and Public Involvement/Engagement (PPI/E)**

Patient and Public Involvement & Engagement is a standing item at each Committee meeting and members of the Committee are given the opportunity to contribute and send feedback on various items which include:

- PPI/E Policy
- A PPI/E Training/support programme
- PPI/E Communications
- National Institute Health Research (NIHR) Biomedical Research Centre (BRC) Cancer Patients' voice platform.

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item:</b> 14.2
<b>Title of Document:</b> Membership and Communication Group	<b>To be presented by:</b> For information
<b>Summary</b> <p>The Membership and Communications Group is a working group of the Council of Governors. It meets quarterly to review and implement membership recruitment and engagement activities. The purpose of this report is to provide the Council of Governors with an update on the work for the period September 2020 – September 2021.</p>	
<b>Recommendations</b> <p>The Council is asked to note the report.</p>	

## **Membership and Communications Group**

### **1.0 Introduction**

The Membership and Communications Group is a working group of the Council of Governors. It meets quarterly to review and implement membership recruitment and engagement activities. The group consists of one Governor from each constituency, one of which shares the responsibility of co-Chair with the Head of PR and Communications. The purpose of this highlight report is to provide the Council of Governors with a summary of the group's recruitment and engagement activities.

### **2.0 Current position**

COVID-19 pandemic and the restrictions put in place have adversely impacted onsite recruitment campaigns, the annual Governor-led members' week and events, and clinical visits by Governors which have all been curtailed. The group has continued to meet during the pandemic virtually and are looking at alternative methods to recruit new members. The Trust faces challenges as a specialist cancer centre with a local and national catchment area, both in recruiting members and the need to do monthly data cleanses to ensure the membership database remains up-to-date and accurate.

The total membership figure as of September 2021 was 8,259 compared to September 2020 was 8,348.

### **3.0 Membership Recruitment**

Some of the member recruitment activities and initiatives undertaken within the last year:

- Cancer Research UK circulating a membership poster to their patient network.
- Healthwatch Central West London promoting RM membership.
- Promoting membership in the RM volunteer newsletter.
- Membership being promoted to students with Surrey University and University of West London, through their online learning platforms.
- A welcome letter sent from the Chief Executive and Medical Director to new patients at the point of registration, inviting them to become a member.
- Developing the 'Get Involved' webpages on The Royal Marsden website to be more accessible, with a new tab on the home screen.

### **4.0 Membership Engagement**

Member engagement activities undertaken over the past year include:

- **RM magazine** members receive a quarterly electronic copy of RM magazine, which provides up-to-date information on the latest developments and research activities of the hospital.
- **Members' bulletin** which includes key updates, news and details of involvement and engagement.
- **Online events** members had the opportunity to attend BRC events in March 'What does the future hold for head and neck cancers?' and the September BRC event 'The future of prostate cancer imaging'.
- **Annual General Meeting online event** all members invited to attend.
- **Governor Elections** discussed the upcoming elections.

## **5.0 Future Plans**

Governor Co-Chair of Membership and Comms and Patient and Carer Advisory Group (PCAG) representative are leading on a new joint project between the two groups, which involves going out into the community to increase engagement with a more diverse range of people.

An online Members' event to be held on Stem Cell - New immunotherapy, CAR-T therapy. Presentations from Lead Transplant Consultant Emma Nicholson, who also leads the cellular therapy programme and Andrew Furness, Melanoma Consultant, who is a solid tumour cellular therapy lead and is driving the Tumour Infiltrating Lymphocyte (TILs) programme.

## COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

<b>Date of Meeting:</b> 4 October 2021	<b>Agenda item</b> 15.
<b>Title of Document:</b> Communications Briefing	<b>To be presented by</b> For information
<b>Summary</b> The enclosed report updates the Council of Governors on relevant communications and PR coverage.	
<b>Recommendations</b> The Council is asked to note the enclosed communications briefing for information.	

**Council of Governors  
Communications Briefing – September 2021**

**Recent highlights**

**Oak Cancer Centre media coverage**

Since June, we have placed a number of patient stories in the media including credits for the Oak Cancer Centre Appeal and The Royal Marsden Cancer Charity, while raising awareness of the work of The Royal Marsden.

Royal Marsden patient, Amy, spoke to Chat magazine in June about her experience of being diagnosed with cancer five times. She has received treatment and care at the hospital since she was eight. She also discussed fundraising for the Charity. In September we also placed Amy's story in the Metro to mark Blood Cancer Awareness Month.

In August, we placed a story with the Press Association on former Royal Marsden Hodgkin Lymphoma patient Zoe. Inspired by her treatment at the hospital, Zoe graduated in July after completing a degree in medicine. Her story has featured in The Metro online, Sutton Guardian, Yahoo News and a number of other regional publications including Wales online and Berkshire Live/Get Reading.

The team also secured two features in the Mirror online about the positive impact of clinical trials as part of the publication's Mirror More Hopeful campaign, which is a commitment to publishing more positive news stories. Patients Paul and Christine shared the impact of clinical trials on their advanced brain and bowel cancer diagnoses respectively.

More recently, we worked with building contractors ISG to organise a 'Topping Out' ceremony to give us content- photos, video and quotes- to mark the milestone in internal comms to continue to engage staff, as well as on social media and in local media.

**DHR**

As part of The Royal Marsden's Digital Transformation Programme to introduce a new Digital Health Record (DHR) to replace our current Electronic Patient Record (EPR) system, in July we announced a partnership with Great Ormond Street Hospital (GOSH) to deliver our DHR. This was timed in trustwide comms to coincide with GOSH's announcement. GOSH also approached media, and as a result the story appeared in online digital media including Digital Health.

**Private Care/ Cavendish Square**

Prof Chris Nutting was interviewed by the UK Healthcare Pavilion and Harley Street Medical Area about the opening of Cavendish Square, and advances in oncology.

In addition, a piece in the July edition of the Life series of magazines highlighted our expertise in early diagnosis with a focus on Cavendish Square and promoting our Private Care services.

Jenny Rusby has also been interviewed by Healthcare in London for a feature in their September edition, which will highlight the breast services at Cavendish Square.

**International Centre for Recurrent Head and Neck Cancer (IReC)**

In June, we launched The International Centre for Recurrent Head and Neck Cancer (IReC) to media. The story was given as an exclusive to the Daily Mail, thanks to an introduction to the editor by Charles Wilson, and then we issued a press release to media. This was used by Charity Today and National Health Executive. Professor Paleri was interviewed

by VJOncology about the centre and its funding. We then used World Head and Neck Cancer Day (27 July) as another opportunity to promote IReC to media, placing an interview with recurrent throat cancer patient Mark in the Telegraph online.

### **Robotic surgery**

In August we successfully pitched a story to ITV National News about a patient, Mark, who five years ago was the first oesophageal cancer patient in the UK to undergo robotic assisted surgery. The piece ran on ITV evening news with an accompanying article online, following Mark as he received his 'all-clear' from consultant surgeon Mr Asif Chaudry.

### **Research news**

We secured media coverage in the Daily Mail for a story about TIL therapy, with Dr. Andrew Furness and Prof James Larkin's research presented at the American Society for Clinical Oncology (ASCO) conference.

Dr Alison Tree presented results from the PACE trial during ESTRO 2021 (27-31 August). This particular arm of the study compared outcomes for prostate cancer patients receiving ultra-hypofractionated stereotactic body radiotherapy (SBRT) and an anti-hormone therapy, with those receiving this therapy alongside other forms of radiotherapy. We placed an interview with Dr Tree in the Sunday Times, in which she also spoke about a new trial on the MR Linac radiotherapy machine. The Mail on Sunday also covered the PACE results.

### **Channel 4 documentary series**

Over the last two months we have been assisting Wonderhood Studios, who have been commissioned by Channel 4 to produce a three part documentary series about patients at The Royal Marsden, in their research phase. They have now identified two patients of the 10-13 they will film with, and are beginning filming this week.

### **Fundraisers in the media**

This summer, we've secured media coverage for a number of Royal Marsden Cancer Charity fundraisers, including: prostate patient Simon Aylett, who is cycling the entire coast of Britain towing his bed behind him; a grandfather and granddaughter duo who cycled 60 miles together; and a group of three friends including the daughter of a consultant at The Royal Marsden has set off on an epic challenge to row across the Atlantic, including with a friend who has terminal cancer. The trio are raising money for The Royal Marsden Cancer Charity, Macmillan and Cancer Research UK.

### **Father and Son Day**

We provided press activity support to this growing Royal Marsden Cancer Charity partnership. Coverage was secured in the Telegraph, British GQ, Sunday Times Style magazine, Esquire, You magazine and fashion titles. Daniel Marks, co-founder of Father and Son Day, was interviewed on the Claudia Winkleman show on BBC Radio 2 to raise awareness of this year's campaign.

### **Future highlights**

#### **Oak Centre for Children and Young People (OCCYP)**

This year's Childhood Cancer Awareness Month in September coincides with the 10<sup>th</sup> anniversary of the opening of the Oak Centre for Children and Young People, on September 29th. We are using the opportunity to promote the work of the centre, including sharing content from the opening with TRH The Duke and Duchess of Cambridge.

We recently arranged filming with ITV London in the OCCYP with former patient Maisie and Junior Sister Rosie Formella. Maisie shared her experience of leukaemia and how, having been inspired by Royal Marsden staff, she's starting university this month to study children's nursing. Rosie spoke about how proud she is that Maisie wants to give back to the NHS.

**COVID research**

We are working closely with Dr Samra Turajlic and the Francis Crick Institute on a joint press release and media briefing publicising results from the CAPTURE study. Supported by funding from the Charity, CAPTURE has been evaluating the COVID-19 vaccine response in cancer patients and analysing the biology and interactions between the virus, immunity, cancer and cancer treatment among patients and hospital staff.

**Early Diagnosis**

We are also working closely with the Early Diagnosis team to identify patient case studies and draft a press release to announce the launch of the Early Diagnosis and Detection Centre. Due to launch in September, the charity-funded virtual centre will focus on novel liquid biopsy technologies to aid detection, AI and imaging for more accurate diagnoses, as well as advanced risk stratification science using genetics and 'big data' approaches to identify high-risk groups.

**ESMO**

We are currently liaising with researchers and patient case studies for ESMO media activity led by the ICR, including results from the FRAME and Checkmate 651 trials.