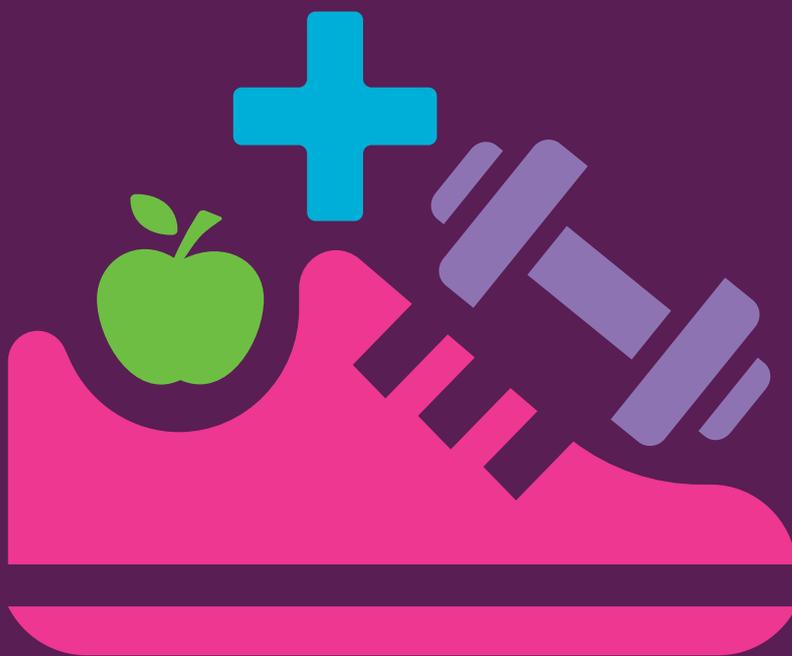


The ROYAL MARSDEN
NHS Foundation Trust

Physical Activity Strategy

2019–2022



NHS

Background

At The Royal Marsden, we support people affected by cancer every day so we understand how valuable life is. When people entrust their lives to us, they have the right to demand the very best. Delivering an excellent patient experience is at the core of what The Royal Marsden does and the Trust is committed to transforming approaches to support people living with and beyond cancer.

Cancer is now recognised as a long term condition and by 2030 there is expected to be 4 million people living with and beyond cancer in the UK (Maddams et al, 2012). It is vital that there is a cultural shift to supported self-management and empowering people with cancer to live healthier lifestyles (Department of Health, 2013). There is an expectation by 2021, where appropriate, all people diagnosed with cancer will have access to personalised care including a needs assessment, a care plan and information and support around health and wellbeing (NHS England, 2019).

Physical activity is a lifestyle choice which must be included when addressing health and wellbeing. Physical activity is defined as any movement of the body that uses muscles and expends energy. Exercise refers to structured physical activity for the purpose of conditioning the body to improve health and fitness (World Health Organization, 2019). Both terms are often used interchangeably but the focus of this strategy is more broadly upon physical activity.

Being physically active to the recommended levels has been shown to reduce side effects of treatment such as fatigue, improve quality of life, and in some cancers (breast, colorectal and prostate in particular) reduce the risk of recurrence (Cormie et al, 2017; Friedenreich et al, 2018; van Vulpen et al, 2018). Physical activity can also influence sleep quality, reduce anxiety and relieve stress; enhancing mental wellbeing (National Sleep Foundation, 2015; National Institute for Health and Care Excellence, 2015). In 2018 the Clinical Oncology Society of Australia presented a position statement on exercise in cancer care. They have called for exercise to be embedded as part of standard practice and to be viewed as an adjunct therapy to help counteract the adverse effects of cancer and its treatment. Whilst this approach has not been adopted to the same extent within the NHS, UK or other countries, it has been welcomed to ensure all people with cancer should be supported to be physically active, alongside specialist services providing structured therapeutic exercise.

Despite the evidence to support physical activity in cancer care, the message to empower people with cancer to be more physically active is often not consistently shared by healthcare professionals throughout cancer pathways. We recognise that families, friends and carers can also benefit from this information and in response provide support to enable activity. In a recent survey 43 per cent of patients reported not being told that exercise was beneficial, and 75 per cent would have liked to have had this information from a trusted healthcare professional (Macmillan 2016). We know that there are some similarities to these findings in our own services, particularly from recent co-design work with people with cancer exploring physical activity provision. Our 2019 clinical staff survey exploring knowledge, attitudes and behaviours towards physical activity concur with these findings. Responses highlighted a number of patients asking for information about being physically active but staff acknowledged not feeling fully informed or able to support and guide their patients appropriately. There was also an assumption by staff that people would not be interested in being active, yet our survey results and patient feedback suggest this is not the case.

The importance of reducing patient inactivity was highlighted by the 2018 collaborative ‘EndPJPParalysis’ initiative by Therapies and the Tissue Viability team. It identified associated complications such as muscle and bone weakness, falls and cognitive impairment impacting upon independence which in turn can lead to longer hospital stays. Work, however, still needs to be done to ensure a sustained culture shift in our approach for both our inpatient and outpatient populations.

Healthcare professionals are uniquely placed to support people with cancer with opportunities to positively influence behaviour regarding physical activity. Every conversation with a healthcare professional should be used to provide appropriate information and empower people by giving them the tools to take control over their own health and wellbeing outcomes (Public Health England, 2016). The Royal College of General Practitioners have introduced the ‘Active Practice Charter’. This has allowed simple but impactful changes in the workplace that actively demonstrate to patients and staff the benefits of physical activity and movement for health and wellbeing. The workplace is expected to demonstrate steps have been taken to support both a reduction in sedentary behaviour by staff and patients and an increase in physical activity for all. This is supported by a partnership with a local physical activity provider.

“It’s about helping people to keep moving – how? Get talking about it...from the first conversation... making it an integral part of care.”

Emily, patient

People with cancer are often unaware of how physical activity may reduce their symptom burden whilst on treatment. In breast, colorectal and prostate cancer they are not empowered with the information that physical activity may reduce their risk of recurrence. The public health message regarding physical activity and diet has never been stronger. All healthcare professionals have the opportunity to give and re-enforce the message regarding the benefits of physical activity supporting tolerance to treatment (Cheville et al, 2015) and enhancing quality of life. The US Department of Health and Human Services (2018) recommendations for physical activity in cancer survivors are in line with current recommendations for the healthy population: to perform at least 150 minutes of moderate-intensity (or 75 minutes of vigorous-intensity) aerobic exercise and a minimum of two strength-training sessions per week (UK Chief Medical Officers’ Physical Activity Guidelines, 2019). The new guidelines state there is no minimum to the amount of physical activity and the message is very much ‘some is good, more is better’.

Formalising work already undertaken within the Trust, the new Physical Activity Strategy for The Royal Marsden has been co-designed with key stakeholders including:

- People with cancer
- Staff
- Charitable organisations
- External exercise providers

Events across both sites have ensured involvement of a wide range of stakeholders who represent the many different patient populations and staff groups involved in the cancer treatment pathways. Liaison has also occurred with the Patient and Carers Advisory Group and the Trust's Health and Wellbeing Forum. Through meaningful conversations there has been agreement of a vision and mission and identification of key priorities to encourage change. Empowering everyone with a knowledge and understanding of physical activity will, ultimately, improve patient outcomes and benefit staff and society more widely.

These key priorities are aligned to the Trust's five-year strategic plan:

- Providing outstanding quality in patient care and treatment
- Creating a first-class experience for all patients
- Inspiring education and developing our clinical workforce.

Governance structures and responsibilities

Responsibility for the development of the Physical Activity Strategy was initiated with the Darzi 10 Fellowship. However, it is the Therapy service who will take responsibility for the implementation of the strategy with a designated implementation working group.

Associated Documents

The Strategy has been written in conjunction with the following key documents:

- GOV.UK (2019) UK Chief Medical Officers' Physical Activity Guidelines
- Macmillan (2016) Physical Activity Evidence Review Report
- NHS England (2019) The NHS Long Term Plan
- National Institute for Health and Care Excellence (2015) Physical activity: for NHS staff, patients and carers
- Public Health England (2014) Everybody active, every day: framework for physical activity
- Public Health England (2015) All Our Health: personalised care and population health
- Public Health England (2016) Making every contact count (MECC): consensus statement
- Sport England (2018) Active Lives Survey.

Existing Trust policies and strategies which are relevant for this physical activity strategy include:

- The Royal Marsden Five-Year Strategic Plan
- Nursing, Allied Health and Pharmacy Strategy – pending
- Quality Strategy – pending
- Food and Drink Strategy
- Harm-Free Care
- Digital Services Transformation Programme
- Patient Experience Engagement and Involvement Strategy – pending.

Trust Values

The Royal Marsden Physical Activity Strategy epitomises all four Trust values:



- **Pioneering Change** – leading the way to ensure an ‘Active Marsden’ and acting as a flagship to other Trusts
- **Pursuing Excellence** – offering outstanding quality by improving the knowledge and skills of clinical staff in relation to physical activity advice and prescription
- **Working Collaboratively** – seeking to work in local, national and international partnerships to encourage physical activity
- **Showing Kindness** – valuing and respecting patient choices and personalising our approach to their physical activity needs.

Our Vision

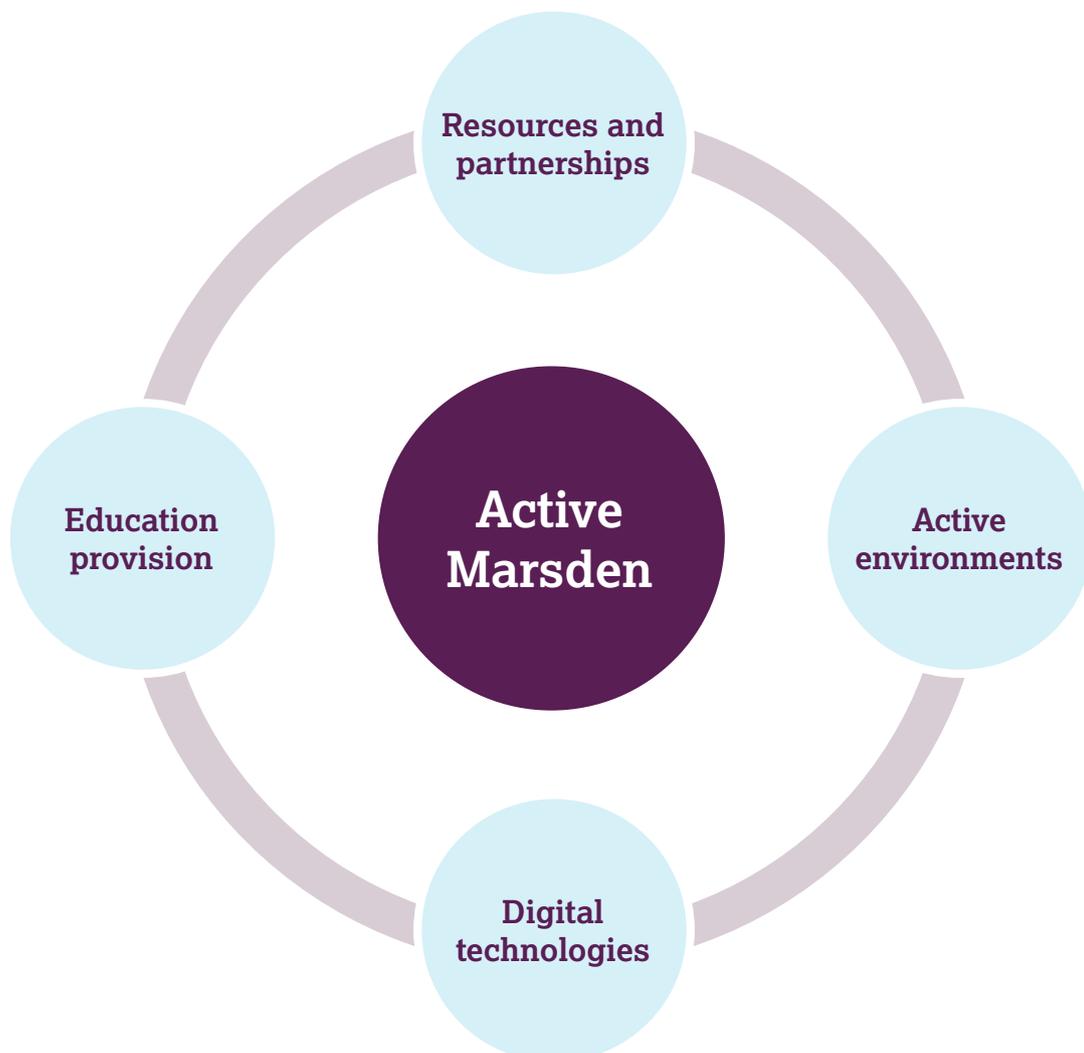
We will ensure an ‘Active Marsden’ through physical activity for all.

Our mission is simple: to ensure all patients and staff are aware of the benefits of physical activity and the opportunities and support available to incorporate this into their lifestyle. We recognise this is challenging and requires potential changes to knowledge, attitudes and behaviour. We will promote physical activity and support people to make positive changes to their lifestyle. The Royal Marsden will become an ‘Active Hospital’ integrating such lifestyle changes into cancer care. The impact of this culture change will be seen in the improved health and wellbeing of both our patients and staff.

The adoption and implementation of this strategy will be a truly world-leading example of a whole-systems approach within cancer provision for other healthcare providers.

Strategic Priorities

- **To lead a change in attitudes, beliefs and behaviours** and encourage everyone to incorporate physical activity into their lifestyle, ensuring an 'Active Marsden'.
- **To develop a skilled and effective workforce.** Clinical staff will be trained within national guidelines to ensure they feel confident in giving physical activity advice. Awareness of benefits, safety, and behavioural change approaches and appropriate referral options are required.
- **To enhance physical activity friendly environments.** Provide the means to enable patients to maintain their daily routines and encourage use of our resources to promote further physical activity, function and recovery.
- **To work in partnership** to ensure a wide variety of attractive and accessible opportunities are available to enable people with cancer to take part in physical activity.
- **To explore digital support** and partnerships for enabling people with cancer to be more physically active.



In creating an 'Active Marsden'

We will:

- Implement a physical activity strategy and supporting policies that address all aspects of a 'whole hospital approach'. There will be clear accountability via the Board and Chief Executive for the implementation and appropriate funding of action plans to make continuous improvements towards the goals of the physical activity strategy
- Achieve Executive Board endorsement to the physical activity strategy and obtain Board-level sign-off and ongoing support
- Set up a designated Implementation Working Group to implement, monitor and review the physical activity strategy
- Encourage all staff to act as physical activity role models
- Consider the physical activity needs of the Trust workforce to create a culture change towards a more active workforce
- Encourage the adoption of 'healthy meetings' within the Trust to ensure a greater awareness of the benefits of physical activity to health and wellbeing
- Promote a team culture where staff know they should talk to their patients about physical activity and healthy lifestyles
- Work to ensure physical activity is promoted within commissioned healthcare services.

Education provision

We will:

- Explore the education and training needs of the Trust clinical workforce to equip them to deliver high-quality physical activity advice and interventions
- Explore and review tailored education programmes for the Trust workforce and incorporate provision into induction and mandatory training where appropriate
- Scope the appropriate provision and evaluation methods for physical activity training within the Trust workforce.

Active environments

We will:

- Ensure areas, both indoors and outdoors, within the hospital estates are designed to encourage and facilitate physical activity through liaison with appropriate transformation leads
- Explore opportunities to update signage within the Trust to encourage physical activity or raise awareness for health benefits where appropriate.

Resources and partnerships

We will:

- Continue to promote relevant physical activity campaigns within the Trust to benefit patients and staff
- Encourage and support the development of innovative service provision for physical activity
- Establish links with the local physical activity and sport offer to ensure that there are a range of physical activity opportunities available to both patients and staff
- Promote physical activity interventions widely and innovatively throughout the Trust
- Explore opportunities to work in partnership with local, national and international organisations to develop interventions encouraging physical activity
- Explore how to successfully embed physical activity into 'business as usual' with The Royal Marsden.

Digital technologies

We will:

- Work in partnership with existing services and external organisations to utilise digital technologies and develop these further in line with the current Trust digital transformation plan
- Explore opportunities to develop resources available through the current Trust website supporting physical activity.

Action plans will be developed for each action by the Implementation Working Group, and will include: timelines, responsibilities and reporting mechanisms. See Appendix A for suggested considerations by our stakeholders.

Evaluating Impact

The Implementation Working Group will be committed to ensure a clear evaluation plan for measuring impact of this strategy which will be communicated appropriately to the Trust. Evaluation may take the form of audit, quality improvement or more in-depth exploration of patient experience as indicated by the individual action plans. Outcomes evaluated may also be related to other quality improvement work within the Trust and it is, therefore, important that there is adequate co-ordination and communication between different disciplines/ services. Outcomes will be discussed and presented to the Trust in relevant meetings. These include, but are not limited to:

- Harm-Free Care Committee
- Integrated Governance Risk Management Committee (IGRM)
- Nursing, Allied Health and Pharmacy Advisory Committee
- Health and Wellbeing Forum
- Patient and Carer Advisory Group
- Patient Experience Engagement and Involvement Strategy Group

Authors

Katharine Malhotra – Specialist Physiotherapist and Darzi 10 Fellow
Clare Shaw – Consultant Dietitian and Darzi Sponsor
Siobhan Cowan-Dickie – Clinical Specialist Physiotherapist and Darzi Sponsor

Contributors

See Appendix B

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Appendix A – summary of considerations by stakeholders

Culture and leadership

- Variety of staff groups /professionals collaborating
- Buy in from consultants (families listen to them)
- Unified approach
- Access to training
- Having a trust wide physical activity agenda / strategy
- A notice at the shuttle bus stop about benefits of walking
- Staff should lead by example
- Campaigns like ‘EndPJPparalysis’ – but short-lived and need revisiting
- Clear message and support from management
- Make physical activity part of the annual appraisal process for staff
- Ask staff about what physical activity they like doing and when, encourage uptake with patients ‘staff – patient – physical activity matchmaking service’
- A motivating campaign that engages people
- Making it a routine part of assessment
- Need a champion to drive forward dedicated staff
- Strong key messages to facts for staff and patients
- Leadership
- Clear communication of benefit
- Management down or bottom up – we are the culture
- Getting group of like-minded staff together regularly to motivate, energise, problem solve, give moral support
- Making it fun
- Peer support
- On the agenda of every meeting/event
- Incorporate healthy meetings
- Buddy system
- Involve marketing / rebranding
- Cancer charity strategy
- Including ‘how active have you been since the last time I saw you’
- Acknowledgment of needs for different patient groups may require different approaches e.g. teenage and young adults

Education provision

- Induction
- Mandatory training for staff
- Priority time for staff to attend group activities – not in lunch breaks
- Motivation of staff
- Sharing best practice
- Hearing benefits from staff
- Assertive outreach model of engagement
- Active staff – increase healthcare professional activity – increase confidence for understanding it
- Incorporate into a part of the doctors and nurses training/induction
- Incentives for staff
- Consistency of message
- Showing the evidence
- The ‘drip-drip’ effect from all the health professionals involved
- Macmillan webinar
- Free staff classes – they can tell patients
- On-site options – low cost classes
- Rotating staff through patient information sessions e.g. breast class
- Why? What difference will it make to complications, length of stay, required follow-up etc. Quality of life outcomes are not enough
- Build into pathways/not optional
- Champions identifiable
- Education staff watching for teachable moment
- Reviews fall policy
- Evidence based training for staff
- Every clinical nurse specialist should complete the online course on physical activity through Macmillan

Active environments

- Route to Maggie’s – things to do on the way
- ‘Marsden Mile’ in Sutton – think about landscaping and signage
- Ease of access to encourage being active
- Signs on site stairs etc.
- Arranged walks
- Signs to nearest park / outdoor space
- Bike racks at the front of the hospital
- Pedals and bikes in waiting area
- Visual signage to promote activity i.e. walking time / steps to get to café or time taken to walk instead of taking staff shuttle

- Walking routes from hospital sites to use while waiting for chemo etc.
- Better use of patient space
- Get patients out of bed and dressed
- Lunchtime walk for staff and patients
- Involvement of staff not just management
- Recognition of it as a Trust Priority
- Moving it higher on Trust agenda
- Close bed areas during day (with exceptions)
- Talk at new Maggie's centre or videos on TVs within the RM channel
- Patients to collect menus from reception so encouraging them to be active on wards
- Travel guide – what you can do with your time
- Waiting room environment – treadmill / static cycles
- Outside play area group activity
- Have exercise bikes or treadmills available
- Facilitate the message in the hospital environment
- Fun play areas – outdoors
- Exercise groups for staff and patients (especially when building work finished)
- Children's clinic in outside area with gym equipment

Current resources and partnership opportunities

- Focus on relationship building skills
- Charities patient support groups
- Bid-writing training
- Meeting the right people
- Mapping of community services
- Join up this strategy with community work –joint champions
- Cancer buddies – goal setting with each other or small groups
- Collaborative working
- Identifying resources and validation
- Resource of what is available to signpost patients to
- Connecting with local cancer support centres –connect with ANY type of physical activity group
- Honest communication
- Exercise classes aimed at patient groups – less intimidating
- Referral pathways to General Practitioners / health prescribing / memberships
- Treatment summaries and care plans should include advice for physical activity
- RMH to link with '5K your Way Initiative'
- Visiting each other's workplaces – not just emailing – networking and physical activity
- Links with charities
- Links with community classes

- Sport England have done mapping work for contacts
- Open access – at the moment relies on people asking
- Social media
- Posters, seminars, competitions
- Healthcare clinicians involvement
- Volunteers to accompany patients on walks, locally
- Give opportunities
- Piloting new ways of delivering advice/info within current constraints
- Discounts in local gyms for patients and staff
- Text notification of where you are in queue for appointment so you can go for a walk
- Better opportunities for patients to share facilities at all local cancer centres near to them, not only where they are treated
- Accessibility of resources
- Signposting to already existing resources

Digital technologies

- Endorse an app – unlikely to need to develop our own statistics, fact that can be endorsed by RM and put onto app
- Access to information at the right time
- Meet the needs of the patient
- Finance / funding
- Digital expert
- Good advertising
- Relevant IT support
- Investment in tech
- Testing and improvement of apps
- Educating on evidence behind it
- Endorsement and feedback from ‘professional expert’
- Social media for modelling
- Trends
- Commercial
- Stakeholder engagement
- Online coaching
- Big data knowledge
- Review website options
- Use of patient videos
- Use of tele-health
- Review of Trust website to maximise message

Appendix B - List of Contributors

Name	Title
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