

The ROYAL MARSDEN
NHS Foundation Trust

Annual Report and Accounts 2015/16



NHS

At The Royal Marsden, we deal with cancer every day – so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best. That's why the pursuit of excellence lies at the heart of everything we do.



Life demands excellence

Front cover photo

Dr Naureen Starling, Consultant Medical Oncologist at the West Wing Clinical Research Centre, The Royal Marsden, Sutton.

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1. Performance report

The purpose of the performance report is to provide an overview of our organisation, its highlights and achievements as well as its objectives and principal risks. Our Chairman and Chief Executive summarise this in their joint statement below.

Overview of performance

Chairman and Chief Executive joint statement

The Royal Marsden was the first hospital in the world dedicated to cancer when it opened in 1851 and today, with its academic partner The Institute of Cancer Research (ICR), it forms the largest comprehensive cancer centre in Europe specialising in cancer diagnosis, treatment and care, research and education.

The Royal Marsden has a strong track record of performance on all quality, financial and service standards and a vital role in championing change and improvement in cancer care through research and innovation, education and leading edge treatment. As an NIHR Biomedical Research Centre, The Royal Marsden and the ICR undertake research of global significance in finding new and better ways to diagnose and treat cancer. This includes pioneering the latest technology in imaging and radiotherapy, significant breakthroughs in drug development for adults and children, and working with Imperial College Health Partners as a Genomic Medicine Centre to advance precision diagnostics and treatment.

In service innovation, The Royal Marsden works across organisational boundaries to improve patient experience and outcomes, and has been the host organisation for the London Cancer Alliance for West and South London since 2011. The Trust has also managed Sutton and Merton Community Services to improve care between hospital and home, introduced an acute oncology service to streamline care between local hospitals and The Royal Marsden as a specialist centre, and set up and run a local chemotherapy day unit at Kingston to provide high quality services closer to patients' homes.

During the year we have continued to improve our facilities on our Sutton and Chelsea sites. The Reuben Foundation Imaging Centre, funded by generous donors to The Royal Marsden Cancer Charity, was officially opened in May by Simon Stevens, Chief Executive of NHS England, and prior to that, Professor Dame Sally Davies, Chief Medical Officer unveiled the West Wing Clinical Research Centre in Sutton. In Chelsea, we recently opened The Ralph Lauren Centre for Breast Cancer Research, a new centre providing an exceptional facility for our clinicians and scientists, thanks to supporters of The Royal Marsden Cancer Charity including fashion designer and philanthropist Ralph Lauren. All these facilities showcase the very latest in patient treatment and care and demonstrate our continued commitment to providing the highest standard of service to our patients. We were delighted to show our President, HRH The Duke of Cambridge, the West Wing Clinical Research Centre and our Centre for Molecular Pathology when he visited our research facilities in November 2015.

As a specialist cancer centre research and service collaborations are vital to our work. This includes international collaborations for both The Royal Marsden and the ICR in installing the UK's first MR Linac, a state-of-the-art radiotherapy system which we will be trialling with five other centres in North America and Europe, supported by a generous grant from the Medical Research Council. We also undertake national collaboration on key research and service programmes including our new partnership with Imperial Academic Health Science Centre to accelerate our work together in clinical research and genomics.

Since summer 2015 we have been working with The Christie and University College London Hospitals to develop a new cancer delivery model, the Cancer Vanguard, which was announced in September 2015. Together we will lead the development of a new model of commissioning and provision of care for patients with cancer which we hope will provide a blueprint for the NHS. Locally, this new model, RM Partners, will cover services across West London with the aim of improving survival, quality and safety, patient experience and recruitment to clinical trials.

While the Trust has been fortunate to achieve this and more in 2015/16, it has by no means been an easy journey. Like many public sector organisations, the NHS and therefore our Trust is continually challenged by economic and social changes on a national and local level. We do not underestimate these challenges and would like to thank the staff at The Royal Marsden for their exceptional commitment and professionalism in maintaining the highest standards of care for our patients.



Cally Palmer CBE
Chief Executive



R Ian Molson
Chairman

Our highlights

1. Top marks for patient and staff experience

The Royal Marsden has once again scored highly in the annual Picker Inpatient Survey (2015), which looks at patient's experiences of admittance, levels of information and support during their stay, and then discharge. The Royal Marsden achieved top quartile scores on 56 out of 62 questions.

The Trust also once again scored highly on the Patient-led Assessments of the Care Environment (PLACE), an annual mandatory inspection. We scored higher than the national average for cleanliness, food and hydration and condition, appearance and maintenance of buildings.

The Trust's catering facilities also scored highly in mandatory annual inspections carried out by local environmental health officers. Both the Sutton and Chelsea sites scored a maximum five stars under the local authority Scores on the Doors rating scheme.

We also saw a significant improvement in our Annual Staff Survey results and in six key findings scored the highest of all acute specialist trusts in England and Wales including effective team working, percentage of staff able to contribute towards improvement at work and effective use of patient/service user feedback.

Customer Service Excellence Award

The Trust was also deemed compliant across all elements of the Customer Service Excellence standard, which was developed to provide services with a practical tool for driving customer-focused change within their organisation. In February 2016, the assessors visited the Chelsea site and noted that: "The Trust continues to put the customer at the very heart of service delivery and development. Staff at all levels demonstrate professionalism and a caring attitude."

2. Drug Development at The Royal Marsden

Our Drug Development Unit, in partnership with our academic partner The Institute of Cancer Research (ICR) was rated 'outstanding' by Cancer Research UK, and has had major breakthroughs in the treatment of advanced melanoma and prostate cancer. Thirty phase I drug trials have taken place in the hospital this year. The Royal Marsden also has the largest paediatric inpatient drug development programme in the UK.

3. Pioneering research presented to worldwide oncology audience

The Royal Marsden and the ICR, continued to take a world-leading role in cancer research this year as leading consultants presented the results of their groundbreaking research at the 2015 meeting of the American Society of Clinical Oncology (ASCO), a meeting of 30,000 professionals from around the globe. Drs James Larkin, Nicholas Turner, Lizzy Smyth and Mr Andrew Hayes, presented research on melanoma, breast cancer, gastrointestinal cancer and melanoma respectively.

4. MR Linac

The UK's first MR Linac, a state-of-the-art radiotherapy system, has been installed at The Royal Marsden and The Institute of Cancer Research, London. The system combines two advanced technologies, Magnetic Resonance Imaging (MRI) and a linear accelerator. The system was installed over the course of last year and is due to be opened for pre-clinical research work in late 2016.

5. The Royal Marsden to lead new cancer care partnership

The Royal Marsden, in partnership with The Christie and University College London Hospitals, was chosen as the lead provider to develop a new cancer delivery model 'the cancer vanguard' as part of a national programme which aims to improve cancer outcomes for all patients across England. The cancer vanguard will test models that introduce accountability for the whole pathway and population service planning and provision.

This innovative programme will also aim to improve outcomes at a local level through a local delivery system – 'RM Partners', which will cover all of west London, and improve survival through the development of new care models.

6. Leading edge robotic surgery programme

The Royal Marsden was the first hospital in England to install the da Vinci Xi robotic surgery system, and together with the da Vinci S robotic system, we are a leading centre for robotic surgery. The addition of a new robot to The Royal Marsden's theatre capability has provided us with the opportunity to extend robotic surgery beyond prostate cancer to other tumour types offering greater benefits for our patients. We have also introduced a Robotic Fellowship, the first of its kind in the UK, which will train specialist surgeons from across the UK in robotic surgery using the da Vinci Xi's dual console facility.

7. Reuben Foundation Imaging Centre officially opens

The Reuben Foundation Imaging Centre was officially opened at The Royal Marsden in Chelsea by Simon Stevens, Chief Executive of NHS England in May 2015. Supporters of The Royal Marsden Cancer Charity raised £6.9 million towards the £14m Centre which is equipped with state-of-the-art 1.5T and 3T MRI scanners and two CT scanners. This will ensure that the Trust remains at the forefront of cancer diagnostics and continues to pioneer new methods for patient benefit.

8. West Wing Clinical Research Centre opens

The West Wing Clinical Research Centre at The Royal Marsden's Sutton site was officially opened in May 2015 by Professor Dame Sally Davies, Chief Medical Officer for England. The £2.6-million unit is a dedicated space for Phase Ib, II and III clinical trials. Previously, patients on late-phase studies were treated in different areas of the hospital. The facility includes treatment bays, an on-site laboratory and pharmacy. It is staffed by a designated team including research nurses, clinical research fellows, trial co-ordinators, schedulers, a Good Clinical Practice compliance officer, laboratory staff, IV-trained nurses and a resident pharmacist. This new centre has increased the Trust's capacity for delivering efficient, innovative clinical trials in a research-focused setting.

9. New centre for breast cancer research

Breast cancer scientists and clinicians moved in to the Ralph Lauren Centre for Breast Cancer Research in January 2016, an important facility for accelerating the research we undertake in finding better ways to diagnose and treat breast cancer for the benefit of patients worldwide. The centre has been funded by supporters of The Royal Marsden Cancer Charity, including a generous donation from fashion designer and philanthropist Ralph Lauren.

10. HRH The Duke of Cambridge visits state-of-the-art research facilities in Sutton

HRH The Duke of Cambridge visited The Royal Marsden's leading-edge research facilities in Sutton in November 2015. After being greeted by Chief Executive Cally Palmer and then Medical Director Professor Martin Gore, The Duke was shown around the National Institute for Health Research Centre for Molecular Pathology and the West Wing Clinical Research Centre, meeting staff and patients.

Summary of achievements

Diagnosis, treatment and care

Early diagnosis is vital in achieving better outcomes for cancer patients. We have a specialist team and expert diagnostic services at our Rapid Diagnostic and Assessment Centres and comprehensive scanning facilities in both Chelsea and Sutton.

We pride ourselves on our excellent standards of care for all our patients. By working together and using joint expertise, we and our partners can ensure patients receive the best personalised care.

The Royal Marsden teams up with Boots UK to offer new pharmacy options for patients

Through a partnership with Boots UK, The Royal Marsden is now offering an enhanced prescription service for patients. The opening of two pharmacies run by Boots for outpatients and discharge drugs will mean reduced waiting times and more flexibility for patients. Certain medicines have also been made available from local Boots pharmacies, if a patient so wishes, reducing the need to wait or travel. The move is part of a wider project looking at ways to both enhance the experience for patients and manage an increasing workload.

New linear accelerator in Chelsea

A new linear accelerator has been installed at The Royal Marsden in Chelsea, offering patients the most up-to-date radiotherapy techniques. The £2.3 million Varian TrueBeam machine can treat up to 40 patients a day across a variety of tumour types, including breast, lung, head and neck, prostate, gastrointestinal and gynaecological cancers. The TrueBeam can deliver all forms of advanced external-beam radiation, including image-guided radiotherapy (IGRT), intensity-modulated radiotherapy (IMRT), stereotactic body radiotherapy (SBRT) and volumetric modulated arc therapy (VMAT). This unit also has the flattening filter free (FFF) delivery system, which means the dose can be delivered more quickly.

Maggie's comes to The Royal Marsden

Maggie's, a charity dedicated to providing free practical, emotional and social support to people with cancer and their family and friends and will be opening a new centre at The Royal Marsden's Sutton hospital, pending planning permission. This will further enhance the patient care on offer at The Royal Marsden and mark another step forward in the redevelopment of the Sutton site. Maggie's centres are built in the grounds of NHS hospitals and offer people a warm and welcome environment, with qualified professionals providing a programme of support that has been shown to improve physical and emotional wellbeing. The centre is due to open in autumn 2017.

Electronic prescriptions for chemotherapy

The Royal Marsden has developed a bespoke system for electronically prescribing chemotherapy. All hospitals providing chemotherapy services are required to have an electronic prescribing system. In the absence of a suitable supplier, The Royal Marsden's IT and clinical teams worked together to implement their own system known as e-Chemo. The system was well received when piloted in the Lung Unit, and is now being rolled out across other units.

The Royal Marsden Cancer Cookbook and Nursing Manual

The Royal Marsden has launched two new books. The Royal Marsden Cancer Cookbook, edited by Dr Clare Shaw, The Royal Marsden's consultant dietitian, navigates through the facts and myths about what patients should eat during and after cancer treatment. The book helps those experiencing changes in body weight, appetite, the ability to taste and swallow, or digestion.

The Royal Marsden Manual of Clinical Nursing Procedures is internationally recognised as the definitive guide to clinical nursing skills. Now in its ninth edition, the manual provides detailed and evidence based guidelines for more than 200 procedures related to every aspect of a patient's care.

Live tweeting

The Royal Marsden has marked several important days in the cancer calendar such as Prostate Cancer Awareness Month, International Nurses Day and World Cancer Day by live tweeting from different areas of the hospital. For Prostate Cancer Awareness Month, surgeons invited the online community into the operating theatre as a procedure was live tweeted to raise awareness of the disease while also highlighting one of the treatment options involving the latest technology in prostate cancer surgery. A nurse from the hospital's Ellis Ward was followed to celebrate International Nurses Day and to mark World Cancer Day, tweets were sent out from several areas around the hospital celebrating a 'Day in the Life' of The Royal Marsden.

Community services update

The Royal Marsden NHS Foundation Trust has been chosen to continue providing community health services in the London Borough of Sutton. The Trust has provided community services for both Sutton and Merton boroughs since April 2011; however the Clinical Commissioning Groups (CCGs) are now commissioning these services separately. The new contract with Sutton CCG commenced on 1 April 2016.

Research

BRC update

The Royal Marsden, together with its academic partner, The Institute of Cancer Research (ICR), is the only National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) dedicated solely to cancer in England. The NIHR BRC was set up in 2007 to translate biomedical research into pioneering cancer treatment within the NHS. It also focuses on training the next generation of cancer research leaders, involving and engaging patients in our research priorities and projects, and engaging with key collaborators, including other academic centres and industry. A number of key research findings have changed oncology practice nationally and internationally. We are in the process of applying for NIHR BRC funding for 2017–2022, and expect this to be completed by June 2016 with the outcome published by September 2016.

Groundbreaking genomics programme

The Royal Marsden is part of a new national initiative to sequence the genomes of thousands of patients with cancer and rare diseases in England. The 100,000 Genomes Project is an ambitious three-year programme to sequence 100,000 whole genomes from NHS patients across England by 2017. Genomics promises incredible benefits in healthcare through scientific discovery, and this study will help to deliver them. The Royal Marsden is part of the West London Genomic Medical Centre (GMC), along with the Imperial College, Chelsea and Westminster, and Royal Brompton NHS Trusts. The Royal Marsden is leading on the cancer element of the partnership, collecting and decoding the genomes from some of the 50,000 cancer patients who are treated at our Chelsea and Sutton sites each year. Identifying the genomic make-up of patients and their tumours is crucial for pinpointing whether they are eligible for targeted therapy.

Award for innovative bladder cancer trial

The Royal Marsden was awarded the prestigious Royal College of Radiologists (RCR) Ross Award for Best Proffered Paper at the recent National Cancer Research Institute (NCRI) Cancer Conference, following a presentation by Dr Melissa Tan, Clinical Research Fellow in Radiotherapy and Imaging. The presentation was on the IMPART trial into the treatment of bladder cancer, a joint initiative with the ICR supported by the NIHR BRC. The IMPART trial was designed and overseen by Dr Victoria Harris, former Consultant Clinical Oncologist at The Royal Marsden, and Dr Robert Huddart, a Reader and Honorary Consultant in Clinical oncology at The ICR and The Royal Marsden.

TRACC study

Dr Shelize Khakoo, Clinical Research Fellow at The Royal Marsden, together with Professor David Cunningham, Director of Clinical Research, and Chief Investigator, has opened a study investigating whether a blood test can predict relapse earlier than conventional methods in patients with colorectal cancer. The TRACC study will investigate whether the persistence or reappearance of circulating (ct) DNA following surgery with curative intent can predict relapse earlier and more accurately than standard methods, at a time when further curative surgery may still be possible. One of the aims is that ctDNA analysis within this study will help identify a subset of patients that are unlikely to benefit from chemotherapy, and who would therefore be safely spared from chemotherapy and its associated side effects.

Add-Aspirin trial

Royal Marsden patients with early-stage breast cancer will be invited to join a new trial to look at the benefits of aspirin taken after treatment. The Add-Aspirin randomised Phase III trial will compare people who take aspirin with those who take placebo tablets to determine if aspirin stops or delays the cancer's return. Dr Alistair Ring, Consultant Medical Oncologist, has been leading the breast cohort of the study in the UK since October 2015. Over 3,000 patients are hoped to be recruited over the next three years. The study is also open to patients with stomach, oesophagus, prostate and bowel cancers.

Prostate Research Centre of Excellence opens

The London Movember Centre of Excellence for prostate cancer research has opened at The Royal Marsden and ICR. Professor Johann de Bono, Head of the Drug Development Unit, was appointed as the director of the new centre. Pioneering drugs such as abiraterone, now available on the NHS and hailed as one of the biggest developments in advanced prostate cancer treatment, have helped cement The Royal Marsden and ICR's status as a leading international force in the diagnosis, treatment and care of the disease. Funding of £5 million over five years will be available to form the Movember Foundation through Prostate Cancer UK.

Royal Marsden experts speak at American Society of Clinical Oncology

Leading consultants from The Royal Marsden presented the results of their ground-breaking research at the 2015 meeting of the American Society of Clinical Oncology (ASCO) in June. Consultant Medical Oncologist, Dr James Larkin, presented the results from a Phase III trial showing that a combination of the immune-boosting drugs ipilimumab and nivolumab stopped the most advanced type of skin cancer advancing for nearly a year in 58 per cent of cases.

Dr Nicholas Turner, Consultant Medical Oncologist, presented results from a Phase III trial that tested the new breast cancer drug palbociclib on oestrogen-receptor-positive breast cancer showing that the drug, in combination with fulvestrant more than doubled the duration of disease control, increasing it by about five months. The research of Drs Larkin and Turner was simultaneously published in the New England Journal of Medicine.

Mr Andrew Hayes, Consultant Surgeon in the Skin Unit, presented results of a trial looking at the long-term follow-up survival of patients who had wide or narrow excision margins for high-risk primary melanoma. Results showed that, with longer follow-up, the risk of death from melanoma was significantly higher with narrow excisions, detrimental for patients with a 'thick' melanoma.

Dr Lizzy Smyth, Clinical Research Fellow in the Gastrointestinal and Lymphoma Department, presented findings from a trial investigating the role of the oral drug AZD4547 in gastric, oesophageal and breast tumours that have the FGFR gene. Results show positive effects in patients with stomach cancer, with significant decreases in the size of some tumours. Patients who responded had detectable levels of the FGFR gene in circulating DNA from a simple blood test – the so-called liquid biopsy.

European Cancer Congress presentations

Consultants from The Royal Marsden presented at the 2015 European Cancer Congress, held in Vienna in September 2015. One of the highlights from the event was a breakthrough for renal cell carcinoma patients receiving immunotherapy. The Phase III trial compared the immune-boosting drugs nivolumab and everolimus. Researchers from 20 centres across the world, including The Royal Marsden, discovered that the overall survival rate was longer for patients receiving nivolumab, with fewer serious side effects. The results were also published in the New England Journal of Medicine.

Education

The Royal Marsden gives a high priority to developing staff to ensure that they have the right knowledge and skills to deliver excellent healthcare. The Trust recognises the importance of providing education and training for all staff which supports and builds our reputation as an employer of choice and prepares the workforce for the future. A full range of Continuing Professional Development (CPD) activities have continued during the year with a significant investment in staff completing higher education qualifications.

The Royal Marsden School

The Royal Marsden takes pride in ensuring that its staff are highly trained experts in their field, both in this country and internationally. Giving them the opportunity to further their clinical skills is incredibly important, and central to that is The Royal Marsden School, one of the UK's leading specialist cancer schools.

The Royal Marsden School offers a flexible programme of degree and master's qualifications as well as short courses and study days tailored to meet the needs of healthcare professionals from a broad range of backgrounds – whether that is a general introduction to cancer and palliative care, or a specialist course to support practice. All of The Royal Marsden School's teaching is underpinned by the highest academic standards and delivered by highly qualified teaching staff who work closely with renowned clinical specialists from The Royal Marsden and other hospitals. This year for the fifth year running The Royal Marsden School received an excellent rating for all its key performance indicators.

Specialist training centre for medical oncology

To remain a world leader in translational cancer research, The Royal Marsden is committed to educating and training the next generation of cancer clinicians and researchers. To this end, we offer talented clinicians and scientists a range of research, training and employment opportunities. We provide an extensive programme of education and training for staff across all research disciplines, including doctors, biomedical scientists, nurses, allied health professionals, and those involved in the co-ordination or delivery of clinical trials, or hospital and research services. Together, The Royal Marsden and the ICR form the UK's largest training centre for oncology. Some 25 per cent of all consultant medical oncologists in the UK have trained at The Royal Marsden or the ICR at registrar, doctoral or post-doctoral level.

Risk

The Board Assurance Framework

The purpose of the Board Assurance Framework (BAF) is to provide the Board with assurances when considered alongside the Trust's risk management processes, the annual governance statement and the programme of internal audit (NHS 2015). The Board reviews the BAF on a regular basis which includes the strategic objectives for the Trust that have been identified from the four key themes in the Strategic Plan 2014/15 to 2018/19. The Trust's four strategic objectives are:

Innovation and precision medicine – Clinical sustainability/Value for money: The management and delivery of world-class research and maintenance of top research performance while strengthening the Trust's working relationship with its academic partners;

New systems of care – Clinical and operational sustainability: The design and delivery of efficient, integrated pathways for cancer care which ensure quality is maintained and support the development of a successful surgical strategy;

Modernising infrastructure – operational sustainability: The planning and investment into the Trust's Sutton and Chelsea estates to ensure the Trust continues to deliver a sustainable service and is in a position to invest in IT, infrastructure and major equipment;

Financial sustainability and best value: The successful delivery of the Trust's Private Care Strategy while maintaining fair NHS tariff pricing and controlling the Trust's temporary staffing expenditure.

Detailed operational and corporate risks can be found in The Royal Marsden Risk Register which is presented to the Quality, Assurance and Risk Committee on a quarterly basis. Through an ongoing consultation process with Executive Directors, Divisional Directors and some Heads of Service, the organisation is in a position to:

Ascertain key risks associated with the strategic objectives and identify the controls in place to manage the risks;

Continuously review the Board Assurance Framework and assess the risks that have either resolved or reduced significantly.

Statement of going concern

After making enquiries, the Board of Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Performance analysis

Financial Review for the year ended 31 March 2016

In its twelfth year as an NHS Foundation Trust, The Royal Marsden has maintained its excellent track record of financial performance. The financial accounts show that the Trust generated an underlying surplus for 2015/16 after excluding changes for valuations and depreciation on donated assets of £1.2m. The surplus will be utilised to fund investment in infrastructure through capital development, in particular to schemes that will enhance services to patients on both the Chelsea and Sutton hospital sites.

The Trust continues to maintain a strong balance sheet and cash position. At 31 March 2016 the Trust held cash deposits of £24.1m. The Trust generated £21.3m from operational activity, and received capital funding loans of £5.5m from the Independent Trust Financing Facility. The Trust invested £21.5m in capital assets, and was required to pay a Public Dividend Capital dividend to the Department of Health of £5.1m.

Efficiency

In a challenging economic environment the Trust has continued to deliver the efficiency programme in 2015/16. This programme of efficiency has delivered improvements in order to meet NHS tariff reductions, to support the local health economy and to deliver the Trust's surplus for the year.

Financing and investment

The Trust obtained a loan facility from the Independent Trust Financing Facility for £21m in August 2013 which is repayable over ten years to finance its equipment replacement programme; the final £5.5m was drawn down in the year and repayments started in year.

In 2014/15, the Board of Directors approved a five-year capital programme for 2014 – 20 totalling £164m. This programme will, for the most part, provide new assets that are considered 'protected' for the NHS under the Foundation Trust Licence. During the year the Trust spent £21.5m; of which £5.8m was financed by charitable donations, with the

remainder being funded by operating surpluses, the loan from the Independent Trust Financing Facility and free cash.

Income and expenditure

In 2015/16 our overall income was £372.7m (£360.1m in 2014/15). The increase of £12.6m comprises; growth in NHS patient income, Private Patient income and charitable income. However, charitable income will fluctuate year on year due to the scale of capital schemes funded.

The Trust receives the majority of its patient care income from NHS England and Clinical Commissioning Groups. Patient referrals are centred on the Trust's sites in London, Sutton and Kingston, but extend from this local base to cover all of England and beyond, particularly for referrals for rare cancers.

NHS patient income is supplemented by income to provide infrastructure and support for research and development activity and from private patient income. The margin delivered on our private patient income remains a vital source of support for NHS services to patients.

The Health and Social Care Act 2012 introduced a new requirement that a Trust's income from the provision of goods and services for the purposes of the health service in England must be no greater than its income from the provision of goods and services for any other purpose. The Trust has met this requirement. In reaching this assessment the Trust has considered whether an exchange of goods and services has occurred, and whether income relates to activities required under the Act.

The Trust's overall operating expenditure was £368.5m (£354.2m in 2014/15) an increase of £14.3m. The increase is mostly due to staff and drug costs.

Relationships with key stakeholders

During the year the Trust has continued to develop its relationships with the stakeholders including NHS England, local Clinical Commissioning Groups, and South West London and North West London providers. The Trust's contracts with Commissioners are governed by legally binding contracts as part of being a Foundation Trust. Over the year the Trust has delivered increased activity for NHS patients.

The Trust's relationship with The Institute for Cancer Research to develop an academic and research partnership continues; with the aim of increased collaboration and joint working on trials and research. It has further developed its relationship with the London Cancer Alliance and Imperial College Health Partners.

Governance

The Trust is rated Green on its governance arrangements covering compliance with the terms of its Licence and meeting NHS standards and targets for performance. The rating is based on performance throughout the year and on self-certification; where the Board of Directors has confirmed that all core national healthcare targets and standard have been met, and that plans are in place to ensure that they will be met going forward.

Quality Board Statement

The Board of Directors has declared that it is satisfied with its arrangements and will continue to keep in place arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

Commissioner requested services

The Trust is rated on its provision of Commissioner Requested Services in conjunction with the Care Quality Commission. The Trust has continued to maintain its 'green' rating from Monitor.

Anti-Fraud

The Trust has an anti-fraud officer in place who proactively reviews the Trust's anti-fraud arrangements and follows up on any incidents reported. There is also a whistle-blowing procedure in place and available to all staff; all matters raised are dealt with in confidence.

Non-financial performance

The Trust measures its performance against Monitor's Risk Assessment Framework, national standards, commissioner standards and Trust derived Key Performance Indicators (KPIs). A balanced Board scorecard, covering quality, workforce and financial performance is presented quarterly to the Board and Council of Governors (please refer to page 13 for reference). The scorecard is accompanied with a commentary explaining any areas of underperformance, with actions in place to support recovery. The commentary is being continually strengthened to include forecasts and trends. The Board also receives a monthly Quality Account which demonstrates the Trust's achievements against three key areas: safety, effectiveness and patient experience.

At an operational level, Clinical Business Units (CBUs) at the Trust have been introduced, and CBU scorecards have been developed which includes a set of indicators at clinical unit level. The information is discussed and reviewed monthly with the CBU clinical lead, Business Manager and Lead Nurse, where actions are agreed to improve performance.

The Royal Marsden performs well against the key national standards; however a continuing area of challenge during 2015/16 has been meeting the 62 day cancer waiting times standard. While The Royal Marsden meets the standard following the reallocation of breaches where referrals were received to the Trust late (on or after day 43) within the London Cancer Alliance, the Trust is not currently meeting the standard prior to reallocations. There is currently no national reallocation policy for late referrals. A comprehensive action plan has been put in place and The Royal Marsden continues to work with commissioners and referring trusts to streamline pathways to ensure that patients are seen as quickly as possible while ensuring they receive the very best care.

Balanced scorecard

A balanced Board scorecard template has been included below for reference.

Balanced scorecard	End QX		
	QX actual	Trend from QY	QY actual
1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience			
Patient safety, quality and experience			
*Monitor governance risk rating			
*Quality Account indicators			
*Certification against compliance with requirements regarding access to health care for people with a learning disability			
Serious incidents (excl pressure sores)			
Complaints – % upheld			
Mortality			
Hospital standardised mortality ratio (qtr in arrears)			
30 day mortality post surgery			
30 day mortality post chemotherapy			
100 day HSCT mortality in previous six months (deaths related to SCT)			
100 day HSCT mortality in previous six months (all deaths)			
Cancer staging			
Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears)			
Patient satisfaction			
Inpatient			
Outpatient			
Day Unit			
Waiting times for day chemotherapy (over three hours)			
% of formal complaints reopened (indicator under review)			
Mixed sex accommodation breaches			
Private patient access to single rooms – Chelsea %			
Private patient access to single rooms – Sutton %			
Cancer waiting times targets			

Balanced scorecard		End QX		
		QX actual	Trend from QY	QY actual
*Two week wait from referral to date first seen	all cancers			
	symptomatic breast patients			
*31 day wait from diagnosis to first treatment				
*31 day wait for subsequent treatment	surgery			
	drug treatment			
	radiotherapy			
*62 day wait for first treatment	GP referral to treatment (reallocated)			
	GP referral to treatment (before reallocations)			
	screening service referral (reallocated)			
	screening service referral (before reallocations)			
Referral to treatment waiting times				
*Maximum time of 18 weeks from referral to treatment – admitted				
*Maximum time of 18 weeks from referral to treatment – non admitted				
*Maximum time of 18 weeks from referral to treatment – still waiting				
*No of patients waiting > 52 weeks at quarter end				
2. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework				
Finance and efficiency				
*Monitor financial risk rating				
Capital servicing capacity (times)				
EBITDA margin (%)				
Achievement of planned year to date operating surplus (%)				
NHS activity income variance (£000)				
Private patient activity income variance (£000)				
Liquidity (days)				
Achievement of Efficiency Programme (%)				
CQUINS % achievement – acute				
CQUINS % achievement – Sutton and Merton Community Services				
Asset utilisation				
Bed occupancy – Chelsea				
Bed occupancy – Sutton				
Theatre utilisation – Chelsea				
Theatre utilisation – Sutton				
Utilisation of diagnostic radiology (target under review)				
3. To deliver the Trust's clinical and research strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration				

Balanced scorecard	End QX		
	QX actual	Trend from QY	QY actual
Clinical and Research Strategy			
New referrals			
Total new referrals			
Total GP referrals			
GP referrals – urgent suspected cancers for diagnosis			
Referrals from Surrey			
The Royal Marsden market share	Annually measured		
The Royal Marsden market share – England (planned cancer admissions)			
The Royal Marsden market share – London (planned cancer admissions)			
Personalised care – building molecular diagnostics			
Internal referrals			
External referrals			
CRUK Stratified Medicine Programme			
Private Care			
Private patient inpatient bed days and regular day attenders – Chelsea			
Private patient inpatient bed days and regular day attenders – Sutton			
Efficient clinical models			
No. of inpatients discharged whose length of stay > 15 days			
Research			
70 day target (for externally sponsored trials only)			
NIHR adjusted figure (excluding delays attributed to sponsor/neither sponsor or trust)			
Accrual to target			
% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target) (one qtr in arrears)			
4. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust			

Balanced scorecard	End QX		
	QX actual	Trend from QY	QY actual
Workforce			
Human capital – workforce establishment			
Bank and agency as % of total FTE			
Bank and agency spend as % of total pay expenditure			
Agency as % of total pay bill			
Workforce productivity			
Vacancy rate			
Staff turnover rate			
Consultants job plans			
Junior doctor rota compliance			
Quality and development			
Consultant appraisal (number with current appraisal)			
Appraisal and PDP rate			
Statutory and mandatory staff training			
5. Monitor community measures			
*Community care – referral to treatment information completeness			
*Community care – referral information completeness			
*Community care – activity information completeness			
6. Staff Friends and Family Test – How likely are you to recommend this organisation to friends and family... as a place to receive care or treatment ('care')... as a place to work ('work')			
Recommend – Care			
Not recommend – Care			
Recommend – Work			
Not recommend – Work			
Delivering or exceeding target	Improvement		▲
Underachieving target	No change		►◄
Failing target	Deterioration		▼
*Monitor target			

Corporate social responsibility

Equality and diversity

The Board of Directors reviewed the annual Equality Report at its meeting in March 2016 and agreed the following objectives for services and workforce in 2016/17:

Service objectives

1. To accomplish comprehensive and accurate data for complaints and analyse this data including complaint themes by protected characteristic
2. To re-launch the Hospital Passport, 'This is Me', to support patients with Learning Disabilities
3. To ensure that our patient/ carer and public engagement mechanisms include people across the different protected equality characteristics.

Workforce objectives

1. To develop a process to audit and check recruitment decisions, to ensure that these are fair
2. To achieve robust data for promotions and to consider this data by protected characteristic and implications for further career development support
3. To establish a second review of disciplinary decisions before these are confirmed, to ensure they are fair
4. To increase our understanding of the experiences of staff with disabilities and health conditions and how we can improve areas of concern
5. Develop system of mentorship by the members of the Leadership Team, with specific encouragement to BME staff
6. To progress the actions to support the ICR's Athena Swan Silver Award.

We have an Equality and Diversity Policy, which sets out the framework by which the Trust will deliver its services and provide employment opportunities ensuring compliance with equalities legislation. Please see the 'equality reporting' section for further information.

The Trust's published equality information is updated annually and includes an equality profile of our workforce and patients, our staff survey findings by demographic group and a summary of the Equality Impact Assessment (EIA) findings. These reports are published on the equality and diversity pages of our website and comparisons are made between national and local census information. EIAs are conducted for policies, service development and organisational change to identify any risk or potential for inequality or discrimination for staff or the public and to highlight actions needed to address any issues. We conduct EIAs against the nine protected equality characteristics – age, disability, gender, gender reassignment, marital and civil partnership, pregnancy and maternity status, race, religion and belief and sex. Furthermore, all staff are required to attend mandatory equality and diversity training which is refreshed every three years.

Sustainability report

The Royal Marsden operates as a financially and socially responsible organisation. It recognises the need to minimise its impact on the environment in order to deliver the highest quality healthcare in the communities it serves, now and in the future.

The Trust takes its responsibility as a major employer and consumer of energy and resources seriously and is committed to helping reduce the adverse effects of its operations on the wider environment.

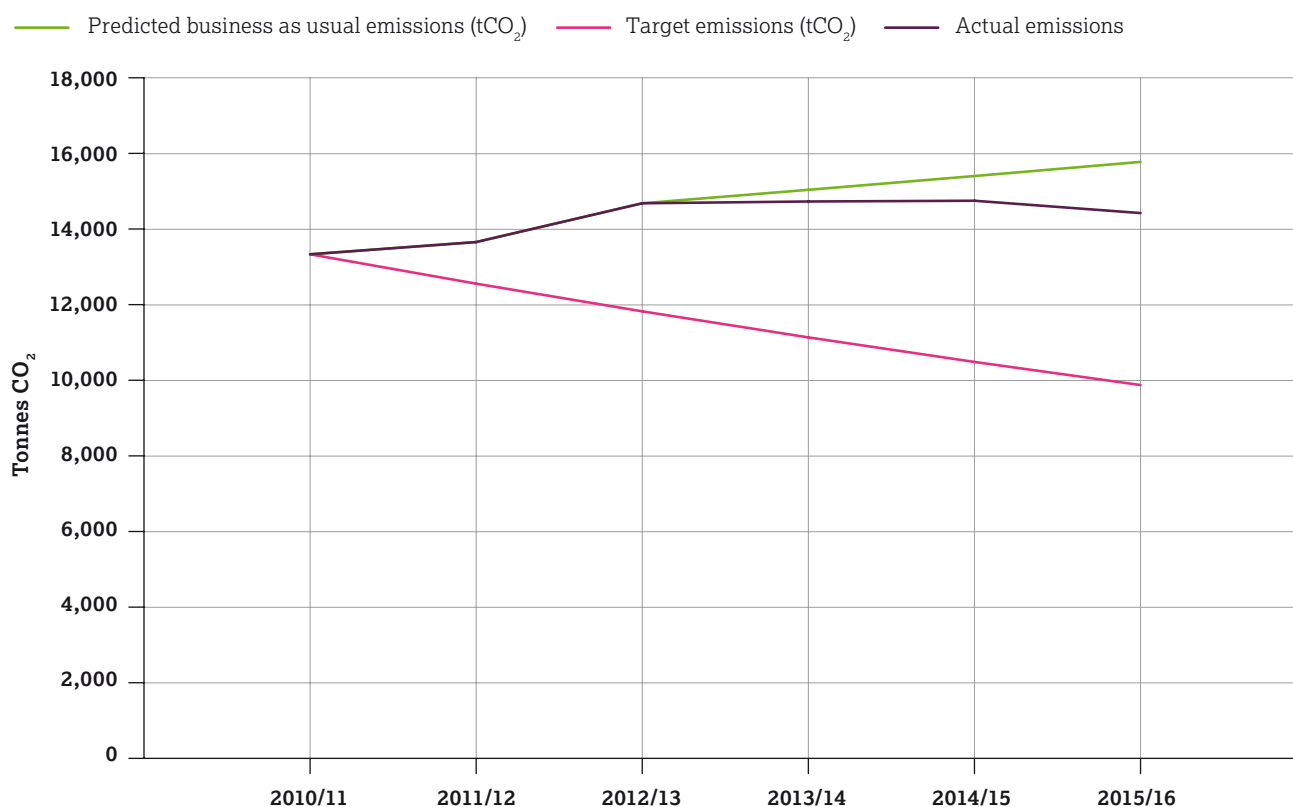
The Trust has a Sustainable Development Management Plan which we continue to implement and update through the Carbon Management Programme Board to ensure that we fulfil our commitment to conducting all aspects of our activities with due consideration to sustainability whilst providing an excellent quality of patient care.

Carbon and energy management

The chart below shows the Trust's carbon reduction progress against its target Carbon Management Plan which is short of the plan due to operational issues with the Combined Heat and Power (CHP) plant at the Sutton site. The CHP plant was estimated to deliver a reduction of more than 3,000 tonnes per year of carbon emissions in our carbon reduction target. However, problems with the operation of the plant resulted in it being turned off between May 2015 and mid-February 2016. The Trust took ownership of the CHP system in March 2016 and has started implementing some remedial measures to improve operating efficiency which should benefit the Trust carbon reduction and energy cost savings targets in 2016/17. The Trust's carbon footprint was reduced by 375 tonnes in our forecast for 2015/16 over the previous year and also a reduction of 1358 tonnes of carbon over the predicted business as usual trend.

Our carbon reduction target was 26% by 2015 based on the 2010/11 baseline year of 13,350 tonnes of CO₂ emissions, however due to increase in area and expansion of facilities this has been reduced to 19% which remains significant and exceeds the NHS target. We expect the gap between our actual and target emissions to close by between 2000 to 3000 tonnes when we have the CHP running efficiently. The CHP is planned to be running to its optimum efficiency by September 2016, so we will only have a partial year effect for 2016/17. For 2017/18 we expect a further reduction of 1000 tonnes as the CHP will have a full year of efficient operation.

Carbon progress against target



Energy and costs

In 2015/16 the Trust consumed 45 GWh of energy (electricity and gas), which was a 24% reduction on the energy consumption of last year. This is attributed to the fact that we used significantly less gas because the CHP plant has not operated. We also realised some benefits from additional energy saving measures.

In terms of energy costs, in 2015/16 the Trust spent £2,710,155 on energy, which was a 13.2% increase on the energy spend of last year. This can be attributed to the fact that we imported more electricity which is more expensive than electricity generated on site through the CHP. We also did not benefit from credits for export electricity from the CHP system. In addition we experienced higher electricity unit costs mainly due to the increase in pass through charges.

Energy consumption and cost



Other sustainability achievements

The Trust has been carrying out energy reducing schemes for many years in order to meet its carbon reduction plan however during 2015/16 the following additional energy saving schemes have been funded and instigated by the Trust. These include:

- Further LED energy saving lighting schemes at both the Chelsea and Sutton hospital sites
- Heating plants and boilers upgrades in Sycamore House and G Block at our Sutton site. The new boilers and plants are 30% more fuel efficient in operation
- The installation of room air-conditioning sensors which control the a/c units and turn them off at set times and when the room is not occupied
- Further heating pipe insulation
- Installation of energy efficient air conditioning units and water chillers to replace the old R22 inefficient units.

All these and past schemes by reducing energy consumption have produce a substantial monetary saving on energy costs, as indicated in the Carbon Progress Against Target graph (Actual consumption line against BAU line) which has been and will be reinvested in patient care through better environmental facilities.

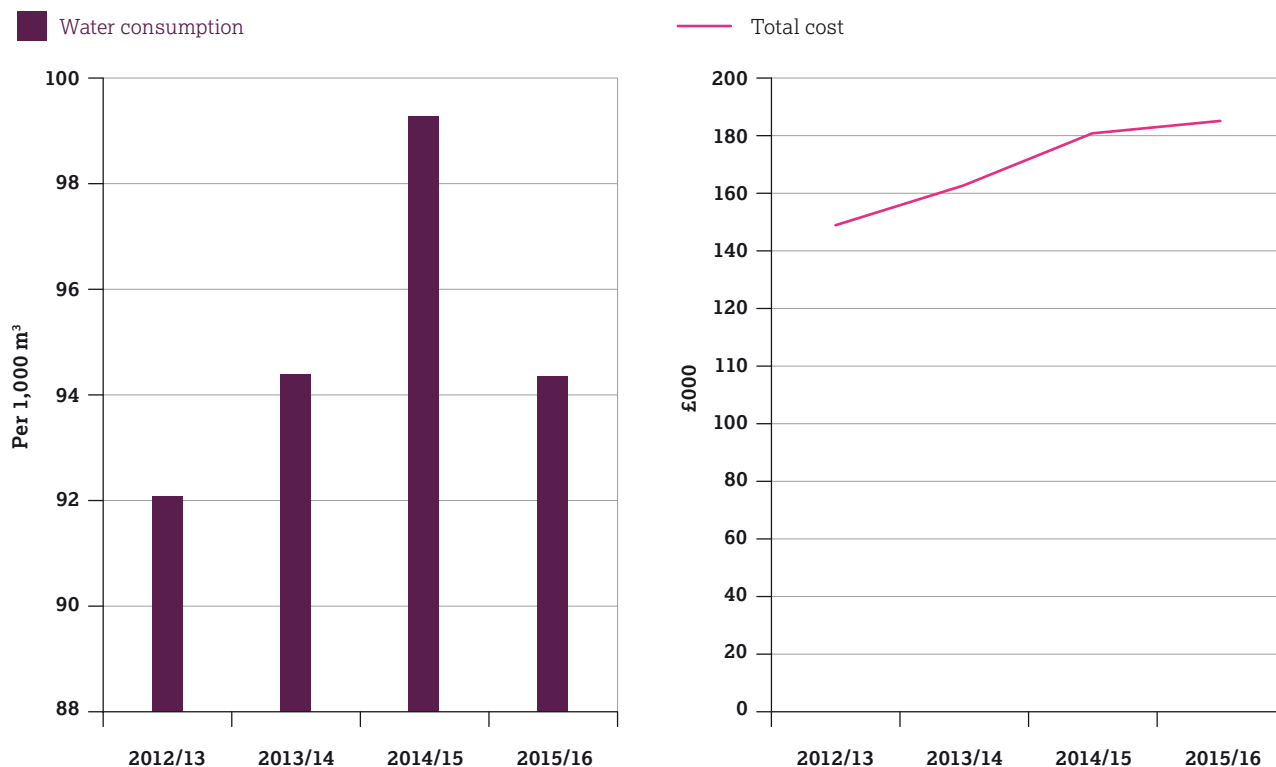
Renewable energy

The Trust has installed solar PV Panels to some of its new buildings which generate clean electricity to the value of £10k per year for use on its Sutton site.

Water

Our water consumption during 2015/16 has decreased by 4,909 cubic meters (5% – equivalent cost saving of £8,500) over the previous year. The overall water costs increased by two per cent (£3,900) which is due to increased water unit costs.

Water consumption and cost



The Trust is a major consumer of water and has been actively trying to reduce the volume of water that we use, whilst balancing water efficiency against the need to improve infection control regime via increased hand washing, and to guard against the risks of legionella contamination of water systems by regular flushing of water outlets.

We have reduced our water consumption by better leak detection on our systems and rationalisation of water tanks so that flushing due to temperature rise in the water is reduced.

Travel and transport

Car parking capacity continues to be a challenge on the Sutton site, especially during periods of major development of the site when some car parking spaces are temporarily decommissioned. The Trust reviews its Car Parking Policy annually to ensure that the car parking facilities are managed as efficiently and as fairly as possible. The Trust has made use of off-site parking wherever possible, and has also been proactive in developing alternative means of travelling to site.

The Trust has a longstanding and well developed Travel Plan. The Travel Plan is reviewed annually and was last updated in July 2015. It is informed by latest good practice and guidance, travel plan surveys and the input of relevant local agencies, e.g. The London Borough of Sutton's Travel Awareness Coordinator. The Travel Plan includes a comprehensive action plan. Initiatives which have been achieved as a result of the Travel Plan include: enhancements to the staff 'inter-site' and 'shuttle bus' services; the staff Liftshare Scheme; promotion of 'Bike to Work' and 'Walk to Work' weeks; improvement of cycle storage facilities; providing 'Dr Bike' sessions; free parking days for staff who routinely cycle, walk or use public transport to travel to work, installation of 'real time' Transport for London local bus timetables; interest free bike loans; and increased usage of video-conferencing to minimise travel. The Trust has achieved the Mayor of London's third (and final) stage of the London NHS Cycling Strategy. The Trust plans to carry out further travel plan surveys within the next year, and to consider further initiatives such as the possibility of 'park and ride'.

Future direction

As of April 2016, the Trust will continue to explore and include measures and investment to reduce the energy and utilities that it uses and therefore reduce carbon emissions by managing its estate and activities so as to reduce our impact on the environment.

† All figures shown in this report are the most accurate at time of writing. *Estimated Annual Revenue Expenditure



Cally Palmer CBE

Chief Executive

26 May 2016

2. Accountability report

Directors' Report

The Directors present their report as audited financial statements for the year to 31 March 2016. The names of the individuals who were directors of the NHS Foundation Trust during the year along with any significant interests are reported on page 41.

Principal activities

The Trust's principle activity is the provision of healthcare services to patients. The income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Business review

The Trust's activities are reviewed in:

- Chairman's and Chief Executive's statement on page 2
- The Financial Review on page 11.

In addition to this, other information relevant to the Trust's activities is set out in the other sections of this document. Quality Governance is addressed in the Annual Quality Account and Annual Governance Statement of this document.

Post balance sheet events

There have been no significant events since the balance sheet date that have had a material impact on the Trust.

Political and charitable donations

The Royal Marsden has not made any political or charitable donations this year or in previous years.

Public sector payment policy

The Trust aims to pay its non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The target is to pay non NHS trade creditors within thirty days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. The Trust also aims to pay local community suppliers within ten days.

Disclosure of information to auditors

As far as each of the Directors are aware, there is no relevant audit information of which the auditors are unaware. Each Director has taken all the steps a Director ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of such information.

Auditors

The Trust's appointed external auditors are Deloitte LLP. The auditors provide audit services comprising carrying out the statutory audit of the Trust's annual accounts and the use of resources work as mandated by Monitor and the National Audit Office, and a review of the Quality Accounts. The cost of this services in 2015/16 was £79,560 (2014/15 was £79,000).

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirement set out in HM Treasury and office of Public Sector Information Guidance.

Accounting for pension and other retirement benefits

The accounting policies for pensions and other retirement benefits are set out in note 20 to the Annual Accounts.

Quality Governance Reporting Statement

The NHS defines quality care as that which is;

- Safe;
- Effective; and
- With positive patient experience.

It is important to focus on all three aspects in order to deliver a high quality of care to our patients. Within this Annual Report, our Annual Quality Account, Annual Governance Statement and Board Assurance Framework explains in further detail the Trust's Quality Governance Framework which helps us ensure our care meets the best possible standard.

The Trust has a formal governance structure in place to monitor its Quality Governance Framework but at the most senior level, the Board of Directors and Council of Governors receive the Trust Quality Accounts at every meeting which reports on Trust performance against national and local targets for that year under each of the three categories listed above.

Remuneration Report

The Royal Marsden NHS Foundation Trust's Remuneration Report describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration, as required by the Companies Act 2006, Regulation 11 and Schedule 8 of the Large and Medium-Sized Companies and Groups (Accounts and Reports) Regulations 2008 and the NHS Foundation Trust Code of Governance.

The Remuneration Report comprises:

- Annual statement
- Annual report on remuneration
- Remuneration policy.

Annual statement

The Remuneration Committee is a sub-Committee of the Board. All decisions regarding pay for senior managers are made by the Trust's Remuneration Committee. The Committee is responsible for determining, on behalf of the Board, the broad policy for remuneration of the Trust's senior managers. This year the work of the Committee included:

- Approval of revised terms of reference
- Approval of a new pay framework for the remuneration of the Leadership Team
- Response to national consultation on senior managers pay
- Review of remuneration arrangements, where this was above the Prime Minister's salary.
- Recruitment and selection of the Medical Director post.

Annual report on remuneration

The Remuneration Committee is chaired by Mr R. Ian Molson, Chairman of the Board of Directors, with membership comprising of the independent Non-Executive Directors, Ian Farmer and Richard Turnor. One meeting was held during this financial year, attendance at which is shown on page 47.

The Chief Executive is in attendance to provide information on Directors' Performance and Human Resources prepare a review of general pay and reward intelligence including comparative data on Directors' salaries and NHS guidance on pay and terms and conditions, as requested.

Individuals do not participate in any discussion relating to their own remuneration.

This year there were no significant changes to the remuneration arrangements of the Executive Directors.

Remuneration policy

The Royal Marsden is committed to the overarching principles of value for money and high performance. The Trust must attract and retain a high calibre senior management team and workforce in order to ensure it maintains its excellent standards of clinical outcomes and patient care, functions efficiently and is well positioned to deliver the business strategy. In making decisions on remuneration, the Committee considers the responsibilities and requirements of the role, time in the role, marketability of the individual, market rates, the external economic environment and the performance of the Trust.

In response to the national consultation on senior managers pay, the Committee reviewed the remuneration arrangements of the two members of the Leadership Team that are paid more than the Prime Minister. These remuneration levels were agreed prior before to national guidance being issued and the Committee were satisfied that the arrangements continue to be appropriate.

The table below describes the component elements of the remuneration package for Executive Director. Further details can be found in the accounts section.

Components of remuneration policy

The following components apply to all Executive Directors:
Spot rate salary that is an all-inclusive figure and covers high area cost supplement and on-call
NHS pension except where an individual opts out of the pension scheme
Performance related bonuses can be applied where appropriate

Executive Directors are employed on a permanent contract basis. Required notice periods are 12 weeks, except for the Chief Executive whose notice period stands at six months. Performance of Directors is assessed through regular appraisal against predetermined objectives. The comparative data used to determine market rates includes high-performing NHS Foundation Trusts in London and elsewhere. Reference is normally made to Incomes Data Services reports and consideration is also given to internal factors including the Trust’s overall performance and achievement of strategic priorities.

Non-Executive Directors’ remuneration

A proposal was made to review the remuneration arrangements of The Institute of Cancer Research Non-Executive Director position. It was not felt appropriate at that time to recommend any change to existing arrangements.

The Non-Executive Directors are not employees of the Trust. They receive no benefits or entitlements other than fees and are not entitled to any termination payments. The Trust does not make any contribution to the pensions arrangements of Non-Executive Directors.

Terms of office

The terms of office for Non-Executive Directors at the Trust are managed in accordance with Monitors Code of Governance, i.e. any term beyond six years (two three-year terms) will be subject to rigorous review and subject to annual re-appointment. Furthermore, the Trust’s Constitution mandates the removal of the Chairman or another Non-Executive Director through the approval of three-quarters of the members of the Council of Governors.

Expenses

This section deals with expenses paid to Directors and Governors. There are:

- 11 Executive Directors and 24 Governors
- Four Executive Directors and five Governors received expenses
- The aggregate amount paid to the Executive Directors was £1,690 and £1,951 to Governors.

Senior manager	Title	Start of office	Term of office	End of current term
R. Ian Molson	Chairman	1 December 2010	Second	30 November 2016
Ian Farmer	Non-Executive Director	1 April 2014	First	31 March 2017
Dame Nancy Hallett	Senior Independent Director	1 April 2013	First	31 March 2016
Professor Dame Janet Husband	Non-Executive Director	1 June 2014	First	31 May 2017
Richard Turnor	Non-Executive Director	1 January 2009	Third	31 December 2017
Professor Paul Workman	Non-Executive Director	1 July 2014	First	30 June 2017

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.



Cally Palmer CBE
Chief Executive
26 May 2016

Staff report

The Staff Report includes details of the leadership team, key staff achievements as well as workforce statistics and policies. Thanks to the commitment and expertise of our staff, the Trust has built an international reputation for delivering high quality cancer care to its patients.

The Leadership Team

Cally Palmer CBE

Chief Executive

Dr Liz Bishop

Chief Operating Officer

Dr Shelley Dolan

Chief Nurse

Marcus Thorman

Chief Financial Officer

Dr Nicholas van As

Medical Director (from January 2016)

Jon Spencer

Divisional Director of Clinical Services

Sarah Clarke

Divisional Director of Cancer Services

Nicky Browne

Director of Transformation and Charity Liaison

Professor David Cunningham

Director of Clinical Research

Antonia Dalmahoy

Director of The Royal Marsden Cancer Charity

Maggie Gairdner

Divisional Director of Community Services

Mr Paul Harris

Divisional Medical Director of Private Care

Dr Imogen Locke

Lead for Clinical Oncology

Shams Maladwala

Managing Director of Private Care

Professor David Nicol

Chief of Surgery

Rachael Reeve

Director of Marketing and Communications

Nina Singh

Director of Workforce

Sunil Vyas

Director of Projects and Estates

Dr Tim Wigmore

Consultant Intensivist & Chief Clinical Information Officer

Our staff achievements

An annual awards ceremony is held for staff to recognise the exceptional contribution staff make to patients, with staff nominating colleagues who have made an outstanding contribution during the year.

The winners of the 2015 Staff Achievement Awards were:

Lifetime Achievement

Professor Martin Gore, Medical Director

Clinical Excellence

Emma Potter, Clinical Nurse Specialist for Children and Young People, Oak Centre for Children and Young People, Sutton

Above and Beyond

Dr Nicholas van As, Consultant Clinical Oncologist, Urology Unit

Working Together

Bud Flanagan Outpatients Department, Sutton

Educational Excellence

Dr Jayne Wood, Palliative Care

Breaking Through

Pharmacy Clinical Trials Teams, Sutton and Chelsea

Other notable individual achievements

Many Royal Marsden and ICR staff are members of national and international research committees and academic groups. Several have been recognised for their contribution to cancer research and treatment.

Key achievements are listed below:

Mr William Allum was appointed Chair of the Joint Committee on Surgical Training on behalf of the four Royal Colleges of Surgery. He is the surgical representative on the Academy of Medical Royal Colleges' review of the Shape of Training and the surgical representative on GMC Generic Professional Competencies programme. He taught on the Upper GI ESMO Medical oncology senior trainees and junior consultants training meeting and was invited to the Faculty for presentations at the ESMO GI meeting, Barcelona and the ESSO/ECCO meeting in Vienna. He is the lead for the European Registration of Cancer Care and Audit (EURECCA) for Upper GI Cancer. He has also been appointed as the Joint Coordinator for the European Gastric Cancer Association.

Dr Ayad Atra became the UK lead for the next trial of childhood T-NHL.

Dr Gerhardt Attard was on the scientific committee of the 2015 St Gallen Advanced Prostate Cancer Consensus Conference and was a co-principle investigator on a Prostate Cancer Foundation Challenge award. He published a study in Science Translational Medicine of a blood biomarker for advanced prostate cancer patients receiving Abiraterone that received wide-spread media interest.

Dr Susana Banerjee became an ESMO Gynaecological Cancers Scientific Committee member and served as an ESGO (European Society Gynaecological Oncology) Faculty member in 2015. She was a 'Young Oncologists' Track Chair at the European Cancer Congress 2015 and a speaker at the Scientific Symposium. She was an invited speaker at ESGO and at the Swedish National Ovarian Cancer Meeting (SOTA). Dr Banerjee sits on the Editorial Board of Cancer Treatment Reviews, ESMO Open Journal, Cancer Breaking News and is on the Advisory Board for Nature Reviews Clinical Oncology.

Dr Udai Banerji spoke at the clinical plenary session at AACR 2015 on translating preclinical observations to the clinic and presented the TAX-TORC study which is led from The Royal Marsden and the ICR. He became a member of sub-committees for international conferences such as ESMO, EORTC-AACR-NCI and TAT related to developmental therapeutics and helped communicate science and cancer medicine in talks including the Science Museum 'Lates' programme.

Professor Gina Brown has opened four national portfolio clinical trials in 2015. The MERCURY II study published its preliminary results and was awarded "Imaging Research Team of the Year" at the annual BMJ awards in 2015. She was invited as Visiting Professor at Humanitas International Cancer Symposium in Korea and elected as an Honorary Fellow of the American Society of Colorectal Surgeons. In June 2015 she hosted an international expert's symposium attended by 124 multidisciplinary research leaders from over 30 countries to discuss future innovations in colorectal cancer. She has delivered lectures at national and international conferences including running multidisciplinary workshops in gastrointestinal imaging in the UK, USA, Asia, Australia, Canada and Europe.

Dr Julia Chisholm was awarded a 'Leading Commercial Principal Investigator' award from the NIHR Clinical Research Network.

Professor David Cunningham has published over 35 publications in the last year. He has secured funding from NIHR BRC at The Royal Marsden and the ICR and from an outside source for PROSPECT-R. He has continued to evolve the PLATFORM trial and has developed the LISTEN trial. He has delivered eight lectures at national and international conferences and has co-chaired and chaired several sessions. He reported the results of three large phase III randomised trials as first author: as co-chief investigator for the UK national OE05 trial (ASCO 2015), chief investigator for the UK national ST03 trial (ECCO 2015) and global chief investigator for the international RILOTMET study. He was also senior author on an oral abstract presentation in the ASCO 2015 Developmental Therapeutics Session for The Royal Marsden sponsored FGFR study and became a member of the Scientific Committees for the ESMO Congress in partnership with European Society for Cancer Research and the ESMO 18th World Congress on Gastrointestinal Cancer. He was also included in the Evening Standard's annual list of London's most influential people under the category of 'thinkers'. He was a Keynote Lecture speaker for which he received an award, at the ASCO 2016 Gastrointestinal Cancers Symposium in San Francisco and spoke on the Global Overview of Colon Cancer Past Present and Future.

Professor Nandita deSouza and Professor Gail ter Haar direct the HIFU Centre of Excellence at The Royal Marsden and the ICR, the first of its kind in Europe. Professor deSouza is now leading clinical trials at The Royal Marsden; an international trial, to reduce pain from bone metastases through HIFU treatment is underway and a trial treating recurrent gynaecological malignancy is commencing.

Professor Ros Eeles was awarded a CRUK grant for six years (2016-2022) to run the IMPACT Study, a targeted screening study of men with and without mutations in prostate cancer predisposition genes.

Professor Cyril Fisher was awarded the President's Medal of the International Academy of Pathology (British Division) for major contribution to pathology education.

Professor Martin Gore is a member of the Commission on Human Medicines at the MHRA and he chairs the Oncology and Haematology Expert Group. He is also a Core Member of the Oncology Scientific Advisory Group at the European Medicines Agency. He has recently been appointed to the National Cancer Transformation Board. He was on the Evening Standard's annual list of the thousand most influential Londoners under the category of 'innovators'.

Mr Andrew Hayes gave an oral presentation at ASCO on the long term results of a randomised trial of margins in malignant melanoma. The paper was published in Lancet Oncology.

Dr Donna Lancaster was appointed as the UK Lead for Novel Agents in Childhood Leukaemia. She joined the NCRI Childhood Leukaemia Subgroup and received an award from NIHR as a 'Leading Commercial Principal Investigator 2015'. Dr Lancaster was appointed as Chief Investigator for a Phase I/II study of the use of Carfilzomib with combination chemotherapy in children with relapsed/refractory acute lymphoblastic leukaemia and awarded designation as a leading European ITCC (Innovative Therapies in Childhood Cancer) First in Child Centre.

Dr James Larkin has published three papers in the NEJM, including one as 1st author, one paper in The Lancet and three papers in The Lancet Oncology including two as senior author. Dr Larkin presented at the European Cancer Congress, ASCO, the Society of Melanoma Research in San Francisco and GU ASCO, and was chair of the planning committee for the 10th European International Kidney Cancer Symposia in Lyon. He was appointed to the Board of the US Kidney Cancer Association and NIHR National Speciality Lead for Oncology Early Phase Trials. Dr Larkin was appointed as a Reader in Cancer Medicine at the ICR, as VICE Chair of the CRUK Clinical Research Committee and as the Genomics England Clinical Interpretation Partnership lead for RCC.

Dr Daniel Levine has been appointed to the Administration of Radioactive Substances Advisory Committee (ARSAC).

Dr Anna Kirby is the International MR Linac Consortium Breast Tumour Working Group Chair, co-ordinating research into the applications of MR Linac technology in breast cancer management. She is on the Scientific Advisory Group for ESTRO 2016, and was invited to represent the NIHR at the 2015 Precision Medicine UK event where she presented her practice-changing research into heart-sparing breast radiotherapy.

Professor Julia Riley has been awarded Professor in the Institute of Global Health Innovation in the Faculty of Medicine at Imperial College London.

Dr Anna-Marie Stevens was awarded a PhD entitled “How acceptable would the application/introduction of early palliative care in the adult cystic fibrosis population be?”

Dr Mary O’Brien has led a number of international trials including the use of amrubicin in small cell lung cancer and pazopanib in non-small cell lung cancer. She is principal investigator for a large international adjuvant study with the EORTC and ETOP using pembrolizumab in lung cancer with a large parallel immunological translational program at the Ludwig institute in Lausanne. She participated in the Radiant trial and subsequent manuscript, using adjuvant erlotinib, which has been cited as one of the top 10 downloaded articles in the Journal of Clinical Oncology. Dr O’Brien stepped down as chair of the EORTC lung group in March 2015 after leading it for six years. Locally Dr O’Brien has just completed one of the first randomised trials testing acupuncture in the treatment of patients with lung cancer who are breathless. This should lead to a change in practice with more options for these patients.

Dr Chris Parker has become the chair of the NCRI Prostate Clinical Studies Group.

Dr Sanjay Popat is active with several international co-operative groups including ESMO where he was appointed to the Lung Track organising committee and the ESMO 2015 Thoracic Oncology Faculty. In the EORTC group he is leading two international studies. In the IASLC, he was invited to speak and chair at the 2015 World Conference on Lung Cancer, and has been appointed to serve on the IASLC Communications Committee. In the UK he has been re-elected to Chair of the British Thoracic Oncology Group, sits on the Lung Clinical Reference Group for NHS England, is co-Chair for Cancer for the London South Clinical Research Network, and was re-appointed to Chair the Advanced Disease sub-group of the NCRI Lung Clinical Studies Group. In 2015 he was awarded an NIHR Principal Investigators Award. He has been an invited Clinical Expert to NICE and appointed to serve on the CRUK Clinical Expert Review Panel. He continues as Associate Editor for the journal Lung Cancer.

Professor Nazneen Rahman was awarded NIHR Senior Investigator status. She featured in the London Evening Standard’s ‘Power 1000’ list of most influential people in London, and was highly commended in the Red magazine Women of the Year Pioneer Awards. In the last year she has published multiple publications and delivered over 25 lectures at national and international conferences. In 2015 her team identified a new genetic cause of Wilms tumour, responsible for 10% of familial cases. She leads the Mainstreaming Cancer Genetics programme which is delivering routine gene testing to cancer patients at The Royal Marsden, faster and cheaper than before through use of state-of-the-art technology and the harnessing of big data. The tools and protocols the programme has developed are now being adopted throughout the world.

Dr Alistair Ring is UK lead for the Add-Aspirin breast study which began recruitment in November 2015 of over 3000 women with early breast cancer to examine if aspirin reduces the risks of recurrence. He is chair of the NCRI Clinical Studies Group Advanced Breast Cancer subgroup and was an invited speaker on the faculty at the San Antonio Breast Cancer Symposium in December 2015. He is a member of the National Expert Reference Group for geriatric oncology and edited the textbook: “Problem-Solving in Older Cancer Patients”.

Dr Susannah Stanway was appointed president of the Oncology Section at the Royal Society of Medicine.

Dr Naureen Starling was awarded CTAAC endorsement and an Astra Zeneca grant for the planned OPERa international randomised phase II study of chemotherapy with and without the PARP inhibitor olaparib. As CI for this study she extends the translation research in PARP inhibitors of the BRC from gynaecological, breast and prostate cancers to Western patients with gastric cancer. She acted as a Clinical Expert in gastric cancer on behalf on the RCP/ NCRN during the recent NICE assessment of the drug Ramucirumab and has agreed to serve on the NICE Clinical Guideline committee for oesophago-gastric cancer. She is the CRN Upper GI Lead for south London and in February 2016 received an award from the CRN as a leading Principal Investigator.

Dr Mary Taj has been appointed as chair of the Children's Cancer and Leukaemia Group, paediatric non-Hodgkin lymphoma special interest subgroup and organised the national lymphoma study day. As chair of the Paediatric Oncology in Developing Countries group, she helped organise four nurse training workshops in India where 160 nurses attended. The paediatric haematology oncology chapter of the Indian Academy of Paediatrics has recognised this training and will be partly funding future workshops. For her work with The Children's Hospital, Lahore, Pakistan she was made honorary professor of paediatric oncology. She was also appointed as a member of the Sanofi Espoir foundation, 'My Child Matters' expert committee as mentor for their projects in Lahore and will attend their first meeting in Paris in 2016.

Dr Alison Tree became the global research coordinator for the Prostate MR Linac consortium.

Dr Nicholas Turner was appointed the Breast Theme lead for Genomics England Clinical Interpretation Partnerships. He gave over 10 lectures at international meetings, published a first author paper in New England Journal of Medicine on palbociclib as a new breast cancer treatment, and two articles in Science Translational Medicine on the potential of circulating tumour DNA analysis to predict relapse and guided treatment of breast cancer.

Dr Nicholas van As became Medical Director of The Royal Marsden in January 2016. He is currently leading the PACE trial, which is an international randomised trial comparing SBRT to the gold standard treatments of surgery and radiotherapy for prostate cancer. The trial is sponsored by The Royal Marsden and is the largest randomised controlled trial of SBRT. Dr van As is also the co-chair of the UK SABR consortium.

Staff statistics

As at 31 March 2016, the Trust employed 3,814.52 (FTE) permanent and fixed term staff. This FTE value equates to a headcount of 4274 people. The breakdown by staff group is detailed below.

Staff group	Fixed term temp WTE	Permanent WTE	Employee headcount	% as per FTE
Medical and dental	228.59	147.98	401	9.9%
Administration and estates	146.53	930.29	1366	28.2%
Healthcare assistants and other support staff	42.72	445.59	389	12.8%
Nursing, midwifery and health visiting staff	120.16	1000.19	1281	29.4%
Scientific, therapeutic and technical staff	47.63	511.35	630	14.7%
Healthcare scientists	24.2	169.29	207	5.1%
Grand Total	609.83	3204.69	4274	

The Trust engaged an additional 300 whole time equivalent as agency and bank workers.

The breakdown of the permanent and fixed term workforce by gender is as follows.

Directors / Senior manager / Employee	Female	Male
Executive Director	3	3
Leadership Team	7	7
Employees	3356	898
Grand total	3366	908

Workforce performance

In April 2015, some of the workforce performance standards were amended to reflect improved performance. Both the vacancy and sickness absence rate targets had been met and exceeded during the previous year and appropriate new stretch targets were introduced as a result.

A suite of monthly workforce performance reports have been embedded and resulted in a significant improvement with the Trust meeting appraisal standard, exceeding local induction standards and achieving the highest ever compliance rate for statutory and mandatory training.

Vacancy rate

One of the biggest challenges facing London NHS Trusts is being able to recruit and retain staff. The cost of living, inflexible pay, term and conditions as well as skills shortages for some staff groups are all contributory factors to this staffing crisis. The impact of rising vacancy and turnover rates on safe staffing levels, the cost of temporary resource and patient experience has been highlighted in recent CQC reports.

The Trust has risen to this challenge during 2015/16 and taken a targeted and focused approach to reduce vacancies. In two benchmarking exercises during 2015/16, The Royal Marsden reported the second best vacancy rate across London.

Our initiatives include national and international recruitment campaigns, streamlined recruitment processes and improved benefits portfolio.

Sickness absence rate

In a Department of Health benchmarking exercise, the Trust was ranked sixth best in the country for management of sickness absence.

The table below provides detail:

Name	Statistics produced by HSCIC from ESR data warehouse		Figures converted by DH to best estimates of required data items		
	Quarterly sickness absence publications	Monthly workforce publication			
	Average of 12 months (2015 calendar year)	Average FTE 2015	FTE-Days available	FTE-Days Lost to sickness absence	Average sick days per FTE
The Royal Marsden NHS Foundation Trust (RPY)	2.8%	3,512	790,170	22,257	6.3

Disability Policy

The Trust is committed to the Disability Two Ticks symbol and operates a guaranteed interview scheme to make sure that full and fair consideration is given to applications from candidates with disabilities. Our Managing Absence Policies ensure that where staff become disabled in the course of employment, we take active steps and make reasonable adjustments to enable staff to remain employed. All of our people management policies apply equally to staff with and without disabilities. A protocol for identifying and managing reasonable adjustments was launched this year, with specific focus on identifying and supporting staff with dyslexia and supporting staff who become disabled in the course of their employment.

Engaging our staff

It is widely recognised that engaged and well-motivated staff are key to delivering high quality care to patients. The Royal Marsden recognises the importance and value of having an engaged workforce. There are well established mechanisms in place to encourage staff engagement and involvement. These include:

Schwartz rounds

Schwartz rounds were introduced by the Chief Nurse and Medical Director. Schwartz rounds are a forum for staff from all backgrounds and levels to come together once a month explore the psychological impact of their job role. Research has shown that they have a positive impact on individuals, relationships with patients and colleagues and the extent to which staff feel cared for. These have been running successfully for over a year.

Chief Executive's forum

The Chief Executive has continued to hold regular open meetings with staff to allow for two way communication about key strategic issues facing the Trust. These forums allow the Leadership Team to share updates and actions around the Trust performance and encourage engagement in how this could be further improved.

Leadership rounds

Members of the Leadership Team are committed to increasing visibility across the organisation and use informal walk rounds to different parts of the Trust to engage and listen.

Weekly bulletins and quarterly briefings

To ensure key messages are communicated to all members of the Trust a weekly bulletin is circulated highlighting events, news and celebrations. In addition members of the Leadership Team send out regular briefings to provide key messages.

Clinical Tuesdays

Each Tuesday the Chief Nurse and a team of senior nurses go 'back on the floor', meaning they work in clinical areas in practice to support staff and enable a two way dialogue about quality improvements using the newly introduced ward accreditation system.

Long Service Awards

In response to feedback from staff a new long service recognition scheme was introduced in January 2016. This has received positive feedback from recipients and enables the Trust to celebrate the ongoing commitment and loyalty of Trust staff.

Partnership working

The Trust has an active Trust Consultative Committee that is a forum for management and staff side colleagues to work in partnership. The Trust also has an Employment Partnership group that meet quarterly. Both of these groups enable the Trust to consult employees and their representatives to ensure appropriate involvement in changes across the organisation.

Engaging junior doctors with quality improvements

The Director of Medical Education has worked with management and clinical colleagues to improve the engagement of junior medical staff by running a number of internal feedback surveys and working with them to identify solutions to issues related to education, recruitment and the working environment.

Listening to our staff

In line with Department of Health requirements, the Trust continues to run the NHS Staff Friends and Family Test and has invited all staff to participate in each survey.

How likely are you to recommend this organisation to friends and family... as a place to receive care or treatment ('care')... as a place to work ('work')	Average for 2015/16
Recommend – Care	96%
Recommend – Work	73%

In order to develop a truly meaningful staff engagement plan, the Trust held a series of listening events with staff. These events were held to test out some of the initiatives in place and proposed responses to survey findings.

National staff survey

The annual NHS staff survey is a further valuable source of information about how staff experience working in the Trust and provides a useful indicator of staff engagement. The 2015 survey shows significant improvement in the overall engagement of our staff as well as the number of scores that are now above average when compared to other Trusts. The survey results are clustered under 32 key findings and 31 of these have scored average or above average. The overall staff engagement has risen to 4.02 out of 5. The table below provides a breakdown of the findings compared to the 2014 results.

	National Staff Survey 2015	National Staff Survey 2014
Findings that are above average	56.% (18/32 indicators)	28% (8/29 indicators)
Findings that are average	41.% (13/32 indicators)	55% (16/29 indicators)
Findings that are below average	3% (1/31 indicators)	17% (5/29 indicators)

A report has been released providing comparative results across the AUKUH (Association UK University Hospitals) network. The table below confirms that the Trust holds the highest rank for top quartile scores in the 2015 staff survey when compared to the other 44 Trusts.

AUKUK Ranking:

Ranking on top quartile scores	AUKUK Trust
1	The Royal Marsden NHS Foundation Trust
2	Papworth Hospital NHS Foundation Trust
3	Birmingham Children's Hospital
4	The Christie NHS Foundation Trust
5	Moorfields NHS Foundation Trust

In addition the Trust has made significant improvements and the comparative data confirms that the Trust is ranked fifth on net improved scores.

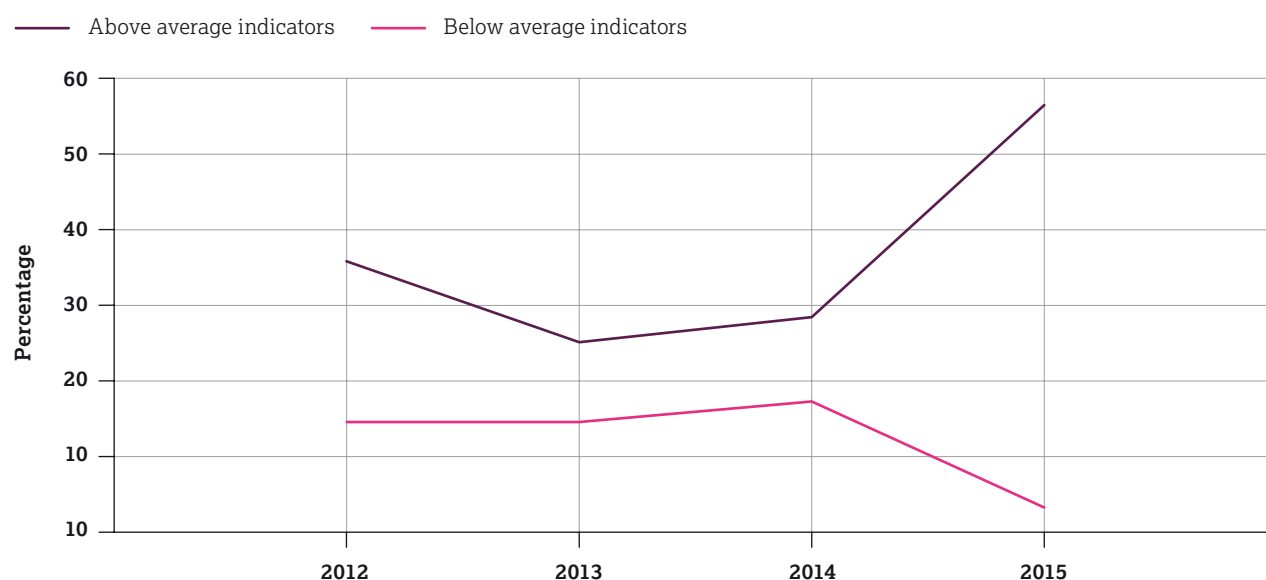
There are six key findings where the Trust achieved the best score for an acute specialist trusts nationally. The table below provides further details of the findings with a year on year comparison highlighting two of the six have seen significant improvements in 2015.

Areas with the best score for specialist Trusts:

	RM Survey Score 2015	RM Survey Score 2014	RM Survey Score 2013
Effective team working	3.89	No comparable data	No comparable data
Of those experiencing violence, the percentage of staff that report the incident	79%	58%	56%
Percentage of staff able to contribute towards improvement at work	78%	76%	70%
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.96	No comparable data	No comparable data
Staff confidence and security in reporting unsafe clinical practice	3.88	3.9	No comparable data
Effective use of patient service user feedback	3.98	3.94	No comparable data

The chart below highlights a year on year comparison of the number of findings that are above and below average. It demonstrates that significant progress has been made by the Trust in the last two years. Whilst comparisons cannot be made with some of the key findings, it is evident that the Trust has continued to improve its scores each year.

Year-on-year comparison of progress:



In the Trust's top five ranking scores, significant improvement can be seen around the percentage of staff reporting violence, and staff reporting the effective use of patient feedback. Results can be seen in the table below.

All of these findings are better than the national average scores for acute specialist trusts and acute trusts.

The Trust's top five ranking scores:

	Survey score 2015	Survey score 2014	Survey score 2013	National average for specialist Trusts	Trust score ~ below / Above average	National average
Percentage of staff / colleagues reporting most recent experience of violence	79%	58%	56%	56%	Above average	59%
Staff confidence and security in reporting unsafe clinical practice	3.88	3.9	No comparable data	3.75	Above average	3.63
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.96	No comparable data	No comparable data	3.85	Above average	3.70
Effective use of patient / service user feedback	3.98	3.84	N/a	3.80	Above average	3.68
Percentage of staff feeling pressure in the last three months to attend work when feeling unwell	48%	47%	60%	59%	Above average	59%

The table below outlines the five bottom ranking scores for the Trust. Whilst these are areas where the Trust is not considered to have performed well, it is worth noting that all the scores (with one exception) are considered to be “average” in comparison with the comparison group of other specialist Trust and above average when compared to other acute trusts.

The Trust's bottom five ranking scores:

	Survey score 2015	Survey score 2014	Survey score 2013	National average for specialist Trusts	Trust score ~ below / above average	National average
Percentage of staff working extra hours	79%	77%	77%	75%	Below average	73%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	87%	86%	90%	88%	Above average	86%
Percentage of staff suffering work related stress in last 12 months	34%	36%	37%	34%	Above average	37%
Staff satisfaction with the quality of work and patient care they are able to deliver	4.05	No comparable data	No comparable data	4.12	Above average	3.92
Staff satisfaction with resourcing and support	3.45	No comparable data	No comparable data	3.48	Above average	3.30

The only key finding where the Trust's performance is below average relates to the number of additional hours staff work each week. The Trust's score was 79%, an increase in two percentage points from 2014. The national average for specialist Trusts is 75%.

Through the review of the annual staff survey results and other feedback from staff, including the Staff Friends and Family Test, the Trust has identified themes to further improve staff experience through supporting staff to find more efficient ways to manage workload, improve recruitment and retention, making progress on modern IT solutions, promoting health and wellbeing and ensuring that staff feel valued and involved. This includes continuing to embed the behaviours and skills needed to demonstrate Trust values and ensure that all staff have a positive experience at work.

Expenditure on consultancy

Consultancy expenditure for the year 2015/16 was £1,022,000.

Exit packages

The table below summarises exit packages for the year 2015/16.

Exit package cost	Number of compulsory redundancies	Number of other departments agreed	Total number of exit packages by cost band
< £10,000	0	6	6
£10,000 – £25,000	1	1	2
£25,001 – £50,000	1	0	1
£50,001 – £100,000	0	1	1
£100,001 – £150,000	0	0	0
Total number of exit packages by type	2	8	10
Total resource cost (£000)	61	81	142

Off payroll engagements

Table 1: For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2016	5
Of which...	
No. that have existed for less than one year at time of reporting	1
No. that have existed for between one and two years at time of reporting	2
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	1
No. that have existed for four or more years at time of reporting	1

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2015 and 31 March 2016	1
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	1
No. for whom assurance has been requested	1
Of which...	
No. for whom assurance has been received	1
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
No. of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both off-payroll and on-payroll engagements	17

*A payment to an individual who is not on the organisations payroll.

Occupational Health

The Occupational Health Department (OHD) exists to ensure the health, safety and wellbeing of all Trust employees.

The OHD has maintained the Safe Effective Quality Occupational Health Service (SEQOHS) accreditation over the past year. The SEQOHS accreditation is an evidence assessment of a set of standards to drive continuous improvement in the quality of services provided to clients.

The OHD continues to work closely with other teams within the hospital including staff support services, Infection Prevention and Control and Risk Management. Working alongside the Human Resources Department enables managers to obtain support and information to manage both short and long term sickness absence.

- 28,124 appointments were given in this financial year delivering a service to both Royal Marsden staff and to staff from other organisations to whom a service is provided
- The seasonal influenza vaccination programmes is offered to all staff to protect patients staff and their families. 43.7% of staff in the Trust accepted vaccination
- Monthly health promotion topics are displayed on notice boards and on the intranet for easy access for staff events to encourage staff to take steps to improve their health
- Formal one to one counselling and support services continue to be available to all staff on request via OHD and staff support services

- Attendance management referrals are one of the core activities undertaken by the Occupational Health Service. Case conferences are encouraged to support managers in attendance management and enable successful rehabilitation back into the workplace
- Self-referral for sickness absence is available for staff who are concerned about their individual attendance
- Fast track physiotherapy is provided for staff for appropriate effective intervention for musculoskeletal conditions promoting an early return to work with effective rehabilitation programmes to facilitate resumption of full work activity
- Free travel vaccines are provided for all staff travelling abroad. Travel vaccines are offered to the wider community at competitive rates.

The OHD remains an important resource available to all staff in maintaining health and wellbeing at work and aims to continue to develop the service in line with the Trust's strategy for the future.

Equality reporting

The Royal Marsden NHS Foundation Trust believes in providing equality across our services, treating people fairly with respect and dignity and valuing diversity both as a provider of cancer and community health services and as an employer. The Equality, Diversity and Inclusion Steering Group has strategic responsibility for driving the equality, diversity and inclusion agenda across the Trust for patient care, service development and employment opportunity.

Our equality and diversity aims are to:

- Provide the best healthcare services we can that are accessible and delivered in a way that respects the differing needs of the individual
- Employ staff who are motivated because they feel valued for the contributions they make and the diversity they bring to the Trust, who are well trained and who reflect at all levels the diversity of the population the Trust serves
- Embed our equality and diversity values into our policies and procedures and our everyday practice
- Regularly monitor and report on our equality objectives, on patient and staff information and on Equality Impact Assessments to evaluate how we are doing and set goals and actions in response
- Ensure that all services procured for the Trust either directly or indirectly, and all staff working on behalf of the Trust, understand and support the Trust's commitment to promoting equality and diversity in everything we do.

The Equality, Diversity and Inclusion Steering Group approved the equality information and annual report which is available on our website and intranet. This information is part of our public commitment to meeting the equality duties placed on us by legislation and is updated annually.

The annual report includes workforce and patient equality information including workforce race equality standard findings and staff survey findings, broken down by protected equality characteristics. We use this information to inform our decision making and action planning for equality, diversity and inclusion.

This year we launched a Black and Minority Ethnic (BME) Staff Forum, which with our Lesbian Gay Bisexual and Transsexual (LGBT) Network enable us to listen to the experiences of BME and LGBT staff. We also launched a mediation service to support staff and offer an alternative means of resolving relationship problems at work and which will potentially reduce the number of cases that reach formal complaint level.

To help staff at work, we offer a range of wellbeing services which include access to a confidential harassment and bullying helpline. This service is run by staff to provide a listening and signposting service for staff with concerns of harassment or bullying.

Governance and membership

Our Board of Directors

The Trust is led by the Board of Directors which has overall responsibility for the running and management of the Trust. This responsibility includes setting the overall strategy for the organisation and monitoring performance whilst ensuring resources are efficiently and economically utilised to meet the needs of our patients and public.

In order to carry out their duties and responsibilities, Board members convene at Board Meetings. The Board of Directors comprises of Executive Directors and Non-Executive Directors, including the Chairman.

The Executive Directors are paid employees of the Trust. They are responsible for managing the organisation on a day-to-day basis and in their capacity as members of the Board and they are also responsible for the leadership of the Trust. This managerial role distinguishes the Executive Directors from the Non-Executive Directors who do not have a managerial role.

The Non-Executive Directors are responsible for supporting and constructively challenging the Executive Directors in their decision-making as well as assisting them with the formation of the Trust's strategy. Non-Executive Directors are collectively accountable with the Executive Directors for the exercise of their powers and for the overall performance of the Trust.

Please see a short summary of our Board of Directors below. The table on page 47 shows details of their attendance at meetings of the Board and its Committees during 2015/16.

Key

R

Member of Remuneration Committee

A

Member of Audit and Finance Committee

QAR

Member of Quality, Assurance and Risk Committee

ICR

Member of the Board of Trustees of The Institute of Cancer Research

SID

Senior Independent Director

Mr R Ian Molson

Chairman

R/QAR

Ian Molson was appointed as Chairman in December 2010 and reappointed for a second term in December 2013. From 1999 to 2004, he was Deputy Chairman of the Board and Chairman of the Executive Committee of Molson Inc., a Canadian public corporation founded in 1786. Between 1977 and 1997, he was employed by Credit Suisse First Boston, one of the leading investment banking and security firms in the world. From 1993 to 1997, he served as Co-Head of their Investment Banking Department in Europe, a position which encompassed corporate finance, corporate advisory, mergers and acquisitions business in Europe, Russia, Africa and the Middle-East. He graduated from Harvard University (AB Honours) in 1977. Ian is also Chairman of The Royal Marsden Cancer Charity.

Other interests:

Director of Alphatec Spine Inc., Cayzer Continuation PCC Ltd, Health Point Capital LCC, Central European Petroleum Ltd (Deputy Chairman), and RM2 (Chairman).

Other Non-Executive Directors

Mr Ian Farmer*

A/R

Ian Farmer joined The Royal Marsden as a Non-Executive Director and Chair of the Audit and Finance Committee on 1 April 2014. Ian is a Chartered Accountant and former Chief Executive Officer of Lonmin Plc, the world's third largest Platinum Group Metals (PGM) mining company. He currently holds directorship positions at Grantley Place (Esher) Management Company Ltd, VTTI Energy Partners GP LLC, and The Paternoster Group – African Political Insight.

Professor Dame Janet Husband*

A/QAR

Professor Dame Janet Husband joined The Royal Marsden as a Non-Executive Director on 1 June 2014. Janet was a Consultant Radiologist and Professor of Diagnostic Radiology at The Royal Marsden and The Institute of Cancer Research (ICR), as well as former Medical Director of the Trust from 2003 to 2006. Janet became the first female President of the Royal College of Radiologists in 2004. Having been appointed Officer of the

Order of the British Empire (OBE) in 2002, Janet was appointed Dame Commander of the Order of the British Empire (DBE) in 2007. Also in 2007, she was awarded the title of Emeritus Professor of Radiology by the ICR. In 2010, Janet was appointed Chair of the National Cancer Research Institute and has held a number of non-executive appointments in healthcare, as well as a six year service as the Specially Appointed Commissioner to The Royal Hospital in Chelsea.

Professor Paul Workman *QAR/ICR*

Professor Paul Workman joined The Royal Marsden as a non-independent Non-Executive Director on 1 July 2014 due to his position as CEO for The Institute of Cancer Research. Paul is also the Head of its Division of Cancer Therapeutics, Harrap Professor of Pharmacology and Therapeutic and Director of the Cancer Research UK Cancer Therapeutics Unit

Mr Richard Turnor* *R/A/QAR*

Richard Turnor joined The Royal Marsden as a Non-Executive Director on 1 January 2009. He was a partner with the international law firm Allen & Overy LLP from 1985 to 2009 where he headed the Commercial Trust and Partnership Group. In 2009, he established Maurice Turnor Gardner LLP, an independent firm practicing in association with Allen & Overy from which he continues to advise professional firms and fund managers on structuring and constitutional issues including international structure, disputes, mergers, de-mergers and governance issues.

Dame Nancy Hallett* *A/QAR/SID*

Dame Nancy Hallett joined The Royal Marsden as a Non-Executive Director on 1 April 2013. She was Chief Executive of Homerton University Hospital NHS Foundation Trust until 2012 and, prior to this, the Executive Director of Service Development and Executive Director of Nursing and Patient Services. Nancy undertook her Masters in Health Management at the City University in 1998. She was appointed Officer of the Order of the British Empire (OBE) in 2004 and Dame Commander of the Order of the British Empire (DBE) in 2013.

*The Non-Executive Directors which the Board considers to be independent.

Executive Directors

Miss Cally Palmer CBE **Chief Executive** *QAR/ICR*

Cally Palmer became Chief Executive of The Royal Marsden in 1998. She is also a Trustee of The Institute of Cancer Research and a Trustee of The Royal Marsden Cancer Charity. Cally holds an MSc in Management from the London Business School, which she gained with distinction in 1995, and is a member of the Institute of Health Services Management. Cally was awarded a CBE in 2006 for her contribution to the NHS. In 2015 Cally was appointed as National Cancer Director for England. She continues to lead The Royal Marsden in her CEO capacity while undertaking a fixed term role nationally.

Dr Shelley Dolan **Chief Nurse** *A/QAR*

Dr Shelley Dolan was appointed to the role of Chief Nurse at The Royal Marsden NHS Foundation Trust in June 2007. She was promoted to Chief Nurse from her position as the first Nurse Consultant in Cancer: Critical Care in the UK, a role she took up at The Royal Marsden in 2000. Shelley has worked clinically in the field of intensive care for over 20 years and is a trained Intensive Care and Cancer Nurse who achieved her MSc in Cancer Care in 1996 and Doctorate in 2011. In December 2012 Shelley was appointed as the Clinical Director of the London Cancer Alliance, and is also a Non-Executive Director of Health Education North West London. Shelley is a member of the European Oncology Nursing Society and the International Nurses Cancer Care and lectures extensively, nationally and internationally. Her research is in the areas of early detection of sepsis, acute and critical care of the cancer patient and experience of care.

Dr Liz Bishop **Chief Operating Officer** *QAR*

Dr Liz Bishop joined The Royal Marsden in January 2010 as Divisional Nurse Director. Before taking on the role of Chief Operating Officer and Senior Information Risk Owner for the Trust, she spent a period of time as Divisional Director for Cancer Services and also interim Chief Nurse. Liz completed her BSc

in Nursing in Scotland in 1986, and her MSc and Doctorate at Surrey University in 2004 and 2009 respectively. She has worked in a variety of clinical settings – from surgery to haemato-oncology – in several acute trusts in London, including six years in The Royal Marsden's Bud Flanagan Unit. Prior to re-joining The Royal Marsden she was at Guy's and St Thomas' NHS Foundation Trust for five years as a Nurse Consultant, Head of Nursing and General Manager for Oncology.

Mr Marcus Thorman
Chief Financial Officer
A/QAR

Marcus Thorman joined The Royal Marsden as Chief Financial Officer in January 2015 from Imperial College Healthcare NHS Trust. Since joining the NHS through the graduate financial management training scheme, he has worked in several provider trusts including mental health and community, acute, teaching and specialist. Marcus has been involved in merging two Trusts, PFI schemes and running a financial shared service for a number of NHS organisations. At Kettering General Hospital, he was Deputy Director of Finance before taking on his first role as a Finance Director overseeing the process for delivering Foundation Trust status in 2008. During his time at Imperial College Healthcare NHS Trust, he led the finance team in delivering one of the largest financial turnarounds in the NHS, taking the Trust from a planned deficit to a surplus in two financial years. For seven months he was acting Chief Financial Officer whilst a new Chief Executive was being appointed.

Professor Martin Gore
Medical Director (served until December 2015)
QAR

Professor Martin Gore qualified in medicine at St Bartholomew's Hospital in London in 1974. He trained in General Internal Medicine for five years and then was appointed as a Clinical Scientist at the Ludwig Institute of Cancer Research (1981-1984). In 1984, he joined the training programme at The Royal Marsden and was appointed Consultant Cancer Physician to The Royal Marsden and Senior Lecturer at the ICR in 1988 and Professor of Cancer Medicine at The Institute of Cancer Research in 2002. He is Co-Patron of the Rarer Cancers Foundation and a Medical Advisor to the Kidney Cancer Association in the US.

His previous appointments included Chairman of the Department of Health's Gene Therapy Advisory Committee, President of the UK Melanoma Clinical Studies Group and he was on the Council of the Clinical Oncology Programme Committee of the American Society of Clinical Oncology. He has served on the editorial boards of several journals, and has published over 350 articles and edited eight textbooks.

After 10 years of outstanding medical leadership, Professor Martin Gore stepped down from the role of Medical Director at The Royal Marsden in late 2015 to increase his clinical activity as a Consultant Medical Oncologist in the gynaecological, melanoma and kidney cancer units and the ICR, as well as focus on his work for the Commission on Human Medicines and the European Medicines Agency. Professor Gore was succeeded by Dr Nicholas van As on 11 January 2016.

Dr Nicholas van As
Medical Director (appointed in January 2016)
QAR

Dr Nicholas van As was appointed Medical Director in January 2016. He has been a Consultant Clinical Oncologist in the Urology Unit at The Royal Marsden for eight years and is the hospital's Clinical Lead for stereotactic body radiotherapy (SBRT) and CyberKnife. Dr van As is also Co-Chair of the UK SBRT Consortium and the national clinical lead for NHS England's Commissioning through Evaluation Programme for SBRT. His main research interests are in stereotactic and image-guided radiotherapy, risk prediction in early prostate cancer, and functional MRI and he has published numerous papers on these subjects and delivered presentations at international meetings. He is the Chief Investigator for the PACE trial – an international, randomised controlled trial comparing SBRT to image-guided radiotherapy (IGRT) and surgery for treating prostate cancer.

Committees of the Board

The Audit and Finance Committee

The Audit and Finance Committee is a formally constituted committee of the Board and is chaired by Non-Executive Director Ian Farmer. The membership of the Committee consists of four Non-Executive Directors. Senior management are invited to attend meetings when necessary. Representatives from the Trust's internal auditors and Anti-Fraud specialists KPMG LLP, external auditors Deloitte LLP, and the Chief Financial Officer and Chief Nurse are also in attendance.

The Audit and Finance Committee met four times in the year in order to discharge its responsibilities. A key purpose of this Committee is to assure itself that relevant risks, particularly financial risks, are appropriately identified and managed through a robust system of internal control established within the Trust. The Committee also reviews the financial position of the Trust, including the efficiency programme, capital plan, working capital and the cash position of the Trust as well as key assumptions within those positions.

The Audit and Finance Committee has delegated authority from the Trust Board on specific areas which the Committee formally reports back to the Board on following each meeting.

The Council of Governors re-appointed Deloitte LLP in December 2014 as the Trust's external auditors for a five year term. As required, Deloitte LLP presented their findings from their external audits of the Trust's Annual Report and Accounts and Quality Accounts. In addition, Deloitte LLP also provides regular progress reports on sector developments to the Audit and Finance Committee.

The external audit process includes an on-going assessment of internal and external factors affecting the Trust, including reviewing the Trust performance compared to other NHS Trusts. The highlighted risks considered by Deloitte for the year ending 31 March 2016 included revenue recognition, valuation of estates, capital expenditure, and management override. In addition to this, based on their value for money risk assessment performed in accordance with National Audit Office requirements, Deloitte have not identified any significant value for money risks.

In terms of non-audit services, Deloitte assisted the Trust in the tender of Community Services. This service was provided by a team not connected to the financial audit of the Trust and therefore the Committee was satisfied that the independence of the external auditor was maintained.

During the year the Committee also received reports from the Trust's internal auditors KPMG LLP on a range of areas such as community services, compliance review, risk management, financial systems and reporting, divisional governance, temporary staffing, private patient income controls and pharmacy arrangements. The Head of Internal Audit Opinion confirmed that significant assurance can be given with minor improvements on the overall adequacy and effectiveness of the Foundation Trust's framework of governance, risk management and control.

Nominations Committee

The Nominations Committee consists of Board members and Governors and formally reports to the Council of Governors. This Committee has responsibility for the appointment and re-appointment of Non-Executive Directors (NEDs) and receives recommendation on such matters from the Nominations Committee.

Membership of the Nominations Committee comprises of:

- Chairman of the Trust;
- Senior Independent Director;
- Chief Executive; and
- Four Governors.

Those attending meetings of the Nominations Committee may vary according to the business of the meeting, e.g. a Non-Executive Director would not be present when his /her reappointment is under review and a maximum of two Non-Executive Directors, including the Chairman of the Trust, will attend each Nominations Committee to ensure a majority of governors are present.

In terms of finding Non-Executive Director candidates, the Nominations Committee follows a process whereby the Board will lead in the search for suitable candidates in the first instance and in the event it is unsuccessful, an external search provider shall be used thereafter. This approach was adopted in finding a Non-Executive Director to succeed former NED Sir John Craven. The function of the Nominations Committee is to review the job description and person specification of vacant Non-Executive Director positions, interview suitable candidates, and make a recommendation of appointment to the Council of Governors.

A term of office for Non-Executive Directors is three years unless the Director resigns or is removed by the Council of Governors during the interim period. The removal of a Non-Executive Director requires the approval of three quarters of members of the Council of Governors. In accordance with Corporate Governance Standards, details for disqualification from holding office of a Director can be found in the Trust's Constitution. Directors and Governors are also required to declare their interests on an annual basis, as well as confirm that they meet the fit and proper person's condition as set out in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Quality, Assurance and Risk Committee

The Quality, Assurance and Risk Committee (QAR) supports the Board of Directors in developing an integrated approach to governance by ensuring robust systems are in place to monitor achievements against objectives. The Committee focuses on all non-financial risks such as patient safety, emergency planning, compliance with national and international regulation, health and safety, research and clinical integrated governance. Each quarter the members of QAR meet frontline staff, for example, nursing sisters and matrons, junior doctors, Allied Health Professionals and discuss practice and patient experience at ward / unit level.

QAR also has a major role in reviewing patient experience through monitoring the monthly and Annual Quality Account as well as carefully review complaints and claims.

Remuneration Committee

The Remuneration Committee is responsible for reviewing and making decisions on the remuneration package for all members of the Leadership Team. It takes into account comparative market data, ensures salaries are competitive, represent value for money and that the reputation of the Trust is managed well. The Non-Executive Directors including the Chairman are members of the Committee and review the terms of reference, agree a pay framework, respond to national consultation on senior managers pay and agree appointment of the new Medical Director in 2015/16. Disclosure of the remuneration paid to Board Directors is provided in the Trust Accounts.

Performance evaluation of the Board of Directors, its Committees and its Directors

The Board of Directors is satisfied that it has the sufficient skills, knowledge and experience to fulfil its statutory duties and meet the business needs of the Trust.

To assure itself of this, the Board of Directors carried out an enhanced self-assessment process in line with the Well-Led Framework issued by healthcare regulator Monitor. As suggested by this guidance, the Trust used a RAG rating methodology to undertake the review of its governance arrangements and Board effectiveness. The Results Report was presented to the open Board meeting in March 2016 which offered suggestions to Board members for action to be taken in 2016/17. The Trust has no plans at this stage to commission an external review of its governance.

The Trust Board Committees, the Audit and Finance Committee and Quality, Assurance and Risk Committee have also reflected on their performance as part of reviewing their Terms of Reference on an annual basis to ensure these remained fit for purpose.

In line with their remit the Nominations Committee met at the end of the financial year and discussed the balance of the Board in terms of its skills, knowledge and experience. This discussion formed part of the search and selection process in finding a Non-Executive Director to join the Board of Directors.

The Senior Independent Director and Non-Executive Director Dame Nancy Hallett conducted the Chairman's appraisal in May 2015 which involved consultations with the Executive and Non-Executive Directors and Governors of the Nominations Committee. The outcome of the appraisal was presented to the Council of Governors at their meeting in June 2015. The Council of Governors are also briefed on the performance of Non-Executive Directors prior to making a decision on whether to reappoint the Non-Executive Director in question.

The Chief Executive also undertakes an annual appraisal of each Executive Director to ensure objectives are achieved and a high standard of performance and effectiveness is maintained.

Terms of office and attendance at meetings of the Board of Directors and its Committees in 2015/16

Name	Role	Meetings attended	Term of office	End of current term
Board of Directors		Total meetings = 8		
R. Ian Molson	Chairman (from 1 December 2010)	8	2nd	30 November 2016
Ian Farmer	Non-Executive Director	8	1st	31 March 2017
Dame Nancy Hallett	Senior Independent Director	7	1st	31 March 2016
Professor Dame Janet Husband	Non-Executive Director	8	1st	31 May 2017
Richard Turnor	Non-Executive Director	7	3rd	31 December 2017
Professor Paul Workman	Non-Executive Director	7	1st	30 June 2017
Cally Palmer	Chief Executive	8		
Dr Liz Bishop	Chief Operating Officer	8		
Dr Shelley Dolan	Chief Nurse	8		
Professor Martin Gore	Medical Director until December 2015	6		
Marcus Thorman	Chief Financial Officer	8		
Dr Nicholas van As	Medical Director from January 2016	2		
Audit and Finance Committee		Total meetings = 4		
Ian Farmer	Chairman of Committee/Non – Executive Director	4		
Professor Dame Janet Husband	Non-Executive Director	2		
Richard Turnor	Non-Executive Director	4		
Dame Nancy Hallett	Senior Independent Director	3		
Remuneration Committee		Total meetings = 1		
R. Ian Molson	Chairman of the Trust	1		
Cally Palmer	Chief Executive	1		
Ian Farmer	Non-Executive Director	1		
Richard Turnor	Non-Executive Director	1		
Nominations Committee		Total meetings = 1		
Cally Palmer	Chief Executive	1		
Dame Nancy Hallett	Senior Independent Director	1		
Quality, Assurance and Risk Committee		Total meetings = 4		
Dame Nancy Hallett	Chairman of Committee/Senior Independent Director	4		
Dr Shelley Dolan	Chief Nurse	4		
Professor Martin Gore	Medical Director	3		
R. Ian Molson	Chairman of the Trust	3		
Cally Palmer	Chief Executive	3		
Richard Turnor	Non-Executive Director	3		
Professor Paul Workman	Non-Executive Director	1		
Dr Liz Bishop	Chief Operating Officer	3		
Professor Dame Janet Husband	Non-Executive Director	4		
Marcus Thorman	Chief Financial Officer	3		
Dr Nicholas van As	Medical Director from January 2016	1		

Statement of Compliance with the NHS Foundation Trust Code of Governance

The Royal Marsden NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Royal Marsden complies with all principles and provisions contained within the Code of Governance, including those specified in Schedule A, except that which is listed below for reasons specified:

- 1) B.1.2. At least half the Board of Directors, excluding the Chairman should comprise of Non-Executive Directors determined by the Board to be independent

The Board considers all of its Non-Executive Directors to be independent in character and judgement, with the exception of Professor Paul Workman who is the Chief Executive of the Trust's academic partner The Institute of Cancer Research. The Board has a voting structure such that the independent Non-Executive Directors, including the Chairman with a casting vote, have majority control. Furthermore, the Trust has had an NED vacancy during 2015/16 which was filled as of April 2016.

Membership

Our Members

Membership is a way for anyone interested in The Royal Marsden to find out more about the Hospital and the services it provides.

Who can become a member of The Royal Marsden?

Anyone aged 16 years old or over living in England can become a member of The Royal Marsden NHS Foundation Trust. The membership is split into three constituencies: Patient and Carer, Public and Staff, as defined below.

Patient and carer membership

The Patient constituency is subdivided into the following geographical areas: 'Kensington and Chelsea', 'Sutton and Merton', 'Elsewhere in London' and 'Elsewhere in England'. Anyone living in these areas that has been a patient at the Trust within the last five years can become a member of the relevant patient sub-constituency. There is also a carer sub-constituency which is open to individuals who care for current patients of the Trust or who have cared for a former patient of the Trust within the last five years.

Public membership

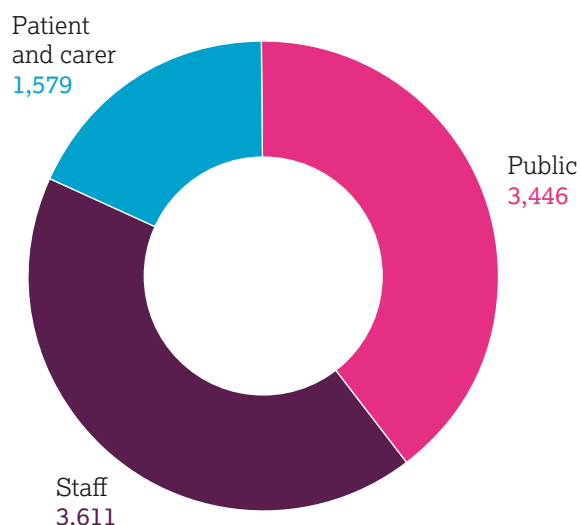
The Public constituency comprises of individuals who live within the following three geographical areas; the 'Royal Borough of Kensington and Chelsea', 'London Boroughs of Sutton and Merton' and 'Elsewhere in England'.

Staff membership

The Staff constituency comprises of individuals who are employed by the Trust, hold an honorary contract with the Trust or hold an honorary contract with the Trust and our academic partner The Institute of Cancer Research. The constituency is divided into five staff groups; 'Corporate and Support Services', 'Clinical Professionals', 'Clinical Support Staff', 'Doctors' and 'Nurses'.

Membership overview

As of 31 March 2016, the Trust had 8,636 members, comprising of:



Membership recruitment and engagement

The Trust has a Membership and Communications Group which is a working group of the Council of Governors and is tasked with the responsibility of reviewing and progressing membership recruitment and engagement. This group consists of a majority of Governors, one of which shares the responsibility of Co-Chair with the Head of PR and Communications. The Governor Co-Chair reports on the group's work and progress to the Council of Governors, of which several Board members also attend.

In addition to this, a report is provided to the Board of Directors on an annual basis which outlines the Trust's recruitment and engagement activities. The reason for this is to provide the Board assurance that the Trust is making a continuous effort to recruit and engage with its members.

Membership recruitment

There are several ways in which a person can sign up to become a member: by completing a form on the Trust website www.royalmarsden.nhs.uk, contacting the Corporate Governance office to request a membership form on 0207 808 2844 or by emailing foundation.trust@rmh.nhs.uk.

Some of the recruitment activities undertaken in 2015/16 include:

- Governors visiting local schools to promote the work of the Trust and thereby encouraging young adults to become members
- Reviewing and updating the membership content displayed on Trust information screens around the hospital
- Approving the welcome letter sent from the Chief Executive to new patients at the point of registration inviting them to become a member
- Promoting Trust membership in official Trust literature and patient information
- 'Member get member': encouraging existing members at events to invite anyone they know who is interested in becoming a member to do so
- Engaging with the Trust's volunteers and registering new volunteers as public members as well as promoting membership on their information leaflets.

Membership engagement

The Trust appreciates that members may not want to be active members and engage in activities such as attending events and completing surveys. As such, we have two levels of membership to differentiate the level of member involvement and help manage resources more efficiently. Member engagement activities undertaken over the past year include:

- All members receiving a copy of the quarterly RM magazine which promotes the work of the Trust, the Council of Governors, Board of Directors and membership. The magazine also has a wide circulation to patients and the general public
- Holding and promoting member events to engage with members on the latest matters including the priorities for the Quality Accounts, learning about facilities and receiving updates on key developments in the Trust
- Members participating in surveys and focus groups, for example asking for patient members' views on priority areas for cancer research.

Membership enquires

The Corporate Governance team are the point of contact for members and the public who want to make contact with Governors.

Post

Corporate Governance
The Royal Marsden NHS Foundation Trust
Fulham Road
London
SW3 6JJ

Email

Foundation.trust@rmh.nhs.uk

Telephone

0207 808 2844 / 0207 811 8558

Members of the public can also contact the Corporate Governance team to request a copy of the Register of Governors' and Board of Directors Interests.

Our Council of Governors

Once an individual becomes a member of The Royal Marsden NHS Foundation Trust, they have the option to vote for or stand to become a Governor of the Trust to represent member's views on the Council of Governors. Local stakeholders such as Clinical Commissioning Groups and Local Authorities are also represented on the Council of Governors.

The Council of Governors has a number of statutory and regulatory responsibilities which are reflected in the Trust's Constitution. These include but are not limited to the appointment or removal of Non-Executive Directors, the appointment or removal of the Trust's external auditor and receiving the Trust's Annual Report and Accounts, as well as the auditor's report on this. The Health and Social Care Act 2012 introduced the following two legal duties; to hold Non-Executive Directors to account for their performance of the Board and to represent the interests of the members of the Trust and public in their role. Governors are able to represent the members through the Council of Governors meetings and working groups. Members are free to raise any concerns or submit any questions to their Governor and are reminded of this throughout the year in Trust communications.

The Council of Governors undertook a collective performance assessment at the end of 2014 with a view that in 2015 Governors would have one-to-one feedback sessions with the Trust Secretary. Plans are in place to conduct a Council of Governors performance review in September 2016 which will also involve feedback from the Chairman, Chief Executive and Senior Independent Director.

Composition of the Council of Governors

As previously noted, the Trust has various constituencies for its members i.e. patients/public and staff. Members vote for their Governors and therefore Governors represent those members under their constituency. The table below illustrates this.

As of 31 March 2016, there were 24 seats on the Council of Governors comprising of 18 elected Governors (Patient and Carer, Public and Staff Governors) and six appointed stakeholder and partner Governors. The table below shows details of the Governors, their terms of office and attendance at meetings of the Council of Governors and the Annual General Meeting in 2015/16. There is an open invitation for Non-Executive Directors to attend the Council of Governors meetings and in 2015/16; the Senior Independent Director Dame Nancy Hallett, Professor Dame Janet Husband and Ian Farmer frequently attended these meetings.

Governor Ann Curtis was appointed as the Lead Governor of the Council of Governors, whose role is to act as a two way conduit between Monitor and the Council of Governors in specific circumstances.

Terms of office and attendance by Governors at meetings of the Council of Governors 2015/16

Governor	Constituency / Organisation	Term of office	End of current term	Meetings attended
				Total meetings = 5
Patient Governors				
Mrs Maggie Harkness	Kensington and Chelsea and Sutton and Merton	First	April 2016	5
Mrs Joyce Herve	Kensington and Chelsea and Sutton and Merton	First	April 2016	3
Mr Colin Peel	Kensington and Chelsea and Sutton and Merton	First	July 2016	5
Ms Fiona Stewart	Elsewhere in London	First	April 2016	5
Dr Peter Lewins	Elsewhere in London	First	April 2016	5
Ms Vikki Orvice	Elsewhere in England	Second	April 2016	2
Mr Simon Spevack	Elsewhere in England	First	April 2016	4
Carer Governors				
Mrs Lesley-Ann Gooden	Carer	Second	April 2016	5
Mr Duncan Campbell	Carer	First	April 2016	4
Public Governors				
Dr Carol Joseph	Kensington and Chelsea	Second	July 2017	5
Janet Mountford	Sutton and Merton, and Paediatric and Young Adults	First	April 2016	2
Mrs Ann Curtis*	Elsewhere in England	Third	January 2018	4
Mr Robert Shearer	Elsewhere in England	First	April 2016	3
Staff Governors				
Dr Claire Dearden	Doctor	First	July 2016	2
Ms Maureen Carruthers	Nurse	First	July 2016	2
Mr Richard Keane	Clinical Professionals	First	April 2016	3
Mr Hardev Sagoo	Corporate and Support Services	First	May 2017	4
Vacant	Clinical Support Staff	n/a	n/a	n/a
Nominated Governors				
Mrs Cathy Scivier	The Institute of Cancer Research	Second	January 2018	2 out of 4
Dr Charmaine Giffiths	The Institute of Cancer Research	First	February 2019	1 out of 1
Ms Anne Croudass	Cancer Research UK (Charity)	First	May 2018	4
Cllr. Robert Freeman	Local Authority: London Borough of Kensington and Chelsea	Second	July 2017	3
Cllr. Stephen Alambritis	Local Authority: London Boroughs of Sutton and Merton	First	August 2016	1
Dr Chris Elliott	Sutton CCG	First	February 2016	0
Dr Philip Mackney	West London CCG	First	February 2016	3

Election to the Council of Governors

All Governors hold terms of office for a period of three years and are eligible for re-election or re-appointment to serve a maximum of nine years.

The Electoral Reform Services manage the provision of the elections for the Trust in accordance with the Model Rules for Elections. No elections were held during 2015/16.

Expenses of Governors

The Trust's expenses policy ensures that Governors are appropriately reimbursed for reasonable expenses incurred in the course of carrying out their duties. For the year ending 31 March 2016, the total amount claimed by Governors was £1,951.

Linking the Council of Governors to the Board of Directors

It is important that the Council of Governors and Board of Directors work together for the benefit of our patients and local community. There are several ways in which the two bodies achieve this.

The Executive Directors and Non-Executive Directors routinely attend not only the Board of Directors meeting but also the Council of Governor meetings. The Chairman of the Board of Directors is also the Chair of the Council of Governors. The Senior Independent Director in particular supports the Chairman with this as she attends both the Board of Directors meetings and Council of Governor meetings. This link enables members of the Board, in particular the Non-Executive Directors, to better understand the views of the Governors and therefore the members of the Trust.

The Council of Governors receive a report on an annual basis regarding the work of the Board Committees; the Audit and Finance Committee and the Quality, Assurance and Risk Committee. This report is presented by the Chairs of the Committees who are Non-Executive Directors and highlights the Committee's main business and risks for the year specified.

Governors, and members of the public, are able to attend open Board of Directors meetings where they can observe first-hand the Board in business and in particular, the performance of Non-Executive Directors.

Another example of how the Board and Council have worked together is the Trust Priorities workshop which was held in November 2015 for the Board of Directors and Council of Governors. The workshop commenced with a presentation on the 'Strategic Outlook on Estate Developments' followed by a presentation from the Executive Directors on the 'Trust Priorities', which opened up questions and discussions for both Board members and Governors. Following this, round table discussions took place where Governors and the Board gave their specific feedback on what they thought the Trust should prioritise in its strategy for 2016/17.

In situations where any conflict arises between the Board of Directors and the Council of Governors, the Trust's internal dispute resolution procedure shall be adhered to which notes that the decision of the Chairman shall be final. However, there may be circumstances where the Chairman feels unable to decide owing to a conflict of interest. In such situations, the Chairman will initiate an independent review to investigate and make recommendations. Normally this will be achieved by inviting the Senior Independent Director to conduct the review and the choice of the individual will be agreed by both the Board of Directors and the Council of Governors.

Regulatory Ratings Report

Monitor, the Independent Regulator of NHS Foundation Trusts, uses a risk-based framework to guide its monitoring and indicate any concerns which may cause a breach to the terms of the Trust's authorisation. This covers financial and governance risk. Financial risk is assessed using the Financial Sustainability Risk Rating which is based on overall financial efficiency and ranges from 1, the most serious risk, to 4, the lowest risk. In addition to this, there is a governance rating which Monitor takes into account to determine the level of continuity of service.

Over the full year the Trust has consistently maintained a risk rating of 3 in line with its plan. This means that the Trust is considered by Monitor to be of relatively low risk in financial terms. This risk rating incorporates the key financial performance indicators for the Trust.

Governance risk is derived from factors including covering compliance with the terms of its Licence and meeting NHS standards and targets for performance. The rating is based on performance throughout the year and on self-certification; where the Board of Directors has confirmed that all core national healthcare targets and standards have been met, and that plans are in place to ensure that they will be met going forward. There are three categories to the governance rating applicable to all NHS Foundation Trusts. Where there are no grounds for concern at a Trust, a green rating will be assigned. Where a concern has been identified at a Trust but Monitor has not yet taken action, a written description stating the issue at hand and the action being considered will be given. Where enforcement action has been taken a red rating is assigned.

The table below sets out the Trust's quarterly performance in 2015/16 against its plan. There have been no deviations from the plan in year and no requirements for intervention by Monitor.

	Annual Plan 2015/16	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Financial Risk Rating	3	3	3	3	3
Governance Risk Rating					

Statement of Accounting Officer's responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of The Royal Marsden NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that The Royal Marsden NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.



Cally Palmer CBE
Chief Executive
26 May 2016

Annual Governance Statement

1. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Marsden NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Marsden NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual reports and accounts.

2. Capacity to handle risk

As Accounting Officer I have overall accountability for risk management in the Trust. I have delegated responsibility for the coordination of risk management systems and processes to the Chief Nurse who discharges this responsibility through the Risk Management and Quality Assurance teams. These teams lead on the Care Quality Commission (CQC) and NHS Litigation Authority (NHSLA) risk assessment standards, the corporate risk register, Board Assurance Framework and incident reporting management system.

The Board of Directors play an important role in terms of the organisations capacity to handle risk. They provide overall leadership and commitment for establishing effective risk management systems across the organisation. The Chair of the Quality, Assurance and Risk Committee is the Senior Independent Director and a Non-Executive Director with senior health service experience. Membership includes other Non-Executive Directors (including the Trust Chairman) and Executive Directors (including

the CEO, Chief Nurse, Chief Operating Officer, Chief Financial Officer and Medical Director). As a sub-committee of the Board, the Committee is responsible for approving the strategic management of risk and monitoring the implementation of risk management arrangements within the NHS Foundation Trust. This Committee works alongside the Audit and Finance Committee to manage risk, which as another sub-committee of the Board, contributes independently to the Board's overall process for ensuring that an effective internal financial control system is maintained. This Committee is chaired by a Non-Executive Director with financial experience and qualification and membership includes other Non-Executive and Executive Directors.

Risk management is firmly embedded in the activity of the organisation and operational responsibility for risk identification and control is delegated to individual Directors and Senior Managers who have functional responsibility within their areas of management.

3. The Risk and Control Framework

Oversight of effective risk management by the Board of Directors is underpinned by four interlocking systems of control:

- Organisational Risk Management;
- Board Assurance Framework;
- Internal and External Audit; and
- The Annual Governance Statement.

Organisational risk management

The Risk Management Policy has been approved by the Executive Board and Quality, Assurance and Risk Committee and is reviewed on an annual basis. It defines the process for the systematic identification and control of risks. It clearly defines accountability structures, roles and responsibilities. The policy details the process for risk identification and evaluation using a standardised risk assessment matrix and sets out the levels of authority for the management of identified risk. During 2015/16 there were no Never Events at the Trust. The policy has been disseminated throughout the Trust and communicated to key stakeholders.

Risk management training is provided to every member of staff at induction and is part of the annual mandatory training programme. The Head of Risk Management is responsible for providing advice and expertise to all staff. Specific ongoing training is determined through the appraisal and personal development planning process at an individual level and by training needs analysis against key risk areas at a strategic level.

Guidance for staff is provided through training programmes and information is available in the Risk Management Policy. This is supported by the Accident/Incident and Patient Safety Incident Reporting Policy Including Serious Incidents Requiring Investigation, which supports a learning culture within the organisation. Any incident of any severity including a near miss is reported on the Trustwide Datix system. More serious incidents require a panel and the results of the root cause analysis, including best practice recommendations, are fed back through all the relevant clinical bodies in the Trust, to commissioners via the Clinical Quality Review Group, and internally from the Board Quality, Assurance and Risk Committee through the Medical Advisory Committee, the Nursing, Rehabilitation and Radiography Committee, the Matrons, Sisters and Staff Nurses Forums and Junior Doctors forums. All policies relating to risk management are easily accessible and available to staff on the hospital intranet policy section with supporting information available under the risk management department section.

Integrated Governance and Risk Management Committee (IGRM)

IGRM is chaired by the Chief Nurse and has the delegated responsibility for oversight and monitoring of all aspects of quality and risk including review of serious incidents, NICE guidance compliance and policy/guideline approval; emergency planning and research governance.

The Quality, Assurance and Risk Committee (QAR) oversees and monitors performance of the risk management system. QAR are responsible for ensuring that effective arrangements are in place for the oversight and monitoring of all aspects of clinical quality and safety, including identifying potential risks to the quality of clinical care. Every quarter frontline clinical staff report to QAR and describe the positive aspects of the Trust's research, education and care and also areas that require improvement.

Audit and Finance Committee (AFC) oversees the financial risk and provides confidence in the objectivity and fairness of financial reporting, provides assurance about the adequacy of internal controls, the safeguarding of assets and in reducing the risk of illegal or improper acts. AFC also reinforce the importance, independence and effectiveness of internal and external audit. Internal Audit (KPMG) and External Audit (Deloitte) work closely with this committee and undertake reviews and provide assurances on the systems of control operating within the Trust.

The Board Assurance Framework

The Board Assurance Framework was originally adopted by the Board for 2003/04 in line with Department of Health guidelines and was revised and further developed in 2007/08 to incorporate, for example, the Healthcare Commission Standards for Better Health Domains. The Assurance Framework maps out the NHS Foundation Trust's objectives, key risks to achieving the objectives, and the controls and assurance mechanisms in place to mitigate the risks.

The NHS Foundation Trust updated the Board Assurance Framework again in 2012 following national guidance and continues to monitor the assurances it receives against those expected within the Framework and review progress on the action plans drawn up to close the gaps in both controls and assurance. The NHS Foundation Trust is fully compliant with the Care Quality Commission's fundamental standards.

The Board Assurance Framework was refreshed again in 2014/15 using advice from internal and external auditors and having researched other Board Assurance Frameworks from Trusts across England. The new style Board Assurance Framework which is more concise and includes a risk weighting has been approved by the Board and given adequate assurance by the internal auditors. The Board of Directors regularly reviews the Board Assurance Framework and monitors the Trust position accordingly against the relevant strategic objective.

Internal Audit and Anti-Fraud Activities

The results of Internal Audit reviews are reported to the Audit and Finance Committee (AFC) which takes a close interest in ensuring system weaknesses are addressed. Procedures are in place to monitor the implementation of control improvements and to undertake follow up reviews where systems were deemed less than adequate. An internal audit action recommendation tracking system is in place which records progress in implementing the recommendations by management. Management's progress in implementing corrective action following Internal Audit recommendations is reported to the AFC, and the Executive Board also receives regular reports on outstanding high and medium issues. The Anti-Fraud programme is led by the Chief Financial Officer with support from KPMG and monitored by the AFC.

Patient and Public Involvement (PPI)

The Trust is committed to having an effective structure for patient and public involvement at all levels within the organisation and as an NHS Foundation Trust is provided with strategic direction by the Council of Governors.

The Trust has worked hard in 2015/16 to further patient and public involvement (PPI), following the launch of a Patient and Public Involvement Strategy. There is a PPI Steering Group, which is attended by the Chief Operating Officer. There is strong patient representation on the NIHR Biomedical Research Centre Steering Committee and there is a governance framework set out for PPI in research outlining the processes and structure of PPI. A mapping

exercise has been undertaken to demonstrate PPI activity and how all groups interact, function and where overlap occurs. The Trust Integrated Governance and Risk Management Committee has at least two patient/carer representatives on it as core members. The Patient and Carer Advisory Group acts as a focus for all local patient involvement initiatives often working alongside the Governors. The Governors and frontline staff also lead a Patient Experience and Quality Account group which scrutinises the Quality Account and all key performance and quality metrics in the Trust.

Quality and Safety

The Trust is fully compliant with the requirements of registration with the Care Quality Commission (CQC). The Trust has unconditional registration with the CQC. To ensure that the Trust's Board, Council of Governors, Commissioners, Management Executive and front line staff regularly review performance against the CQC's fundamental standards in order to comply with the regulations of the Health and Safety Act 2008 (Regulated Activities) Regulations (2014), the Trust publishes a portfolio of quality and performance documents:

- Annual Quality Account
- Monthly Quality Account
- Integrated Governance Monitoring Report.

The Integrated Governance Monitoring Report includes details on compliance with the Care Quality Commission's fundamental standards and is grouped using the five key questions:

- Is care safe?
- Is care effective?
- Are staff caring?
- Are staff responsive to people's needs?
- Are staff well-led?

In line with the recommendations from the National Quality Board the Trust published its nurse staffing levels from June 2014 to demonstrate safe staffing levels. The Board sees the levels monthly in the Quality Account.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The systematic identification, analysis and control of risks are a key organisational responsibility. A culture of ownership and responsibility for risk management/patient safety is fostered throughout the organisation and all managers and clinicians undertake risk management as one of their fundamental duties.

The Trust's procedures for reporting and investigating accidents, non-clinical incidents, near misses and patient safety incidents aim to support active learning and to ensure that the lessons learnt from these events are embedded into the organisation's culture and practices. Learning from incidents is an essential part of integrated governance and risk management within the Trust and also a requirement of the Trust Risk Management Policy.

Risk management and incident reporting processes identify risks of all levels of severity throughout the organisation. These processes feed into the divisional risk registers which are reviewed on an on-going basis. Risks that score above 12 are included on the Trust risk register which is reviewed quarterly at QAR and reported to the Board of Directors.

Current high-level risks that score above 16, in line with many Trusts nationally are those that reflect the challenging national financial climate.

Financial Plan – failure to maintain financial stability due to the challenging financial environment

Controls in place – there is a business plan in place which is monitored by the Performance Review Group, Audit and Finance Committee and Trust Board. This is underpinned by the Private Patients growth strategy, strong financial controls and the efficiency programme as part of the 2016/17 plan. Strategic options are being considered and developed to achieve financial sustainability. This includes the Trust developing the cancer vanguard to assist the two STPs in SW and NW London and the Trust to address the longer term financial challenge of the NHS tariff system.

National and Local Prices for Cancer Care – Current national and local prices do not cover the cost of cancer care.

Controls in place – Continue to work with other large cancer providers and NHSI in developing a strategy to address the national prices. As part of 2016/17 contract negotiations between NHS England and the Trust it has been agreed to review its local prices with effect from 1 April 2016.

The above risks and those that score above 12 have associated high-level action plans which are updated quarterly with the risk scores being adjusted as the level of risk is reduced. These risks are reviewed quarterly at QAR and are reported to the Board of Directors.

The Trust has also undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is involved, through Borough Resilience Forums and Regional Emergency Planning Network Groups, in extensive multi agency risk reduction and emergency planning work. This is in accordance with the Civil Contingencies Act and against the National, Regional and Borough Risk Registers. Risk assessments have been carried out against emergency preparedness and civil contingency requirements. The Trust provides assurance to NHS England on its Resilience procedures and has gained accreditation against ISO 22301 for its Business Continuity Management System.

4. Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively.

The Trust has established arrangements for managing its financial and other resources which demonstrate that value for money is being managed and achieved.

The annual budget setting process and plan for 2015/16 was approved by the Board of Directors and communicated to all managers in the organisation. The plan was to deliver a revenue surplus in 2015/16 and have an on-going plan to improve organisational efficiency. The Chief Financial Officer and team have worked closely with divisional and corporate managers throughout the year to ensure the plan was delivered. However, a small deficit of £781,000 for the year was achieved, due to the challenging financial environment. The Board has overseen the financial and operational performance of the Trust throughout the year.

The Audit and Finance Committee (AFC) reviews performance against the financial plan and efficiency programme on a regular basis. Internal Audit undertakes audits each year which they report to AFC that include the review of efficiency and use of resources across a range of expenditure types. In addition to financially related audits, the internal audit programme covers governance and risk issues.

The Performance Review Group chaired by the Chief Operating Officer meets monthly and reviews the financial performance of each division including the delivery of the efficiency programme. A Transformation Board has been established in 2015 to manage a programme of strategic initiatives designed to improve the patient experience and organisational efficiency.

During the year the Trust has also:

- Implemented new systems and controls to more effectively manage resources, such as the implementation of a new temporary staffing system with associated revised processes
- Reviewed key processes to improve the efficiency and productivity of services, such as reviewing theatre utilisation and planning
- Developed new models of service delivery to maximise quality of service and value for money, such as Pharmacy Outsourcing
- Worked on several initiatives with shared services with other NHS Foundation Trusts across a range of clinical and non-clinical functions. A key example of this is SPHERE, a shared IT service with Chelsea and Westminster NHS Foundation Trust which has been embedded in year after launching in April 2015
- Further developed its benchmarking capability and gathering the evidence to be able to demonstrate differences between services and organisations.

5. Information Governance

The Royal Marsden achieved 89% in their final IG Toolkit score for March 2016 and was deemed compliant. This is equal to the previous year's score.

The Royal Marsden has not had an enforcement notices or undertakings within the last financial year; there have been no major incidents to report in Information Governance.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Board of Directors on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Board of Directors of The Royal Marsden NHS Foundation Trust is assured that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data. The Quality Report is discussed throughout the year at monthly Board of Director meetings and at the Quality, Assurance and Risk Sub-Committee with input from a wide range of stakeholders throughout the year including:

- The NHS Foundation Trust Board of Directors
- The Council of Governors
- The Executive Board
- The Patient and Carer Advisory Group
- Frontline staff
- The Trust Consultative Committee
- Local Healthwatch
- Local and Specialist commissioners
- Health and Wellbeing Boards

All the improvement priorities since 2009/10 have been identified and endorsed by members of the stakeholder groups (above). Members of the stakeholder groups have also reviewed progress on achievements over the last two years and ensured that the Trust has realistic but stretching improvement targets. Since 2012/13 local commissioners have been invited to review and add their critique and support to targets for the Sutton and Merton Community Services. Every year the Trust holds patient and public involvement events which include members of Healthwatch, social services, the public and patients to discuss and advise on priorities for inclusion in the Quality Account.

The data presented in the Quality Account is generated by either the Information Team or external bodies such as the Health Protection Agency or Dr Foster Limited who are independent of the operational and clinical teams in the Trust. Finally, the Trust's external auditors undertook sample data testing of Referral to Treatment within 18 weeks (incomplete pathways), cancer treatments started within 62 days of urgent GP referral and waiting times for medicines on discharge.

7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed by the work of internal auditors, clinical auditors and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit and Finance Committee and Quality, Assurance and Risk Committee, and Integrated Governance and Risk committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that the effectiveness of controls to manage risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Assessment of financial reports submitted to Monitor, the Independent Regulator of NHS Foundation Trusts
- Opinions and reports made by external auditors
- Opinions and reports made by internal auditors
- Opinions and reports made by clinical auditors
- Achievement of the Customer Service Excellence standard
- Unannounced CQC Inspections
- NHS London Annual Emergency planning assurance process
- ISO 9001 compliance for radiotherapy and chemotherapy
- Clinical Pathology Accreditation (CPA) held for designated pathology services
- Quarterly Integrated Governance monitoring reports
- Infection Control Annual Report
- Clinical audit reports and action plans
- Investigation reports and action plans following serious and significant incidents
- Departmental and clinical risk assessments and action plans
- Results of the national patient surveys
- Results of the National Staff Survey

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been reviewed by:

- The Board of Directors; through consideration of key objectives and the management of principal risks to those objectives within the Assurance Framework
- The Integrated Governance and Risk Management Committee; by reviewing all policies relating to governance and risk management and monitoring the implementation of arrangements within the Trust

- The Audit and Finance Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality, Assurance and Risk Management Committee; by implementing and reviewing clinical governance and risk management arrangements and receiving reports from all operational risk committees
- External assessments of services.

8. Conclusion

As Accounting Officer and based on the review process detailed above, I am assured that there are no significant internal control issues.



Cally Palmer CBE
Chief Executive
26 May 2016

3. The Annual Quality Account

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What is a quality account?

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

You can also find information on the quality of services across NHS organisations by viewing the quality accounts on the NHS Choices website at www.nhs.uk.

The purpose of this quality account is to:

1. Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2015/16; and
2. Set out our quality priorities and objectives for 2016/17.



To begin with, we have given details of how we performed in 2015/16 against the quality priorities and objectives we set ourselves under the categories of:

Safe care
Effective care
Patient experience

Where we have not met the priorities and objectives we set ourselves, we have explained why, and set out the plans we have to make sure improvements are made in the future.

Secondly, we have set out our quality priorities and objectives for 2016/2017 under the same categories. We have explained how we decided upon the priorities and objectives, and how we will achieve these and measure our performance.

Quality accounts are useful for our board, who are responsible for the quality of our services, and they can use it in their role of assessing and leading the trust. We encourage frontline staff to use quality accounts to compare their performance with other trusts and to help improve their service.

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

It is important to remember that some parts of this quality account are compulsory. They are about important areas, and are generally presented as numbers in a table. If there are any areas of the quality account that are difficult to read or understand, or you have any questions, contact us through the Patient Advice and Liaison Service (PALS) by phoning 0800 783 7176, or visit our website at www.royalmarsden.nhs.uk.

This quality account is divided into four sections.

Part 1

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

Part 2

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Part 3

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Part one

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

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

This year has been another outstanding year for us as we have continued to achieve high ratings from our two major regulators – Monitor and the Care Quality Commission (CQC). We welcomed the CQC in April as they inspected our services and saw the excellent standards we deliver to our patients. Our commitment to meeting the challenges of continuing to provide quality care and experience within a cost-effective framework underpins the following four corporate objectives for 2015/16.

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

Our commitment to improving quality is demonstrated by the following achievements in the year from 1 April 2015 to 31 March 2016.

Customer Service Excellence Standard

In February we once again achieved the Customer Service Excellence Standard. The standard recognises public services that are 'efficient, effective, excellent, equitable and empowering – with the citizen always and everywhere at the heart of public services provision'. We have held the standard for seven years, and are one of only a few hospitals to do so.

Equality and Diversity Award

We received a Global Equality and Diversity Impact Award for outstanding contribution to equality and diversity in the workplace.

The Royal Marsden School

The external annual assessment carried out by Health Education England found that The Royal Marsden School met all of their quality-performance targets.

Improving Patient Experience – Always Events

As part of our drive to continually improve our patients' experience, we have been chosen to be part of NHS England's 'Always Event' pilot. The Always Events programme aims to help provide 'person-centred care' (that is, care where the patient is always put first). Always Events are behaviours and practices that are so important to patients and carers that they must be performed consistently for every patient, every time. This builds on the work we did in 2015 to develop a set of 10 Always Events. We are co-designing an Always Event to be introduced with our haematology patients in Bud Flannigan Ambulatory Day Care throughout 2016.

Research excellence

In 2015/16, the National Institute of Health Research (NIHR) appointed two Applied Health Research staff members as 'clinical academic advocates'. Professor Theresa Wiseman is an NIHR advocate for nursing and Dr Linda Wedlake is an advocate for dietetics. The clinical academic advocates work with other senior non-medical academics. Professor Wiseman has established a formal mentorship programme to support research trainees at each stage of their career (tasters, internships, coaching in applying for grants for higher degrees, navigating the higher-degree process and establishing a research career after a doctorate).

The NIHR praised this mentorship programme as an excellent training and development strategy for identifying the potential for research and increasing the opportunity for nursing staff and allied health professionals to be involved in clinical research at the Trust. In 2015 the Applied Health Research group saw six nurses and allied health professionals awarded PhDs. Further NIHR grants were awarded for two projects run by Applied Health Research members – ‘Clinical acuity measurement and workforce’ (run by Dr Natalie Pattison and Mr Andrew Dimech) and ‘Developing an IT tool for National Cancer Patient Experience Survey free text data analysis’ (run by Professor Wiseman and Dr Shelley Dolan). The research led by nurse and allied-health-professional researchers includes supporting, and reducing the toxic effects of systemic, new therapies and radiotherapy, the sexual consequences of treatment, and living with and beyond cancer.

Sign up to Safety

We joined the national Sign up to Safety campaign in 2015 and have identified three priority areas within our Safety Improvement Plan. They are reducing harm to patients from:

- pressure ulcers;
- sepsis; and
- medication incidents (mistakes when giving medicines to patients).

We have held two very successful patient-safety roadshows, raising awareness of the risks from pressure ulcers and sepsis. We are developing a new patient-safety video to highlight how we can reduce harm from medication incidents.

We and our board have tried to take all reasonable steps to make sure the information in this quality account is accurate. On behalf of the Board of The Royal Marsden NHS Foundation Trust I can confirm that, as far as I know and believe, the information in this quality account is accurate.



Cally Palmer CBE

Chief Executive

26 May 2016

Part two

Performance against 2015/16 quality priorities for improving quality

Introduction

The quality priorities and targets for 2015/16 are shown in the table below. The priorities and targets in blue were mandatory in 2014/15 (that is, we had to include them) and the priorities and targets in red are the ones we have set ourselves.

Table 1: Quality priorities and targets for 2015/16

Category	Quality priority	Target	Progress (April 2015 to March 2016)
Safe care	1 To reduce the number of cases of healthcare related infections (MRSA and <i>clostridium difficile</i> infections). Applies to hospital inpatient beds at The Royal Marsden and patients of Sutton and Merton Community Services.	For there to be less than one case of MRSA infection per year. For there to be fewer than 31 cases of <i>clostridium difficile</i> infection caused by a lapse in care per 100,000 bed days. (A lapse in care is where there is evidence that policies and procedures which are consistent with local guidance, and are written in line with national guidance and standards, were not followed by the relevant provider. A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.)	Achieved
	2 To reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death. (A patient-safety incident is an incident which could have harmed or did harm a patient.) (In 2014/2015 the rate of severe harm or death from incidents was 0.003 per 100 admissions for acute care and 0.00 for community care.) Applies to hospital inpatient beds at The Royal Marsden and Sutton and Merton Community Services.	For the rate of reported patient-safety incidents that have caused severe harm or death to be below 0.01 per 100 admissions.	Achieved
	3 To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein).	For the percentage of patients who have been assessed to stay above 95%.	Achieved

Category	Quality priority	Target	Progress (April 2015 to March 2016)
Effective care	4 To reduce the incidence of emergency readmissions to hospital within 28 days of patients being discharged.	For the number of avoidable readmissions to be below 0.3%.	Achieved
	5 To reduce the incidence of category-3 pressure sores (full-thickness skin loss) and category-4 pressure sores (full-thickness tissue loss) developing in patients while they are receiving community care. Applies to Sutton and Merton Community Services.	For the percentage of category-3 and category-4 pressure sores arising in patients receiving community care to be less than 0.2%. For 90% of category-3 and category-4 pressure sores, both already existing and developing while receiving community care, to have healed or improved to category 1 (redness of intact skin, which does not fade when pressed) or category 2 (partial thickness skin loss or blister) within three months.	Achieved
Patient experience	6 a. To make sure that we are responding to inpatients' personal needs. b. To continue using the 'friends and family test' question for patients receiving community care. (The friends and family test question asks people who use NHS services whether they would recommend the services to others.)	a. For us to still be in the top 20% of trusts for results in the friends and family test for hospital inpatients. b. For the friends and family test results to be above 85% and to increase patient satisfaction, using the CARE Measure tool, to over 85% for community services.	a. Achieved b. Achieved
	7 To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care.	For more than 89% of surveyed staff to say that they would recommend The Royal Marsden.	Achieved
	8 a. To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times. b. To reduce waiting times in outpatient clinics and improve patients' experiences relating to waiting times.	a. For 80% of patients to be satisfied with the length of time they had to wait to start their treatment. b. For no more than 10% of patients to have to wait more than one hour.	a. Achieved b. Achieved
	9 To reduce the length of time it takes for a medicine to be dispensed once the prescription has been received by the pharmacy.	For the number of patients who wait for more than two hours to be reduced by 10%.	Achieved
	10 a. To make sure that children in Sutton and Merton have high levels of protection against disease within the local communities. b. To measure the number of girls who receive the HPV (human papilloma virus) immunisation, and the number of school-leavers receiving the booster for diphtheria, polio and tetanus, and report findings across Merton and Sutton boroughs.	a. For the Children's Immunisation Team to make sure that the percentage of girls in years 8 and 9 who get the first dose of the HPV immunisation stays above the national target of 90%. b. For the Children's Immunisation Team to increase the percentage of school-leavers having the booster for diphtheria, polio and tetanus, from 72% to 80% (the national target) for the school year ending on 31 August 2015.	a. Achieved b. Achieved

Priority 1

Safe care

To reduce the number of cases of healthcare related infections (MRSA infection and *clostridium difficile* infection). Applies to patients at The Royal Marsden and patients of Sutton and Merton Community Services.

Targets

- For there to be less than one case of meticillin-resistant staphylococcus aureus (MRSA) per year
- For there to be fewer than 31 cases of *clostridium difficile* infection caused by a failure in care per 100,000 bed days. (A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.)



“Infection prevention remains a key priority for patient safety at The Royal Marsden.”

Pat Cattini

Lead Nurse/Deputy Director Infection Prevention and Control

Because of their reduced immunity, patients with cancer are more vulnerable to infection, even from germs that would normally be harmless. This makes preventing infection an important priority for patient safety.

What we did in 2015/16

- The Infection Prevention and Control team looked at how they provide information to staff across the organisation to make sure staff have appropriate training and understanding to prevent infection
- We introduced universal decolonisation, where patients use antiseptic skin wash and mouthwash, to kill germs, for patients having surgery. This is to reduce the risk of chest infection and infection of the area operated on
- We reviewed the MRSA-screening policy and MRSA patient-management policy to make sure there is better targeted screening where necessary and avoid unnecessary sampling
- We introduced new housekeeping checks of the clinical departments. This will help us to make sure we have a clean, safe environment
- We made more efficient use of cleaning wipes across the Trust to make sure there are consistent standards
- We introduced new practice-based checks to give extra support to staff in our clinical environments
- We raised the profile of antimicrobial management with extra teaching and involvement in antimicrobial rounds on wards.

How we performed in 2015/16

- We maintained excellent hygiene standards and made sure the correct cleaning products and standards were maintained to reduce the risk of *clostridium difficile* infection
- The Infection Prevention and Control team prioritised the use of isolation rooms to reduce the risk of cross infection
- In the period from April 2015 to March 2016 there was one case of *clostridium difficile* due to a failure in care, beating our target of 31
- There were no cases of MRSA infection in the bloodstream, meaning that we met our target.

Actions to improve our performance

- Continuing to reinforce the need for preventing *clostridium difficile* infection by promptly isolating patients with suspicious loose stools, thoroughly cleaning the environment, effectively managing the use of antimicrobials and promoting thorough hand washing with soap and water
- Keeping accurate records of prescriptions for antimicrobials, hand washing, device care and cleaning audits
- Encouraging staff to fill in infection-risk assessment forms
- Making sure appropriate MRSA screening is carried out as part of a patient's pre-operative assessment
- Introducing a system of universal decolonisation for patients having surgery. This includes an antiseptic wash and mouthwash to help reduce their risk of developing an infection
- Encouraging appropriate assessment and screening of patients who may be carrying multi-resistant organisms.

How improvements will be measured and monitored

Improvements will be monitored by the Infection Prevention and Control team at monthly meetings. This meeting is chaired by the Chief Nurse, who is our Director of Infection Prevention and Control. Infections caused by MRSA, methicillin-sensitive staphylococcus aureus, vancomycin-resistant enterococci (VRE) and E.coli will be reported to Public Health England, as will all confirmed *clostridium difficile* infections. The numbers of certain infections will be reported to our board and published in the Integrated Governance Monitoring Reports issued every three months.

Priority 2

Safe care

To reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death. (A patient-safety incident is an incident which could have harmed or did harm a patient.) Applies to patients at The Royal Marsden and patients of Sutton and Merton Community Services.

Target

For the rate of reported patient-safety incidents that have caused severe harm or death to be below 0.01 per 100 admissions. (In 2015/16 the rate of severe harm or death from incidents per 100 admissions was 0.003 for hospital and 0 for community.)



“Incident reporting continues to be a patient-safety priority, we strive to increase the number of near-miss and no-harm incidents reported by increasing the feedback that individual staff receive when they report an incident and also the trust-wide dissemination of learning from investigations.”

Chris Lafferty
Risk management

What we did in 2015/16

- We made short films that highlight areas where staff need to learn from patient-safety incidents. Two of the titles are ‘Learning from incidents: the importance of escalation’ and ‘The Mental Capacity Act and Deprivation of Liberty Safeguarding’
- We joined the Sign up to Safety campaign (a national campaign designed to help make the NHS the safest healthcare system in the world) and in May 2015 we published our three-year Safety Improvement Plan.

Our Safety Improvement Plan focuses on three priority areas:

- increasing awareness, identification and treatment of sepsis, and reducing death from it;
- reducing harm from medication errors; and
- reducing harm from pressure ulcers.

(See appendix 3 for details of these priority areas.)

The strategic steering group is responsible for making sure the Safety Improvement Plan is followed, and reports on our progress. A significant amount of progress has been made in all three priority areas. Please see appendix 3 for details.

The steering group has planned an event in June 2016 to celebrate its progress against the Safety Improvement Plan and the successes achieved in the first year.

How we performed in 2015/16

- We reported all attributable patient-safety incidents (those which we were caused by us) to the National Reporting and Learning Service (NRLS). Before NRLS produced their six-monthly reports, we re-submitted all changes made as a result of investigations. (These changes may not be reported by the NRLS so the information we hold may not be the same as that reported by the NRLS.)
- The tables below separate out the information for the acute hospital sites of Chelsea and Sutton and for Sutton and Merton Community Services.

Table 2 shows that, at the Chelsea and Sutton sites, the rate of reported incidents that caused severe harm or death in 2015/16 was 0.003.

Table 2: Chelsea and Sutton patient-safety incidents

Measure	2013/14	2014/15	1st quarter of 2015/16	2nd quarter of 2015/16	3rd quarter of 2015/16	4th quarter of 2015/16	Overall for 2015/16
Inpatient and daycase admissions and regular day patients	64106	66551	16463	17444	17700	17379	68986
Rate of reported patient-safety incidents (severe harm or death) per 100 admissions	0.008	0.003	0.006	0	0.006	0	0.003
Number of patient-safety incidents (severe harm or death)	5	2	1	0	1	0	2
Total patient-safety incidents	2352	2780	745	741	804	943	3233
Patient-safety incidents (severe harm or death) as a percentage of all patient-safety incidents	0.21%	0.07%	0.13	0	0.12	0	0.06%

Note: the figures for the first, second, third and fourth quarter have been updated to reflect only incidents which we are responsible for.

Table 3 shows that in community services there have been no patient-safety incidents resulting in severe harm or death for the period 2015/16.

Table 3: Sutton and Merton Community Services patient-safety incidents

Measure	2013/14	2014/15	1st quarter of 2015/16	2nd quarter of 2015/16	3rd quarter of 2015/16	4th quarter of 2015/16	Overall for 2015/16
Number of contacts (appointments attended)	541,387	513,707	168,222	168,612	173,735	166,724	677,293
Rate of reported patient-safety incidents (severe harm or death), per number of contacts	0	0	0	0	0	0	0
Number of patient-safety incidents (severe harm or death)	0	0	0	0	0	0	0
Total patient-safety incidents	983	1034	168,222	168,612	173,735	166,724	677,293
Patient-safety incidents (severe harm or death) as a percentage of all patient-safety incidents	0%	0%	0%	0%	0%	0%	0%

Note: the figures for the first, second, third and fourth quarter have been updated to reflect only incidents which we are responsible for.

Comparison with national figures

The National Reporting and Learning System (NRLS) reports that for the period from April 2015 to September 2015, the proportion of incidents resulting in severe harm or death was less than 1% of all incidents reported, which is consistent with national figures.

Recognising and reporting an incident resulting in severe harm or death is an indicator of an organisation's culture of accurately reporting incidents. The NRLS's reports show that The Royal Marsden is within the highest 25% of reporting organisations.

Actions to improve our performance

- Keeping to regulation 20 – the duty of candour.

This is a regulation to make sure that we are open and honest about care and treatment. Under regulation 20, if there is a patient-safety incident that is graded moderate harm or above, we must follow a set process. You can find full details at www.cqc.org.uk/content/regulation-20-duty-candour.

Our Being Open and Duty of Candour Policy incorporates the requirements of the Duty of Candour. To make sure that we are open and honest about incidents that fall under regulation 20, the Risk Management Team investigate every reported incident that is graded moderate harm and above. They start this investigation on the day the incident is reported or the next working day. If the incident is confirmed as being correctly graded as moderate harm or above, the Risk Management team works with the appropriate clinical staff to make sure the patient is told about the incident and that an appropriate apology is given within 10 days of the incident being reported on Datix, the incident reporting system.

The patient is kept informed of our investigation. If a report is being produced, the patient is asked if they would like a copy of it. The Risk Management Team, with the support of the Complaints Team, make sure that the report is sent to the patient with an offer to meet to go through the findings.

The Duty of Candour process is monitored every six months by an audit and the results are given to the Integrated Governance and Risk Management Committee, Quality, Assurance and Risk committee and the Trust Board committee.

Priority 3

Safe care

To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein).

Target

For the percentage of patients who have been assessed to stay above 95%.



“Nurses and doctors work together to ensure appropriate prophylaxis is delivered to patients. We know this is so important.”

Ann Duncan
Matron, Cancer Services

Venous thromboembolism (VTE) is a single term for both deep-vein thrombosis and pulmonary embolism. A deep-vein thrombosis is a blood clot that forms in a deep vein (usually in the leg). If a clot breaks off and travels to the arteries of the lung, it causes a pulmonary embolism, which can be life-threatening. VTE can be avoided by giving preventative treatment (prophylaxis) to patients at risk. Patients with cancer are at greater risk of developing VTE, so this continues to be a safety priority for us.

The VTE Steering Board is now well established and VTE risk assessments are carried out for all appropriate patients. All planned inpatients are sent information leaflets before their appointment to tell them what they can do to help prevent clots forming, how to recognise the signs and symptoms of clots and what to do if they have any of these signs and symptoms. There are also posters and information leaflets throughout the hospital and available from Patient Advice and Liaison Service (PALS). The VTE risk assessment may be carried out using either the patient’s drug chart or by using the electronic clinical documentation system.

What we did in 2015/16

- All clinical staff were invited to a master class on VTE with external speakers
- The staff reviewed the patient information booklet given to all patients. In 2016/2017 we will invite a patient representative to join the VTE Steering Board
- We developed a specific care plan about preventing blood clots for staff to use. When a patient's care plan is agreed, both the nurse and patient will sign it. The patient will sign that they have received the information about how to minimise their risks of developing a blood clot, how to recognise a blood clot, and what to do if they suspect they may have one
- We gave all inpatients a pack of information with leaflets about preventing blood clots, preventing falls and keeping safe while in hospital. Patients are also given information booklets about the ward
- We made sure that a patient-safety video was available for all patients to watch when they are admitted. A tag is attached to the patient entertainment screen at the bed to remind patients to watch the video
- We produced a reminder card for patients to help them recognise the signs and symptoms of developing a blood clot. In Sutton, nurses give the cards to patients at the patient-information sessions which are held before the patient starts chemotherapy
- In all day units we put up posters displaying the signs and symptoms of developing a blood clot. The posters also explain that patients on anti-cancer treatment, particularly chemotherapy, are at greater risk of developing a VTE
- We developed a poster and card campaign for patients to help them recognise the signs and symptoms of developing a blood clot. In Sutton, nurses give the cards to patients at the patient-information sessions which are held before the patient starts chemotherapy. These cards are available in wards and day-care units.

How we performed in 2015/16

We achieved the NHS Commissioning for Quality and Innovation (CQUIN) target of 95% success in making sure all of our patients are appropriately assessed for the risk of developing VTE.

Table 4: Percentage of patients who have had a risk assessment completed

	Percentage of patients who have had a risk assessment completed
2012/13	96.5%
2013/14	96.75%
2014/15	97.1%
2015/16	96.1%
1st quarter of 2015/16	96.93%
2nd quarter of 2015/16	96.3%
3rd quarter of 2015/16	95%
4th quarter of 2015/16	96.1%

Actions to improve our performance

- Auditing how nurses are using the specific care plan about preventing blood clots
- Having ‘harm-free care champions’ in each clinical area. This means that in each area there will be a registered nurse and a healthcare assistant who attend a meeting and education session every three months. The harm-free champions then share the outcome of the meeting and their learning with staff in their clinical areas. This promotes safety on each ward
- The harm-free champions raising awareness of harm-free care in hospitals
- Re-auditing what patient information is given to patients and who gives the information to patients, including day-case patients as well as inpatient wards.

How improvement will be measured and monitored

The VTE Steering Board will monitor VTE incidents, assessments and prevention procedures. Performance will also be monitored at the trust’s Key Performance/CQUIN Steering Board and through the monthly board scorecard. The scorecard is reviewed at each trust board meeting and contains, among other items, the number of patients with a VTE. We have reached our targets, but this will continue to be included as a priority for 2016/2017 as this remains an important indicator of our improvement in protecting patients from avoidable harm.

Priority 4

Effective care

To reduce the incidence of emergency readmissions to hospital within 28 days of patients being discharged.

Target

For the number of avoidable readmissions to be below 0.3%.



“Helping patients understand how to keep themselves well while on chemotherapy, and recognising when to call for advice, is vital. Patients are given a chemotherapy alert card and 24-hour contact details.”

Lorraine Hyde
Matron, Medical Day Unit

Since 2012/13, quality accounts should show the percentage of patients of all ages and sexes who were readmitted within 28 days of being discharged, and the national average. It is important to note that some readmissions will include patients who are admitted because of the side effects of treatment, so it may be difficult to explain any differences between us and other NHS trusts.

What we did in 2015/16

- We appointed two part-time Acute Oncology Medical Consultants to streamline the care of non-elective (emergency) outpatients in the Clinical Assessment Unit (Chelsea)
- Patients can phone the Clinical Assessment Unit if they feel unwell and are seen as emergency patients
- If these patients need to be admitted to hospital as an inpatient, then they are under the care of the Acute Oncology Medical Consultants for the first 72 hours of their care
- We updated ward information booklets to remind staff to give patients the booklets which contain information about readmission
- We started work with Macmillan to develop a helpline for patients to call.

How we performed in 2015/16

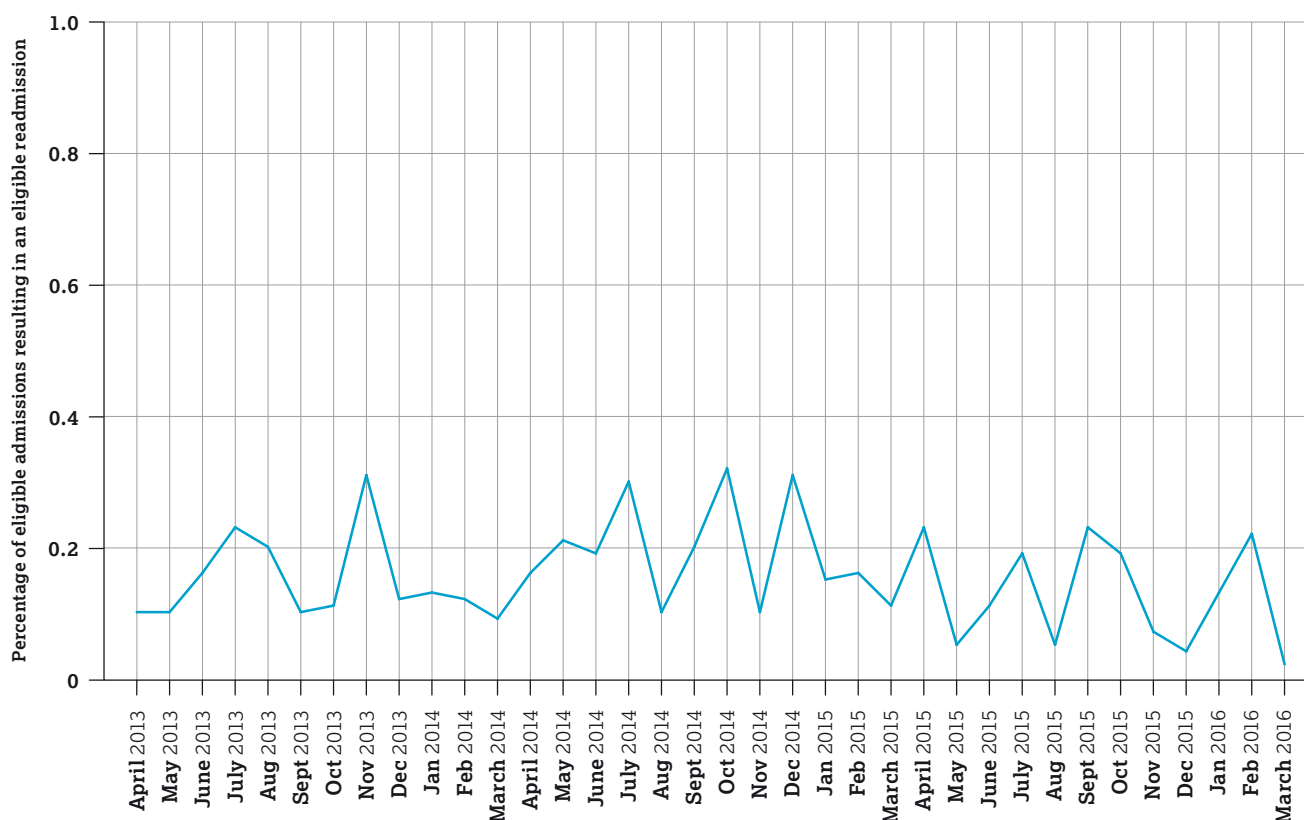
Graph 1 shows the percentage of patients who were readmitted within 28 days from April 2013 to March 2016. Readmissions have stayed below 0.4% of all admissions since April 2012. Some emergency readmissions are an unavoidable consequence of the original treatment. However, some could be avoided by making sure that patients receive:

- the best possible treatment according to their needs; and
- careful planning and support for caring for themselves when they leave hospital.

Table 5: Number of patients who were readmitted within 28 days from 1 April 2015 to 31 March 2016.

Month	Number of patients readmitted within 28 days
April 2015	10
May 2015	2
June 2015	5
July 2015	9
August 2015	2
September 2015	11
October 2015	9
November 2015	2
December 2015	2
January 2016	6
February 2016	10
March 2016	1
Total	69

Graph 1: Percentage of emergency readmissions within 28 days



Actions to improve our performance

- Continuously reviewing and evaluating medical care using the Enhanced Recovery Programme (ERP)
- Developing an Enhanced Recovery Programme for after liver surgery
- Developing closer links with community services
- Developing short-stay surgical procedures
- 10% of readmissions being reviewed and common themes explored
- Introducing the acute oncology out-of-hours admission prioritisation guide and updating the access policy. This guide has a specific ‘triage’ sheet to help staff prioritise care. This is then recorded on the patient’s electronic record
- Putting telephone triage into practice to reduce patient anxiety
- Communicating better with the Acute Oncology Service (AOS) at other hospitals
- Reviewing non-elective patients and the Acute Oncology Service team
- The Acute Oncology Service team discussing, at monthly meetings, patients who have been readmitted within 28 days.

Priority 5

Effective care

To reduce the incidence of category-3 pressure sores (full-thickness skin loss) and category-4 pressure sores (full-thickness tissue loss) developing in patients while they are receiving community care. Applies to Sutton and Merton Community Services.

Targets

- For the percentage of category-3 and category-4 pressure sores arising in patients receiving community care to be less than 0.2%
- For 90% of category-3 and category-4 pressure sores, both already existing and developing while receiving community care, to have healed or improved to category 1 (redness of intact skin, which does not fade when pressed) or category 2 (partial-thickness skin loss or blister) within three months.



Sutton and Merton Community Services

This remains a challenging but important priority for community services and we have continued to focus upon the prevention and management of pressure ulcers for the benefit of patients.

What we did in 2015/16

- Community nursing staff worked to increase the number of patients who have a pressure-sore risk assessment.

How we performed in 2015/16

- From 1 April 2015 to 31 March 2016, we met our first target of having less than 0.2% of patients developing category-3 and category-4 pressure sores while under the care of community services. See table 6 over the page for more details
- From 1 April 2015 to 31 March 2016, 57 patients developed category-3 and category-4 pressure sores while under the care of community services
- From 1 April 2015 to 31 March 2016, 91% of patients referred to community nursing received a pressure-sore risk assessment at their first appointment
- From 1 April 2015 to 31 March 2016, 100% of category-3 and category-4 pressure sores improved to at least category 2 within three months of being diagnosed.

Table 6: Number of category-3 and category-4 pressure sores developed while receiving care from community services.

	Number of patients with a category-3 or category-4 pressure sore developing while under the care of Sutton and Merton Community Services	Percentage each month	Percentage over quarter
April 2015	Category 3 = 3 Category 4 = 0	0.1%	Quarter 1 (1 April to 30 June): 0.14%
May 2015	Category 3 = 4 Category 4 = 1	0.18%	
June 2015	Category 3 = 4 Category 4 = 0	0.14%	
July 2015	Category 3 = 5 Category 4 = 0	0.17%	Quarter 2 (1 July to 30 September): 0.15%
August 2015	Category 3 = 4 Category 4 = 0	0.13%	
September 2015	Category 3 = 4 Category 4 = 1	0.16%	
October 2015	Category 3 = 5 Category 4 = 0	0.15%	Quarter 3 (1 October to 31 December): 0.15%
November 2015	Category 3 = 5 Category 4 = 2	0.21%	
December 2015	Category 3 = 3 Category 4 = 0	0.09%	
January 2016	Category 3 = 9 Category 4 = 1	0.23%	Quarter 4 (1 January to 31 March): 0.19%
February 2016	Category 3 = 5 Category 4 = 0	0.16%	
March 2016	Category 3 = 5 Category 4 = 0	0.14%	

Actions to improve our performance

- Community services continuing a large programme of work to adopt strategies for preventing and managing pressure sores.

How improvement will be measured and monitored

All diagnoses of category-3 and category-4 pressure sores will be investigated and the findings presented at panels every two months in order to identify root causes and to learn from incidents to improve care for patients.

Priority 6a

Patient experience

To make sure that we are responding to inpatients' personal needs.

Target

For our results in the friends and family test for hospital inpatients to still be higher than the national average.



“Since launching the Friends and Family Test in early 2013 we have received over 13,000 responses which have provided unprecedented insight into what patients think of our services. The overwhelming majority of patients rate our services highly with more than 96% likely or very likely to recommend us. However, the Friends and Family Test has also given us a wealth of information on where we could improve.”

Richard Schorstein
Matron, Private Care

The ‘friends and family test’ was announced by the Prime Minister on 25 May 2012. Under this test, all NHS patients are asked whether they would recommend a particular A&E department or ward to their friends and family. The results of the test will be used to improve the experience of patients and highlight priority areas for action.

The question asked is:

'How likely are you to recommend our ward to friends and family if they need similar care or treatment?'

The patients then choose their answer from the following.

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know.

We then ask a second question: *'What was good about your care and what could be improved?'*

Patients answer this question freely. Comments are reviewed by the matrons and ward staff and, where appropriate, action is taken.

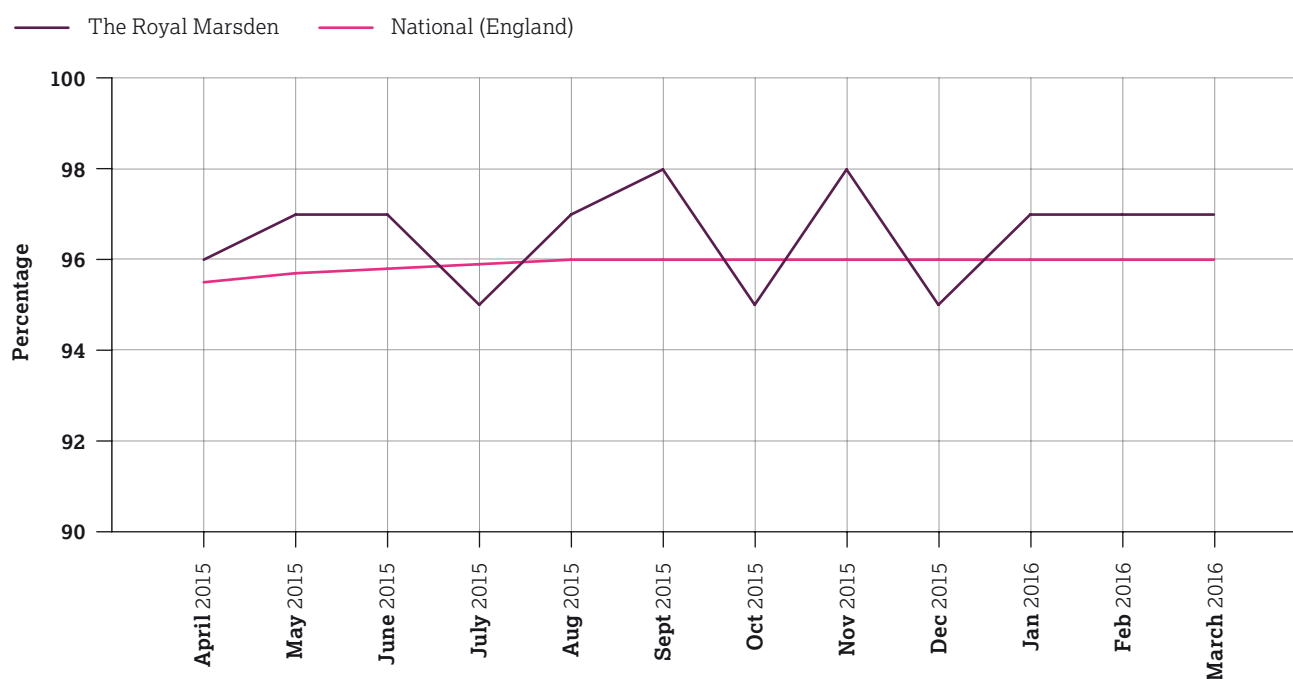
What we did in 2015/16

- We have a poster about the friends and family test, and a collection box for responses, outside all wards and in outpatient and day-care areas
- We ask all patients to fill in the friends and family test form and put it into a collection box. Once a week the forms are collected and an external company processes the feedback and gives us details
- As well as the friends and family question, we have introduced extra questions to allow patients to rate our services in terms of dignity, involvement, information, cleanliness and staff.

How we performed in 2015/16

We achieved our target with an average across the year of 97% of inpatients saying that they would recommend us. This is higher than the national average of 96%.

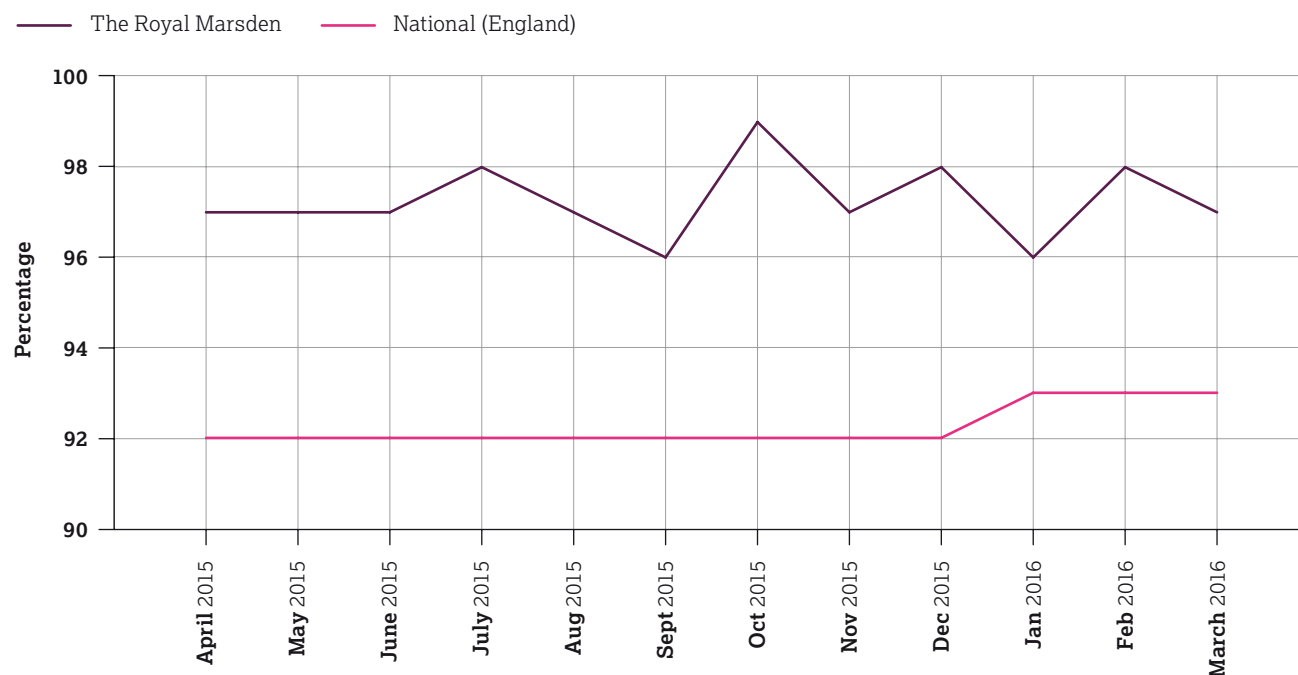
Graph 2 below shows the percentage of inpatients who would recommend the trust.



NHS England displays the information that has been collected each month for 170 providers of NHS-funded services for inpatients and independent-sector providers for inpatients, outpatients, community services, dental, ambulance, accident and emergency (A&E), maternity, mental-health and GP services. The information is on the website at www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/.

We achieved our target with an average across the year of 97% of outpatients saying that they would recommend us. This is higher than the national average of 92%.

Graph 3 below shows the percentage of outpatients who would recommend the trust.



Actions to improve our performance

- Continuing to use the friends and family test question to encourage all patients to let us know how we can improve our services
- Continuing to work with staff who are in contact with patients to increase the response rate for the friends and family test
- Continuing to communicate results – to trust staff, patients, relatives and carers – by discussing them at meetings and publicly displaying results on wards' notice boards and our website
- Analysing the comments received to identify key areas for improvement
- Developing local and trust-wide improvement plans for identified areas of concern.

How improvement will be measured and monitored

Results will continue to be passed to the ward sisters and matrons each month and we will take action following any comments for improvements. The results will continue to be included in our monthly quality account to the board.

Priority 6b

Patient experience

To continue using the ‘friends and family test’ question for patients receiving community care. (The friends and family test question asks people who use NHS services whether they would recommend the services to others.)

Target

For the friends and family test results to be above 85% and to increase patient satisfaction, using the CARE Measure tool, to over 85% for community services.



“Listening to what our patients say about our service really helps us understand how effective our service is. This feedback has helped us identify and focus on specific aspects of the service to become more patient centred. In addition patient feedback can provide a powerful source of evidence to support individual staff development which can feed into clinical supervision and staff appraisal.”

Sarah Murphy

Nurse Consultant CRISIS team

Community Rapid and Intensive Integrated Service

As well as asking patients receiving community care the friends and family test question, we also use the Consultation and Relational Empathy (CARE) Measure (a questionnaire of 10 questions) to measure staff empathy in consultations. Adapted versions of the CARE Measure tool are used to capture views from patients with cognitive and communication difficulties. An amended version was developed to capture views from parents and children over the age of 12.

What we did in 2015/16

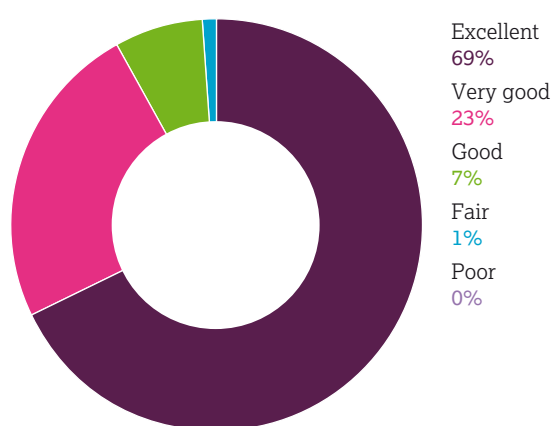
- We continued to routinely ask our patients receiving community services the friends and family test question as part of our patient experience surveys
- We used the CARE Measure tool and produced an overall summary of findings for community services. From April 2015 to March 2016, we completed 2194 CARE Measure surveys.

How we performed in 2015/16

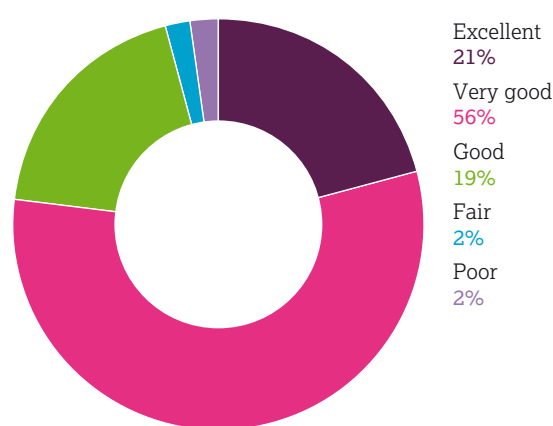
CARE Measure

- A target of 80% satisfaction is set for each question of the CARE Measure tool (with satisfaction being defined as an ‘excellent’ or ‘very good’ response)
- Survey responses in quarter 4 showed that patient satisfaction was 91.3%, with the total for the year being 89.76%.

Q.3 Making you feel at ease?



Q.10 Explaining things clearly?



Feedback from patients included the following.

“Nurse is easy to talk to and a good person to turn to when needed.” (School Nursing)

“Very friendly team and lovely support for us as a family.” (Children’s Speech and Language Therapy)

“Excellent service with compassion.” (Heart failure)

“They consider you as a person and listen and respond appropriately. They are friendly, make you feel at ease and show compassion.” (Community Nursing)

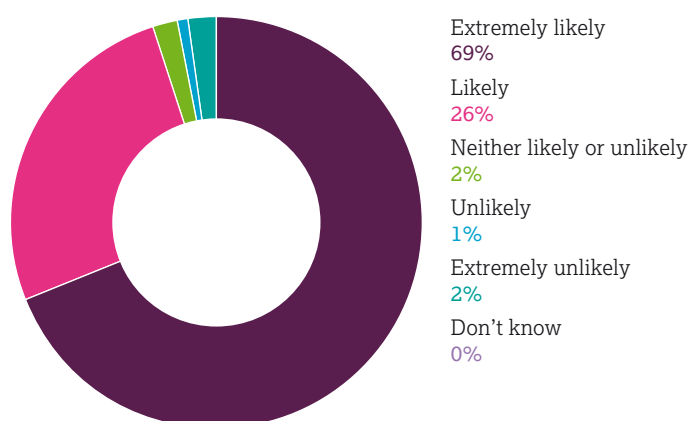
Friends and family test

For the period April 2015 to March 2016, the percentage of patients who would recommend our services to friends and family was 95%, so we achieved our target.

The responses to the question 'How likely are you to recommend this service to friends and family if they needed similar care or treatment?' are shown below.

95% of patients were likely or extremely likely to recommend the service, with 3% being unlikely or extremely unlikely to recommend the service.

Total year friends and family test responses



Actions to improve our performance

- Routinely asking patients to give feedback through surveys or by using the kiosks or iPads in clinical areas
- Including feedback from patients in the weekly newsletter that the Divisional Director produces each week and sends to staff
- Service managers and key staff in each team monitoring patient feedback each month and reporting back to their clinical area at team meetings
- Making sure that survey forms which mention specific members of staff are given to those staff to be included in their development records
- Teams discussing feedback comments which highlight possible improvements and taking appropriate action.

How improvement will be measured and monitored

Immediately available reports will allow services to monitor and tackle issues throughout the year. Survey results will be reported back to the Clinical Commissioning Group (via the Clinical Quality Review Group) every three months. Feedback is also provided to all services through divisional and service-led team meetings. From 1 April 2016 we will be using the same service provider as the rest of The Royal Marsden use for gathering feedback. This will streamline the process of gathering, reviewing and acting on feedback.

Priority 7

Patient experience

To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care.

Target

For more than 89% of surveyed staff to say that they would recommend The Royal Marsden.



The quotes below are samples from the anonymous comments staff provided in quarter 1. (1 April 2015 to 30 June 2015) on why they would recommend The Royal Marsden to friends or family needing care.

“Everyone truly cares about what is best for patients and their families. They also believe in the organisation and the work it does. It gives me confidence in what we do and great pride to work here!”

“High levels of expertise and knowledge coupled with a compassionate and holistic approach.”

The quotes below are samples from the anonymous comments staff provided in quarter 2. (1 July 2015 to 30 September 2015) on why they would recommend The Royal Marsden to friends or family needing care.

“The compassion and care of the staff is amazing, they all go the extra mile. Also the treatment received is at the forefront.”

“Compassionate care delivered with kindness and technical skill.”

Each year we carry out a staff survey (the annual staff survey) and ask staff how strongly they agree with the statement: *'If a friend or relative needed treatment, I would be happy with the standard of care provided by this trust.'* In 2015/16, 90% of staff agreed or strongly agreed with the statement, so we achieved our target.

Three times a year we also ask staff to respond to the friends and family test question: *'How likely are you to recommend this organisation to friends and family if they needed care and treatment'*. In quarter 4 (1 January to 31 March 2016), 96% of staff said that they would recommend us.

What we did in 2015/16

- We ran the staff friends and family test to get feedback on how likely staff would be to recommend us for care or treatment
- We continued to share the responses to this and the findings of patient surveys with staff.

How we performed in 2015/16

Friends and family test

The results of the friends and family test are shown in table 7.

Table 7: staff response to the question 'How likely are you to recommend this organisation to friends and family if they needed care and treatment'

	4th quarter of 2014/15	1st quarter of 2015/16	2nd quarter of 2015/16	3rd quarter of 2015/16	4th quarter of 2015/16
Would recommend	96%	95%	96%	NA	96%
Would not recommend	1%	2%	1%	NA	1.8%

The number of staff responding to the friends and family test in quarter 2 (396) is similar to that of quarter 1 (419). The survey is not carried out in quarter three as we run the national NHS staff survey then.

The number of staff members responding fell in quarter 4, so we will review how we publicise the quarterly surveys.

Workforce Race Equality Standard

The Workforce Race Equality Standard requires all NHS organisations to demonstrate how they are dealing with race-equality issues in staffing areas such as recruiting and promoting staff. There has been a marked reduction in the percentage of staff experiencing bullying, harassment or abuse from other staff members. There has also been an increase in the number of staff from black and ethnic-minority backgrounds (BME staff) who believe that there are equal opportunities. Table 8 provides a breakdown.

Table 8:

		Royal Marsden 2015/16	Average (median) for acute specialist trusts 2015/16	Royal Marsden 2014/15
Percentage of staff experiencing bullying harassment or abuse from staff in last 12 months	White	21%	23%	23%
	BME	24%	24%	27%
Percentage of staff believing that we provide equal opportunities for career progressions or promotion	White	90%	91%	90%
	BME	76%	78%	72%

Over the last 12 months, we have taken a number of steps to support our Equality and Diversity Strategy, including developing a Black and Minority Ethnic Network to share the experiences and views of BME staff and consider appropriate action to take. We have also launched a mediation service to reduce the number of grievances that reach a formal level.

Actions to improve our performance

- Promoting the surveys to all staff to encourage a greater response
- Reviewing the comments given in response to the friends and family test question to identify areas where improvements can be made
- Promoting greater accountability for taking action on the findings from local and national survey results
- Raising awareness of the Workforce Race Equality Standard and actions being taken to deal with issues that come to light.

How improvement will be measured and monitored

Through responses to the quarterly ‘friends and family’ staff survey and annual staff survey.

Priority 8a

Patient experience

To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times.

Target

For 80% of patients to be satisfied with the length of time they had to wait to start their treatment.



“As a sister my priority is to ensure that patient waiting times are kept to a minimum and I strive to ensure that the patient experience is as good as it can be.”

Sister
Medical Day Unit

Managing chemotherapy waiting times is a particular challenge for us because of the complexity of checking it is safe to go ahead with the chemotherapy. Chemotherapy drugs need to be prepared in an aseptic unit (where staff wear gowns and gloves). Also, several checking procedures have to be followed. Some chemotherapy drugs take up to four hours to prepare once they have had the go-ahead for treatment.

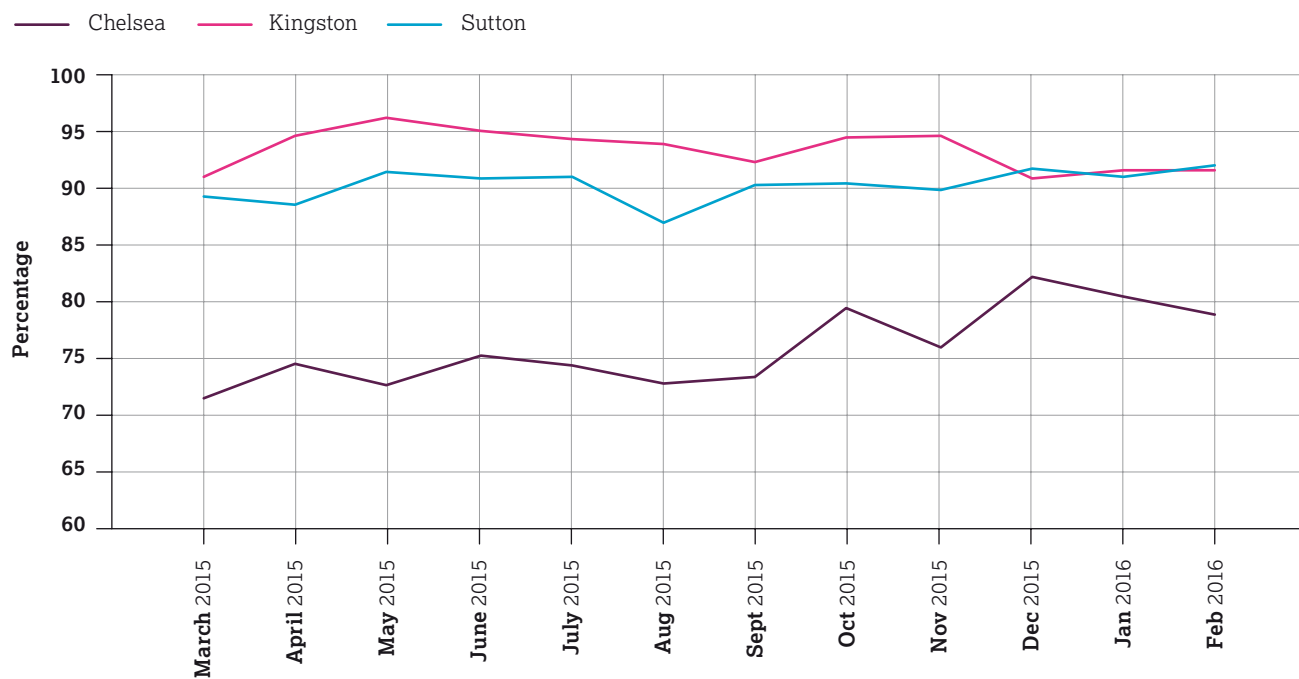
What we did in 2015/16

- 80% of the chemotherapy supplied to our Medical Day Unit is produced in partnership with an external company (Hospira©). The pharmacy department worked with them to introduce a new system so that some products are available ‘off the shelf’. This system will create a more streamlined and efficient supply of doses for patients, particularly when their doses have had to be reduced or changed by the clinical teams at short notice, and reduce waste related to unused chemotherapy doses. The system will be introduced in quarter 1 2016/17
- We developed an eChemo system and rolled this out across all adult clinical units. The system allows a patient’s charts to be sent electronically to the pharmacy before the patient’s appointments. This helps to save time screening, making and dispensing chemotherapy. It also shows the pharmacy the patient’s scheduled appointment times so they can prioritise their workload accordingly
- The eChemo system allowed us to monitor pre-prescribing and pre-screening rates along with things such as release times. This information is vital to support quality improvement and reduce the time patients wait for chemotherapy
- We introduced a ‘transformation group’ made up of key stakeholders to review the chemotherapy pathway (all processes of delivering chemotherapy to patients, from prescribing to administering the treatment) with the aim of reducing chemotherapy waiting times. This group is currently developing a new system for collecting in-depth information to identify the root cause of long waiting times.

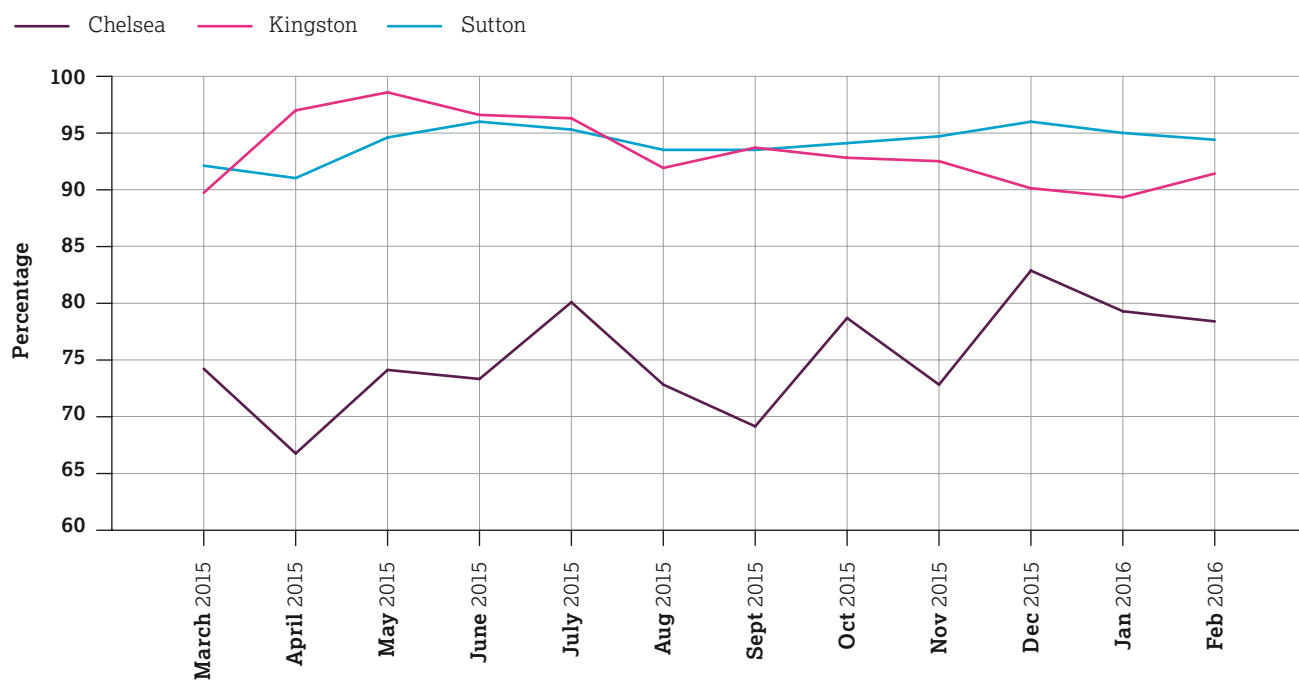
How we performed in 2015/16

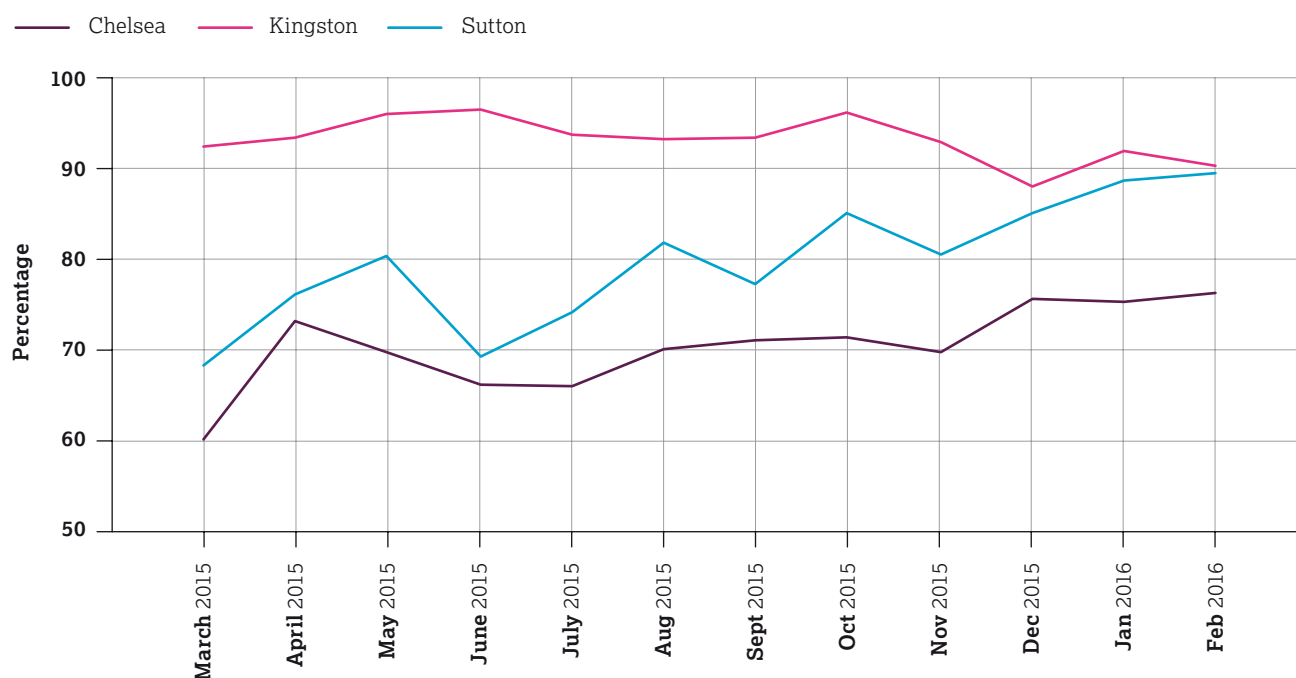
Graph 4a below shows the percentage of chemotherapy drugs prescribed more than five days in advance. It shows that the performance at Chelsea (70 to 80%) falls behind that at the Sutton and Kingston units (approximately 90%). The rates at Chelsea have increased over the period, and this can be explained by a change in the different types of chemotherapy treatment used. However, looking at the breast unit as an example (see graph 4b), it can be seen that across a group of patients where the chemotherapy procedures are essentially the same, there is still significantly more advance prescribing at the Sutton and Kingston sites.

Graph 4a: Pre-prescribing more than five days in advance – all clinical units



Graph 4b: Pre-prescribing more than five days in advance – breast unit only



Graph 5: Pre-screening more than four days in advance – all clinical units

Graph 5 shows whether the clinical pharmacy service is screening prescriptions in advance (that is, making sure that pre-prescribed prescriptions are processed and ready to order). Performance is limited by the pre-prescribing rates, so the Chelsea rate is again lower. However, with pre-prescribing rates at Sutton being relatively level at about 95% since July 2015, screening performance has significantly improved over the period, from 75% to 85%.

Both pre-prescribing and pre-screening rates are now included as part of the pharmacy department's pharmacy scorecard. These graphs will be available to staff in the Cancer Clinical Business Units to monitor and manage prescribing performance of individual clinical units.

Actions to improve our performance

- The review of how the Medical Day Unit is performing will provide opportunities to improve the service
- 'Dose banding' is a new project that will allow prompt turnaround of chemotherapy prescriptions
- eChemo will be introduced across all units to deliver consistent efficiencies in screening and the prompt preparation of chemotherapy medicines.

How improvement will be measured and monitored

Results will continue to be discussed with the MDUs and outpatient teams and, where relevant, action plans will be produced to make improvements. The results will continue to be reviewed at the Sign Up to Safety Group, Patient Experience and Quality Account committee every quarter.

Priority 8b

Patient experience

To reduce waiting times in outpatient clinics and improve patients' experiences relating to waiting times.

Target

For no more than 10% of patients to have to wait more than one hour.



“Knowing that you have been able to help implement and improve services within OPD is very rewarding and gives you great job satisfaction.”

Outpatients Clinic Co-ordinator
Chelsea

Within our Outpatient departments we aim to communicate well with our patients to make sure that they have a good experience, particularly at their first appointment.

What we did in 2015/16

- We launched an Outpatients Transformational Project to help identify, understand and improve any performance issues which may be having a negative effect on patient experience
- Through the Outpatient Transformation Project we have done the following
 - Observed clinics and the waiting areas
 - Spoken to patients through their ‘patient journey’ on one visit;
 - Held ‘mapping’ sessions at each site to determine each administrative step in the process from the patient being referred through to them attending their outpatient appointments. This helped highlight problem areas, helped staff prevent repetitions and improved communication channels to improve the efficiency of bookings
 - Held events to listen to staff in outpatient departments
 - Reviewed how clinics are used in the Rapid Diagnostic Assessment Unit (RDAC) in Chelsea as a model to extend to outpatients and the RDAC on both sites
 - Identified the main priorities and the actions needed to make improvements
 - Established a complaints procedure specific to waiting times and the patient experience in outpatient departments.
- Reception staff continued to make regular announcements to tell patients about clinics that were running late
- We introduced a visual display screen that gives specific announcements about clinic delays or cancellations
- We introduced monthly Outpatient Operational Management meetings to review the monthly scorecards, patient-safety incidents, feedback on the friends and family question, and information on staff and training issues
- We have continued to have administrators in designated outpatient clinics to help with co-ordinating the flow of patients. The clinic co-ordinators keep patients informed of waiting times, help doctors and nurses with administrative tasks, allocate tasks and fill in checklists and audits
- We continually reviewed patient information in the outpatient department to make sure it is comprehensive and up to date
- In 10 clinics we continued with a pilot of a patient-reminder system that uses text messages to remind patients of their appointments, and allows them to cancel or change their appointments more easily. We hope to roll this system out to all clinics by the end of the year
- We created three extra clinic rooms in Chelsea
- In Sutton we introduced waiting zones in the main waiting area to give patients better information on the running of their specific clinic
- We introduced the friends and family test within outpatient departments. We make sure the feedback is shared with staff in outpatient departments, and that action is taken where necessary
- We introduced an audit to record information about any patient-safety incident or staff shortage that causes delays to clinic running times.

How we performed in 2015/16

Table 9 below shows that we achieved our target as less than 6% of patients waited more than one hour for treatment.

Table 9: Chelsea and Sutton waiting times 2015

	Waiting time		
	Less than 30 minutes	30 to 60 minutes	More than one hour
April 2015	82.3%	13.7%	4.0%
May 2015	83.2%	12.6%	4.1%
June 2015	82.5%	12.8%	4.7%
July 2015	80.7%	13.6%	5.7%
August 2015	80.8%	13.4%	5.8%
September 2015	82.0%	13.0%	4.7%
October 2015	82.6%	12.8%	4.6%
November 2015	83.0%	12.6%	4.4%
December 2015	84.8%	11.9%	3.3%

Actions to improve our performance

- Continuing with the Outpatients Transformational Project and using our findings to improve efficiencies across all clinics
- Using the Outpatients Transformational Project and the responses from the friends and family test question to identify action points and prioritise new initiatives to improve patients' experiences and communication
- Launching a procedure in outpatient departments to help staff manage situations which affect patients' experiences and waiting times
- Continuing with the 'Demand and capacity' analysis for each clinic to make sure appropriate resources are in place
- Working with the London Cancer Alliance to review the most appropriate course of treatment and care for patients
- Redesigning patient information boards to give feedback about action we have taken in response to comments
- Developing and launching 'waiting zones' for clinics to improve communication to patients in waiting areas.

How improvement will be measured and monitored

We will measure and monitor any improvement by:

- reviewing and analysing responses to the friends and family question;
- regularly reviewing waiting times; and
- regularly reviewing feedback from the Outpatient Transformational Project and the Outpatient Operational Management meetings.

Priority 9

Patient experience

To reduce the length of time it takes for a medicine to be dispensed once the prescription has been received by the pharmacy.

Target

For the number of patients who wait for more than two hours to be reduced by 10%.



“I am pleased that there has been improvement in discharge times, however there are still some challenges to maintain this consistently. We continue to work with Boots, and the clinical pharmacy team, to improve patient waiting times and the patient experience further.”

Suraya Quadir

Associate Chief Pharmacist, Governance and Education and Training

What we did in 2015/16

In quarter 2 (1 July to 30 September 2015) there was a significant change when discharge and outpatient medication started to be dispensed by Boots at The Royal Marsden. We also introduced prescription-tracking technology to monitor dispensing times for both outpatient and discharge prescriptions.

The contract with Boots has now been in place for six months. There has been a steady improvement in waiting times, but there are still some challenges. Boots has to report their performance against certain targets, including the waiting time for medication when a patient is discharged. Their performance for February and March 2016 is shown below.

Table 10: Waiting time for medication after being discharged

	Waiting time		
	Less than 30 minutes	31 to 60 minutes	More than one hour
Chelsea			
February 2016	79.3%	17.6%	3.1%
March 2016	80.2%	16.8%	3%
Sutton			
February 2016	70.5%	26.7%	2.8%
March 2016	61.8%	28%	10.2%

All targets are monitored monthly during performance review meetings and performance meetings each quarter will oversee the contract with Boots and help to guide the development of services. Also, a Quality Improvement Group with both Boots and trust staff will meet every two weeks to raise concerns and work together to solve problems. These meetings have proved effective and several improvements have been made as a result.

Information from 2014/15 showed that the main obstacle to medications being provided after discharge was the delay in medication being prescribed. To tackle this, the following initiatives were focussed on speeding up discharge.

- ‘Discharge huddles’ were introduced on both sites in February 2015. These meetings, held twice a day, are short, regular reviews of patients who were nearly ready to be discharged, with the intention of identifying steps that could speed up the discharge process. The huddles are considered to be a success for encouraging better communications and support between wards and teams. There are plans for these huddles to focus on achieving more discharges before midday
- The clinical pharmacy teams on the wards work closely with prescribers, nursing staff and Boots on inpatient wards to support smooth and prompt discharge for their patients once the prescription has been written
- The Acute Oncology Service (AOS) is for patients who need to be assessed urgently due to their cancer or treatment. This has been running at Chelsea as part of the Inpatient Transformation Project, a group set up to look at improving the progress of patients’ care. AOS was set up to support more effective management of non-elective patients. Two consultant oncologists have been appointed to look after non-elective patients for their first three days in hospital and to help manage long-stay and acutely unwell patients on the ward. The team works closely with all departments to make sure that patients are given the most appropriate assessments and investigations early in the stay and so speed up discharge.

Actions to improve our performance

- Continuing to hold monthly review meetings with Boots
- Reviewing the medicines-management service on wards
- Continuing to have discharge huddles twice a day
- Pharmacies continuing to be committed to the acute oncology pilot.

How improvement will be measured and monitored

We will continue with monthly monitoring of prescribing and dispensing waiting times.

Priority 10a

Children's services

To make sure that children in Sutton and Merton have high levels of protection against disease within the local communities.

Priority 10b

To measure the number of girls who receive the HPV (human papilloma virus) immunisation, and the number of school-leavers receiving the booster for diphtheria, polio and tetanus, and report findings across Merton and Sutton.

Target a

For the Children's Immunisation Team to make sure that the percentage of girls in years 8 and 9 who get the first dose of the HPV immunisation stays above the national target of 90%.

Target b

For the Children's Immunisation Team to increase the percentage of school-leavers having the booster for diphtheria, polio and tetanus, from 72% to 80% (the national target) for the school year ending on 31 August 2015.



“The Children's Immunisation Team provides co-ordination and support to ensure the delivery of effective immunisation programmes. As a team we strive to ensure the optimum number of eligible cohorts are vaccinated through our school-based programmes and clinics, to offer not only personal protection for each individual child and young person but to protect the wider community from diseases. We aim to meet national targets to ensure herd immunity is gained and to stop the transmission of such diseases.”

Emma Collins

Immunisations Clinical Nurse Specialist
Clinical Children's Services
Sutton and Merton Community Services

Teresa Wood

Immunisations Staff Nurse
Clinical Children's Services
Sutton and Merton Community Services

What we did in the 2014/15 school year

HPV uptake:

- We have maintained the HPV immunisation uptake above the national target of 90% for dose 1, and have achieved 90% overall for dose 2.

Table 11: Rates of HPV immunisation

	Sutton		Merton		Overall	
	Number	Percentage	Number	Percentage	Number	Percentage
Received first dose	1312	94%	765	96%	2077	95%
Received second dose	1256	90%	708	88%	1964	90%

We continue to offer catch-up clinics for those who missed their first dose of the HPV immunisation.

School-leavers' booster:

- This year we have continued to improve on the uptake of the school-leaver's booster and the meningitis C immunisation. We have succeeded in increasing the uptake of the school-leavers booster in Sutton from 72% to 86.6% in year 9 and to 85.6 % in year 10, and in Merton from 72% to 79.9 % in year 9 and 77.7% in year 10.

Table 12: School-leavers' booster

	Year 9			Year 10		
	Sutton	Merton	Total	Sutton	Merton	Total
Total number of pupils in year	2878	1811	4689	2834	1747	4581
Number of pupils having the school-leavers' booster	2493	1447	3940	2427	1357	3784
Percentage of pupils having the school-leavers' booster	86.6%	79.9%	84.0%	85.6%	77.7%	82.6%
Number of pupils having the meningitis C immunisation	2444	1448	3892	2412	1360	3772
Percentage of pupils having the meningitis C immunisation	84.9%	80.0%	83.0%	85.1%	77.8%	82.3%

Childhood flu vaccine:

- We offered all children in years 1 and 2 in the boroughs of Sutton and Merton the childhood flu vaccine as part of a school-based programme between October and December 2015. At the end of the programme we had immunised 5486 children, which is about 50.11% of eligible pupils. The figures are broken down as follows.

Table 13: childhood vaccine

	Year 1		Year 2	
	Sutton	Merton	Sutton	Merton
Total number of pupils in year	2899	2639	2826	2582
Number given the childhood-flu vaccine	1458	1401	1258	1369
Percentage of eligible pupils	50.29%	53.09%	44.52%	53.02%

A number of other children in this age group were immunised by their GP. We are gathering figures for this to work out the final percentage immunised in the borough.

What we will do in the 2015/16 school year

The meningitis C vaccine has now been replaced with the new meningitis ACWY vaccine. This immunisation programme has already started in GP surgeries and at universities to make sure that students are immunised before they start university. It started in schools for year-9 pupils in January 2016, and alongside this we will run a catch-up campaign for children in year 11. There are no percentages to report at this time.

Actions to improve our performance

- Following up consent forms to make sure they are returned on time
- Our Immunisation Team holding an information assembly in schools to explain the reasons for and benefits of immunisation
- Taking phone calls from parents who have questions about immunisation, including whether or not their child is eligible
- Running catch-up sessions where the Immunisation Team goes into school to immunise young people who missed the main school session
- Providing community-based clinics in both Sutton and Merton for young people who have a fear of needles, those who would rather have the immunisation in a community clinic, and those who missed the sessions in school
- Improving the quality of information by contacting local CHIS (Child Health Information System) teams to get of immunisations given to young people who go to a school out of the borough. A system of sharing information has been introduced into the standard procedures of the CHIS teams
- Introducing a ‘data cleansing’ procedure to make sure that the Child Health Information System only holds details of children with current school referrals who we have responsibility for immunising and those registered with Sutton or Merton GPs
- Reporting by school and the borough the child lives in
- Information being collected and analysed by borough and school to allow us to pinpoint where there are particular challenges and to tackle this
- Developing stronger partnerships with schools to make sure that they support the immunisations programme in the most effective way possible and increase the uptake of immunisation
- Using the ‘Gillick Competency’ assessment so that young people, where appropriate, can give their own consent for immunisation. We will analyse the number of assessments performed and the reason why
- Analysing performance each month to help the Immunisation Team target the lowest uptake in schools
- Considering the possibility of starting Saturday immunisation. This will improve access for young people and their families.

How improvement will be measured and monitored

- Having reliable quality-assurance processes
- Gathering information on immunisations from GP practices in Sutton and Merton.

Part 3

Outline of quality improvements in 2015/16

In December 2015, Monitor issued *NHS Foundation Trust Annual Reporting Manual 2015/16*. From 2011/12, all acute trusts must have their Quality Accounts checked by external auditors. In December 2015, Monitor published detailed guidance on what had to be included in annual quality accounts. In March 2016, NHS England published guidance on how to report quality accounts. We chose to include the mandatory (must do) set of quality indicators for requirements for 2015/16. Some of the indicators are not relevant to us (for example, ambulance response times), so we have not included them.

However, we also felt it was important to consult with our members and council of governors to incorporate their views about 'quality' into the quality account.

The process for agreeing the quality priorities for 2016/2017 was as follows.

August 2015

Hold a Patient Experience and Quality Account meeting to review progress in quarter 1 (1 April 2015 to 30 June 2015) against our priorities for 2015/16.

October 2015

Send out a survey to choose quality priorities for 2016/2017.

November 2015

Hold an event for foundation trust members on 5 November 2015 to carry out a survey and vote on quality priorities for 2016/2017.

December 2015

Hold a Council of Governors meeting to review results of previous surveys and voting on quality priorities for 2016/2017.

February 2016

Hold a Patient Experience and Quality Account meeting to review progress during quarter 3 (1 October 2015 to 31 December 2015) against our priorities for 2015/16.

March 2016

Draft the final version of the quality accounts. Draft reviewed by external stakeholders and Plain English campaign.

April 2016

Draft reviewed by the Trust Board committee and stakeholders returned comments and statements to be included in appendix 4.

May 2016

Approved at the Finance and Audit committee as delegated by the Board. Final annual quality account included as part of the Trust's annual report sent to Monitor

June 2016

Final Annual Quality Account published with Plain English Campaign's Crystal Mark. Annual Quality Account published on the NHS Choices website and the Trust's website.

The quality priorities for 2016/2017

The quality priorities and targets for 2016/2017 are shown in the table below. The priorities and targets in **blue** were mandatory in 2015/16 (that is, we had to include them) and the priorities and targets in **red** are the ones we have set ourselves.

Table 14: Quality priorities and targets for 2016/2017

Category	Quality priority	Target
Safe care	1 To reduce the number of cases of healthcare related infections (MRSA and <i>clostridium difficile</i> infections). Applies to hospital inpatient beds at The Royal Marsden and patients of Sutton Community Services.	For there to be less than one case of MRSA infection per year. For there to be fewer than 31 cases of <i>clostridium difficile</i> infection per 100,000 bed days. (A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.)
	2 To reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death. (A patient-safety incident is an incident which could have harmed or did harm a patient.) (In 2015/2016 the rate of severe harm or death from incidents was 0.003 per 100 admissions for acute care and 0.00 for community care.) Applies to hospital inpatient beds at The Royal Marsden and Sutton Community Services.	For the rate of reported patient-safety incidents that have caused severe harm or death to be below 0.008 per 100 admissions.
	3 To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein).	For the percentage of patients who have been assessed to stay above 95%. Of those patients assessed as high risk, appropriate treatment is started. Reassess 70% of patients within 24 hours.
Effective care	4 To reduce the incidence of emergency readmissions to hospital within 28 days of patients being discharged.	For the number of avoidable readmissions to be below 0.2%.
	5 To reduce the incidence of category-3 pressure sores (full-thickness skin loss) and category-4 pressure sores (full-thickness tissue loss) developing in patients while they are receiving community care. Applies to Sutton Community Services.	For the percentage of category-3 and category-4 pressure sores arising in patients receiving community care to be less than 0.2%. For 90% of category-3 and category-4 pressure sores, both already existing and developing while receiving community care, to have healed or improved to category 1 (redness of intact skin, which does not fade when pressed) or category 2 (partial thickness skin loss or blister) within three months.

Category	Quality priority	Target
Patient experience	6 For patients to be given information about the side effects of medicines to take after being discharged.	For 75% of patients to receive information about side effects of medicines before they are discharged home.
	7 a. To make sure that we are responding to inpatients' personal needs. b. To continue using the 'friends and family test' question for patients receiving community care. (The friends and family test question asks people who use NHS services whether they would recommend the services to others.)	a. For our results in the friends and family test for hospital inpatients to still be higher than the national average. b. For the friends and family test results to be above 90% and to increase patient satisfaction, using the CARE Measure tool, to over 90% for community services.
	8 To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care.	For more than 89% of surveyed staff to say that they would recommend The Royal Marsden.
	9 a. To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times. b. To reduce waiting times in outpatient clinics and improve patient experiences relating to waiting times	a. For 80% of patients to be satisfied with the length of time they had to wait to start their treatment. b. For no more than 8% of patients to have to wait more than one hour.
Adult services (community services)	10 a. To increase the number of relevant community services patients who have a falls risk assessment completed. b. To reduce the number of medication incidents causing moderate or low harm to patients under the care of community services to less than four for the year.	a. For the adult services team to develop an integrated falls risk assessment. Ensure that 65% of patients who are identified as being at risk of falls have a falls risk assessment undertaken. b. To ensure a medicines review (reconciliation) takes place during the first assessment of a patient post hospital discharge or secondary care consultation.

Table 15 below summarises our quality priorities for the last six years. Priorities for community services are provided from 2010/11 onwards.

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Safe care					
Reduce the incidence of healthcare-associated infections	Reduce the incidence of healthcare-associated infections	Reduce the incidence of healthcare-associated infections (mandatory priority)	Reduce the incidence of healthcare-associated infections (mandatory priority)	Reduce the incidence of healthcare-associated infections (mandatory priority)	Reduce the number of cases of healthcare-related infections (mandatory priority)
Reduce the number of medication incidents	Reduce the number of medication incidents	Reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death (mandatory priority)	Reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death (mandatory priority)	Reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death (mandatory priority)	Reduce the rate of patient-safety incidents and the percentage resulting in severe harm or death (mandatory priority)
Reduce the number of falls	Reduce the number of falls in hospital Increase by 15% the number of falls screens (applies to Sutton and Merton Community Services)				
Assess, monitor and treat venous thromboembolism (a blood clot in a vein)	Reduce the incidence of venous thromboembolism (blood clots)	Maintain the percentage of admitted patients assessed for the risk of venous thrombo-embolism (mandatory priority)	Maintain the percentage of admitted patients assessed for the risk of venous thrombo-embolism (mandatory priority)	Maintain the percentage of admitted patients assessed for the risk of venous thrombo-embolism (mandatory priority)	Maintain the percentage of admitted patients assessed for the risk of getting a venous thrombo embolism – a blood clot in the vein (mandatory priority)
	Meet national health-visit targets – new birth visits (applies to Sutton and Merton Community Services)	Meet national health-visit targets – new birth visits (applies to Sutton and Merton Community Services)			
	Meet national guidance and training – safeguarding children (applies to Sutton and Merton Community Services)				
Reduce the hospital standardised mortality ratio (HSMR)	Reduce the hospital standardised mortality ratio (HSMR)	Reduce the hospital standardised mortality ratio (HSMR)			

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Effective care					
Reduce the incidence of pressure sores arising in hospital	Reduce the incidence of pressure sores arising in hospital Reduce the incidence of pressure sores, especially categories 3 and 4, developing in patients receiving community services (applies to Sutton and Merton Community Services)	Reduce the incidence of category-3 and category-4 pressure sores developing in patients receiving community services	Reduce the incidence of category-3 pressure sores (full-thickness skin loss) and category-4 pressure sores (full-thickness tissue loss) developing in patients while they are receiving community care (applies to Sutton and Merton Community Services)	Reduce the incidence of category-3 pressure sores (full-thickness skin loss) and category-4 pressure sores (full-thickness tissue loss) developing in patients while they are receiving community care (applies to Sutton and Merton Community Services)	Reduce the incidence of category 3 pressure sores (full thickness skin loss) and category 4 pressure sores (full thickness tissue loss) developing in patients while they are receiving community care
		More than 42% of patients to die where they have chosen to die	Increase the number of patients who die where they have chosen to die		
Reduce the length of stay	Reduce the length of stay				
		Increase the number of patients offered a holistic needs assessment	Increase the number of patients who have a holistic needs assessment (an assessment that considers all aspects of a person's needs, such as emotional, social and cultural needs, not just their medical needs)	Increase the number of patients who have a holistic needs assessment (an assessment that considers all aspects of a person's needs, such as emotional, social and cultural needs, not just their medical needs)	
		Reduce the number of emergency readmissions to hospital within 28 days of discharge (mandatory priority)	Reduce the number of emergency readmissions to hospital within 28 days of discharge (mandatory priority)	Reduce the number of emergency readmissions to hospital within 28 days of discharge (mandatory priority)	Reduce the number of emergency admissions to hospital within 28 days of patients being discharged (mandatory priority)
Patient experience					
Be in the top 20% of trusts for key areas in the national inpatient survey	Be in the top 20% of trusts for key areas in the national inpatient survey	Improve or maintain a high score in relation to responding to inpatients' personal needs in the national survey (mandatory priority)	Make sure that we are responding to inpatients' personal needs (mandatory priority) Introduce a patient survey for Sutton and Merton Community Services (mandatory priority)	Make sure that we are responding to inpatients' personal needs (mandatory priority) Introduce a patient survey for Sutton and Merton Community Services (mandatory priority)	Make sure that we are responding to inpatients' personal needs (mandatory priority) To continue using the 'friends and family test' question for patients receiving community care (mandatory priority)
Be in the top 20% of trusts for key areas in the national outpatient survey	Be in the top 20% of trusts for key areas in the national outpatient survey		Improve communication, particularly at first appointments	Improve communication, particularly at first appointments	
Immediately gather patient feedback throughout the trust	Immediately gather patient feedback throughout the trust				

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	Reduce chemotherapy waiting times Improve patients' experiences of hospital transport Improve communication at every part of the patient's experience	Reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times	Reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times	Reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times	Reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times. Reduce waiting times in outpatient clinics and improve patients' experiences relating to waiting times
		Increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care (mandatory priority)	Increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care (mandatory priority)	Increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care (mandatory priority)	Increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care (mandatory priority)
			Reduce the length of time a patient waits for medicines or equipment when they are discharged	Reduce the length of time a patient waits for medicines or equipment at the point when they are discharged	Reduce the length of time a patient waits for medicines when they are discharged.
			Increase the uptake of immunisation, working in partnership with primary care	Improve health outcomes for children in reception class, in line with the 'Healthy Child Programme 5-19. (This programme sets out a framework of services for children and young people to promote good health and well-being.)	Make sure that children in Sutton and Merton have high levels of protection against disease within the local communities. Measure the number of girls who receive the HPV (human papilloma virus) immunisation, and the number of school-leavers receiving the booster for diphtheria, polio and tetanus, and report findings across Merton and Sutton boroughs.

Statements of assurance from the Board

Review of services

During 2015/16, we provided or subcontracted comprehensive cancer services and community services.

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

The income generated by the health services reviewed in 2015/16 is equal to the total income generated from the relevant health services in 2015/16.

The information provided in part three of this quality account covers the three aspects of quality – patient safety, clinical effectiveness and patient experience.

Taking part in clinical audits

At The Royal Marsden we carry out many clinical audits for improving quality. We take part in all the national cancer audits which are appropriate to us. This allows us to compare ourselves against other hospitals in England, and sometimes across the world. We also have a comprehensive programme of local clinical audits which clinical staff, including consultants, junior doctors, nurses and allied health professionals, carry out regularly to improve local areas of care.

During 2015/16, 26 national clinical audits and five national confidential enquiries covered health services that we provide.

National clinical audit and confidential enquiries

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

During 2015/16, we registered for or took part in 100% of the national clinical audits and all national confidential enquiries we were eligible to take part in. We could not take part in many of the national audits other hospitals took part in because we only have patients with cancer.

The national clinical audits and national confidential enquiries that we took part in, and for which we collected information for 2015/16, are listed on the next page in table 16, which also shows the percentage of registered cases we provided information on for that audit or enquiry.

Table 16: National clinical audits we took part in during 2015/16

	National clinical audit	Percentage of cases used
1	National Oesophago-Gastric cancer audit (OG) Audit	100%
2	National Bowel Cancer Audit (NBOCAP)	100%
3	National Lung Cancer Audit (NCLA)	100%
4	National Emergency Laparotomy Patient Audit (NELA) Year 2	100%
5	National Prostate Cancer (NPCA)	100%
6	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	100%
7	Sentinel Stroke National Audit Programme (SSNAP)	100%
8	National Head and Neck Cancer Audit (HANA)	The national audit programme is being reorganised with a new national database. Data collection with new dataset is planned to start from 1 May 2016.
9	NHS Blood and Transplant (NHSBT) National comparative audit of red cell and platelet transfusion in Adult Haematology patients	100%
10	NHSBT National comparative audit of lower gastrointestinal bleeding and the use of blood	100%
11	The British Association of Urological Surgeons (BAUS) Nephrectomy audit 2015	100%
12	BAUS Radical Prostatectomy audit 2015	100%
13	BAUS Total Cystectomy audit 2015	100%
14	BAETS (British Association of Endocrine & Thyroid Surgeons)	100%
	Other National Audits	
15	BAPRAS (British Association of Plastic, Reconstructive and Aesthetic Surgeons) National Flap Registry	100%
16	National Health Service Cancer Screening Programme (NHSCSP) Audit of Invasive Cervical Cancer	100%
17	BAUS Retroperitoneal Lymph Node Dissection (RPLND) 2015	100%
18	The iBRA (implant breast reconstruction evaluation) Study: a national audit of practice and outcomes of implant breast reconstruction	100%
19	The Royal College of Radiologist national reaudit of Adjuvant Breast Radiotherapy Technique and Tumour Bed Boost Practice in Early Breast Cancer after Breast-Conserving Surgery 2014	100%
20	The Association of Breast Surgery (ABS) & NHS Screening Audit	100%
21	The Breast Cancer Clinical Outcome Measures (BCCOM) Project	100%
22	The Sloane Project (specific breast screening audit)	100%
23	National Mastectomy Decisions Audit (MASDA)	100%
24	The incidence of Postoperative Pneumonia following Oesophagectomy and Gastrectomy: a multi-centre prospective audit (POP)	100%
25	Multi-institutional retrospective case-notes audit of outcomes of NSCLC (Non-Small Cell Lung Cancer) patients with RET Fusions	100%
26	London Surgical Research Group National Margins	100%

Table 17: National clinical audit reports published and actions taken

In 2015/16 we reviewed the reports of 13 national clinical audits. Where appropriate, we will take the following actions to improve the quality of healthcare we provide.

	National clinical audit reports published in 2015/16	Description of actions
1	First Patient Report of the National Emergency Laparotomy Audit 2015	Findings of the report discussed at Surgical Audit Group. Local Action Plan agreed.
2	National Prostate Cancer Audit Second Year Annual Report	Report issued for comment. No change in practice. Local Action Plan reviewed.
3	National Bowel Cancer Audit (NBOCAP)	Findings of the report discussed at Surgical Audit Group Meeting. Local Action Plan reviewed.
4	National Head and Neck Cancer Audit	Findings of the report reviewed at Surgical Audit Group Meeting. Best practice confirmed.
5	National Oesophago-Gastric Cancer (NAOGC) Audit	Findings of the report discussed at Surgical Audit Group Meeting.
6	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	Results reviewed at the Surgical Audit Group meeting. No change in practice. Local Action Plan reviewed. The team will be focusing on delayed discharge from the Critical Care Unit.
7	Sentinel Stroke National Audit Programme (SSNAP)	Report issued to community services.
8	National Audit of Intermediate Care	Report issued to community services.
9	BAUS Analyses of Prostatectomy 2014 Dataset	Surgeons reflected on the findings at the surgical audit group meeting. Outcomes compared favourably nationally.
10	BAUS Analyses of Cystectomy 2014 Dataset	Surgeons reflected on the findings at the surgical audit group meeting. Outcomes compared favourably nationally.
11	BAUS Analyses of Nephrectomy 2014 dataset	Surgeons reflected on the findings at the surgical audit group meeting. Outcomes compared favourably nationally.
12	Audit of Patient Blood Management (PBM) in adults undergoing elective, scheduled surgery	Report discussed at the surgical audit group meeting. Local audits of Patient Blood Management given to clinicians for improvement.
13	TVS (Tissue Viability Society) & NHS England Audit: Wound prevalence	Report discussed at Clinical Audit Committee.

Table 18: National confidential enquiries we were eligible to take part in during 2015/16

	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Took part?	Percentage of cases used
1	Gastrointestinal Haemorrhage Study	Yes	100%
2	Sepsis Study	Yes	100%
3	Mental Health in General Hospitals	Yes	We have returned the organisational questionnaire.
4	Chronic Neurodisability	Yes	We have returned the organisational questionnaire.
5	Acute Pancreatitis Study	No – does not apply	Does not apply

In 2015/16 we reviewed the reports of three national confidential enquiries (see below). We intend to take the following action to continue to improve the quality of healthcare we provide.

Table 19: National confidential enquiries reports published and actions taken

	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Description of local actions
1	Lower Limb Amputation: Working Together	The report was noted by the Surgical Audit Group
2	Gastrointestinal Haemorrhage: Time to Get Control?	The recommendations of the report reviewed at Surgical Audit Group
3	Sepsis: Just Say Sepsis!	The recommendations of the report reviewed at Surgical Audit Group.

In 2015/16 our Clinical Audit Committee reviewed the reports of 77 local clinical audits and local action plans to improve the quality and outcomes of patient care. The following actions are examples of some of the actions we have taken to improve the quality of the healthcare we provide. If you want more information about the local audits, phone the Quality Assurance department on 020 7808 2702 or email QualityAssurance@rmh.nhs.uk.

Table 20: Local audits reviewed and examples of some of the actions we plan to take

Name of local audit	Actions and learning arising from the audit
Audit to evaluate the time for histology samples of newly referred patients with metastatic/recurrent lung cancer to reach The Royal Marsden hospital from district general hospitals and time for the mutational analysis result to be issued	The electronic patient record will include: – the date we asked for a tumour sample; – the date of breach dates (the dates when histology samples arrived with us too late and analysis results were issued too late); – the date we received the sample; and – the date we issue each mutational analysis results report. After 12 months, re-audit the time taken for histology samples to arrive with us and the time taken for us to issue the mutational analysis results.
Audit to measure current practice of critical illness rehabilitation against the recommendations in the National Institute for Health and Care Excellence (NICE) guideline.	IntelliSpace Critical Care and Anaesthesia (ICCA) documents have been updated. Information has been transferred onto the electronic patient record (EPR). Results of the audit sent to the critical care Multi Disciplinary Team and the physiotherapy team. The critical-care rehabilitation folder has been updated.
Audit of the use of the LHRH (luteinizing hormone releasing hormone) analogue and norethisterone to arrest menstrual periods in girls undergoing chemotherapy	The guidelines on using hormonal therapy to stop the periods of girls and young women undergoing chemotherapy have been revised.
Management of bowel obstruction – a multidisciplinary approach	Medical and surgical teams are contacted each week to pick up any new cases of bowel obstructions not already referred. Guidelines on managing bowel obstructions have been issued to oncology and surgical teams. This audit will be carried out for patients with gastrointestinal cancer. After 12 months, re-audit the management of bowel obstruction.
New patient referrals to breast diagnostic clinic	The referral template has been redesigned to help GPs identify any urgent referrals. The Breast Unit has introduced an education plan with the Transforming Cancer Services education lead and the education lead for NHS Sutton Clinical Commissioning Group (CCG).
Acute lymphoblastic leukaemia mortality and severe adverse events (SAE) audit	All deaths are reviewed at the mortality and morbidity meetings held every three months. The toxicity grading for acute lymphoblastic leukaemia trials has been improved. (Toxicity grading helps to define different levels of toxicity.)

Name of local audit	Actions and learning arising from the audit
Safeguarding assessment of 12 and 13 year olds in the Sutton and Merton Community Services (SMCS) Contraceptive and Sexual Health (CaSH) service	We introduced a risk-assessment tool. We agreed limited access to CaSH records for members of the safeguarding team working in the multi-agency safeguarding centres.
Re-audit of the process and outcome of getting compression garments for the management of lymphoedema on prescription	Lymphoedema therapists are making sure that patients understand how important the prescription request is in managing their swelling, and to discard old garments that need replacing. We remind patients that they should deliver the prescription request letter to their GP within a week. We have reinforced our understanding of the current process of developing a prescription for compression garments.
Survey of patient experience with The Royal Marsden's multi-faith chaplaincy	We have reviewed and updated the chaplaincy information on our intranet and website. We have introduced chaplaincy posters on notice boards for patients. Staff induction training will now include chaplaincy.
Audit of Vincristine, Doxorubicin, Cyclophosphamide and Ifosfamide, Etoposide (VDC IE) use and toxicity	Patients with Ewing's sarcoma are being carefully assessed to choose appropriate chemotherapy regime. The duration of granulocyte colony stimulating factors (GCSF), which stimulates the bone marrow to produce granulocytes and stem cells and release them into the bloodstream, has been increased to reduce the risk of neutropenia, which leads to an increased risk of infection. Doses are being reduced appropriately, as per clinical trial guidelines.
Intravenous (IV) Audit 2015	We have updated our policy on extravasation (intravenous drugs accidentally being administered into the space or tissue around the injection site, however caused (for example, by leakage or incorrectly positioned devices). We have improved documents relating to care plans and fluid charts. Making sure all continuous administration and central venous access device (CVAD) dressings are labelled. We have improved documents relating to the codes used on the patient's medicines chart to indicate that the nurse has given the medicine.

Name of local audit	Actions and learning arising from the audit
Radiology patient experience survey	We discussed the audit tool (the patient experience survey used to collect the information for the audit) with all clinical speciality leads to make sure all information is relevant to the particular clinical area.
	We made amendments to the survey questionnaire.
	Good practice is reinforced at radiographers' meetings.
Neuro-oncology patient experience survey	We have developed a new patient-experience survey for iPads as surveys by email and post were not working well for this group of patients.
	All new patients are given a holistic needs assessment at their first clinic appointment when they check in to outpatients. (A holistic needs assessment makes sure that a cancer patient's physical, emotional and social needs are identified and met in a timely and appropriate way, and that resources are targeted to those who need them most.)
	Communications with other departments have improved.
	We applied for Macmillan funding for a trainee clinical nurse specialist.
Audit to measure current compliance of weaning guidelines and standards on Critical Care Unit for ventilated and tracheostomy patients	We are developing a neuro-oncology web page.
	We have changed the IntelliVue Clinical Information Portfolio (ICIP) documents to include compliance (performance in keeping to the weaning standards and guidelines), the reason for any non-compliance (where the weaning standards and guidelines are not kept to) and respiratory parameters for weaning (that is, the criteria and checks that should be used when taking patients off ventilation).
	We have introduced routine respiratory parameters that can be used when taking patients off ventilation.
	After 12 months, re-audit our performance in keeping to the weaning standards and guidelines for ventilated and tracheostomy patients.

Name of local audit	Actions and learning arising from the audit
Complaints handling audit	We continue to make sure that the responses we give do not use technical language.
	We make sure that information on how to make a complaint is clearly displayed, and we have created a poster to advertise our complaints procedure.
	We make sure anyone who makes a complaint is kept up to date with the progress of our investigations and when they should receive a final response.
	We share information with lead investigators and divisional directors so we can learn from complaints.
	What we have learnt from complaints is reported back to the complaints team and PALS every month.
	We continue to increase 'Patient Advice and Liaison Service (PALS) by the bedside' contacts to explain the role settling complaints as soon as possible.

Taking part in clinical research

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

From April 2015 to March 2016, we recruited 5453 patients as part of 312 different clinical studies in research approved by a research ethics committee.

Revalidation of doctors

In the year from 1 April 2015 to 31 March 2016, 103 doctors were due for revalidation (the process of making sure that doctors, except trainees, can stay registered). We made 78 positive recommendations for revalidation to the GMC. This is 76% of all doctors due for revalidation in quarter 3. We also recommended 25 deferrals to allow individuals to complete their appraisal documents. At the end of December 2015, 79% of eligible doctors were recorded as having completed an appraisal in the last 12 months. An annual report on appraisal and revalidation was presented in May 2015, with a clear action plan to increase the number of doctors with a valid appraisal.

We also have processes in place to support and improve our compliance and governance arrangements. We will complete an internal audit this financial year, and we report our appraisal rates to NHS England each quarter.

Local Quality Incentive Schemes (LQIS)

Commissioning for quality and innovation guidelines (CQUINs) are not available to us for 2015/16. In the place of CQUINs, we have agreed several local quality incentive schemes (LQIS) to make sure we continue to work innovatively and introduce projects which best benefit patients.

- In 2014/15, our cancer specialist services achieved 99.5% of its acute CQUIN goals, which equated to approximately £2.8 million. Sutton and Merton Community Services (SMCS) achieved 100% of its CQUIN goals. This equated to approximately £750,000 of income
- In 2013/14 our cancer specialist services achieved 100% of their CQUIN goals. This equated to approximately £3.7 million of income. In 2013/14, SMCS achieved 94% of its CQUIN goals, equating to approximately £800,000 of income
- LQIS goals for 2015/16 were agreed with commissioners in the following subject areas for cancer specialist services and for SMCS.
 - Acute LQIS – £47,000
 - SMCS LQISs – £800,000.

Cancer specialist services

Lymphoedema

An audit carried out by the Lymphoedema team found that patients often do not receive the correct prescription, which leads to wastage and can delay patients' treatment. We are working with key stakeholders within Clinical Commissioning Groups to improve this process and make sure that patients get the correct garment, first time.

Sutton and Merton Community Services

Preventing admissions

This scheme aims to reduce the proportion of hospital admissions of patients known to the integrated locality teams.

Venous leg ulcers

This scheme aims to introduce a new pathway (process) for treating venous leg ulcers using 'Doppler' testing and compression treatment. Staff are being trained to deliver this pathway, and the number of patients being treated on this pathway is being measured.

Wellness and promoting self-care

This scheme aims to provide information and support to allow patients with diabetes and respiratory conditions to help manage their conditions and stay healthy. The number of patients accessing these programmes is being measured.

Acute LQIS goals 2015/16

Table 21 below shows our position as at 28 April 2016. We are waiting for confirmation of our achievement.

LQIS target	Description of goal	Quarter 4 2015/16
Lymphoedema	Introduce action plan and measure progress against it	Achieved

SMCS LQIS goals 2015/16

Table 22 below shows our position as at 29 April 2016. We are waiting for confirmation of our achievement.

LQIS target	Description of goal	Quarter 4 2015/16
Preventing admission	Put the Project Initiation Document into practice and meet the key milestones included	Achieved
Venous leg ulcers	Performance in line with targets	Achieved
	Progress in line with key milestones in the action plan	
	Audit patients' experiences	
Wellness and promoting self-care	Progress against action plan and measure against the target for achievement	Achieved

What others say about The Royal Marsden

Registration with the Care Quality Commission (CQC)

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

To date, the Care Quality Commission has not taken enforcement action against the Trust during 2015/16.

To date, The Royal Marsden is not having to have regular reviews carried out by the Care Quality Commission.

To date, The Royal Marsden has not been involved in any of our special reviews or investigations during 2015/16.

Care Quality Commission ratings

During the year 2015/16, we were not inspected by the CQC. An inspection took place in April 2016. As part of a self-assessment before the inspection, we have rated ourselves as shown below in table 23.

Table 23: self-assessment

Five key questions	Rating
Are they safe?	Good
Are they effective?	Good
Are they caring?	Outstanding
Are they responsive to people's needs?	Good
Are they well-led?	Good

Quality of information

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

During 2015/16 the Trust sent the Secondary Uses Service records to be included in the Hospital Episode Statistics (a database containing details of all admissions, outpatient appointments and Accident & Emergency care at NHS hospitals in England). The percentage of the Trust's records published in the statistics, and which included the patient's valid NHS number, was 99.92% for admissions, 99.85% for outpatient appointments, and none for A&E care (The Royal Marsden does not have an A&E). The percentage of records that included the valid General Medical Practice Code for the patient's GP practice was 99.54% for admissions and 99.64% for outpatient appointments. See table 24 below.

Table 24: Percentage of complete records provided

Details included		Admissions – inpatient and day case	Outpatient appointments
Patient's NHS number	2012/13	99.9% (see note below)	99.8% (see note below)
	2013/14	99.9%	99.9%
	2014/15	99.9%	99.9%
	2015/16 – first quarter	99.9%	99.9%
	2015/16 – second quarter	99.9%	99.9%
	2015/16 – third quarter	99.9%	99.9%
	2015/16 – fourth quarter	99.9%	99.9%
Patient's GP practice	2012/13	99.7%	99.7%
	2013/14	99.8 %	99.8%
	2014/15	99.5%	99.6%
	2015/16 – first quarter	99.6%	99.7%
	2015/16 – second quarter	99.7%	99.7%
	2015/16 – third quarter	99.8%	99.7%
	2015/16 – fourth quarter	99.9%	99.7%

Note: The percentages shown for 2012/13 are different from those reported in the Annual Quality Account for 2012/13. This is because the NHS number completeness reported in Quality Accounts previously included private patients, and the figures above only apply to NHS patients (in line with updated guidance).

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

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

Information Governance Toolkit attainment levels

The Information Governance Toolkit is an online system which allows NHS organisations to assess themselves against Department of Health policies and standards. On 31 March 2016, our Information Governance Toolkit assessment provided a final score of 89% for version 13. This is equal to our previous year's score of 89% for version 12. The Information Governance Toolkit is available on the Health and Social Care Information Centre (HSCIC) website (www.nww.igt.hscic.gov.uk/).

Payment by Results clinical coding error rate

In 2015/16, the 'Payment by Results (PbR) data assurance framework' provides assurance over the quality of the information that payments in the NHS are based on. Clinical coding is translating the medical terminology written by clinicians into a coded format for statistical, clinical and financial purposes. Clinical coding describes a patient's complaint, diagnosis, treatment and reason for getting medical attention. The accuracy of clinical coding was audited at 50 acute trusts. Forty of those trusts were chosen because of the high number of cases where there was a change in payments in previous audits. We were not chosen to take part in this audit.

Table 25: Clinical coding

Coding errors	2012/13	2013/14 (figures taken from the Information Governance Clinical Coding Audit in December 2013)	2014/15 (figures taken from the Information Governance Clinical Coding Audit in January 2015)	2015/16 (figures taken from the Information Governance Clinical Coding Audit in January 2016)
Primary diagnosis correct records	92.0%	94.0%	94.0%	95.0%
Primary procedure-code errors	95.3%	94.9%	93.0%	95.5%
Secondary diagnosis errors	94.9%	97.5%	92.3%	96.4%
Secondary procedure-code errors	91.2%	95.8%	90.3%	90.4%

Part 4

Review of quality performance (previous year's performance)

Table 26: National targets

Cancer waiting times targets	National target – 2015/16	Performance – quarter 1 2015/16	Performance – quarter 2 2015/16	Performance – quarter 3 2015/16	Performance – quarter 4 2015/16	Overall performance 2015/16
All urgent GP referrals seen within 14 days	93%	96.2%	95.9%	96.9%	95.3%	96.1%
All referrals for breast symptoms seen within 14 days	93%	94.2%	94.3%	95.4%	96.1%	95%
Treatment within 31 days of decision to go ahead for first treatment	96%	99.5%	98.9%	98.8%	99.0%	99.1%
Subsequent surgical treatment started within 31 days of decision to go ahead with surgery	94%	96.3%	98.8%	96.4%	97.6%	97.3%
Subsequent drug treatment started within 31 days of decision to go ahead with drug treatment	98%	99.8%	99.8%	100%	100%	99.1%
Subsequent radiotherapy treatment started within 31 days of decision to go ahead with radiotherapy treatment	94%	98.3%	96.9%	98.5%	98.3%	98.0%
Treatment started within 62 days of urgent GP referrals	85%	85.4%	88.7%	88.4%	85.3%	87.0%
Treatment started within 62 days of recall date for urgent screening-centre referrals	90%	93.0%	96.3%	93.7%	94.0%	94.2%

Time from referral to start of treatment – patients should start treatment within 18 weeks of referral

Complex rules and guidance apply to how performance against these targets is measured and reported. However, the complexity and range of the services we provide mean that we need to apply local policies and interpretations, including those set out in our Access Policy. As a specialist provider, receiving referrals from other trusts, a key issue is reporting progression for patients who were first referred to other providers.

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

Table 27: referral time to treatment

	Overall 2014/15	Quarter 1 2015/16	Quarter 2 2015/16	Quarter 3 2015/16	Quarter 4 2015/16	Overall 2015/16	National target 2015/16
Referral time to treatment (RTT), incomplete pathways	95.8%	94.9%	95.1%	94.8%	95.9%	95.2%	92%

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

Last year our 18-week reporting received limited assurance from our external auditors for the first time, and we became of some process issues which affected the precision of our reported performance. These issues were addressed immediately and similar problems have not been seen since. This year's limited assurance did, however, identify further issues that affect our reported figures. The most notable issue was that we received late or incorrect pathway information from trusts referring patients to us and, although the limited assurance noted this was outside our control, it does affect the accuracy of our reported performance. The limited assurance also found internal process issues which should be improved to strengthen our 18-week reporting, as well as two human errors (mistakes) which, if corrected, would actually improve our performance against the 92% target.

Our auditors have found that that most trusts struggle with reporting against this target due to its unique challenges and the lack of sophisticated technology to track pathways across the NHS. The manual nature of this reporting brings with it some risk of human error. We will continue to introduce further procedures to minimise the risk of human errors happening.

The issues above relate only to the technical counting of the reported position and they have no effect whatsoever on how patient pathways are managed. Despite the accuracy issues noted above, we continue to report about 3% above the target. We also continue to monitor 18-week pathways that were stopped (which does not suffer from some of the complexities of the incomplete pathway reporting), and we are confident that it meets the 18-week standard.

NHS 18-week targets

Table 28: NHS 18-week targets

	Patients needing admission who waited less than 18 weeks from referral to treatment	Patients not needing admission who waited less than 18 weeks from referral to treatment
National target 2013/14	90%	95%
Percentage achieved in quarter 1 of 2013/14	95.4%	99%
Percentage achieved in quarter 2 of 2013/14	96.1%	99.1%
Percentage achieved in quarter 3 of 2013/14	94.9%	99%
Percentage achieved in quarter 4 of 2013/14	96%	98.5%
National target 2014/15	90%	95%
Percentage achieved in quarter 1 of 2014-2015	95.9%	97.5%
Percentage achieved in quarter 2 of 2014-2015	95.1%	97.8%
Percentage achieved in quarter 3 of 2014/15	95.4%	98.2%
Percentage achieved in quarter 4 of 2014/15	95.2%	98.9%
National target 2015/16	90%	95%
Percentage achieved in quarter 1 of 2015/16	95.7%	98.6%
Percentage achieved in quarter 2 of 2015/16	95.4%	98.7%
Percentage achieved in quarter 3 of 2015/16	95.5%	98.7%
Percentage achieved in quarter 4 of 2015/16	94.6%	98.6%

Table 29: Access targets

	Percentage of operations cancelled by the Trust at the last minute	Percentage of cancelled operations not subsequently performed within one month
2011/12	0.3%	0%
2012/13	0.5%	0%
2014/15	0.7%	0%
Quarter 1 of 2015/16	0.6%	0.1%
Quarter 2 of 2015/16	0.5%	0%
Quarter 3 of 2015/16	0.3%	0%
Quarter 4 of 2015/16	0.8%	0.05%
Overall for 2015/16	0.5%	0.04%

During the first half of 2014-2015, the Trust failed the 62-day screening standard in quarter 1 and failed the 62-day GP standard in quarter 2.

Outpatient waiting times

The number of outpatients attending appointments has increased by between 3% and 5% a year over the past five years. See the table below for the numbers for the year from 1 April 2015 to 31 March 2016. Despite more patients attending, the length of time patients wait has been maintained.

Table 30: Outpatient waiting times

	Patients seen within 30 minutes	Patients seen after 30 minutes but within one hour	Patients seen after one hour	Grand total
Total 2014/15	129369	20702	992	159993
Quarter 1 2015/16	32696	4726	2330	39752
Quarter 2 2015/16	33401	4805	2880	41086
Quarter 3 2015/16	34126	4423	2149	40698
Quarter 4 2015/16	33772	4790	2429	40991
Total 2015/16	133995	18744	9788	162527

Financial quarter	Patients seen within 30 minutes	Patients seen after 30 minutes but within one hour	Patients seen after one hour	Grand total
Total 2014/15	80.9%	12.9%	6.2%	100.0%
Quarter 1 2015/16	82.2%	11.9%	5.9%	100.0%
Quarter 2 2015/16	81.3%	11.7%	7.0%	100.0%
Quarter 3 2015/16	82.9%	10.8%	5.2%	100.0%
Quarter 4 2015/16	82.4%	11.7%	5.9%	100.0%
Total 2015/16	82.4%	11.5%	6.0%	100.0%

Plain English Campaign's Crystal Mark does not apply to this appendix 1.

Appendix 1

Quality Indicators where national data is available from the Health and Social Care Information Centre (Updates available nationally-end March 2016)

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by the Health and Social Care Information Centre.

The Royal Marsden NHS Foundation Trust considers that this data is as described as taken from the Health and Social Care Information Centre. The Trust has taken actions to improve the percentage and so the quality of its services (see priorities for each indicator in Part 2 for further information).

Not all of the core indicators are relevant to The Royal Marsden NHS Foundation Trust for example those relating to the ambulance response times. The tables below show those core indicators which are relevant and how the Trust compares against other trusts. The tables show the highest and lowest national scores.

Trust quality priority 1

Core indicator 24) The data made available to The Royal Marsden NHS Foundation Trust by the Health and Social Care Information centre with regard to the attributable cases of *C.difficile* infection reported within the trust amongst patients aged 2 or over during the reporting period.

Indicator 24: Rate of *C.difficile* infection.

March 2015 to February 2016: Number of apportioned <i>C.difficile</i> infections.	February 2015 to January 2016 Number of apportioned <i>C.difficile</i> infections.	National Average apportioned <i>C.difficile</i> infections per provider. (March 2015 to February 2016)	Comparator Group	Comparator – Highest apportioned <i>C.difficile</i> infection rate (March 15 to February 16)	Comparator – Lowest apportioned <i>C.difficile</i> infection rate (March 15 to February 16)
42	37	34.2	All Acute Trusts	142	0

Trust quality priority 2

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

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

Indicator 25b: Patient Safety percentage that resulted in severe harm or death

Indicator	April 2015 to September 2015	October 2014 to March 2015	National Average (April 2015 to September 2015)	Comparator Group	Comparator – Highest (April 2014 to September 2014)	Comparator – Lowest (April 2014 to September 2014)
25a	1	1	2	Acute Specialist	9	0
25b	0.1%	0.1%	0.2%	Acute Specialist	1.8%	0.0%

Trust quality priority 3

Core indicator 23) The data made available to The Royal Marsden NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

Indicator 23: Patients admitted to hospital who were risk assessed for venous thromboembolism

Quarter 3 2015/ 2016	Quarter 2 2015/16	National Average (Q3 2015/ 2016)	Comparator Group	Comparator – Highest (Quarter 3 2015/16)	Comparator – Lowest (Quarter 3 2015/ 2016)
96%	96%	95.4%	Acute Trusts	100%	62%

Trust quality priority 4

Core indicator 19) The data made available to The Royal Marsden NHS Foundation Trust by the Health and Social Care Information Centre with regard to the percentage of patients aged – i) 0-15; and ii) 16 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

Indicator 19a: Patients readmitted to a hospital within 28 days of being discharged (Aged 0 to 15 years old)

Indicator 19b: Patients readmitted to a hospital within 28 days of being discharged (Aged 16 or over)

Indicator Description	April 2011 to March 2012	April 2010 to March 2011	National Average April 2011 to March 2012	Comparator Group	Comparator – Highest April 2011 to March 2012	Comparator – Lowest April 2011 to March 2012
19a	Data not published nationally as small numbers may allow identification of an individual					
19b	9.47%	7.94%	11.45%	Acute Specialist	14.09%	0%

Trust quality priority 6a

Core indicator 20) The data made available to The Royal Marsden NHS Foundation Trust by the Health and Social Care Information Centre with regards to the trust's responsiveness to the personal needs of its patients during the reporting period.

Indicator 20: Responsiveness to the experience of care.

Adult Inpatient Survey April 2014 to March 2015	Adult Inpatient Survey April 2013 to March 2014	National Average April 2014 to March 2015	Comparator Group	Comparator – Highest April 2014 to March 2015	Comparator – Lowest April 2014 to March 2015
87.4	87.0	76.6	All trusts	88.2	66.8

Trust quality priority 6b

Core indicator 21.1) Friends and family test – Patient. The data made available to The Royal Marsden NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2). The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

Indicator 21.1: Patient Friends and Family test: Inpatient

February 2016	January 2016	National Average (Feb 2016)	Comparator Group	Comparator – Highest (Feb 2016)	Comparator – Lowest (Feb 2016)
97%	97%	95.7%	All Trusts	100%	74%

Trust quality priority 7

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

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

NHS Staff Survey 2015	NHS Staff Survey 2015	National Average (2015)	Comparator Group	Comparator – Highest (2015)	Comparator – Lowest (2015)
87%	89%	84%	Acute Specialist Trusts	89%	72%

Indicator code 12a:

The Value of the Summary Hospital-Level mortality Indicator ("SHMI")
The banding of the Summary Hospital-Level mortality Indicator ("SHMI")

October 2014 to September 2015	July 2014 to June 2015	National Average	Comparator Group	Comparator – Highest	Comparator – Lowest
Trust data not published nationally for this indicator.				Not applicable	Not applicable
Trust data not published nationally for this indicator.				Not applicable	Not applicable

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

October 2014 to September 2015	July 2014 to June 2015	National Average	Comparator Group	Comparator – Highest	Comparator – Lowest
Trust data not published nationally for this indicator.					

Appendix 2

Our values

We, The Royal Marsden, are guided by 16 values that define our:

- characteristics (what we are);
- attitudes (how we act);
- relationships (how we relate to others); and
- emotions (how we feel).

Characteristics	Attitudes
Pioneering	Determined
Aspirational	Confident
Knowledgeable	Open
Driven	Resilient
Relationships	Emotions
Collaborative	Compassionate
Supportive	Positive
Trusted	Calm
Personable	Proud

Over the last year we have continued to focus on a different value each month and explored how our staff adopt these values in their daily work. Below we have some quotations from staff on the relationship 'trusted' and the characteristic 'driven'.

Trusted

Trust means believing in the reliability, integrity and character of something. At The Royal Marsden, patients trust our staff to deliver the best care.

Richard Trouncer is a Radiotherapy Physicist who has worked at The Royal Marsden for seven years. He said:

'It is vitally important that we operate within a network of trust in order to do our job effectively. There needs to be trust between us, the clinicians, radiographers, engineers and suppliers, to ensure that the treatment is correct and is the best option for the patient.'

'Patients may never see a radiotherapy physicist, but we are vital to them being able to receive state-of-the-art treatment.'

Driven

We are driven when we are determined to achieve success. Our staff are driven to improve the lives of patients with cancer.

Cheryl Richardson is a Superintendent Radiographer who has worked at The Royal Marsden for 14 years. She said:

'Our drive has always been to ensure quality for patients and to improve efficiency. The new Reuben Foundation Imaging Centre has allowed us to develop new imaging techniques and to improve the quality of the research that we are involved in.'

'Delivering quality, efficiency, excellence and pushing the boundaries of research is the way we are driven. We never rest on our laurels and always want to be looking to the future and improving the service we give, so we are the worldwide leaders in imaging techniques.'

'However, you must always put the patient first and never let your drive for efficiency take over your drive for compassion.'

Appendix 3

Sign Up to Safety

We joined the national Sign Up to Safety campaign in the summer of 2015. The aim was to reduce avoidable harm in three distinct areas – sepsis, medication errors and pressure ulcers. In each area, a safety group has been established.

The following tables show the aims and proposed actions relating to sepsis, medication errors and pressure ulcers.

Patient-safety improvement plans – increasing awareness, identification and treatment of sepsis and reducing death from it

Aims	Primary goals	Necessary actions
To: – increase awareness of sepsis; – prevent sepsis; – recognise and manage, as early as possible, patients with sepsis; – reduce emergency admissions through early intervention strategies; and – have no avoidable deaths from severe sepsis and septic shock from 1 June 2018.	Prevent and control infection	Effective handwashing.
		Training in vascular access devices (for example, cannulas).
		Central venous catheter bundles. These are a set of measures that, when carried out together, reduce the risk of infections from having tubes inserted into large veins.
		Urinary catheter bundles. These are a set of measures that, when carried out together, reduce the risk of infections from having tubes inserted into the bladder.
	Identify and treat patients with sepsis as early as possible	Effective management of the use of antibiotics.
		Sepsis screening - increase the numbers identified in the 'Golden Hour'. This is the time period in which early recognition and treatment can reduce the risk of sepsis progressing and so improve outcomes.
		Educate patients and volunteers.
		Management of neutropaenic sepsis. This happens when there is an infection related to a reduction in the number of white blood cells (neutrophils), which fight infections.
		Patients with a NEWS points score of more than four are referred to the Critical Care Outreach Team (CCOT). The National Early Warning Score (NEWS) allocates points for changes to patient parameters such as heart rate, temperature, blood pressure and respiratory rate. The greater the abnormality, the higher the number of points. The points are added and if they are above four, this prompts a review by the Critical Care Outreach Team to decide if the patient needs to go to the critical care unit.
		Lactate measurement available 24/7 in hospitals. A raised lactate level in the blood of patients may be a sign of a severe infection. Measurement should be possible in patients all day, every day.
		SBAR training. To help healthcare professionals get appropriate advice and action in good time, the SBAR tool has been introduced to provide a structure for communication between colleagues.

Aims	Primary goals	Necessary actions
		Trigger tools for patients calling in from home. Patients, for instance those receiving chemotherapy, are given information on when to get medical advice (for example, if they have a temperature). Collectively, trigger tools are the parameters that should lead to patients phoning for medical advice. Early referrals to the Critical Care Outreach Team are available in the hospitals at Fulham Road and Sutton, all day and every day. The Critical Care Outreach Team is made up of nurses trained in identifying, stabilising and increasing the level of care for patients who are critically ill for any reason. They work with the teams on the wards and in the critical care unit. Reliable communication at handover about patients who are at risk. Clinical Site Practitioner to tell CCOT about after-hours emergency admissions. Reporting to senior team, critical care and CCOT.
	Deliver the sepsis-six care bundle	Delivery of sepsis-six (O2, Blood cultures, Antibiotics, Fluids, Lactate measurement and urine output monitoring). The 'sepsis-six' are a group of interventions that may help treat patients with sepsis. The interventions are providing oxygen, taking blood cultures (a sample of blood sent to the microbiology laboratory to identify organisms making the patient unwell), giving antibiotics early on to fight the infection, measuring lactate (as high levels in the blood may indicate a severe infection), and measuring urine production (which generally falls as the patient becomes more unwell and increases when the patient improves). Escalation of patients with severe sepsis or septic shock for critical-care review and admission. Patients who are severely unwell may need a higher level of care and be 'escalated' to get the Critical Care Team's opinion on whether a patient needs to be moved to the critical care unit. Giving antibiotics within an hour of suspected sepsis. Early control of the source of the sepsis. Increase the number of nurses for administering antibiotics to the Patient Group Direction (PGD). Normally, medications are given on prescription by a doctor. Patient Group Directions (PGDs) are a mechanism by which authorised professionals can administer medications to groups of patients without there being a prescription from a doctor. In this case, if a patient is suspected of having a severe infection, a trained nurse could give an antibiotic to reduce the delay of getting a prescription.

Aims	Primary goals	Necessary actions
		Increase the number of nurses who can insert cannulas and have access to portacath devices. Portacaths are devices (ports) placed under the skin, attached to a tube tunnelled under the skin to enter a large vein. A needle can be inserted through the skin into the port to allow blood to be taken or medication to be given. The skin over the port reduces the risk of infection from the device staying in the body for a long period of time. For sepsis patients admitted, gather information relating to IT Coding, morbidity and mortality rates, root-cause analysis. Identifying patients with sepsis allows us to gather valuable information on the number of patients with sepsis and their outcomes (morbidity – how unwell they become and how long they stay in hospital as well as mortality – whether the patient dies due to the severe infection). Reviewing the notes of patients with sepsis can uncover ways to improve care for future patients. This is called root-cause-analysis and is based on the idea that several factors (roots) can contribute to a problem (sepsis) developing. One way of identifying patients is by using information technology (IT) coding. This is where each episode of a patient's care is summarised into a variety of codes by dedicated professionals (clinical coders). This allows a large database to be searched to find information (for example, those patients with severe sepsis or septic shock).
	Raise awareness and education for staff, patients and carers	The Royal Marsden School formal teaching programmes. Nurses new to cancer care module and Acute Cancer Care Module. We have a teaching school for nurses. It is planned to educate nurses in identifying sepsis, getting early help and starting treatment promptly. There are two modules – 'Nurses new to cancer care' and 'Acute cancer care' – which sepsis training can be part of. Mandatory refresher training for staff on the six signs of sepsis and managing the condition. Hold a Sepsis Roadshow twice a year, both on-site and in the community. Standardise the approach to managing sepsis across all sites. Simulation training. Ward-based and community-based teaching sessions. Embedding training for serious incidents. If there was a serious incident related to sepsis (where there is significant harm to the patient), then learning from investigations will be incorporated into training in order to reduce the risk of the event happening again. Escalation and review. Escalation involves getting help from more senior members of the team as well as increasing the amount of care for the patient (such as transferring them from the ward to the critical care unit) Senior review of the patient (by a registrar or a consultant). Review critical care and CCOT. Review unplanned emergency admissions.

Aims	Primary goals	Necessary actions
	Produce clear management plans	Clear criteria for emergency admission. Clear management plans for those with ward-based ceilings of care. For some patients, transferring them to the critical care unit is not appropriate. They have a 'ceiling of care' in place, where medical treatment is offered up to a limit (the 'ceiling') on the ward. Treatment options only available in the critical care unit include breathing support from a mechanical ventilator, support to increase blood pressure and some artificial kidney support (dialysis). Patients staying on the ward will not receive these treatments. Reporting on the 'Datix' form when patients meet the criteria for emergency admission but no bed is available. If a patient is severely unwell with an infection at home, they should be admitted to hospital as an emergency. Very occasionally it may be that the patient cannot be admitted due to a lack of beds. This would be reported as an incident on the Datix form, which is a summary of what happened and whether the patient came to any harm. These incidents are analysed by the risk management department to determine the risk of the situation arising again, and how severe the harm was, before making recommendations to reduce the risk of it happening again.

Patient-safety improvement plans – reducing harm from medication errors

Aims	Primary goals	Necessary actions
To: – improve the pharmacy-led medicines reconciliation rates on admission to 100% by 2018; – reduce chemotherapy-prescribing errors by 20% by 2018; and – make sure allergies are recorded accurately for 100% of patients when they are admitted.	Prevention: – Reduce harm related to hypersensitivity and allergy reactions through consistent assessment and recording of patients' allergies when they are admitted – Introduce and use chemotherapy e-prescribing technology to reduce the opportunity for harm from prescribing errors – Reduce harm from the incorrect medicines being prescribed, or necessary medication not being prescribed, by improving pharmacy-led medicines reconciliation at admission and discharge – Implementation of the Medication Safety Thermometer Education and raising awareness: – Produce a monthly dashboard showing progress with qualitative and quantitative metrics – Improve feedback given to doctors and NMPs about medication and prescribing errors	– Introduce electronic prescribing for chemotherapy, and give prescribers feedback on common errors. – Undertake regular chemotherapy audits to monitor error rates. Use the medicines-safety thermometer. (The medicines-safety thermometer is a national tool to reduce the number of medication mistakes causing serious harm. The information is collected from wards. Each month, the results are fed back to all nursing and pharmacy staff. The results are also published on the monthly dashboards displayed in all ward areas. This raises awareness and empowers the nursing teams to make improvements locally.) – Have the medicines-safety thermometer tailored to the medicines-safety drivers for The Royal Marsden. – Have visible information about the medication safety thermometer on all wards. – Learning from RCAs: – MDT huddles for every high-risk medication error detected when collecting information for the medicines-safety thermometer. – Improved recording of near-miss prescribing errors. – Regularly send out a medication incidents summary to nursing, medical and pharmacy staff.

Patient-safety improvement plans – reducing harm from pressure ulcers

Aims	Primary goals	Interventions
To reduce avoidable pressure ulcers: – by 100% within hospitals; and – by 50% within the community; by June 2018	Identify patients with pressure sores, or at risk of pressure sores, as early as possible	Accurate assessment of risks and related conditions
		Complete the Pressure Ulcer Assessment and the Prevention & Management booklet when patients are admitted
		Have visible data – ward dashboards, safety thermometer and so on
		Patient stories
		Hold Pressure Ulcer Panel meetings
	Prevent pressure sores	Learn from community work
		Use suitable devices – Aderma, prophylactic meplix border, mattresses and cushions
		Get patients moving around out of bed as early as possible
		Provide patient-education video and leaflets
		Follow the recommendations of the ‘Stop the Pressure’ campaign
	Raise awareness	Intentional rounding
		Raise awareness of the extent of incidents and the effect on patients through ward meetings, nurse meetings, matron’s meetings and so on
		Take part in the Sign up to Safety Pressure Ulcer Strategy group
		Learning from RCAs:
		Risk Management feedback
		Develop a pressure-ulcer prevention strategy for in hospital and in the community
		Include ‘Harm Free Care’ as part of mandatory training
		Correct identification of pressure ulcers and moist lesions

Plain English Campaign's Crystal Mark does not apply to this appendix 4

Appendix 4

Statements from key stakeholders (these statements will be added once the draft quality account has been reviewed during the 30 day period).

Council of Governors

Statement from the Council of Governors on the Quality Account 2015/16

The Council of Governors of The Royal Marsden reviews the Quality Account presented by the Chief Nurse, Dr Shelley Dolan, at each of its quarterly meetings where it discusses the priority quality issues. The Patient Experience and Quality Account Group, a Working Group of the Council of Governors, reviews feedback from patients, including the frequent feedback surveys, and has influenced the questions used in these surveys to reflect patients' interests. Members' events provide the opportunity to liaise with Governors and staff to help develop and select the forthcoming priorities for quality improvement. Prior to our Members' event in November 2015, members were asked to complete a survey in preparation for the event and indicate what they thought the priorities should be for the following year. Feedback from this survey was used for discussion at the Members' event and for the first time, members used electronic voting pads to vote for their preferred priorities in areas relating to patient safety, clinical effectiveness and patient experience.

Improvements in the presentation of data are introduced by The Royal Marsden each year to make the Quality Account, now in its sixth year of publication, more succinct, interesting and readable by the general public as well as by healthcare professionals. Governors continue to see enhancements in the layout of the information, making it easier to read, and understand (in plain English). Based on their involvement and the feedback they have received from members and non – members, Governors fully endorse the key priorities for improvement as set out in the Quality Account.

Council of Governors

April 2016

Healthwatch Sutton

Healthwatch Sutton's work programme for 2015/16 has not carried out any investigations that looked specifically at any of the services provided by Sutton and Merton Community Services. The views that we had collected over the previous year from local people had not highlighted any major issues in relation to community services in Sutton.

However Healthwatch Sutton has been actively involved in the CCGs retendering process for the new contract to provide Community Services in Sutton by having representation on the tender panel and ensuring that a lay/patient perspective is considered in the process. Healthwatch Sutton also has representation on The Royal Marsden NHS Foundation Trust's Patient Experience Group that covers community services alongside other services provided by the Trust.

In addition, Healthwatch Sutton has worked in partnership with Sutton and Merton Community Services on local initiatives including the sub committees involved in delivering the Better Care Fund and the Urgent Care Working Group. We look forward to maintaining our positive relationship with The Royal Marsden NHS Foundation Trust.

Many thanks,

David

David Williams
Chair – Healthwatch Sutton

Merton Clinical Commissioning Group

The Royal Marsden: QUALITY ACCOUNT in relation to Sutton and Merton Community services

This is the final review of the Quality Accounts produced by The Royal Marsden NHS Foundation Trust for Sutton and Merton Community Services (SMCS) by Merton Clinical commissioning Group (MCCG), on behalf of both Merton and Sutton CCGs. For the period 2015/16.

MCCG, as the lead commissioner for this service working closely in partnership with Sutton CCG, Public health colleagues and the wider health economies has reviewed the Quality improvements as set out in NHS England's guidance for this Royal Marsden (RMH) NHS Foundation Trust document, paying particular regard to community health service priorities.

MCCG has enjoyed a healthy working relationship with SMCS and has continued to work very closely in partnership with the community teams to monitor the quality of community care services through attendance at multi agency GP led Clinical Quality Review Meetings.

It is encouraging to see that all ten priorities are met for this period. MCCG has noted that the priorities not only include the mandatory NHS England requirements but RMH locally set priorities that focus on waiting times and children's immunisation.

With regard to community services we commend the Trust for achieving Priority 5, reducing the incidence of pressure ulcers grade 3 and 4 for clients receiving community care and congratulate you for your commitment to increasing the uptake of school leavers receiving boosters for diphtheria, polio and tetanus.

MCCG would like to take this opportunity to thank SMCS for their commitment to maintaining a quality service for our patients that is reflected in this and previous reports, and for the commitment of your staff throughout our working relationship.

Lynn Street
Director of Quality and Performance
Merton Clinical Commissioning Group

Mary Hopper
Director of Quality
Sutton Clinical Commissioning Group

NHS England

NHS England's response to The Royal Marsden NHS Foundation Trust Quality Accounts 2015/16

NHS England would like to thank The Royal Marsden NHS Foundation Trust for the opportunity to review and provide a statement response to their 2015/16 Quality Accounts. From reviewing the Trust's Quality Accounts, we can confirm that as far as it can be ascertained it complies with the national requirements for such a report. We are satisfied with its accuracy as far as it is based on the information available to NHS England.

Firstly, we congratulate the Trust on its achievements over the past year. We note the detailed narrative of the key quality priorities and challenges the Trust has faced over the past 12 months. We commend the Trust for its Customer Service Excellence Standard achievement, and how when triangulated with the wider patient experience metrics, there is evidence of positive patient experience in using the Trust's services. We are pleased to see the plans in place to further build on these achievements, and particularly look forward to working further with the Trust in NHS England's Always Event initiative.

Extensive work has been undertaken to manage chemotherapy waiting times, and to reduce the number of patients waiting for medication for which we commend the Trust as we feel these have been keys in improving the patients' experience.

Whilst we have acknowledged areas of achievements, we have identified areas in the report where the Trust can highlight where it has made strides in its ambition to provide world class quality services:

- We note the number of clinical audits the Trust has participated in however; we are unclear why this is reported as being at the 'data collection stage'. The Quality Accounts would benefit from further details on the key lessons arising from some of these audits and some actions taken to address the issues
- The section on the reduction of the incidences of category 3 and 4 pressure sores we felt presented good examples of improvement; however, we would have found

it additionally useful to see further details on some of the key actions taken to reduce the two categories for pressure sores in 2015/16

- Given the achievements made over the past year in reducing the incidences of C. difficile and maintaining zero MRSA bacteraemia, the plan to improve performance in 2016/17 is sound. The Trust can consider applying the lessons learnt from this achievement to minimise other health care associated infections
- We congratulate the Trust on its internal cancer performance and we are aware of the work undertaken in the South West London sector to improve performance. We are disappointed that this has not enabled the Trust to meet the national target, and NHS England would have expected more detail in the Trust's 2016/17 priorities of the remedial action to be undertaken to ensure cancer waiting targets are met and clinical harm monitored. We were unclear from the Quality Account whether the Trust has reviewed the quality impact of the cancer waiting times, and we consider this to be essential going forward.

We felt the Trust values and principles outlined in Appendix 2 underpinned service provision and felt it to be an important component of the paper. We feel the Trust can be particularly proud in how this has been translated into compassionate quality care, and positive patient and staff experience.

We support the priorities identified for 2016/17, and would suggest the inclusion of nurse revalidation which will be a key development in nursing and midwifery commencing in 2016/17. Though there are clearly areas for further progress towards achieving the Trust's aims, we are satisfied the Trust has identified these areas for improvement and the key actions required to meet these goals. We are satisfied that on the whole the plans outlined in the Trust's Quality Account will maintain and further improve the quality of services delivered to patients.

We look forward to working closely with the Trust over the coming year to further improve the quality of local health services.

Will Huxter
Regional Director of Specialised
Commissioning (London)

Public Health Medicine, London Borough of Sutton

I am pleased to commend The Royal Marsden's Quality Account and to note the maintenance of excellent standards within the cancer services. I am most familiar with the Children's Community Services and it has been a privilege to work with such committed and passionate staff. It would be interesting to see some more quality indicators around the Children's Community Services which, hopefully, would reflect their good work.

Dr Sue Levi

Consultant in Public Health Medicine, London Borough of Sutton.

Patient Carer and Advisory Group

Members of the Patient and Carer Advisory Group have considered The Royal Marsden's Quality Account for the period 2015/16. We believe the Quality Account clearly demonstrates that the Trust remains focussed on listening to its patient, carer and staff community, and that it has robust arrangements in place to monitor its performance. The objectives set out provide evidence that the Trust continues to strive to improve and challenge the quality of care and services it provides, both in the hospital and in the community. We commend this approach.

We are pleased to note that all the quality priorities and targets (both those mandated and those set by the Trust itself) to ensure safe and effective care and to improve the patient experience were achieved in the 2015/16. In particular, we endorse the actions taken over the period to reduce the waiting times for chemotherapy treatment, for outpatient appointments (despite an increase in the number of out-patients) and for medicines on discharge. We look forward to seeing further improvements over the coming year from continued use of the new E-chemo system, the partnership with Boots and the actions taken following the out-patients transformational project.

We also endorse the continued efforts to improve care for patients in community services, including the steps taken both to reduce the incidence of pressure sores arising in patients receiving community care and to heal and improve any pressure sores already existing. It is pleasing to see that the Trust has met national targets for HPV immunisation and for the school leavers booster for diphtheria, polio and tetanus.

The excellent response to the Friends and Family Test from both out-patients and in-patients of the Trust and from those receiving community services is well deserved by the Trust. It is also good to see that well over 89% of staff surveyed say that they would recommend The Royal Marsden to friends or family needing care.

Overall, the Patient and Carer Advisory Group congratulates the Trust on its Quality Account and its achievements over the year. We hope to work with the Trust to achieve further improvements in the patient experience over the coming year.

Anita Gray

Chair, Patient Carer and Advisory Group

Plain English Campaign's Crystal Mark does not apply to this appendix 5.

Appendix 5

Statement of Trust Directors' responsibilities for the quality account

Under the Health Act 2009 and the National Health Service Quality Accounts Regulations, the Trust Directors must prepare quality accounts for each financial year. Monitor has issued guidance on the form and content of annual quality accounts and on the arrangements that trusts should put in place to support the quality of information given in the accounts.

In preparing this quality account, the Trust Directors have taken steps to make sure that it meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2014/15* and supporting guidance.

The content of this quality account is consistent with internal and external sources of information, including the following.

- Board minutes and papers for the period from 1 April 2015 to 31 March 2016
- Papers relating to quality reported to the Board over the period from 1 April 2015 to 31 March 2016
- Feedback from the commissioners dated 23/03/2016
- Feedback (dated 02/04/2016) from the governors, through the Council of Governors
- Feedback (dated 22/03/2016) from local Healthwatch organisations
- Feedback (dated 06/04/2016 from Overview and Scrutiny Committee
- The Trust's complaints report (dated 16/09x/2015) published under regulation 18 of the Local Authority Social Services and NHS Regulations 2009
- The 2014 national in-patient survey results (dated 05/02/2016)
- The 2014 national staff survey (dated 09/02/2016)

- The Head of Internal Audit's annual opinion over the Trust's control environment (dated 20/01/2016).

The Trust Directors have concluded the following.

- The quality account gives a balanced picture of The Royal Marsden NHS Foundation Trust's performance over the period covered
- The performance information reported in the quality account is to the best of our knowledge reliable and accurate
- There are proper internal controls for collecting and reporting the measures of performance included in the quality account, and these controls are reviewed to confirm that they are working effectively in practice
- The information supporting the measures of performance reported in the quality account is comprehensive and reliable, meets specified standards and prescribed definitions, and is reviewed as appropriate
- The quality account has been prepared in line with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality account.

The Trust Directors confirm that as far as they know and believe, they have met all the relevant requirements when preparing the quality account.

By order of the Board



Mr R Ian Molson
Chairman
26 May 2016



Cally Palmer CBE
Chief Executive
26 May 2016

Plain English Campaign's Crystal Mark does not apply to this appendix 6.

Appendix 6

Independent assurance report

Independent auditor's report to the Council of Governors of The Royal Marsden NHS Foundation Trust

We have been engaged by the Council of Governors of The Royal Marsden NHS Foundation Trust to perform an independent assurance engagement in respect of The Royal Marsden NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the "Quality Report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of The Royal Marsden NHS Foundation Trust as a body, to assist the Council of Governors in reporting The Royal Marsden NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Royal Marsden NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway; and
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the Quality Report is not consistent in all material respects with the sources specified; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the documents specified within the detailed guidance.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and the explanation of the basis of preparation of the 18 week Referral-to-Treatment incomplete pathway indicator set out on page 125 which sets out the approach the Trust has taken.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion – 18 week Referral-to-Treatment indicator

The annualised 18 week referral to treatment indicator is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target. We have tested a sample of pathways which were listed as incomplete at a month end, selected on both a random and risk focussed basis.

As explained on page 125 we found a number of errors in our sample in relation to patients incorrectly included on the pathway due to incorrect information received from the referring Trust, and pathways which were captured at the incorrect waiting time due to human error. We have been unable to isolate these errors. We have therefore concluded that there are errors in the calculation of the 18 week Referral-to-Treatment incomplete pathway indicator. We are unable to quantify the effect of these errors on the reported indicator for the year ended 31 March 2016.

Qualified conclusion

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in 'Detailed guidance for external assurance on quality reports 2015/16'; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.



Deloitte LLP
Chartered Accountants
St Albans
26 May 2016

Appendix 7

Glossary

Bacteraemia Having bacteria in the blood.

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

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

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

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

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

CNS Clinical nurse specialist.

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

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

Enhanced Recovery Programme A national scheme that places the patient at the centre of a multi-professional team to plan for greater partnership in care, improved quality of care and shorter lengths of stay in hospital.

EPR Electronic patient record.

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

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

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

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

Healthwatch The new independent consumer champion to gather and represent the views of the public at a national and local level. Healthwatch England will work with local Healthwatches and has the power to recommend that the Care Quality Commission take action where there are concerns about health and social-care services.

Holistic needs assessment (HLA) A process of gathering information from the patient or carer in order to lead discussion and develop a deeper understanding of what the patient knows, understands and needs.

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

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

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

London Cancer Alliance 15 NHS trusts and two health-science networks (Health Innovation Network South London and Imperial College Health Partners) who work together across west and south London. It is responsible for delivering specified care for different types of tumour and for providing safe and effective care for the populations it serves.

Multidisciplinary team A team made up of healthcare professionals from different fields who work together.

Meticillin-resistant staphylococcus aureus (MRSA) Bacteria that are a significant cause of infections arising in hospital.

Meticillin-sensitive staphylococcus aureus (MSSA) Bacteria that are a significant cause of infections arising in hospital.

Monitor The independent regulator of NHS foundation trusts.

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

PALS The Patient Advice and Liaison Service (PALS) provides information, advice and support to help patients, families and their carers. Each NHS trust has a PALS service.

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

Pressure ulcers Bed sores or pressure sores.

Prophylaxis A measure taken to prevent a disease or condition.

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

TTAs Discharge prescriptions – medicine ‘to take away’.

Vancomycin-resistant enterococci (VRE) Bacteria that are resistant to the antibiotic vancomycin and can cause infections arising in hospitals.

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

4. The Royal Marsden Cancer Charity

The Royal Marsden Cancer Charity has had another successful year, and we are proud to summarise their highlights below:

Opening of The Reuben Foundation Imaging Centre

Supporters of The Royal Marsden Cancer Charity raised £6.9m towards The Reuben Foundation Imaging Centre, which officially opened in spring 2015. The centre combines the latest technology with exceptional contemporary design and as a result has transformed the imaging experience for both our patients and staff. The four state-of-the-art scanners (two CT and two MRI scanners) can achieve an entirely new level of speed and image quality, helping to detect cancer earlier, improve diagnoses and develop personalised treatment plans. The new technology is also fundamental to our ability to conduct further research. We are already conducting clinical trials into treatments that were not possible before, ensuring that The Royal Marsden can continue to improve outcomes for cancer patients across the world.

The Marsden March – six years of success

We celebrated six years of The Marsden March in 2016, when over 5,500 marchers walked the route between The Royal Marsden, Chelsea and The Royal Marsden, Sutton. The event started back in 2010 with just 2,000 participants and, since then, has raised nearly £8 million and involved over 20,000 marchers. The Marsden March is a great way for patients, staff, friends and family to show their support or honour of a loved one. Money raised from The Marsden March helps us to provide the best possible care and treatment for people affected by cancer. Banham have sponsored the event for the last two years, with a large number of their staff and friends participating in the event, including Chairman, Charles Hallatt.

15 years of Pink Pony

2015 was the 15th anniversary of Ralph Lauren's Pink Pony campaign, which sees 25 per cent of the retail price from the fashion designer's Pink Pony range donated to cancer charities in the US, and The Royal Marsden Cancer Charity in the UK. To celebrate the anniversary, Ralph Lauren complemented its annual staff Serpentine Walk with a social media campaign involving its staff, media partners and wholesalers.

Ralph Lauren himself has long been recognised for his early leadership in the fight against breast cancer. More than 20 years ago, after a close friend was diagnosed with breast cancer, he made a commitment to focus his philanthropic efforts on eradicating the disease.

In 2014, Mr Lauren visited The Royal Marsden in Chelsea to announce The Ralph Lauren Centre for Breast Cancer Research. The centre was officially opened in spring 2016 and is dedicated to advancing breast cancer research, improving early diagnosis and developing new treatments.

Le Cure de France

After the success of the inaugural Le Cure de France – a gruelling cycle challenge that took on some of the Tour de France's toughest and most iconic climbs – in 2014, Les Curistas returned in September 2015 to raise more money for The Royal Marsden Cancer Charity.

Professor Ian Smith, former Head of the Breast Unit at The Royal Marsden, took part in both events, with the friends and family of his patient, Marianne Butler, who was diagnosed with breast cancer in 2013. Mr Stuart James, Consultant Plastic Surgeon, also joined the team in 2015. The team has raised over £500,000 to fund research into breast cancer.

Marianne said: "The difficulty of the challenge and the commitment of all taking part only serves to demonstrate the importance of the work of The Royal Marsden. For those mad enough to take it on, the good news is that Le Cure is here to stay... Bring on ride 2016!"

160 years of philanthropic support

The Royal Marsden celebrated 160 years of philanthropic support in 2015 after, in 1855, a £3,000 gift from Baroness Angela Burdett-Coutts enabled Dr William Marsden to buy an acre of land on Fulham Road, Chelsea. We owe much to her generosity, and it is this tradition of philanthropy that enables The Royal Marsden to continue to lead in cancer diagnosis, treatment, research and education. After over 100 years of charitable donations to the hospital, in 2002, The Royal Marsden Cancer Charity was founded, providing equipment and technology for the hospital to go above and beyond NHS standards. Over the past 13 years, it has raised more than £100 million with the help of our generous and committed supporters.

Robotic fellowship appeal

In 2015 we launched an appeal to fund the UK's first Robotic Surgery Fellowship. The dual-console capability of our new da Vinci Xi, donated by long-term supporter of The Royal Marsden Cancer Charity Don McCarthy and his family, means we can run the first Robotic Surgical Fellowship. During training, our robotic surgeons will focus on three different types of cancer – urological, gynaecological and colorectal – so they can operate on tumours anywhere in the pelvic and abdominal region. So if a cancer spreads from the prostate to the bladder, the robotic surgeon will be able to operate across both specialities. This reduces the need for further open surgery and for several surgeons to be involved – meaning less complex, more efficient procedures and a speedier recovery for the patient. The support of The Royal Marsden Cancer Charity will enable us to train the surgeons of tomorrow, today.

Father and Son Day

Fathers and sons – including Royal Marsden clinicians, celebrity supporters and our President, HRH The Duke of Cambridge – came together last summer to share photos of fathers and sons and help raise awareness of male cancers and to raise money for The Royal Marsden Cancer Charity. Father and Son Day was set up by charity supporters Daniel Marks and Jack Dyson, two friends who have both survived testicular cancer, and whose fathers both had cancer. Supported by the fashion brand Mr Porter, who donated a percentage of their profits from the sale of limited edition blue shirts, the campaign raised funds for two projects at The Royal Marsden that will have far-reaching benefits: training more surgeons to carry out robotic surgery, and a psychological support programme to provide support to young men affected by cancer.

'On your marks'

Running events raised more than £400,000 for The Royal Marsden Cancer Charity last year, including almost £200,000 from the 2015 London Marathon alone. Amanda Heaton, Head of Community and Corporate Fundraising, said running events are a fantastic way of raising money: "Our runners come from all backgrounds. Some are friends and family of patients, some are patients themselves, and some are dedicated runners who just want to support a good cause. We are fortunate to have a huge number of people who secure their own places in events and choose to raise money for The Royal Marsden Cancer Charity. This has seen the charity represented on the streets of Melbourne, Rome and Chicago, in the Sahara, as well as through lakes and fields on The Wolf Run and in the Race to the Stones, the UK's largest ultra-marathon."



5. Annual Accounts for the year ended 31 March 2016

Foreword to the accounts The Royal Marsden NHS Foundation Trust

These accounts for the year ended 31 March 2016 have been prepared by The Royal Marsden NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.



Cally Palmer CBE
Chief Executive Officer
26 May 2016

Independent Auditor's Report to the Board of Governors and Board of Directors of The Royal Marsden NHS Foundation Trust

Opinion on financial statements of The Royal Marsden NHS Foundation Trust

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31st March 2016 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement, the Statement of Changes in Taxpayers' Equity and the related notes 1 to 25. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and Code of Audit Practice.

Going concern

We have reviewed the Accounting Officer's statement contained within the Performance report on page 10 that the Trust is a going concern. We confirm that:

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Independence

We are required to comply with the Financial Reporting Council's Ethical Standards for Auditors and we confirm that we are independent of the group and we have fulfilled our other ethical responsibilities in accordance with those standards. We also confirm we have not provided any of the prohibited non-audit services referred to in those standards.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team:

Risk	How the scope of our audit responded to the risk
NHS revenue and provisions As described in note 1.19, Accounting Policies there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to: – the complexity of the Payment by Results regime, in particular in determining the level of overperformance; and – the judgemental nature of provisions for disputes, including in respect of outstanding overperformance income for quarters 3 and 4. Details of the Trust's income, including £214m (£216m as at 31 March 2015) of Commissioner Requested Services, are shown in note 3.1 to the financial statements. NHS debtors are shown in note 13.1 to the financial statements The majority of the Trust's income is commissioned by NHS England. The settlement of income with Clinical Commissioning Groups continues to present challenges, leading to disputes and delays in the agreement of year end positions.	We evaluated the design and implementation of controls over recognition of Payment by Results income. We performed detailed substantive testing on a sample basis of the recoverability of overperformance income and adequacy of provision for underperformance through the year, and evaluated the results of the agreement of balances exercise. We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners,
Property valuations The Trust holds property assets within Property, Plant and Equipment at a depreciated replacement cost valuation (which takes account of the modern equivalent asset basis) of £236.6m (£226.8m as at 31 March 2015). 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.	We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Trust to the valuer. We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the Trust's properties, including through benchmarking against revaluations performed by other Trusts at 31 March 2016. We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.
Capital Expenditure The Trust has capital expenditure of £18.1m (£21.8m as at 31 March 2015) in the year and assets under the course of construction of £10.0m at year-end, as part of its extensive capital programme. Judgement is exercised in determining whether expenditure can be capitalised and when to commence depreciation. Further details upon the associated balances are included in note 10 to the financial statements.	We reviewed the Trust's capital plans to identify potential risks or issues. We tested the design and implementation of controls around cost capitalisation We tested a sample of assets remaining in construction at 31 March 2016 to assess whether this remained appropriate, including physically verifying a sample of assets. On a sample basis we reviewed spending to confirm amounts capitalised were in line with relevant accounting requirements. On a sample basis we reviewed the status of individual projects to evaluate whether they have been depreciated for the correct period.

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 44. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Our application of materiality

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.

We determined materiality for the Trust to be £3.4m (2014/15: £3.1m), which is below 1% of revenue (2014/15: 1% of revenue). Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £170,000 (2014/15: £158,000), 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.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed at the Trust's head offices in London directly by the audit engagement team, led by the audit partner.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
 - the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
-

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the *NHS Foundation Trust Annual Reporting Manual*, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements;
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code of Audit Practice and International Standards on Auditing (UK and Ireland). We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of The Royal Marsden NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of 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 an auditor's 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 trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.



Heather Bygrave FCA

Senior statutory auditor

for and on behalf of Deloitte LLP

Chartered Accountants and Statutory Auditor

St Albans, UK

26 May 2016

Statement of comprehensive income for the year ended 31 March 2016

	Note	2015/16	2014/15
		£000	£000
Income from activities	3	301,137	294,870
Other operating income	3	71,601	65,260
Operating expenses	4	(368,986)	(354,180)
Operating surplus		3,752	5,950
Finance costs			
Finance income	7	85	45
Finance expense	8	(272)	(159)
Public Dividend Capital dividends payable		(4,537)	(4,868)
Net finance costs		(4,724)	(4,982)
Share of profit in joint venture		191	–
(Deficit)/surplus for the year		(781)	968
Other comprehensive income/ (losses)			
Revaluation and impairment gains/(losses) on land and buildings	10	9,853	(4,430)
Total comprehensive income/(expense) for the year		9,072	(3,462)
Surplus for the year pre impairment and adjustments relating to capital charitable donations		2015/16	2014/15
		£000	£000
(Deficit)/surplus for the year		(781)	968
Donated capital income	10	(5,801)	(4,093)
Depreciation on donated assets		4,253	4,783
Impairment	4	3,444	2,408
Loss on disposal	4	98	850
Surplus for the year pre loss on disposal and adjustments relating to capital charitable donations		1,213	4,916

Statement of financial position as at 31 March 2016

	Note	31 March 2016	31 March 2015
		£000	£000
Non-current assets			
Intangible assets	9	414	404
Tangible assets	10	236,647	226,775
Investment in Joint Venture	11	1,826	–
Total non-current assets		238,887	227,178
Current assets			
Inventories	12	4,350	6,518
Trade and other receivables	13	69,403	56,111
Cash and cash equivalents	16	24,055	29,579
Total current assets		97,808	92,208
Current liabilities			
Trade and other payables	14	(52,486)	(45,166)
Provisions	15	(96)	–
Borrowings	15	(2,477)	(1,823)
Other liabilities	14	(27,160)	(26,315)
Tax payable	14	(4,021)	(3,974)
Total current liabilities		(86,240)	(77,278)
Non-current liabilities			
Borrowings	15	(16,109)	(13,677)
Provisions	15	–	(55)
Total non-current liabilities		(16,109)	(13,732)
Total assets employed		234,346	228,376
Financed by taxpayers' equity			
Public Dividend Capital	SoCTE	101,179	104,281
Revaluation reserve	SoCTE	37,300	17,954
Income and expenditure reserve	SoCTE	95,867	106,141
Total taxpayers' equity		234,346	228,376

These financial statements have been approved by the board and authorised for issue on 26 May 2016 and signed on its behalf by



Cally Palmer CBE
Chief Executive Officer
26 May 2016



Marcus Thorman
Chief Financial Officer
26 May 2016

Statement of changes to taxpayers' equity for the year ended 31 March 2016

	Total taxpayers' equity	Public Dividend Capital	Revaluation reserve	Income and expenditure reserve
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2014	229,075	101,518	22,384	105,173
Surplus for the year	968	–	–	968
Revaluation losses on property, plant and equipment	(4,430)	–	(4,430)	–
Public Dividend Capital received	2,763	2,763	–	–
Taxpayers' equity at 31 March 2015	228,376	104,281	17,954	106,141
Taxpayers' equity at 1 April 2015	228,376	104,281	17,954	106,141
(Deficit)/surplus for the year	(781)	–	–	(781)
Revaluation gains on property, plant and equipment	9,853	–	9,853	–
Transfers	–	–	9,493	(9,493)
Public Dividend Capital received	298	298	–	–
Public Dividend Capital repaid	(3,400)	(3,400)	–	–
Taxpayers' equity at 31 March 2016	234,346	101,179	37,300	95,867

Statement of cash flows for the year ended 31 March 2016

	Note	2015/16	2014/15
		£000	£000
Cash flows from operating activities			
Net cash generated from operations	16.1	21,278	21,929
Cash flows used in investing activities			
Interest received		85	45
Purchase of property, plant and equipment		(21,478)	(19,106)
Proceeds from sale of property, plant and equipment		22	–
Net cash generated from investing activities		(21,371)	(19,061)
Cash flow from financing activities			
Public Dividend Capital received		298	2,763
Loan received		5,500	9,000
Interest paid		(264)	(135)
Loan repaid		(2,414)	–
Public Dividend Capital dividends paid		(5,151)	(4,869)
Public Dividend Capital repaid		(3,400)	–
Net cash generated from financing activities		(5,431)	6,759
Increase in cash and cash equivalents		(5,524)	9,627
Cash and cash equivalents at 1 April		29,579	19,952
Cash and cash equivalents at 31 March		24,055	29,579

1. Accounting Policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the Foundation Trust Annual Reporting Manual (ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the *NHS Foundation Trust Annual Reporting Manual 2015/16* issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) as issued by the IASB and adopted by the EU and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1 Consolidation

NHS Charitable Fund

HM Treasury previously granted dispensation to the application of IAS 27 Separate Financial Statements (as amended in 2011) by NHS Foundation Trusts solely in relation to the consolidation of NHS charitable funds.

From 2013/14, the Treasury dispensation is no longer available and NHS Foundation Trusts therefore need to consolidate any material NHS charitable funds which they determine to be subsidiaries. This represents a change in accounting policy and should be accounted for as such, in accordance with IAS 8 with prior year comparatives and opening balance sheet restated.

The Trust is the corporate trustee to The Royal Marsden Hospital Charity (RMHC) NHS charitable fund (Charity no. 1050537). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary in line with IAS 27 because it has the power to govern the financial and operating policies of the charitable fund so as to obtain benefits from its activities for itself, its patients or its staff. The assets and activities of RMHC however, were transferred to The Royal Marsden Cancer Charity (RMCC) on 1 September 2011 and the Trust has determined not to consolidate RMHC on the grounds of materiality.

The Royal Marsden Cancer Charity (RMCC) (Charity no. 1095197) is a registered charity and a company limited by guarantee (Company no. 04615761) with a Board of individual trustee directors, which has a wholly owned subsidiary trading company. The RMCC is not an NHS linked charity and therefore does not fall within the definition of a subsidiary. As such the RMCC has not been consolidated into the financial statements of the Trust.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, such as share dividends, are received by the Trust from the joint venture.

1.2 Income recognition

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Monitor's guidance states that there should be no netting off of income and expenditure. There are a number of employees of the Trust that perform work for other organisations, who in turn reimburse the Trust for this work. The accounts show the income and expense from these arrangements under the headings 'Other income' and 'Staff costs' respectively.

An estimate of the value of partially completed patient episodes is included in Accrued Income. This estimate has been derived by assessing the patient episodes that span both sides of the year end, and estimating the unbilled value of these episodes by pro-rating the number of days spent as an inpatient pre and post year-end.

Additional contributions from central bodies (such as the Department of Health) designated as revenue contributions are recognised as revenue when received or receivable, and are separately disclosed, in accordance with the requirements of the 2015/16 Foundation Trust Annual Reporting Manual.

1.3 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Long term employee benefits

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Scheme (NEST pension scheme)

Employees of the Trust who are not eligible for the NHS Pension scheme are automatically enrolled into NEST, a defined contribution pension scheme. The amounts charged to the Income and Expenditure account represent the contributions payable by the Trust during the year. Please refer to Note 5.

Defined contribution plans are post-employment benefit plans under which an entity pays fixed contributions into a separate entity (a fund) and will have no legal or constructive obligation to pay further contributions if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods. Under defined contribution plans the entity's legal or constructive obligation is limited to the amount that it agrees to contribute to the fund.

1.4 Expenditure on others goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is not recognised in operating expenses where it results in the creation of non-current assets such as property, plant and equipment.

Monitor's guidance states that there should be no netting off of income and expenditure. There are a number of employees of the Trust that perform work for other organisations, who in turn reimburse the Trust for this work. The accounts show the income and expense from these arrangements under the headings 'Other income' and 'Staff costs' respectively.

1.5 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- individually they have a cost of at least £5,000, or
- collectively they have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control, or
- they form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the assets and bringing them to the location and condition necessary for them to be capable of operating in the manner intended by management.

In accordance with the *NHS Foundation Trust Annual Reporting Manual 2015/16*, all land and buildings are revalued every five years with an interim valuation in the third year or more frequently if it is felt that the market is subject to significant volatility.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

Valuations are carried out primarily on the basis of Modern Equivalent asset value (MEV) for specialised operational property and fair value for non-specialised operational property.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation upon completion.

A land and buildings valuation was undertaken by Gerald Eve LLP as at 31 December 2015. This valuation forms the basis of the land and buildings values on the balance sheet as at 31 March 2016.

Operational equipment is valued at net current replacement cost. Equipment surplus to requirements is valued at net recoverable amount.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Assets in the course of construction are not depreciated until the asset is brought into use.

Buildings and dwellings are depreciated on their current value over the estimated remaining life of the asset as advised by the Trust's professional valuer (3 – 78 years). Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on cost, including historic indexation, evenly over the estimated remaining life of the asset. These are estimated as follows:

Plant and machinery	5-15 years straight line
Transport equipment	7 years straight line
Information technology	5-11 years straight line
Furniture and fittings	10 years straight line

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the *NHS Foundation Trust Annual Reporting Manual 2015/16*, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of: (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Donated, Government Grant and other grant funded assets

Donated fixed assets are capitalised at their fair value on receipt. The donation is credited to income at the same time, unless a donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not been met.

The donated assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.6 Intangible fixed assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. Where internally generated assets are held for service potential, this involves a direct contribution to the delivery of service to the public.

Software

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

Amortisation

Intangible assets are amortised over their expected useful life in a manner consistent with the consumption of economic or service delivery benefits.

1.7 Revenue government and other grants

Government grants are grants from Government bodies other than income from Clinical Commissioning Groups or NHS trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

1.9 Financial Instruments and Financial Liabilities

Financial instruments are defined as contracts that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The Trust will commonly have the following financial assets and liabilities: trade debtors (but not prepayments), current asset investments, cash at bank and in hand, trade creditors (but not deferred income), finance lease obligations, loans and provisions.

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent that, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the trade date.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risk and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement

Financial assets are classified into the following specified categories:

- financial assets 'at fair value through income and expenditure' or
- 'loans and receivables'.

Financial liabilities are classified as either:

- financial liabilities 'at fair value through income and expenditure' or
- 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash at bank and in hand, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income except for short-term receivables when the recognition of interest would be immaterial.

Other financial liabilities

All 'other' financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the balance sheet date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest in financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the costs of those assets.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market prices/independent appraisals/discounted cash flow analysis.

Impairment of financial assets

At the balance sheet date, the Trust assesses whether any financial assets other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision.

Provision for impairment of receivables

The Trust provides for the impairment of its receivables based on the age and type of each debt. The percentages applied reflect an assessment of the recoverability of each class of debt. During 2015/16 the method was reviewed and the percentages amended based on historical recovery and write off levels. Provisions are charged to operating expenditure.

1.10 Cash and cash equivalents

Cash, bank and overdraft balances are recorded at the current values of these balances in the Trust's cash book. Overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, 'finance income' and 'finance expenses' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.11 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as a property, plant and equipment asset and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease, even if payments are not made on such a basis.

1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 15 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Other insurance

The Trust holds commercial insurance for a range of risks in excess of those covered by the non-clinical risk pooling scheme. This includes cover for property damage and increased costs of working.

1.13 Contingencies

Contingent assets are assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control. These are not recognised as assets, but are disclosed in note 18 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for: (i) donated assets (including lottery funded assets); (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility; and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 Corporation Tax

Health service bodies, including Foundation Trusts are exempt from tax on their principal health care income.

The Trust has determined that there is no corporation tax liability due for 2015/16.

1.17 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.18 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note (Note 23) to the accounts in accordance with the requirement of HM Treasury's Financial Reporting Manual.

1.19 Key areas of estimation and judgement

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The key areas of estimation and judgement used in the preparation of the accounts have been disclosed within other sections of the accounting policy notes. These include provisions for impairment of receivables (note 1.9), estimates of partially complete patient episodes (note 1.2), provisions (note 1.12), valuation of land and buildings (note 1.5), and depreciation rates applied to property, plant and equipment (note 1.5).

1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note, note 19.2, is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

2. Segmental analysis

	2015/16	2014/15
	£000	£000
Income	372,738	360,130
Surplus before interest and dividends	3,752	5,950
Total assets employed	234,346	228,376

The Trust has only one segment of business which is the provision of healthcare. The segment has been identified with reference to how the Trust is organised and the way in which the chief operating decision maker (determined to be the Board of Directors) runs the Trust.

“The geographical and regulatory environment and the nature of services provided are consistent across the organisation and are therefore presented in one segment. The necessary information to develop detailed income and expenditure for each product and service provided by the Trust is currently not discretely available and the cost to develop this information would be excessive.”

“Significant amounts of income are received from transactions with the Department of Health and other NHS bodies. Disclosure of all material transactions with related parties is included in note 21 to these financial statements. There are no other parties that account for more than 10% of total income.”

3. Operating income

3.1 Income from activities by source:

	2015/16	2014/15
	£000	£000
Commissioner Requested Services		
CCGs and NHS England	206,286	204,548
Department of Health	3,400	7,300
Other NHS	4,380	4,744
Non-Commissioner Requested Services		
Local Authority	3,923	1,343
Private care	83,148	76,935
	301,137	294,870

The above analysis classifies income from activities arising into Commissioner Requested and Non-Commissioner Requested Services as set out in the Trust’s New Provider License.

The Trust received £3.4m from the Department of Health on 2 February 2016 as part of the Department’s “Capital to Revenue” transfers, and was required to repay a matching £3.4m of Public Dividend Capital to the Department on 16 February 2016. The combination of transactions had no net effect on the Trust’s net asset position. In accordance with the requirements of the Foundation Trust Annual Reporting Manual, the cash received has been treated as revenue, and is disclosed as revenue contributions from the Department of Health. The repayment of Public Dividend Capital has been treated as a reserves movement and is shown in the Statement of Changes in Taxpayer’s Equity.

3.2 Analysis of income from activities by type

	2015/16	2014/15
	£000	£000
Elective income	37,926	40,383
Non-elective income	6,696	7,030
Outpatient income	22,995	23,251
Other types of activity income	150,372	147,271
Private patient income	83,148	76,935
	301,137	294,870

3.3 Other operating income

	2015/16	2014/15
	£000	£000
Research and development	18,722	18,801
Commercial trials income	8,961	8,531
Education and training	6,751	6,926
Charitable and other contributions to expenditure	15,237	9,605
Non-patient care services to other bodies	7,187	8,760
Services provided to associated charities	2,292	2,083
Other income includes:		
Salaries and wages recharged to other organisations	3,993	3,398
Car parking	570	567
Catering	1,251	1,222
Other	6,637	5,367
	71,601	65,260

3.4 Analysis of income from activities by type

During 2015/16 income from overseas visitors where the patient is charged directly by the trust was £360,257 (2014/15 £23,992). Cash payments received in year relating to invoices raised in the current and prior years totalled £19,542 (2014/15 £5,968).

Amounts added to the provision for impairment of receivables was £161,916 (2014/15 £11,552).

Amounts written off in year was £632 (2014/15 £36,539).

4. Operating expenses

4.1 Analysis of operating expenses

	2015/16	2014/15
	£000	£000
Staff costs	205,918	196,908
Executive Directors' costs	887	808
Non-Executive Directors' costs	129	139
Drug costs	66,078	62,917
Supplies and services – clinical	31,809	28,901
Supplies and services – general	5,786	5,956
Establishment	3,349	3,259
Transport	2,436	2,364
Premises	9,511	11,311
Bad debts	371	3,023
Depreciation and amortisation	13,143	14,996
Property, plant and equipment impairment	3,444	2,408
Consultancy	1,022	2,048
Audit services – statutory audit	56	59
Other services: audit-related assurance services	20	20
Internal audit and Local Counter Fraud Service	109	86
Clinical negligence	502	533
Loss on disposal of fixed assets	98	850
Other services from NHS Foundation Trusts	351	606
Other services from NHS Trusts	468	442
Other services from other NHS bodies	5,294	5,239
Other operating expenses	18,205	11,307
	368,986	354,180

4.2 Operating leases

Operating lease rentals include:

Minimum lease payments	2015/16	2014/15
	£000	£000
Plant and machinery	110	222
Buildings	708	790
	818	1,012

Operating lease commitments include:

Minimum lease payments		2015/16	2014/15
		£000	£000
Total commitments on leases expiring			
Not later than one year	Buildings	181	90
	Other	12	42
Between one and five years	Buildings	472	1,174
	Other	–	96
After more than five years	Buildings	1,296	1,368
	Other	–	–
		1,961	2,770

4.3 Salary and pension entitlements of senior managers

A. Remuneration

		Salary and fees	Taxable Benefits	Annual Performance-related bonus	Long term performance related bonus	Pension-related benefits	Total
		(bands of £5,000)	Total to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
Name	Title	£000	£	£000	£000	£000	£000
2015/16							
Mr R.I. Molson	Chairman	40-45	–	–	–	–	40-45
Dame N. Hallett	Non Executive Director	20-25	–	–	–	–	20-25
Sir J. Craven	Non Executive Director (to 01/06/15)	0-5	–	–	–	–	0-5
Mr R. Turnor	Non Executive Director	15-20	–	–	–	–	15-20
Mr I Farmer	Non Executive Director	20-25	–	–	–	–	20-25
Prof P Workman	Non Executive Director	–	–	–	–	–	–
Prof Dame J Husband	Non Executive Director	15-20	–	–	–	–	15-20
Miss C. Palmer CBE	Chief Executive	220-225	–	–	–	27.5-30	250-255
Mr M. Thorman	Chief Financial Officer	170-175	–	–	–	25-27.5	200-205
Dr N. van As	Medical Director (from 11/01/2016)	30-35	–	–	–	2.5-5	35-40
Prof M. Gore	Medical Director (to 11/01/2016)	135-140	–	–	–	–	135-140
Dr S. Dolan	Chief Nurse	140-145	–	–	–	17.5-20	160-165
Dr E. Bishop	Chief Operating Officer	140-145	–	–	–	20-22.5	160-165
2014/15							
Mr R.I. Molson	Chairman	40-45	–	–	–	–	40-45
Dame N. Hallett	Non Executive Director	20-25	–	–	–	–	20-25
Sir J. Craven	Non Executive Director	10-15	–	–	–	–	10-15
Mr R. Turnor	Non Executive Director	10-15	–	–	–	–	10-15
Prof A. Ashworth	Non Executive Director (to 30/06/2014)	0-5	–	–	–	–	0-5
Mr I Farmer	Non Executive Director	20-25	–	–	–	–	20-25
Prof P Workman	Non Executive Director (from 01/07/2014)	–	–	–	–	–	–
Prof Dame J Husband	Non Executive Director (from 01/06/2014)	10-15	–	–	–	–	10-15
Miss C. Palmer CBE	Chief Executive	220-225	–	–	–	27.5-30	250-255
Mr M. Thorman	Chief Financial Officer (from 05/01/2015)	40-45	–	–	–	5-7.5	45-50
Mr A. Goldsman	Director of Finance (to 02/01/2015)	120-125	–	–	–	15-17.5	135-140
Prof M. Gore	Medical Director	175-180	–	–	–	–	175-180
Dr S. Dolan	Chief Nurse	125-130	–	–	–	17.5-20	145-150
Dr E. Bishop	Chief Operating Officer	125-130	–	–	–	17.5-20	145-150

The Trust is required to disclose the element of a directors' remuneration that relates to their clinical role. Clinical earnings for Dr N. Van As were £25-30,000 and Prof M. Gore were £125-130,000 (14/15: £160-165,000)

4.3 Salary and pension entitlements of senior managers (cont)

B. Pension Benefit

		Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2016 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2015	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016	Employer's contribution to stakeholder pension
Name	Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
2015/16									
Miss C. Palmer CBE	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer	5-7.5	20-22.5	40-45	120-125	483	107	590	n/a
Dr. N. van As	Medical Director (from 11/01/2016)	25-27.5	35-37.5	25-30	35-40	-	295	295	n/a
Prof M. Gore	Medical Director (to 11/01/2016)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dr S. Dolan	Chief Nurse	5-7.5	15-17.5	50-55	155-160	984	131	1,115	n/a
Dr E. Bishop	Chief Operating Officer	2.5-5	12.5-15	40-45	130-135	721	95	816	n/a
		Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015(bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2014	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2015	Employer's contribution to stakeholder pension
Name	Title	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
2014/15									
Miss C. Palmer CBE	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer (from 05/01/2015)	0-2.5	5-7.5	30-35	100-105	445	38	483	n/a
Mr A. Goldsman	Director of Finance (to 02/01/2015)	2.5-5	7.5-10	35-40	115-120	735	81	817	n/a
Prof M. Gore	Medical Director	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Dr S. Dolan	Chief Nurse	2.5-5	10-12.5	45-50	135-140	874	110	984	n/a
Dr E. Bishop	Chief Operating Officer	2.5-5	10-12.5	40-45	120-125	628	92	721	n/a

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of CETV figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

5. Employee expenses and numbers

5.1 Employee expenses

	2015/16	2014/15
	£000	£000
Salaries and wages	162,299	155,799
Social security costs	13,558	13,077
Employer contributions to NHS Pensions Agency & NEST	19,295	18,143
Agency staff	11,653	10,698
	206,805	197,717

5.2 Average number of persons employed (full time equivalent)

	Permanently employed number	Temporary and contract staff number	2015/16 total number	2014/15 total number
Medical and dental	362	–	362	345
Administration and estates	1,035	–	1,035	941
Healthcare assistants and other support staff	488	–	488	497
Nursing, midwifery and health visiting staff	1,101	–	1,101	1,070
Scientific, therapeutic and technical staff	573	–	573	553
Healthcare science staff	189	–	189	182
Agency and contract staff	–	182	182	207
Bank staff	–	126	126	193
	3,748	308	4,056	3,989

5.3 Median pay

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the Trust and the median remuneration of the Trust's workforce. The mid-point of the banded remuneration of the highest-paid director in the Trust in the financial year 2015/16 was £252,500 (2014/15 £252,500). This was 7.2 (2014/15 7.1) times the median remuneration of the workforce, which was £34,852 (2014/15 £35,711). The median has been calculated to include London-weighting, as the highest paid director is London-based.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

5.4 Retirement due to ill-health

During 2015/16 there were four early retirements from the Trust agreed on the grounds of ill-health (2014/15 two). The estimated additional pension liability of this ill-health retirement will be £88,188 (2014/15 £115,524). The cost of ill-health retirements is borne by the NHS Pensions Agency.

5.5 Staff exit packages

Exit package cost	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	–	6	6
	(1)	(–)	(1)
£10,000 – £25,000	1	1	2
	(–)	(1)	(1)
£25,001 – £50,000	1	–	1
	(–)	(–)	(–)
£50,001 – £100,000	–	1	1
	(–)	(1)	(1)
£100,001 – £150,000	–	–	–
	(–)	(–)	(–)
Total number of exit packages by type	2	8	10
Total resource cost (£000)	61	81	142

Prior year comparatives are provided in brackets.

Exit packages: non-compulsory departure payments	Agreements	Total Value of Agreements
	number	£'000
Voluntary redundancies including early retirement contractual costs	5	–
Mutually agreed resignations (MARS) contractual costs	1	59
Contractual payments in lieu of notice	4	22
Total	10	81

As per the requirement of the Annual Reporting Manual, the eight other departures in year have been analysed into their component parts. Of the ten non-contractual payments made, none had a payment value of more than 12 months of their annual salary.

6. Profit/(Loss) on disposal of plant, property and equipment

	2015/16	2014/15
	£000	£000
Loss on disposal of buildings	–	(235)
Loss on disposal of plant and equipment	(98)	(171)
Loss on disposal of software	–	(444)
	(98)	(850)

7. Financing income

	2015/16	2014/15
	£000	£000
Interest receivable	85	45
	85	45

8. Finance expense

	2015/16	2014/15
	£000	£000
On loans from the Independent Trust Financing Facility	(272)	(159)
	(272)	(159)

9. Intangible assets

	Software licences
	£000
Cost at 1 April 2015	751
Additions purchased	281
Disposals	(286)
Cost at 31 March 2016	746
Accumulated depreciation at 1 April 2015	(347)
Provided during the year	(108)
Disposals	123
Depreciation at 31 March 2016	(332)
Net book value at 31 March 2016	
Purchased	351
Donated	63
	414
Cost at 1 April 2014	1,334
Additions purchased	49
Disposals	(632)
Cost at 31 March 2015	751
Accumulated depreciation at 1 April 2014	(305)
Provided during the year	(230)
Disposals	188
Depreciation at 31 March 2015	(347)
Net book value at 31 March 2015	
Purchased	286
Donated	118
	404

10. Property, plant and equipment

10.1 Property, plant and equipment at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 1 April 2015	26,975	141,419	11,254	66,551	20	24,010	2,275	272,504
Additions purchased	–	–	12,289	–	–	–	–	12,289
Additions donated	–	–	5,801	–	–	–	–	5,801
Reclassifications	–	11,840	(19,207)	6,051	–	1,297	19	(0)
Revaluation	2,100	2,603	–	–	–	–	–	4,703
Impairment	–	(504)	(165)	–	–	(8)	–	(677)
Disposals	–	–	–	(3,978)	–	(8,511)	–	(12,489)
Cost at 31 March 2016	29,075	155,358	9,972	68,624	20	16,788	2,294	282,131
Depreciation at 1 April 2015	–	(427)	–	(31,918)	(18)	(12,450)	(917)	(45,730)
Provided during the year	–	(5,226)	–	(5,175)	(2)	(2,414)	(218)	(13,035)
Revaluation	–	5,150	–	–	–	–	–	5,150
Impairment	–	(1,366)	–	–	–	(1,401)	–	(2,767)
Disposals	–	–	–	3,858	–	7,040	–	10,898
Depreciation at 31 March 2016	–	(1,869)	–	(33,235)	(20)	(9,225)	(1,135)	(45,484)
Net book value at 31 March 2016	29,075	153,489	9,972	35,389	0	7,563	1,159	236,647
Cost at 1 April 2014	25,330	148,415	8,482	62,706	20	20,489	2,093	267,535
Additions purchased	–	–	17,710	–	–	–	–	17,710
Additions donated	–	–	4,093	–	–	–	–	4,093
Reclassifications	–	4,943	(17,644)	7,959	–	4,550	192	0
Revaluation	1,645	(11,610)	–	–	–	–	–	(9,965)
Impairment	–	–	(1,386)	–	–	–	–	(1,386)
Disposals	–	(329)	–	(4,114)	–	(1,029)	(10)	(5,482)
Cost at 31 March 2015	26,975	141,419	11,254	66,551	20	24,010	2,275	272,504
Depreciation at 1 April 2014	–	(414)	–	(31,157)	(15)	(8,251)	(716)	(40,553)
Provided during the year	–	(5,642)	–	(4,581)	(3)	(4,329)	(211)	(14,766)
Revaluation	–	5,535	–	–	–	–	–	5,535
Impairment	–	–	–	(123)	–	(899)	–	(1,022)
Disposals	–	94	–	3,943	–	1,029	10	5,076
Depreciation at 31 March 2015	–	(427)	–	(31,918)	(18)	(12,450)	(917)	(45,730)
Net book value at 31 March 2015	26,975	140,992	11,254	34,633	2	11,560	1,358	226,775

None of the land or buildings were held under finance leases or hire purchase contracts at either 31 March 2016 or 31 March 2015.

10.2 Property, plant and equipment by funding source

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Purchased	29,075	99,671	5,748	24,498	0	7,500	447	166,939
Donated	–	53,818	4,224	10,891	–	63	712	69,708
Net book value at 31 March 2016	29,075	153,489	9,972	35,389	0	7,563	1,159	236,647
Purchased	26,975	89,382	9,886	22,441	2	10,410	526	159,622
Donated	–	51,610	1,369	12,192	–	1,150	832	67,153
Net book value at 31 March 2015	26,975	140,992	11,255	34,633	2	11,560	1,358	226,775

10.3 The net book value of land, buildings and dwellings comprises:

	31 March 2016	31 March 2015
	£000	£000
Freehold	182,564	167,967
	182,564	167,967

11. Investments in joint ventures

	2015/16	2014/15
	£000	£000
Value at 01 April 2015	–	–
Acquisitions in year	1,635	–
Share of profit	191	–
Value at 31 March	1,826	–

During the year the Trust undertook the joint venture arrangement ‘Systems Powering Healthcare Limited’ with Chelsea and Westminster NHS Foundation Trust, which will manage the IT service provision for both Trusts. Each Trust owns 50% and the company is incorporated in the UK.

12. Inventories

	2015/16	2014/15
	£000	£000
Raw materials and consumables	4,350	6,518
	4,350	6,518

13. Trade receivables and other receivables

13.1 Current

	2015/16	2014/15
	£000	£000
NHS trade receivables	16,307	18,831
Provision for impaired receivables	(6,553)	(6,280)
Prepayments	8,049	2,804
Accrued income	17,299	13,504
Other receivables	34,301	27,252
	69,403	56,111

13.2 Provision for impairment of receivables

	2015/16	2014/15
	£000	£000
At 1 April	6,280	3,452
Increase in provision	371	3,023
Amount utilised	(98)	(195)
At 31 March	6,553	6,280

13.3 Analysis of impaired trade and other receivables

	2015/16	2014/15
	£000	£000
Ageing of impaired receivables		
Up to three months	306	978
In three to six months	1,543	1,881
Over six months	4,704	3,421
	6,553	6,280
Ageing of non-impaired receivables past their due date		
Up to three months	13,331	10,870
In three to six months	8,798	6,157
Over six months	5,484	3,692
	27,613	20,720

14. Current liabilities

	2015/16	2014/15
	£000	£000
NHS payables	6,450	8,752
Trade and other payables	17,356	18,879
Provisions	96	–
Accruals	28,680	17,535
Borrowings	2,477	1,823
Tax payable	4,021	3,974
Other liabilities	27,160	26,315
	86,240	77,278

15. Non-current liabilities

15.1 Provisions for liabilities and charges

	Total
	£000
At 1 April 2014	–
Utilised during the year	–
Released to operating expenses during the year	–
Provided in year	(55)
At 31 March 2015	(55)
At 1 April 2015	(55)
Utilised during the year	–
Released to operating expenses during the year	–
Provided in year	(41)
At 31 March 2016	(96)
Expected timing of cash flows	
Less than one year	(96)
Between one and five years	–
	(96)

Clinical negligence

£4,270,735 is included in the provisions of the NHS Litigation Authority at 31 March 2016 in respect of clinical negligence liabilities of the Trust (31 March 2015 £3,248,455).

15.2 Borrowings

Current	2015/16	2014/15
	£000	£000
Loans from the Independent Trust Financing Facility	2,477	1,823
	2,477	1,823
Non-current	2015/16	2014/15
	£000	£000
Loans from the Independent Trust Financing Facility	16,109	13,677
	16,109	13,677

The Trust has a fully drawn down loan facility of £21m from the Independent Trust Financing Facility. The principal is repayable in 17 equal instalments. This began in August 2015 and will end in August 2023. Interest is payable at 1.42%.

16. Notes to the cash flow statement

16.1 Reconciliation of operating surplus to net cash flow from operating activities

	2015/16	2014/15
	£000	£000
Total operating surplus	3,752	5,950
Non-cash income and expenses		
Depreciation and amortisation	13,143	14,996
Impairment	3,444	2,408
Decrease/(Increase) in inventories	2,168	(1,606)
(Increase) in receivables	(13,107)	(12,802)
Increase in trade and other payables	10,893	2,836
Increase in other liabilities	846	9,243
Increase in provisions	41	55
Other non-cash movements	98	850
Net cash inflow from activities	21,278	21,929

16.2 Reconciliation of net cash flow to movement in net funds

	2015/16	2014/15
	£000	£000
(Decrease)/Increase in cash in the period	(5,524)	9,627
Net funds at 1 April	29,579	19,952
Net funds at 31 March	24,055	29,579

16.3 Analysis of changes in net funds/(debt)

	At 31 March 2016	Changes in cash in year	At 1 April 2015
	£000	£000	£000
Government Banking Service cash at bank	23,887	(4,504)	28,391
Commercial cash at bank and in hand	168	(1,020)	1,188
Cash and cash equivalents	24,055	(5,524)	29,579

17. Capital commitments

Commitments under capital expenditure contracts at the balance sheet date were £4,665,805 (2014/15 £2,182,631). A further £1,191,855 (2014/15 £4,245,392) capital expenditure is committed to be funded by The Royal Marsden Cancer Charity. All Capital Commitments relate to property, plant and equipment.

18. Contingencies

There are no contingent assets or liabilities at the balance sheet date.

19. Financial performance targets

19.1 Public dividend capital (PDC)

The Trust is required to demonstrate that the PDC dividend paid is in line with the actual rate of 3.5% of average relevant net assets. The actual dividend rate is the dividend payable figure in the Statement of Comprehensive Income, £4,537,000 (2014/15 £4,868,000), divided by the average of relevant opening and closing net assets, £129,624,305 (2014/15 £139,067,400), expressed as a percentage. This gives an actual dividend rate for 2015/16 of 3.5% (2014/15 3.5%).

19.2 Losses and special payments

There were 724 cases of losses and special payments (2014/15 526) totalling £98,863 (2014/15 £234,613). Losses and special payments are reported on an accrual basis with the exception of provisions for future losses.

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment exceeded £250,000 (2014/15 £nil).

Losses of cash due to:	2015/16	2015/16	2014/15	2014/15
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000's	Number	£000's
Salary overpayments	33	19	5	5
Bad debts and claims abandoned in relation to Private Patients	655	76	472	151
Bad debts and claims abandoned in relation to Overseas Visitors	2	1	7	37
Bad debts and claims abandoned in relation to Other	32	2	38	2
Damage to building, property etc. due to stores losses	0	0	1	38
	722	98	523	233
Special payments:	2015/16	2015/16	2014/15	2014/15
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000's	Number	£000's
Ex gratia payments in respect of loss of personal effects	–	–	2	0
Other	2	1	1	1
	2	1	3	1
Total losses and special payments	724	99	526	234
Of which, cases of £250,000 or more:	–	–	–	–

20. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

“The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.”

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

21. Related party transactions

The Trust is a public benefit corporation and has been authorised pursuant to Section 6 of the Health and Social Care (Community Health and Standards) Act 2003.

During the year none of the Board Members or members of the senior management team or parties related to them has undertaken any material transactions with the Trust.

During the year the Trust has had a significant number of material transactions with the following NHS bodies:

- NHS England
- NHS Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- Department of Health
- Community Health Partnership
- Health Education England
- NHS Pension Scheme
- NHS Property Services
- NHS Blood and Transplant

The Trust has entered into the following material transactions with related parties:

Income	2015/16
	£000
NHS England	131,589
NHS Merton CCG	37,817
Department of Health	19,581
NHS Sutton CCG	8,604
Health Education England	6,589
NHS Surrey Downs CCG	5,125
NHS Croydon CCG	3,804
Guy's and St Thomas' NHS Foundation Trust	3,401
Epsom and St Helier University Hospitals NHS Trust	2,588
Sutton London Borough Council	2,462
NHS Richmond CCG	1,690
NHS Kingston CCG	1,638
NHS Wandsworth CCG	1,489
Merton Borough Council	1,461
NHS West London (Kensington And Chelsea, Queen's Park And Paddington) CCG	1,344
NHS Lambeth CCG	1,195
	230,377

Expenditure	2015/16
	£000
NHS Pension Scheme	19,295
HM Revenue & Customs	13,558
Systems Powering Healthcare Limited	3,126
NHS Blood and Transplant	2,870
NHS Property Services	2,025
Community Health Partnerships	1,368
Kingston Hospital NHS Foundation Trust	1,259
	43,501
Receivables	2015/16
	£000
NHS England	6,547
Epsom and St Helier University Hospitals NHS Trust	2,209
NHS Merton CCG	1,713
NHS Sutton CCG	1,555
	12,024
Payables	2015/16
	£000
HM Revenue & Customs	4,021
NHS Pension Scheme	2,825
	6,846

22. Financial instruments

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with NHS England and Clinical Commissioning Groups (CCGs) and the way that NHS England and CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities.

Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's financial instruments comprise loans, finance lease obligations, provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors, that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Trust's operations.

22.1 Categories of financial instruments

	2015/16	2014/15
	£000	£000
Financial assets		
Loans and receivables (including cash)	85,410	82,886
Financial liabilities		
Other financial liabilities (amortised cost)	83,121	71,864

22.2 Fair values

	31 March 2016	31 March 2016	31 March 2015	31 March 2015
	Book value	Fair value	Book value	Fair value
	£000	£000	£000	£000
Financial liabilities				
Provision under contract	(96)	(96)	(55)	(55)

As allowed by IFRS 7, short term trade debtors and creditors measured at amortised cost may be excluded from the above disclosure as their book values reasonably approximate their fair values.

22.3 Liquidity and interest risk tables

	Weighted av. interest rate %	Less than 1 year	Total
		£000	£000
Financial assets			
Non-interest bearing		61,355	61,355
Variable interest rate instrument	0.25%	24,055	24,055
Gross financial assets at 31 March 2016		85,410	85,410
Non-interest bearing		53,307	53,307
Variable interest rate instrument	0.25%	29,579	29,579
Gross financial assets at 31 March 2015		82,886	82,886

23. Third party assets

The Trust held nil cash at bank and negligible cash in hand at 31 March 2016 (31 March 2015 – negligible) which relates to monies held by the Trust on behalf of patients.

24. Events after the reporting period

There have been no material events after the reporting period.

25. Adoption of new and revised standards

At the date of authorisation of these financial statements, the following standards and interpretations which have not been applied in these financial statements were in issue but not yet effective (and in some cases had not yet been adopted by the EU):

IFRS 11 (amendment) acquisition of an interest in a joint operation	May 2014
IAS 16 (amendment) and IAS 38 (amendment) – depreciation and amortisation	May 2014
IAS 16 (amendment) and IAS 41 (amendment) – bearer plants	June 2014
IAS 27 (amendment) – equity method in separate financial statements	August 2014
IFRS 10 (amendment) and IAS 28 (amendment) – sale or contribution of assets	September 2014
IFRS 10 (amendment) and IAS 28 (amendment) – investment entities applying the consolidation exception	December 2014
IAS 1 (amendment) – disclosure initiative	December 2014
IFRS 15 Revenue from contracts with customers	May 2014
Annual improvements to IFRS: 2012-15 cycle	September 2014
IFRS 9 Financial Instruments	July 2014

The Trust does not expect that the adoption of these standards and interpretations in future periods will have a material impact on the financial statements of the Trust.

Life demands excellence

At The Royal Marsden, we deal with cancer every day so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best.

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

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

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

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Sutton, Surrey

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