

Council of Governors

Board Room, The Royal Marsden, London

13th December 2017, 11am – 1pm, Board Room, Chelsea.

1. **Declarations of Interest**
Governors to declare any relevant interests in light of the meeting agenda
2. **Minutes of the meeting held on 26th September 2017**
(Chairman) Enclosed
3. **Matters Arising**
4. **Presentation: Sutton Site Developments**
4.1. Clinical Care and Research Centre Presentation
4.2. Sutton Estate Plan
(Marcus Thorman, Chief Financial Officer and Sunil Vyas, Director of Projects and Estates)
5. **RM Five Year Strategy 2018-2023** Enclosed
(Dr Nick van As, Medical Director)
6. **Theatre Capacity and Efficiency** Enclosed
(Nicky Browne, Director of Transformation)
7. **Quality and Performance**
7.1. Quality Account September & October 2017 Enclosed
7.2. Governors' selection of quality priorities 2018/19 Enclosed
(Eamonn Sullivan, Chief Nurse)

7.3. Financial Performance Report Enclosed
(Marcus Thorman, Chief Financial Officer)

7.4. Key Performance Indicators Q2 Enclosed
7.5. 62 Day Standard Enclosed
(Steven Francis, Director of Performance and Information)
8. **Members Week 2018** Verbal
(Carol Joseph, Governor)
9. **Any Other Business**

Date of next meeting:

28th March 2018, 11am – 1pm, Board Room Chelsea.



Council of Governors

Boardroom, The Royal Marsden Hospital, Chelsea

Tuesday 26th September 2017 11am – 1pm

Minutes

Present:-

Charles Alexander (Chairman)

Governors as per attached attendance list

In attendance

Cally Palmer (Chief Executive)

Ian Farmer (Non-Executive Director)

Professor Dame Janet Husband (Non-Executive Director)

Heather Lawrence (Non-Executive Director)

Dr. Liz Bishop (Chief Operating Officer)

Marcus Thorman (Chief Financial Officer)

Eamonn Sullivan (Chief Nurse)

Helene Anderson (Deputy Chief Nurse)

Dr. Nick van As (Medical Director)

Steven Francis (Director of Performance & Information)

Jonathan Gooding (Partner, Deloitte LLP) – *item 8 only*

Syma Dawson (Trust Secretary) (*minutes*)

MEETING BUSINESS

Apologies – as noted in the attached attendance list

The Chairman welcomed new Governor Cllr. Simon Wales and new NED Heather Lawrence to their first Council of Governors meeting. The new Deputy Chief Nurse Helene Anderson was also welcomed to the meeting.

1. Declarations of Interest

2. Minutes of meeting held on the 21st June 2017

The minutes of the meeting held on the 21st June 2017 were approved.

3. Matters Arising

3.1. Care Quality Commission Update

The Chief Nurse reported that the one “must-do” CQC requirement in Cancer Services and two of the four “must-do” requirements in Community Services have been completed. The remaining two actions in Community Services are underway.

The Chief Nurse reported on the CQC inspection regime changes which focus on leadership. It was noted that inspections will be announced although the CQC still reserves the right to conduct unannounced inspections with 48 hours’ notice. The Trust had its first quarterly CQC review the previous week which the Chief Nurse reported had gone well and included a focus group meeting with staff. The next quarterly review will take place in December at Sutton.

The Council of Governors noted the CQC Update and changes to the CQC inspection regime.



4. Chief Executive's Report

The Chief Executive (CE) was pleased to report that the Trust was invited to participate in the 2016/17 Healthcare Parliamentary Review which showcases achievements and progress in a range of NHS organisations. It was noted that Governors will receive a copy of the Review in due course.

The CE reported on the various developments underway at the Sutton site.

It was noted that the Trust has provided a letter of support for the public engagement consultation being led by Epsom and St. Helier University Hospitals (ESH) to build a co-located hospital at Sutton. These plans are at the Strategic Outline Case (SOC) stage and form part of ESH's future plans. RM is a supporting partner and therefore this is not a joint engagement exercise. The CE highlighted that if successful these plans will contribute to the modernisation of the Sutton site which is in alignment with the Trust's strategy. They also carry the potential to bring additional investment to the Sutton site whilst enhancing clinical relationships between RM and ESH for patient benefit.

The CE explained how ESH's plans complement the London Cancer Hub (LCH) Development Framework which is being led by the ICR and Sutton Council. As is the case with ESH's plans, the Trust is a supporting partner in the LCH development plans.

Governors noted that a Clinical Care and Research Centre (CCRC) is also being planned on the Sutton site will comprise five floors for outpatient and day care services as well as clinical research and rapid diagnostics. The Royal Marsden Cancer Charity (RMCC) is funding the entire CCRC with a completion date of 2021. The Chairman commented on how well the fundraising campaign is going for the CCRC and it was agreed that the visual plan for the estate and building will come back to the Council of Governors.

The CE also commented on the development of the Maggie's Centre at Sutton and noted that building work will commence in November 2017.

It was reported that the Trust Board has approved the signing of the Cavendish Square lease for the Private Care Diagnostics Centre. The new centre will be opened in 2020 as building requirements for the residential space of the building need to be completed first hence the relatively long timeline for completion. The CE noted how important it is for RM to maintain a competitive position in the private healthcare market because of its significant contribution to the environment and service for all patients. As such, the Trust is considering an interim diagnostics facility in conjunction with another NHS provider. As well as creating additional capacity for the benefit of patient care, it was noted that the new Private Care Centre will provide new consultants with an opportunity to develop and grow their private work alongside their NHS work at RM.

Governor Robert Freeman asked whether there was any concern regarding the Private healthcare market. The CE responded that there is evidence which suggests this is a growing market, particularly in diagnostics, however it is highly competitive. The CE believes the Trust is on an upward trajectory relative to other private healthcare providers. However, she highlighted two areas of risk with regard to the Private Care development:

- i) A potential change in government and any subsequent policy changes affecting NHS hospital providing patient care;
- ii) The delay in the launch of the Cavendish Square Private Care Centre given how competitive the market is. To mitigate this risk, the Trust is exploring its options in terms of interim arrangements.

Governors discussed the RM brand and the thought leadership work currently underway particularly in relation to the Trust's integrated model and the major benefits this will bring to patient care. It was also noted how the Board is carefully monitoring the volume and growth of the Trust's private care work and ensuring that this stays within the regulatory limit.

The CE gave an update on the Fulham Road Collaboration with the Royal Brompton and Chelsea and Westminster Hospitals regarding the soft facilities management contract. It was noted that a key objective of the procurement process was to ensure good value for patients which the CE believes has been achieved as a result of the tender exercise.



With regard to research, the CE reported on progress achieved to date via The Royal Marsden's partnership with the Imperial Academic Health Science Centre (AHSC).

The Council of Governors noted the Chief Executive's Report.

5. Patient Experience Report

The Governor Co-Chair of the Patient Experience Group, Duncan Campbell, presented this item. He highlighted that the Group has been restructured and membership reviewed in order to improve its effectiveness. Alongside this the Chief Nurse is reviewing the patient and staff experience governance structures and systems to ensure these are aligned and to avoid duplication. Duncan Campbell paid tribute to former Deputy Chief Nurse Sarah Rushbrooke for her hard work and support to the Group, and noted that he now looks forward to working with the new Deputy Chief Nurse Helene Anderson. Recognition was also given to the Head of Quality Assurance Helen Mills for her hard work on the Annual Quality Account Report.

It was noted that the Group receives a wide range of reports which are very helpful and provide trend information however a challenge is that in some cases the data can be snapshot information and also historic, for example, the Friends and Family Test results.

Governor Carol Joseph added that some members of the Group are reviewing other Trust's Annual Quality Accounts as a means of evaluating the Trust's Annual Quality Account.

The upcoming Members Event in November was also mentioned and will include discussion on the quality priorities for next year.

Governor Co-Chair Duncan Campbell expressed his gratitude to the staff and Governors who attend the Patient Experience Group. The Chairman concurred and commended the members for their time and dedication to the work of the Group.

6. Quality and Performance

6.1. Quality Account June and July 2017

The Chief Nurse reported that the Trust had three Serious Incidents (SI's) this year which he explained is exceptionally low but nevertheless a key priority for the Trust to learn from. He also highlighted Trust performance for C.Diff and pressure ulcers (it was noted that the target for this should be '9' as opposed to '4' and therefore this is an amber rating). Regarding chemotherapy waiting times and those waiting for over an hour, the Chief Pharmacist, Jatinder Harchowal, is leading a piece of work to review and reduce waiting times further.

The London nurse vacancy rate was reported as 16% for London, and for RM in July this was 14.2% which the Trust expects will drop to 12.9% in September due to 115 new nurses starting employment at the Trust. The Trust is also focussing a lot of its efforts on retention and reviewing the qualitative data gained from staff surveys and feedback. It was noted that the Royal Marsden Cancer Charity has granted funding to support the Trust's recruitment and retention initiatives.

Governor Robert Freeman asked about the calibre and quality of candidates applying for nursing posts. The Chief Nurse assured the Council of Governors that the Trust would not compromise its standards in this respect and the 'capital nurse programme' provides additional support, enabling nurses to rotate among cancer providers and transfer their relevant qualifications.

The Chairman congratulated Pat Cattini, Deputy Director of Infection Prevention and Control, for her appointment as the President of the UK Infection Prevention Society. The Chairman also queried the hygiene compliance levels in Kingston which the Chief Nurse explained is a one-off trend as a result of a snapshot audit and therefore there are no major concerns in this area.

The Council of Governors noted the Quality Accounts for June and July 2017.

6.2. Patient Experience Surveys

The Chief Nurse presented the results from the National Adult Inpatient Survey, Children

& Young People's Inpatient & Day Case Survey 2016, and the National Cancer Patient Experience Survey 2016. He explained that he plans to aggregate the findings from all three surveys into one action plan.

The Council of Governors noted the Patient Experience Surveys report.

6.3. Financial Performance Report for August 2017

The Chief Financial Officer (CFO) reported on the Trust's financial position as at August 2017, highlighting that for the first time the Trust was under the NHSI target imposed to reduce spend on medical locum agency staff.

He also reported a positive variance in the cash held by the Trust; underspending on capital; and successful debt collection practices. With regard to debt he stated that the Trust had recently received payment from a wide range of international agencies with the exception of one Kuwaiti agency which still has some way to go before it clears its debts.

Governor Simon Spevack noted that the increase in Private Care activity has been accompanied by an increase in debt, and also noted the proportion of historic debt still outstanding. He asked what efforts are being made to reduce debt, and the provisions in place to recover it. The CFO outlined the range of measures taken by the Trust in this area, noting that 50% of the red rated debts in the paper relate to NHSE debt, as opposed to Private Care debt. He added that, while there are indeed historic debts that the Trust is currently pursuing payment on, and that all but one of the Embassies have made significant progress in this area recently.

Ian Farmer stated that the Audit and Finance Committee closely monitors the Trust's debt position, and that it is important to note that a significant proportion of the outstanding debts are slow-paying debts, rather than bad debts. He also added that the Private Care Division recently recruited staff dedicated to improving the debt position, and that the nature of the business means that this will always be a difficult area.

Governor Colin Peel asked for more information on what new systems have been implemented which have made a difference in the debt position. The CFO stated that the new systems were put in place to deal primarily with administrative issues relating to billing arrangements.

The Council of Governors noted the Financial Performance Report for August 2017.

6.4. Key Performance Indicators Q1

The Director of Performance and Information presented the KPIs for Q1, noting the recent changes made to some metrics and thresholds. He highlighted the Trust performance against the 62 day standard which is influenced by late referrals. The Chief Executive added that nationally there is a strong focus on the 62 day standard and spoke of the need to make improvements in the pathway, particularly RM as a major cancer centre and systems leader. The Trust is therefore working with other NHS providers to address this issue. It was noted that as providers work more collaboratively under RM Partners (RMP), it is expected that 62 day performance will improve across West London.

Governor Robert Freeman expressed concern about the referral to treatment figures, and asked whether the Trust's policy on acceptance of referrals should be reviewed. The Chief Executive stated that the new Centre for Clinical Care and Research, which is currently being designed, will provide an opportunity to focus on early diagnosis, however these plans will be subject to discussions with Commissioners.

The Council of Governors noted the KPIs for Q1.

7. Board Sub-Committee Report

NED and Chair of the Audit and Finance Committee (AFC), Ian Farmer, presented the AFC section of the Board Sub-Committee Report. He commended the Trust's new external auditor, Jonathan Gooding from Deloitte LLP, and his team for their work during the year. He highlighted the key issues of business covered by the Committee and noted that overall



positive feedback had been provided to the NED's in a private session with the auditors.

For internal audit, eight reports were completed all of which were rated either green or had minor improvement outcomes. There were no major concerns to flag in relation to anti-fraud investigations or following any of the deep dive reviews e.g. cyber-security. It was reported that the AFC reviewed their Terms of Reference and had no material changes to report.

Following a query from Governor Duncan Campbell regarding a review of Trust fire safety and buildings, it was noted that the Quality, Assurance and Risk Committee has raised this and will consider further.

NED Professor Dame Janet Husband presented the Quality, Assurance and Risk (QAR) Committee section of the report. She noted that she took over as Chair of the Committee in June 2017 and reported that the Committee had reviewed and approved its Terms of Reference. The Board Assurance Framework has also undergone some positive changes to make this more of a working document with Board ownership assigned to relevant areas and review dates applied. She noted that a highlight of the Committee meetings is the presentations from various staff groups which helps members understand the key issues.

More recently, NED members of the QAR Committee undertook a visit to Radiopharmacy and the Pharmacy Department in Sutton which was also informative.

The Council of Governors noted the Board Sub-Committee Report.

8. Auditor's Report on the Annual Report and Accounts

Jonathan Gooding, Partner at Deloitte LLP, attended for this item. He summarised the responsibilities of the auditor with regard to the Annual Report and Accounts which includes:

- i) Reviewing the Annual Report to ensure this is consistent with information in the financial statements and the NHSI requirements in the Annual Reporting Manual. This was confirmed to be the case for RM;
- ii) To determine if there is any material risk to the going concern assumption which for RM there is not;
- iii) To audit the use of resources and whether the Trust has made proper arrangements for securing economy for which there are no material issues to report for RM; and
- iv) To determine whether the financial statements present a true and fair opinion for which RM received an unmodified audit opinion.

He highlighted the significant risks the auditors focussed on which include recognition of revenue, risk controls that may be overridden by management, and property valuation. For the latter it was noted that the Trust's estate value reduced by £60m compared to the previous year and although the methodology used in the NHS for property valuation is complex and relies on a degree of judgement, the auditors were satisfied that the Trust approach was in line with the requirements.

Following a query from Governor Simon Spevack regarding the length of the Annual Report and Accounts, Jonathan Gooding explained that much of the content is mandatory however the Trust's version is one of the most concise the auditors have worked with.

The Council of Governors noted the Auditor's Report on the Annual Report and Accounts.

9. Any Other Business

9.1. The Royal Marsden Cancer Charity

The Chairman was pleased to inform the Council of Governors that the Royal Marsden Cancer Charity granted £14.5m to the Trust for new and replacement equipment.

9.2. Senior Independent Director

The Chairman informed the Council of Governors that the Trust Board unanimously approved the appointment of NED Mark Aedy to the role of Senior Independent Director. The Chairman summarised the various functions of this role which includes conducting the Chairman's appraisal with input from Governors. It was further noted that the Board



as a whole will be reviewing the way in which it operates and conducting a Board effectiveness review at the Board Away-Day in October.

The Chairman also noted that the Board looks forward to welcoming new NED Professor Martin Elliott to the Board from November 2017.

Signature: Date:

Council of Governors, Attendance List 26 September 2017

Elected Governors	Constituency	Signature
Maggie Harkness	Kensington & Chelsea and Sutton & Merton	✓
Armine Afrikian	Kensington & Chelsea and Sutton & Merton	✓
Colin Peel	Kensington & Chelsea and Sutton & Merton	✓
Fiona Stewart	Elsewhere in London	✓
Dr Peter Lewins	Elsewhere in London	Apologies
Dr Andrew Pearson	Elsewhere in England	✓
Simon Spevack	Elsewhere in England	✓
Lesley-Ann Gooden	Carer	✓
Duncan Campbell	Carer	✓
Public Governors		
Dr Carol Joseph	Kensington and Chelsea	✓
Tim Howlett	Sutton & Merton	✓
Ann Curtis	Elsewhere in England	✓
Vacant	Elsewhere in England	
Staff Governors		
Hardev Sagoo	Corporate and Support Services	✓
Rachel Nabawanuka	Clinical Professionals	Apologies
Dr Jayne Wood	Doctor	✓
Maureen Carruthers	Nurse	✓
Nominated Governors		
Dr Charmaine Griffiths	Institute of Cancer Research	✓
Robert Freeman	Local Authority: Borough of Kensington & Chelsea	✓
Anne Croudass	Cancer Research UK (Charity)	✓
Cllr Simon Wales	Local Authority: Boroughs of Sutton & Merton	✓
Dr Chris Elliot	Clinical Commissioning Group	Apologies
Dr Philip Mackney	Clinical Commissioning Group	Apologies



COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item: 4.1. & 4.2
Title of Document: Presentation: Sutton Site Developments 4.1. Clinical Care and Research Centre 4.2. Sutton Estate Plan		To be presented by: Chief Financial Officer/Director of Projects & Estates
Executive Summary: The Chief Financial Officer and the Director of Projects & Estates will provide a presentation on the Clinical Care and Research Centre and the Sutton Estate Plan. The presentation will highlight: • The initial case for change; • The service & research principles; • The proposed additional facilities; and • The location, design concepts and floor layouts.		
Recommendations: The Council of Governors is requested to note and discuss this presentation.		
Author: Chief Financial Officer	Contact Number or E-mail: x 2646	Date: 28 th November 2017

The Clinical Care & Research Centre

The Sutton Estate Plan



Contents

- Initial case for change
- Service & research principles
- Proposed additional facilities
- Location, design concepts & floor layouts



Initial case for change

- **Patient numbers growing** with increasing cancer incidence, more referrals, an ageing population & advances in precision medicine & novel therapies
- Increasing number of patients is putting pressure on infrastructure & having a **negative impact on patient experience**, with patients crowded into **50 year old buildings** not designed for modern medicine
- > 800 clinical trials for > 42,000 patients with **2/3rds of research** undertaken **at Sutton** in facilities that are not fit for purpose, **nor reflect** our **international status & clinical researchers dispersed** across the site
- **Good facilities** attract/retain the **brightest & the best staff &** we need to bring people together so they can develop research ideas & innovative protocols



Update

- **Successful RMCC Fundraising Appeal**
 - Making **exceptional progress** & **Appeal Board** agreed to increase their target to **fund an additional floor. Cost estimate £67.5m**
- **Opportunity for development of a Diagnostic Centre dedicated to cancer**
- **Rationale** for including Diagnostic Centre
 - **Earlier diagnosis improves outcome**
 - **RMH initial diagnostic services** are mainly limited to **breast & sarcoma**
 - Focus of **National Cancer Strategy**
 - New national **28 day target** to diagnose patients
 - Enables **RMH to influence pathway & reduce waiting times**
 - **Capacity constraints** in SWL diagnostic pathways
 - **Increases opportunities for research** with Trust able to access patients at an **earlier stage** of the disease



Impact of earlier diagnosis

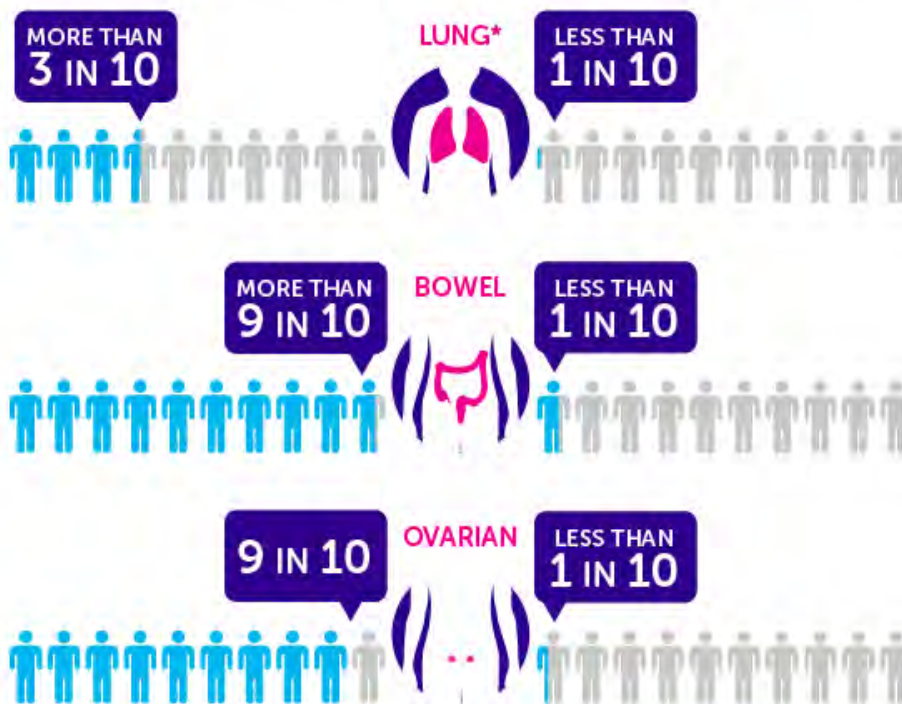
SURVIVAL BY STAGE OF DIAGNOSIS



= PEOPLE SURVIVING THEIR CANCER FOR FIVE OR MORE YEARS
WHEN DIAGNOSED BETWEEN 2002 AND 2006

DIAGNOSED **EARLIER**
AT STAGE I

DIAGNOSED **LATER**
AT STAGE IV



All data for East of England

* Data for lung cancer 2003–2006



Location - Existing



KEY

- ① TENNIS COURT
- ② GARAGES
- ③ MAIN ENTRANCE
- ④ CENTRE FOR MOLECULAR PATHOLOGY (CMP)
- ⑤ ORCHARD HOUSE
- ⑥ THE OAK CENTRE FOR CHILDREN AND YOUNG PEOPLE
- ⑦ THE OAK WARD (DDU), 3rd floor
- ROAD



Location - Site Plan



KEY

- ① CLINICAL CARE AND RESEARCH CENTRE
- ② MAGGIE'S CENTRE
- ③ MAIN ENTRANCE
- ④ CENTRE FOR MOLECULAR PATHOLOGY (CMP)
- ⑤ ORCHARD HOUSE
- ⑥ SYCAMORE HOUSE (Current Research Facility)
- ⑦ CONNECTION TO FIRST FLOOR AND DIAGNOSTIC IMAGING
- NEW ROAD



Location - Future Site Plan



KEY

- ① CLINICAL CARE AND RESEARCH CENTRE
- ② FUTURE CLINICAL EXPANSION 4725 m² per 6 storey block
- ③ FUTURE ADMINISTRATION OFFICES 2600 m² per 4 storey block or part of Epsom and St. Helier Hospital²
- ④ CAR PARKING or part of Epsom and St. Helier Hospital
- ⑤ MAGGIE'S CENTRE
- NEW ROAD



0 10 20 50m



Timeline

2017	Autumn	Initial meeting with Local Authority
	Winter	Stage 1 completion (basic floor plans)
2018	Summer	Submit Planning Application
	Autumn	Planning Application decision
2019	Spring	Out to Tender
	Summer	Start on Site (24 month programme)
2021	Summer	Building works complete (commissioning begins)
	Winter	Building opens



Design concept - external





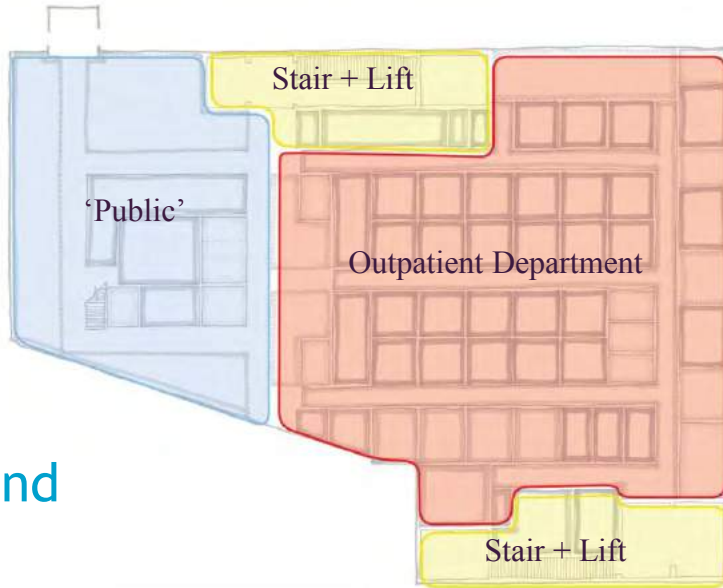
Design concept - internal



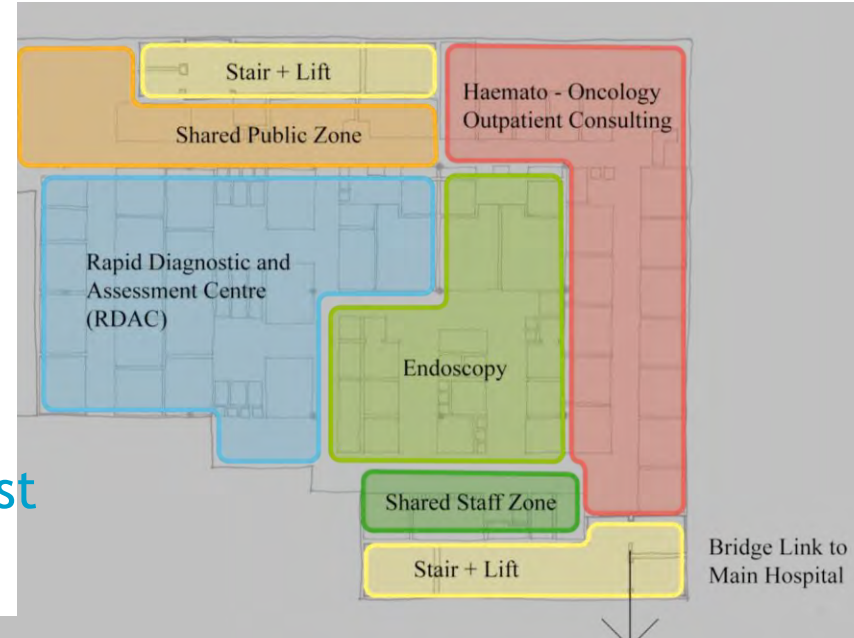


Service Departments - Ground, Mezzanine, 1st and 2nd Floors

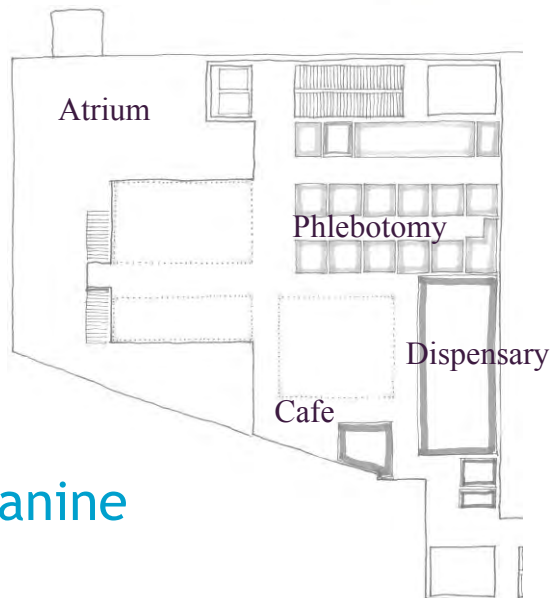
Ground



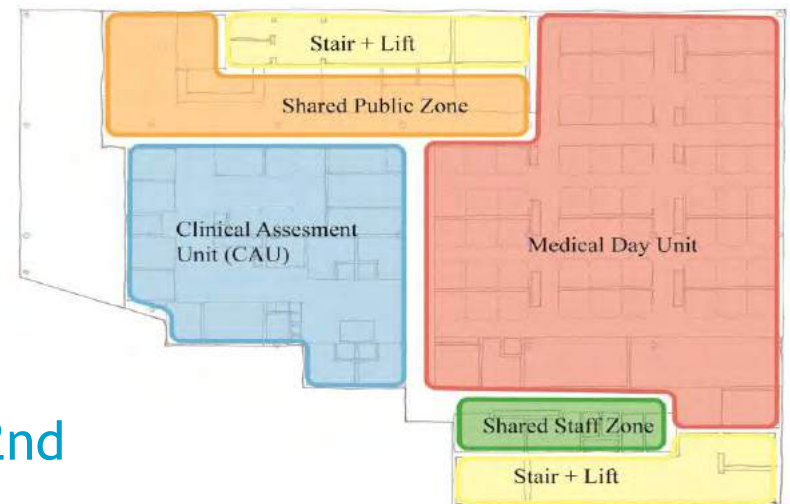
1st



Mezzanine



2nd





Design concept - Ground floor



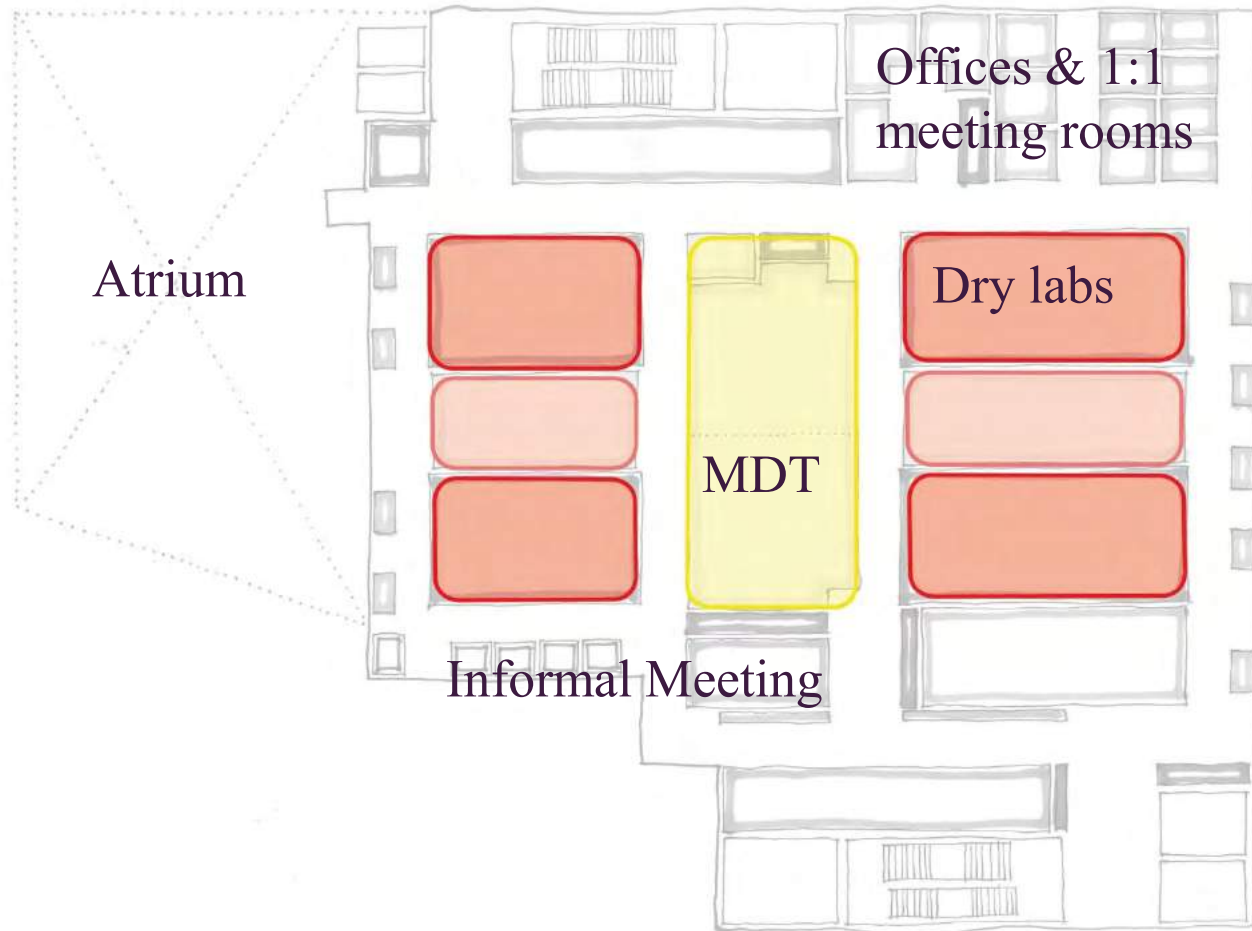


Design concept - Chemotherapy





Research Unit - 3rd and 4th Floors





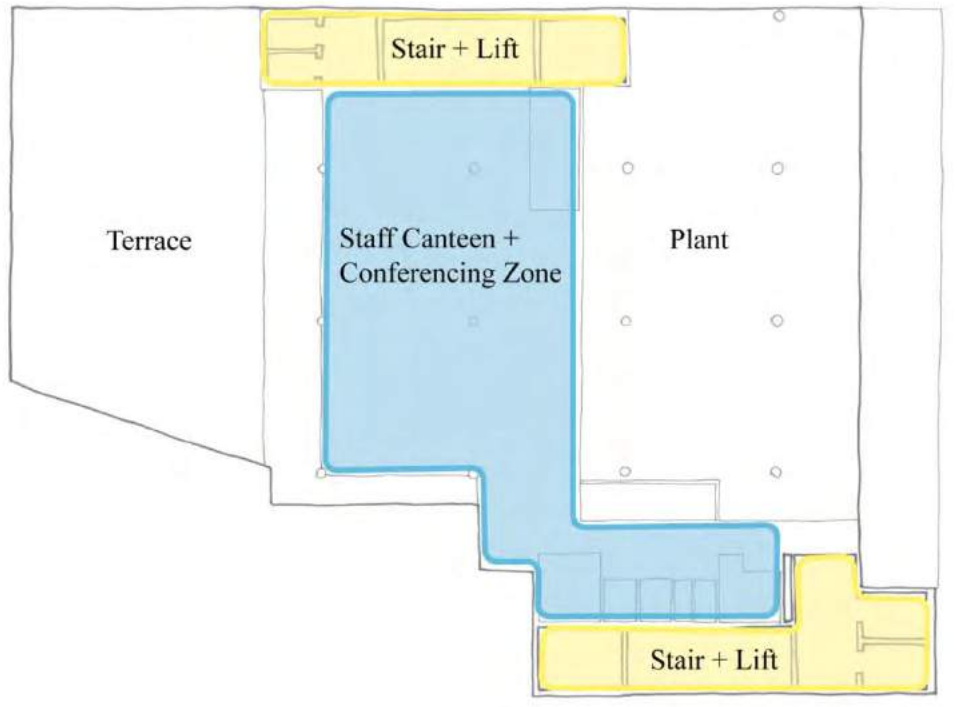
Design concept - 3rd and 4th Floors





Dedicated space for staff & events - 5th Floor

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The Sutton Estate Plan

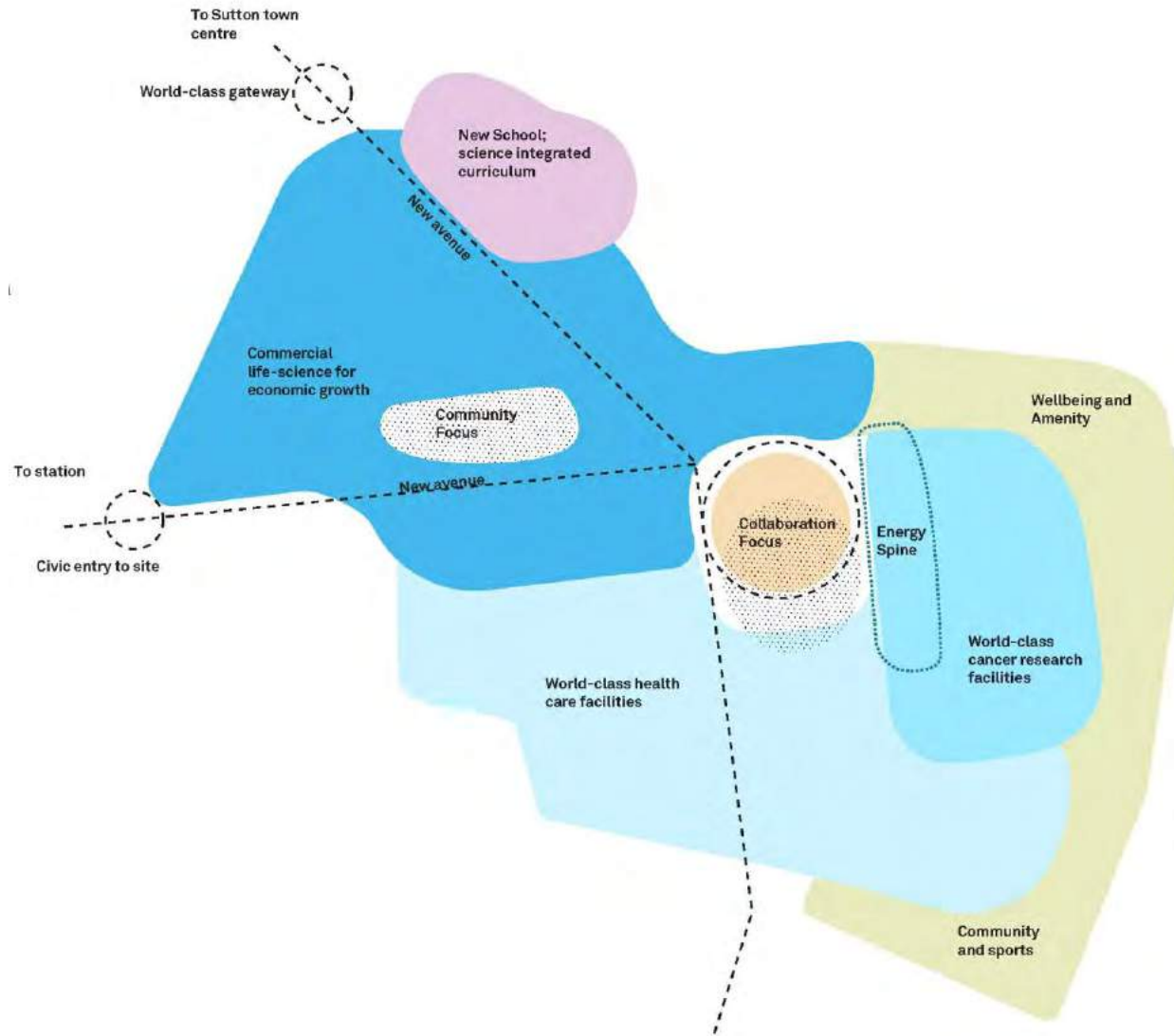
London Cancer Hub & Epsom and St Helier Hospital





The Spatial Vision

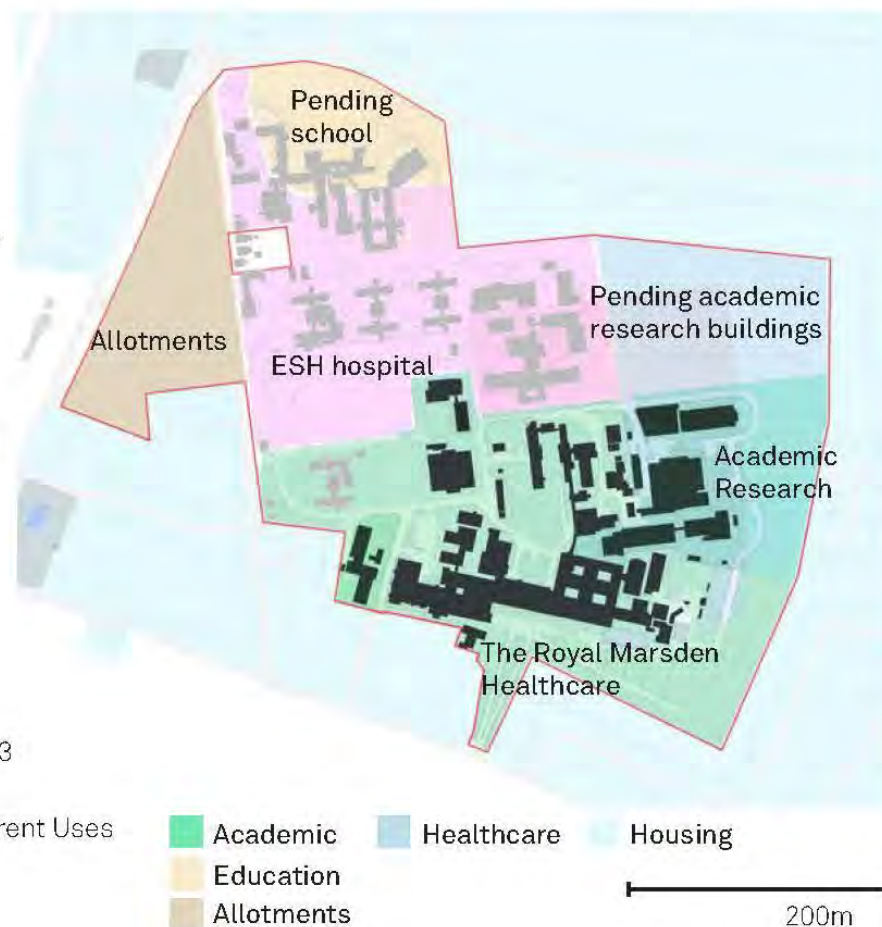
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Site activities

The site currently has a mix of existing and planned research and healthcare activities. Additionally, there are vacant and under-used healthcare buildings and a site where a new school is planned. These uses would benefit from better connections and may benefit from a creative approach to sharing facilities, which would also increase interaction between current and future users on the site.





Current proposal

- **Knowledge Centre moved to Northern Plot 6:**
KC independent of PPU development. KC reduced in size yet fronts both squares offering prime frontage. KC highly visible from entrances and along strategic links.
- **Main Square moved to Plot 9:**
All partners have a new front door facing onto the square. North – South orientated blocks maximise sunlight to the square. Tram drop off adjacent to square.
- **Knowledge Centre can provide strong identity for site:**
A marker building, integrating landscaped space.
- **ABCD mix fronts all faces of square:** Close proximity for all partners, each benefitting from collaboration.





Spatial relationships: Overview





Key considerations

- Principle points for RMH
 - **Supporting** partner to both schemes
 - Welcome **investment** on the site
- **ESH**
 - **Flexibility** on land with ESH to ensure the best location for the new hospital
 - A **co-located** hospital not a joint scheme
- **LCH**
 - This is a **science investment** not an NHS healthcare project
 - Ensure transport infrastructure is fit for purpose



Timetable – ESTH Option for Sutton site

Activity	Indicative timeline
Agreement to proceed	December 2017
Pre-consultation / outline business case completed (if required)	June 2018
Public consultation (if required)	Summer/autumn 2018
Decision to outcome of public consultation	Spring 2019
New facilities open	2024–26



Timetable - London Cancer Hub

Activity	Indicative timeline
• ICR to develop new drug discovery facilities • Maggie's Centre open • Establish a central green spine, parking facilities and an energy plant • New School built	2017-2019
• Creation of 2 public squares (1 with Business & 1 with Community focus) • London Cancer Hub Knowledge Centre established • RM to expand its ambulatory care facilities and provision of improved Pharmacy facilities	2019-2022
• New business developments will provide facilities for private enterprise • Expansion of RM's inpatient and outpatient departments • World class amenity space will be established • Landscaping in eastern zone will allow for amenity and sports provision	2025-2028
• Tram network will connect the campus to Sutton town and London from the west. • Additional life-science buildings will be developed and will offer a mixture of academic research space, private enterprise and medical facilities	2028-2031
• The complete redevelopment of the site will provide more than 265,000 square meters of integrated life-science facilities. • The flexible plan phases shared infrastructure and networks in preparation for alternative future demands	2036

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 5.
Title of Document: RM Five Year Strategy 2018-2023		To be presented by Medical Director
Executive Summary: The Medical Director will present on the Trust's Strategic Five Year Strategy 2018-2023.		
Recommendations The Council of Governors is asked to comment on the presentation.		
Author: Dr Nicholas van As, Medical Director	Contact Number or E-mail: Nicholas.vanAs@rmh.nhs.uk	Date: 28 th November 2017

Council of Governors

Our Five Year Strategy 2018-2023

Overview

1. National and regional context

2. Refresh of our five year strategy:

- New systems of care
- Innovation and precision medicine
- Financial stability and best value
- Modernising infrastructure

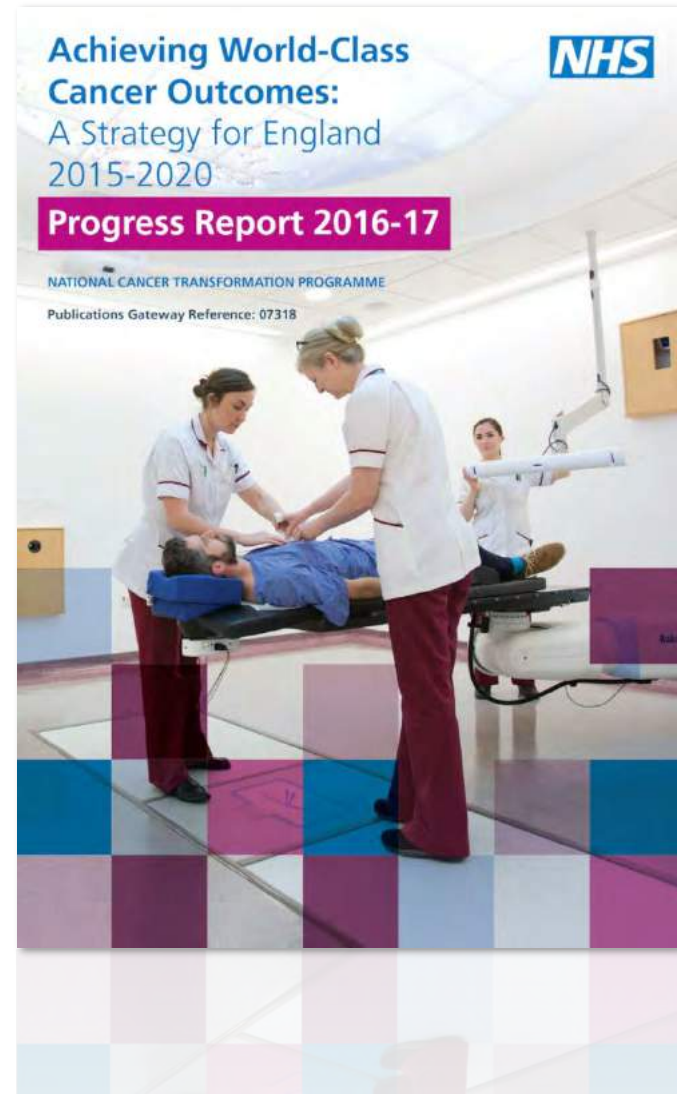
3. Next steps



National and regional context

National and regional context

- UK ranked first out of 11 international health systems
- UK ranked second to last for healthcare outcomes
- Key issues are:
 - Late diagnosis
 - Regional variation
 - 62 days cancer wait
- RM as a System Leader and Accountable Care Systems-
RM Partners and the Cancer Alliances
- Developing Radiotherapy Networks



Theme 1: **New systems of care**

RM Partners

- RM Partners successful in bid for Transformation Funds from the National Cancer Team, receiving around £10 million for each of 2017/18 and 2018/19
- To continue to access the fund, each partner organisation, including The Royal Marsden, has to achieve its key national cancer targets – in particular the 62 day target and the two week wait target

Three main current strands of activity

Completing Vanguard projects

- Standardisation of timed pathways
- Implementation of real time cancer patient experience tool
- National leadership in rollout of biosimilars

National Diagnostic Capacity Fund (DCF)

- Redesigned colorectal diagnostic pathway
- Deliver of three MDC for vague abdominal symptoms

Setting up and delivering Transformation Fund projects

- Early Diagnosis projects across primary care
- Diagnostic pathway redesign
- Establishing secondary care digital networks
- Living With and Beyond Cancer (LWBC) funding expected later in the year
- Funding is for two years (assuming we continue to deliver the 62 day standard)

Intensive support across our partners

Best practice pathways rollout in

- Lung
- Colorectal
- Upper GI
- Prostate

Targeted specific improvement interventions to deliver 62 days

- Within partner provider trusts
- Improving inter-trust referral processes



RM Partners and future direction

There are a number of **future opportunities** to develop the RMP model going forwards

Shifting capacity to meet demand

This has already started in small pockets to support **62 day improvements**. A piece of work has been requested by Chief Execs on **Endoscopy capacity**

We have significant national funding to invest in **rapid diagnostic models/pathways** (e.g.. prostate) which can be rolled out across the system – with **joint accountability** of delivery, and compliance with **agreed best practice**

System Leader Role

We believe that the direction of travel nationally is towards **Accountable Care Systems**

The RMP collaboration gives us the opportunity to design and test how this might work for cancer



Early diagnosis - The RDAC model in Private Care and the Clinical Care and Research Centre

Cavendish Square Development

- Taking the RDAC model into private care
- New private treatment and diagnostic centre in central London to access new markets and increase capacity and revenue
- The development is due to open in April 2020



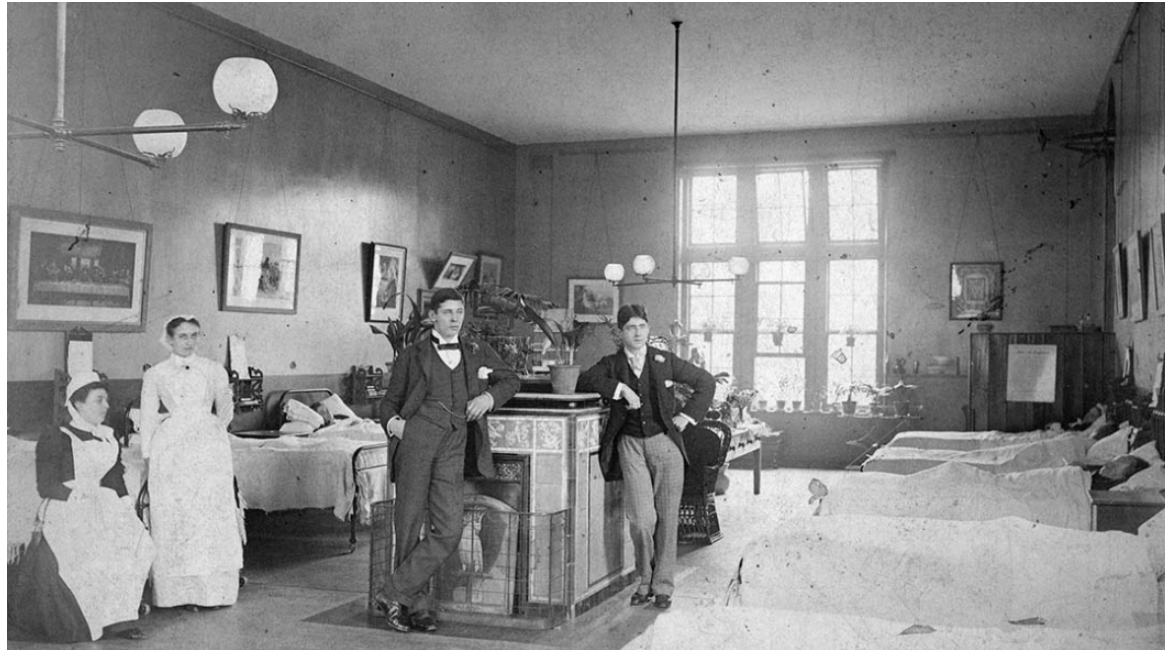
Clinical Care and Research Centre

- £67m new building incorporating expanded diagnostic capacity and endoscopy



Theme 2: **Innovation and precision medicine**

The Royal Marsden: A research hospital founded on the principles of both research and treatment

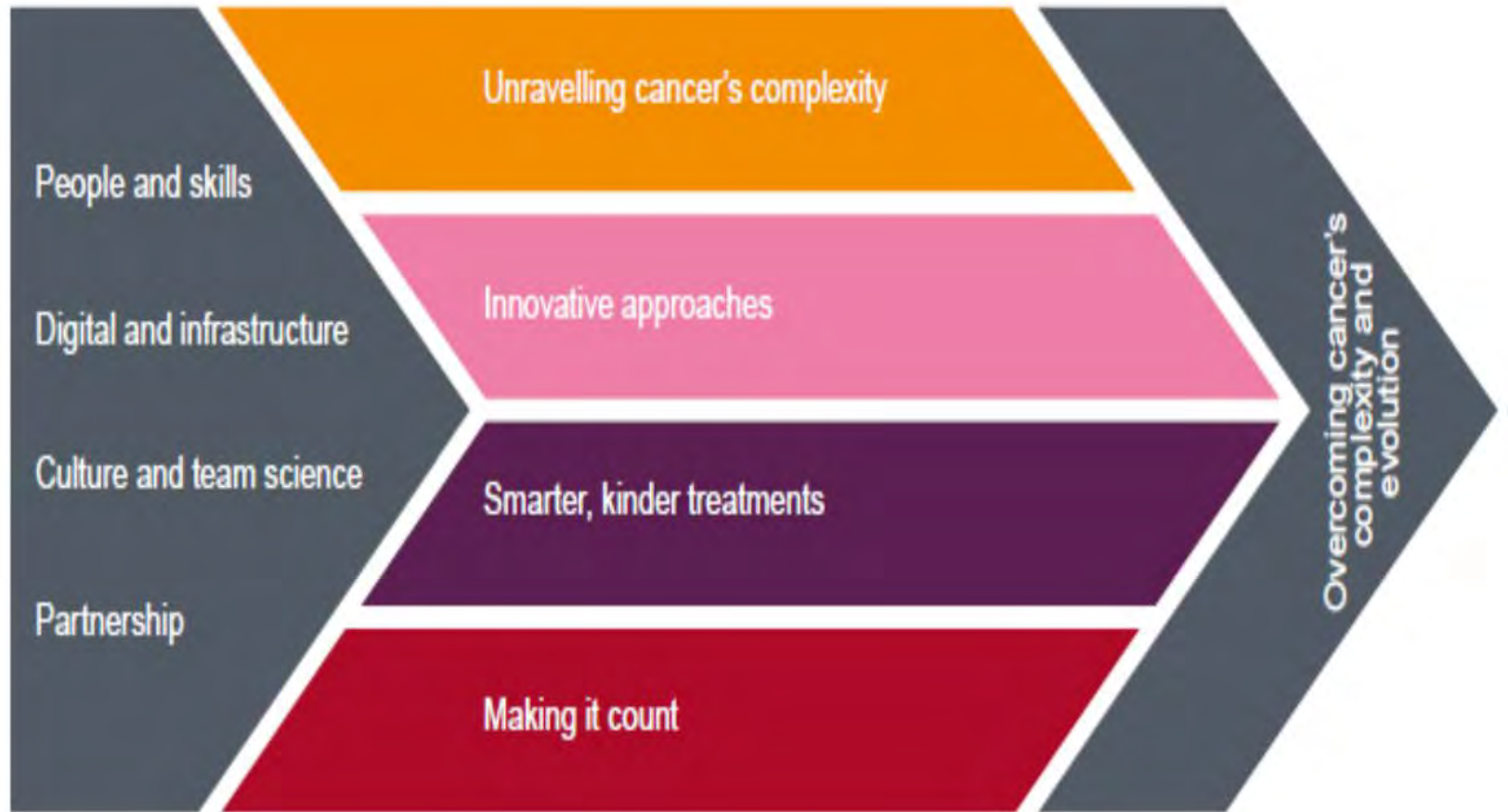


“Now gentlemen, I want to found a hospital for the treatment of cancer, and for the study of the disease, for at the present time we know absolutely nothing about it.”

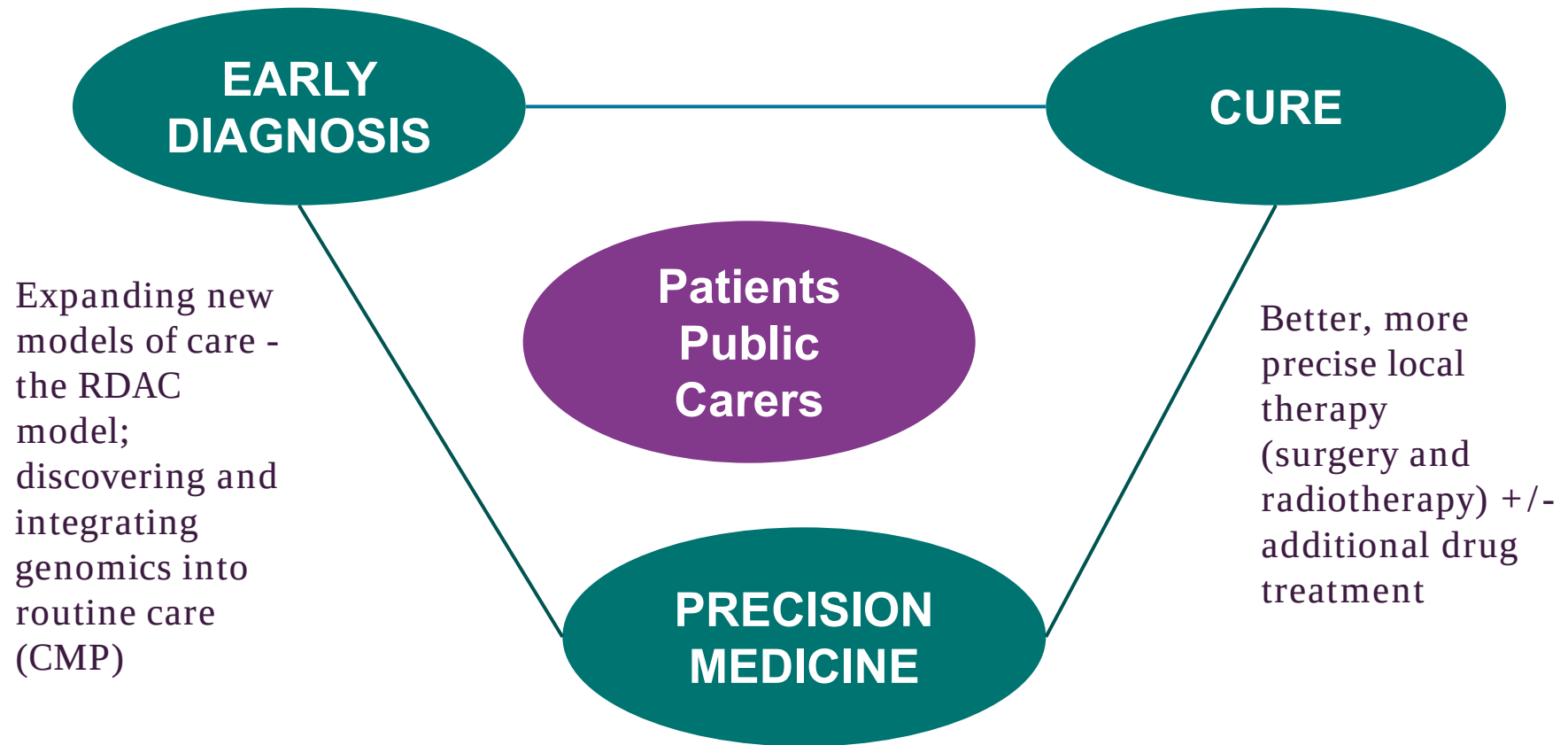
Dr William Marsden, 1851



Joint research strategy with the ICR to direct our research priorities



Our vision: kinder, smarter treatments and a new focus on early diagnosis



Our research partners

The Institute of Cancer Research (ICR)

- Founded in 1909 as a research laboratory within The Royal Marsden but became independent of The Royal Marsden in 1948 when the NHS was formed
- The Royal Marsden and the ICR have continued to work in close partnership to facilitate a bench to bedside approach especially in drug development and in novel radiotherapy approaches
- Great track record-together we are rated in the top four centres for cancer research and treatment in the world



Imperial AHSC-surgery and data science

- The Royal Marsden joined the AHSC in 2016
- Joint appointments in surgery and imaging
- Early detection and secondary prevention research in GI and lung
- I-knife and robotic surgery programme

The Francis Crick Institute

- Early discussions about future collaborations

UCL-expertise in immuno-oncology

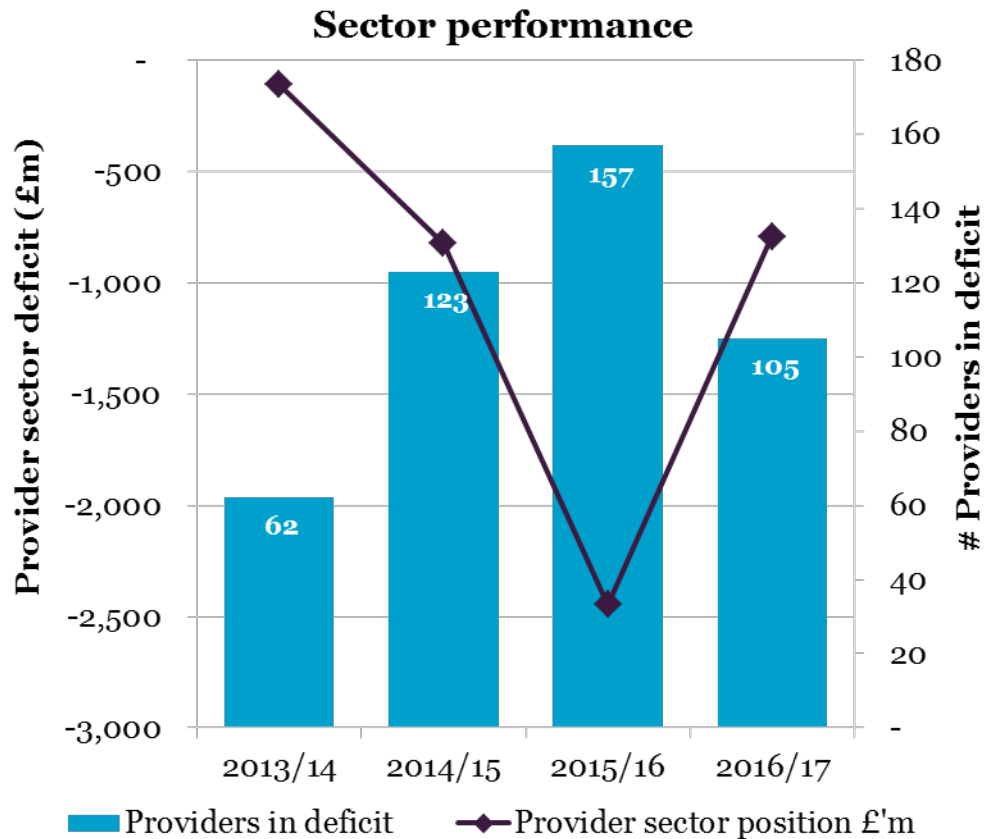
- Established renal and melanoma research programmes

International research consortia

- Leading a number of international research consortia e.g. Paediatrics, MR linac programme

Theme 3: **Financial sustainability and best value**

Overview of NHS provider position



- The NHS is in significant financial difficulty and despite 74% of providers delivering their control total in 2016/17 - this has largely been dependent on non-recurrent items which do not address the longer term financial sustainability.
- 44% of providers were in deficit in 2016/17 (65% 2015/16), this includes 79% of the acute sector.



The challenge and opportunity

- For The Royal Marsden, the challenge for the next five years is remaining financially sustainable in a highly constrained financial environment
- The current position for 2018/19 is a 3% saving target for the Trust which is equivalent to £10m

Opportunities...

- Further develop private care (Cavendish Square)
- Maximise the impact of The Royal Marsden Cancer Charity through expanded fundraising programme



Theme 4: Modernising infrastructure

Modernising IT

- New IT strategy has been approved by the Trust Board
- The Outline Business Case is being developed for the IT strategy and will be reviewed by the Trust Board in March 2018
- The main part of the strategy is the new Electronic Patient Record (EPR). If approved, this will be one of the most significant projects undertaken at The Royal Marsden and will require considerable commitment from all staff groups across the organisation particularly clinical staff
- It will also be the main focus for capital investment over next three years



The Royal Marsden Cancer Charity

- The Royal Marsden Cancer Charity is on track to raise over £20m this financial year to support modernisation, research and our workforce
- £67m appeal for new CCRC in Sutton
- Largest equipment grant (£14.4m) made in September 2017:
 - New MR scanner (Sutton)
 - Genomic sequencer
 - Enabling works for two new linacs
 - Second da Vinci robot
 - Replacement CT scanner
- Expansion of ground-breaking programmes – e.g. Paediatric Drug Development (£3.2m grant over five years)



Next steps

Your feedback is key to shaping the next five years

- Are the themes for the five year strategy still appropriate?
- What do you see as the priorities for each theme ?
- What else do you believe should be in our strategic plan?
- Feedback welcomed via Trust Secretary by 31 December 2017



The ROYAL MARSDEN
NHS Foundation Trust

Thank you



COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 6.
Title of Document: Theatre Capacity & Efficiency		To be presented by Director of Transformation & Charity Liaison
Executive Summary The purpose of the paper is to brief the Council of Governors on the background and strategic importance of the Trust's surgical portfolio and how the Trust is working to improve theatre efficiency and the longer term options for addressing theatre capacity constraints.		
Recommendations The Council of Governors is asked to note and discuss the report.		
Author: Nicky Browne, Director of Transformation & Charity Liaison	Contact Number or E-mail: Ext 2651	Date: 28 th November 2017

Theatre capacity & efficiency

Council of Governors
December 2017

Nicky Browne
Director of Transformation & Charity Liaison

Contents

-
- Context
 - Activity, income & expenditure
 - Theatre cancellations
 - Increasing capacity and efficiency



Context - strategic

- Importance of **comprehensive cancer centre** status
 - Multi-professional team required to cover a tumour site
 - NICE Improving Outcomes Guidance states minimum surgical nos.
- Volume of **cancer surgery is not on the scale** of other major US cancer centres where surgery is >50% of activity
- Surgery is **entry point for 80% of cancer patients** - chemo and radiotherapy most commonly follow surgery in curative pathway
- **Atypical case mix** with large amount of complex surgery
- **Capacity constraints** affect both delivery of the **62 day target** and limits **commercial opportunities**



Context - internal

- **Operating theatres**

- 7 @ Chelsea
- 2 @ Sutton

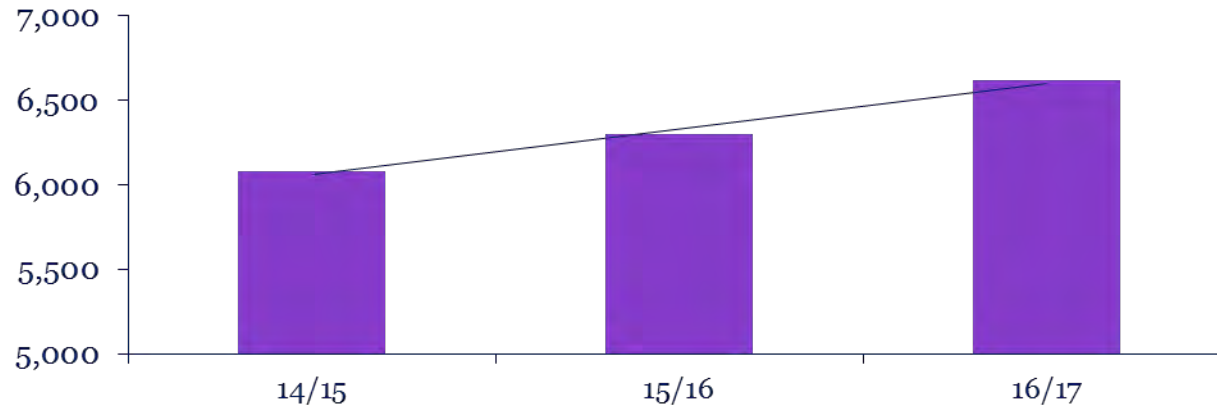
- **Workforce**

- **37** Consultant Surgeons
 - *Breast (6), Urology (6), Head & Neck (5), Plastics (5), Sarcoma (4), Gynae (4), Upper GI (3), HPB (2), Colorectal (2)*
- **21** Anaesthetists, 7 Intensive Care Consultants
- **103** Theatre Staff (nurses, HCAs, ODPs)
 - *77 substantive, 19 bank in post at Q3 17/18*



Activity & income

Theatre cases



Increasing activity

*Cases: ↑ **9%***

*Hours used: ↑ **11%***

Increasing complexity

↑ Average surgery time

↑ no. procedure codes (OPCS-4) per case

↑ no. diagnostic (ICD-10) codes per case

Increasing income

*NHS: ↑ **3.3%***

*PP: ↑ **38%***

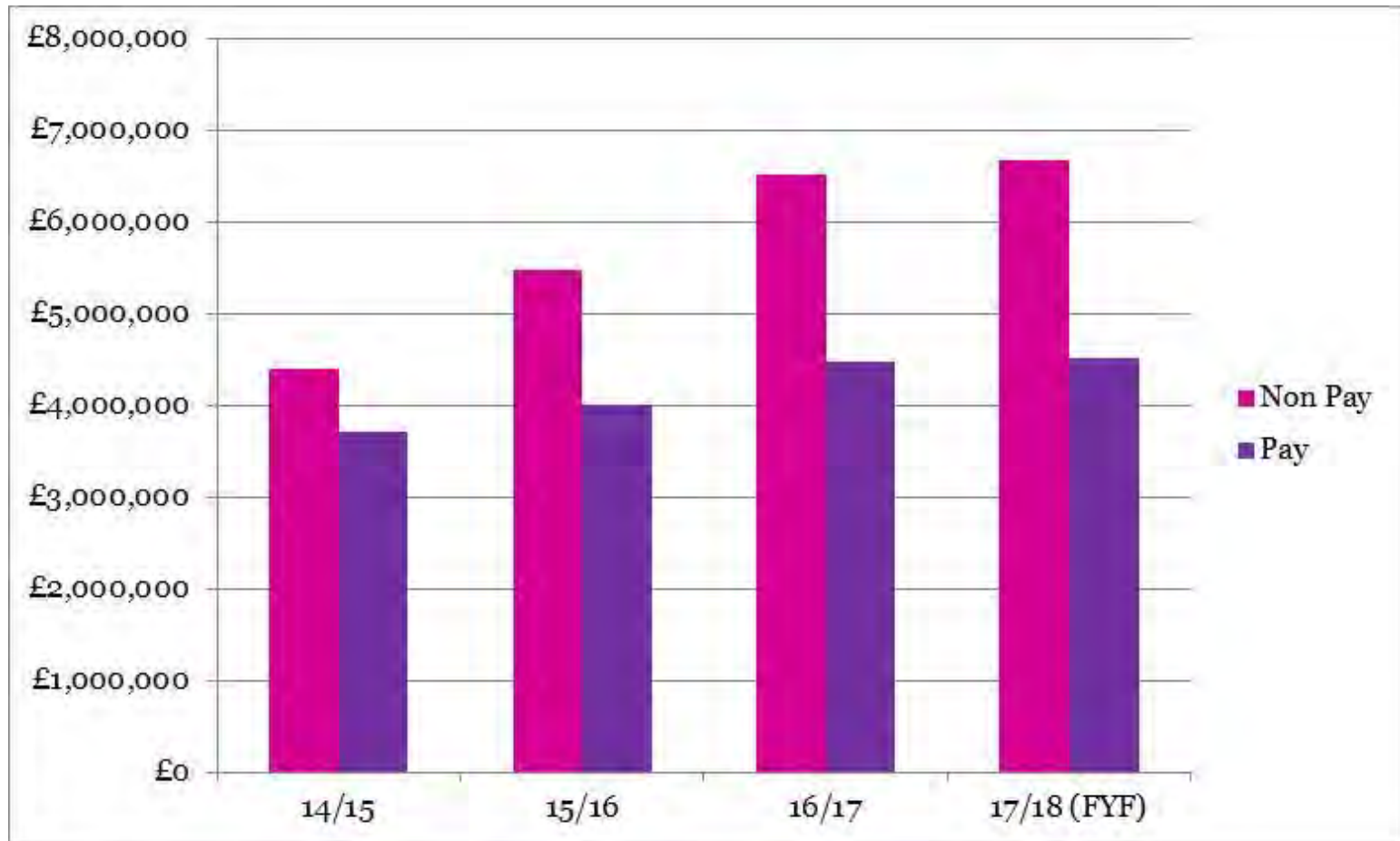
*% of all income:
↑ **17%-19%***

Future growth

↑ NHS referrals

↑ PP activity (Cavendish Square)

Theatre expenditure (excluding medical staff)

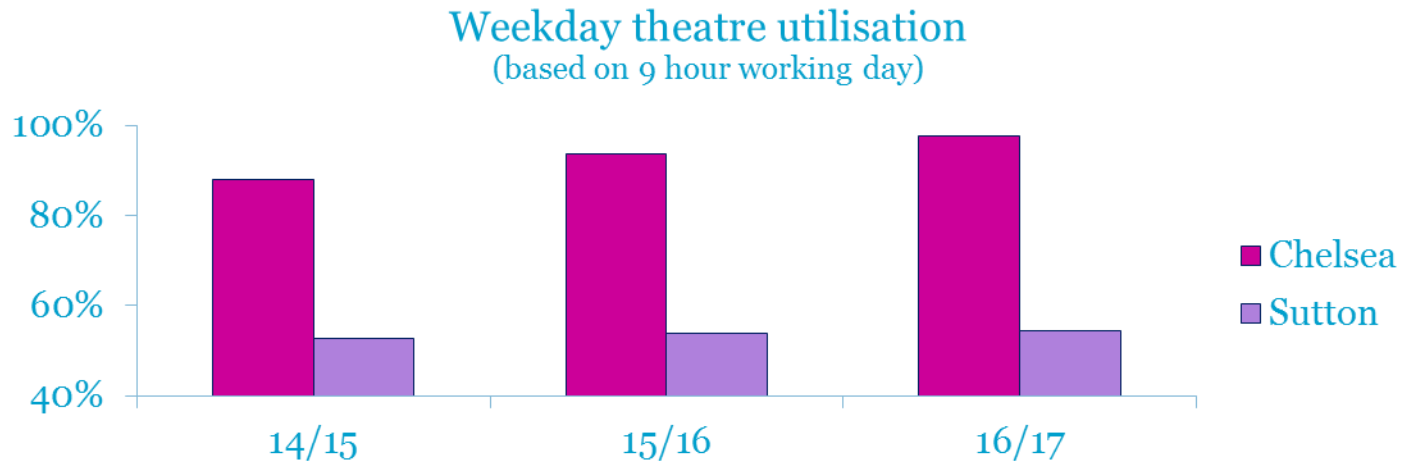


Theatre cancellations

- **Cancellation for ‘hospital’ reasons**
 - 3.2% (289 patients) in 16/17 & **1.4%** (63 cases) in **17/18 YTD**
 - **0.2%** (21 patients) cancelled **due to no hospital bed**
 - **0.2%** (21 patients) cancelled **due to lack** of theatre/CCU **staff**
 - **2.2%** (196 patients) in 16/17 cancelled due to **‘re-prioritisation’** of theatre list usually due to **patients b/f to meet cancer waiting times**
- **Prioritisation**
 - **1st priority clinical need**
 - Breach avoidance – **62 day standard**
- **‘On the day’ cancellations**
 - **Very rare** at RMH
 - **Common problem elsewhere** due to A&E pressures



Increasing capacity & efficiency



Actions to date

- ‘Pooling’ of lists & cases
- Weekend working for private cases
- Theatre timetable review & restructure
- Weekly theatre scheduling meeting
- Substantiating Saturday lists/long days rather than depending on good will
- Capture of consumables for billing – PP & NHS
- Procurement savings

Constraints

- Workforce – recruiting theatre staff
- Pay & non-pay costs



Increasing capacity & efficiency - medium term

Initiatives

Earlier notification of list release by surgeons

Alignment of job planning

Standardisation of theatre consumables/ speed of identifying increase in non-pay costs

Extended (12 hour) operating hours every day

- *Up to 33% extra capacity*
- *Move to whole day operating lists*

Regular weekend working

- *Up to 40% extra capacity*

Shift more low-risk activity to Saturdays/Sutton

Consider leasing capacity from private providers (e.g. Cromwell)

Constraints

Bed base

Workforce – recruiting theatre staff

Pay & non-pay costs



Increasing capacity - long term

A) Expansion – Chelsea

Replace Theatre 8 with permanent structure & build 2 additional theatres in basement

Est. cost: ~£11.5m

Maintaining single theatre block → increased efficiencies; but Theatre 8 out of operation during works

B) Expansion – Sutton

Build stand-alone theatre block to replace existing 2 theatres plus 2-4 additional theatres including CCU & inpatient beds

Potentially joint project with Epsom & St Helier

C) Expansion – off-site

Potential expansion on sites owned by Royal Brompton/Imperial in Chelsea



Any questions?



COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 7.1.
Title of Document: Quality Account: September & October 2017		To be presented by Chief Nurse
Executive Summary The Committee is asked to note: - The lowest Registered Nurse vacancy rates for 16 months. - Stable safety indicators. - National focus on Ecoli rates in the coming year. - Increase in complaints in Community Services.		
Recommendations The Council of Governors is asked to comment on the Quality Account.		
Author: Eamonn Sullivan, Chief Nurse	Contact Number or E-mail: Ext2121	Date: 29 th November 2017

The Royal Marsden NHS Foundation Trust

Monthly Quality Account

September & October 2017

for Council of Governors 13 December 2017

A report by the Chief Nurse: Eamonn Sullivan

eamonsullivan@rmh.nhs.uk



Monthly Quality Account – Table of Contents

Summary Dashboard	P3
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Quality Account Dashboard 2017-18

Indicator	Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2017/18 YTD	2016/17
Safe care																
SIs: Number of SIs (excluding PU cat 4)- clinical	4	Below	1	1	0	0	0	0	2						4	4
SIs: Number of SIs (excluding PU cat 4)- non clinical		Below	0	0	0	0	0	1	0						1	0
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0	0	0	0	0	0	0						0	1
Number of diagnoses of <i>Clostridium difficile</i> (C.Diff) (Attributable)**	No target		5	5	3	5	6	5	5						34	46
Number of C-Diff lapses of care (quarterly)**	31	Below	2 (April to August)												2	31
Number of diagnoses of Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) (Attributable)	8	Below	0	1	0	0	0	0	1						2	8
% Harm free care (RMH)	No target	Above	92.5%	94.7%	92.7%	94.6%	92.0%	91.9%	95.3%						93.4%	94.3%
% Harm free care (RMCS)	No target	Above	95.2%	94.9%	90.7%	92.1%	92.1%	90.4%	95.3%						92.9%	92.0%
% New harm free care (RMH)	95.0%	Above	94.8%	96.2%	92.7%	96.0%	95.3%	94.1%	98.4%						95.3%	96.4%
% New harm free care (RMCS)	95.0%	Above	98.6%	98.0%	96.3%	96.7%	97.1%	98.5%	97.6%						97.5%	97.3%
Falls: Attributable Moderate Harm Incidents while patient under RMH care	3	Below	2	0	0	0	0	0	0						2	3
Falls: Attributable Major Harm Incidents while patient under RMH care	0	Below	0	0	0	0	0	0	0						0	0
Falls: Attributable Death Incidents	0	Below	0	0	0	0	0	0	0						0	0
Number of attributable medication incidents with moderate harm and above	5	Below	0	0	1	0	1	1	1						4	5
Number of cardiac arrests	20	Below	1	3	2	2	0	0	1						9	20
Failure to recognise deterioration in a patient leading to death	0	Below	0	0	0	0	0	0	0						0	0
VTE risk assessment	95%	Above	96.2%	96.9%	94.3%	96.7%	96.5%	96.8%	96.6%						96.3%	96.9%
Effective Care																
Number of patients with attributable pressure ulcers (RMH)	Number of patients	136	Below	16	7	14	12	7	9	10					75	136
	Category 2	No target	Below	15	7	12	12	7	9	10					72	127
	Category 3	No target	Below	1	0	1	0	0	0	0					2	9
	Category 4	0	Below	0	0	1	0	0	0	0					1	0
Number of patients with attributable pressure ulcers (RMCS)	Number of patients	160	Below	9	13	24	13	11	13	12					95	160
	Category 2	No target	Below	8	12	22	13	10	12	12					89	106
	Category 3	No target	Below	1	1	2	0	1	1	0					6	50
	Category 4	0	Below	0	0	0	0	0	0	0					0	4
Patient Experience																
RMH Inpatient Friends and Family Test: % Recommended	95%	Above	97.5%	98.0%	95.5%	97.3%	98.5%	97.2%	97.4%						97.4%	97.8%
RMH Inpatient Friends and Family Test: Number of responses	No target		354	688	421	484	473	457	427						3304	5842
Community Friends and Family Test: % Recommended	95%	Above	97.8%	95.9%	96.3%	98.3%	96.5%	98.8%	98.1%						97.1%	97.4%
Community Friends and Family Test: Number of responses	No target		186	363	246	177	115	162	52						1301	2208
Chemotherapy waiting times (Chelsea): % waiting an hour or less	Target under review	Above	76.1%	76.7%	77.7%	79.3%	70.7%	75.0%	71.8%						75.2%	74.2%
Chemotherapy waiting times (Sutton): % waiting an hour or less	Target under review	Above	89.8%	88.5%	86.4%	90.4%	89.6%	86.0%	85.6%						88.0%	88.6%
Chemotherapy waiting times (Kingston): % waiting an hour or less	Target under review	Above	81.9%	74.2%	83.6%	80.5%	89.4%	87.3%	84.2%						83.1%	62.2%
Number of PALS contacts (Trust)	No target		474	720	508	544	597	507	561						3,911	5,375
Complaints: Number of complaints (RMH)	107	Below	11	12	11	9	15	6	11						75	107
Complaints: Number of complaints (RMCS)	27	Below	1	4	2	2	1	2	4						16	27
Vacancy/Sickness Rates																
Trust vacancy rate	5%	Below	11.2%	11.7%	10.8%	11.7%	10.2%	9.6%	9.0%						10.6%	9.4%
Trust sickness rate	3%	Below	2.9%	2.5%	2.7%	2.7%	2.6%	2.4%	2.8%						2.7%	3.0%
Nurse vacancy rate	10%	Below	15.1%	14.3%	13.3%	14.1%	12.9%	11.5%	10.4%						13.1%	13.8%
Nurse sickness rate	3%	Below	3.4%	3.5%	3.7%	3.3%	2.9%	2.9%	3.4%						3.3%	3.7%
Nurse turnover rate	15%	Below	17.3%	17.0%	18.0%	18.3%	17.5%	17.3%	16.5%						17.4%	17.5%
HSMR Quarterly Figures																
Indicator	Quarterly Target	Aim	Qtr3 16/17	Qtr4 16/17	Qtr1 17/18	Qtr2 17/18										
Hospital Standardised Mortality Rate (rolling 12 months, NHS and PP)	75	Below	70.73	69.47	68.1											

Healthcare Associated Infections & Hand Hygiene

Target: <31 C Difficile infections and <1 MRSA bacteraemia

Data Owner – Pat Cattini – Deputy Director of Infection Prevention and Control. There have been no MRSA cases and one MSSA case for September. There were no cases of CPE in patients this period. We have had no cases of Norovirus or Flu identified in this period. As of the end of November the staff Flu Vaccination rate 50% - a much improved position on last year. Ecoli remains high profile infection nationally. RMH is holding an 'Ecoli Summit' with Trust experts on the 15th of December, and collaborating with colleagues at The Christy re. informing & leading the national Ecoli debate for cancer patients. Other Infections of note this period: (not attributable to RMH) - 2 case of Cryptosporidium usually seen in patients that are immunocompromised and commonly associated with swimming pools, one positive case of Salmonella. All reported with no cross infection.

Table 1.0 October MRSA & Cdiff and Gram negative Bacteremia Monthly Performance

Organism	Aug 2017	Sept 2017	Oct 2017	Q1 total	Q2 total	YTD	Trajectory/Comments
MRSA Bacteremia	0	0	0	0	0	0	Last MRSA Bacteremia: July 2016.
(All) C.Difficile cases identified at RMH	9	9	6	21	27	54	
C.Diff cases post 3 days	6	5	5	13	16	34	
C.Diff Cases attributed to RMH through a 'lapse in care' *				2	0	2	2017/18 Cdiff. target = no more than 31 'lapse-in-care' cases. Cases are jointly reviewed quarterly by the CCG and RMH staff, next meeting with the CCG is in September 2017. There have been 2 lapses in care recorded for the Q1 and Q2.
E.coli Bacteraemia	5	3	3	14	13	30	No target set by Public Health England but we have a self determined target of a reduction of 10%.
Other reportable gram negative Bacteraemia	3	1	5	9	10	24	Reportable gram negative bacteria – <i>Klebsiella species</i> and <i>Pseudomonas aeruginosa</i> .

Table 2.0 October 2017 Hand Hygiene Compliance and Commode by Site

Hand Hygiene Compliance	Aug	Sept	Oct
Chelsea Site	91%	87%	91%
Sutton Site	94%	98%	96%
Kingston MDU	95%	85%	90%
Total Score	94%	90%	92%

Commode cleaning compliance	Aug 2017	Sept 2017	Oct 2017
Chelsea Site	78%	92%	92%
Sutton Site	90%	64%	92%
Total Score	84%	78%	92%

Reviewing Infection Control Compliance

Hand hygiene audit – the infection control team have conducted several hand hygiene audits this month, we are seeing consistently good performance across clinical areas.

Cleanliness of commodes – October has seen the best result this quarter, following a programme of work with the Infection Control Team and Sisters.

Patient Fall Incidents

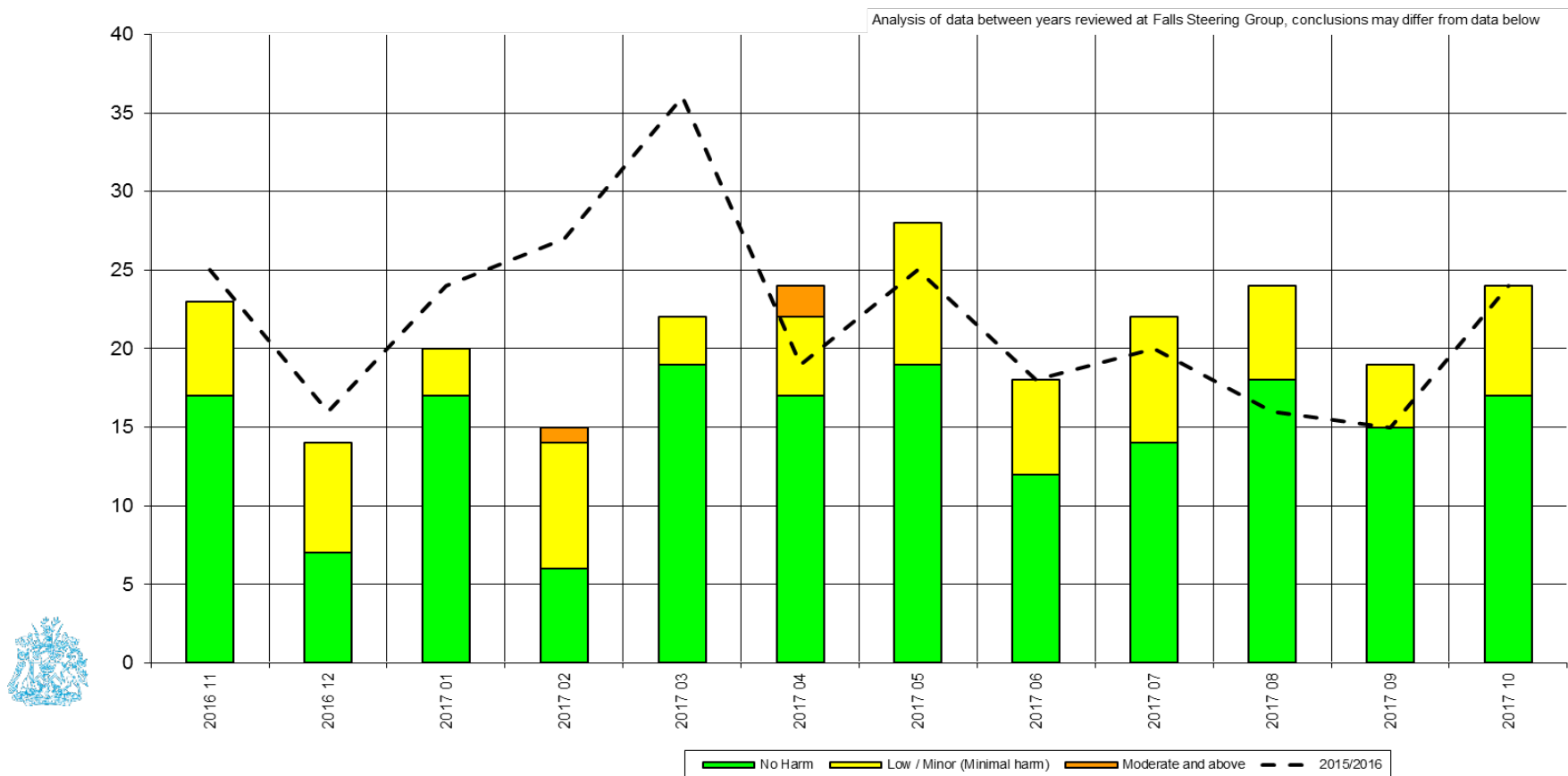
Target: <0.7 falls with moderate or above harm

Data Owner: Richard Schorstein, DND. Trust Falls Lead. To date, Trust falls rates are 0.056 falls per 1000 bed days for the current financial year, below the Quality Account target. There has been a 17% decrease in falls between April 17 and August 17 (excluding near misses, slips/trips and guided falls). The majority of falls resulted in no or low harm and there have been no moderate harm or above falls since April 2017.

Innovations this quarter: The 'Falls Prevention Committee' continues to explore the latest falls-reduction techniques and technologies, this includes a new campaign – '**call don't fall**' for patients isolated in side-rooms, and new anti-slip TED stockings for patients.

Table 3.0

Sum of Severity (harm) - Attributable Patient Fall Incidents



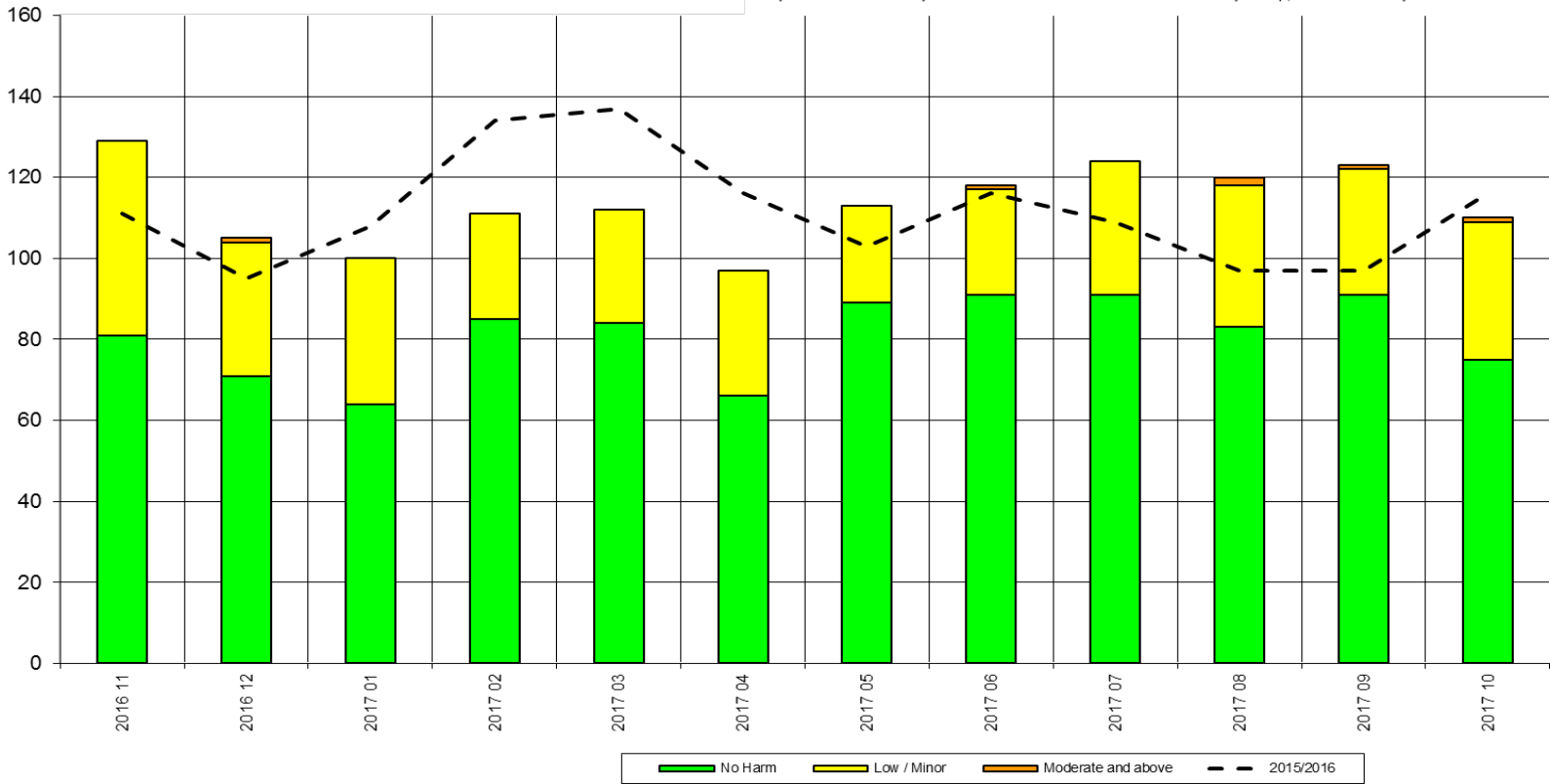
Medication Incidents

Target: Increase the reporting of near misses and decrease incidents that cause harm
(low harm <2 per 1000 bed days and moderate <0.17 per 1000 bed days)

Data Owner: Suraya Quadir, Lead Governance Pharmacist. The current 12 months sees the majority of all reported medication incidents resulting in no or low harm within the Trust. The number of moderate or above harm events for the current financial year remains extremely low for a Trust of our complexity (moderate incident n =5, severe & catastrophic n=0). In October, data trends show that reports involving Controlled drugs (CDs) have decreased with a total of 8 incidents reported, there are no harm incidents related to CDs. The main identifiable theme relates to omitted (n= 9) and delayed (n=8). The October 'moderate' event relates to an unavoidable anaphylaxis reaction in a patient who required CCU care, but fully recovered from the incident.

Table 4.0 Sum of Severity (harm) - Attributable Medication Incidents

Analysis of data between years reviewed at Executive Medications Safety Group, conclusions may differ from data below



Hospital Pressure Ulcers - Category 2,3,4

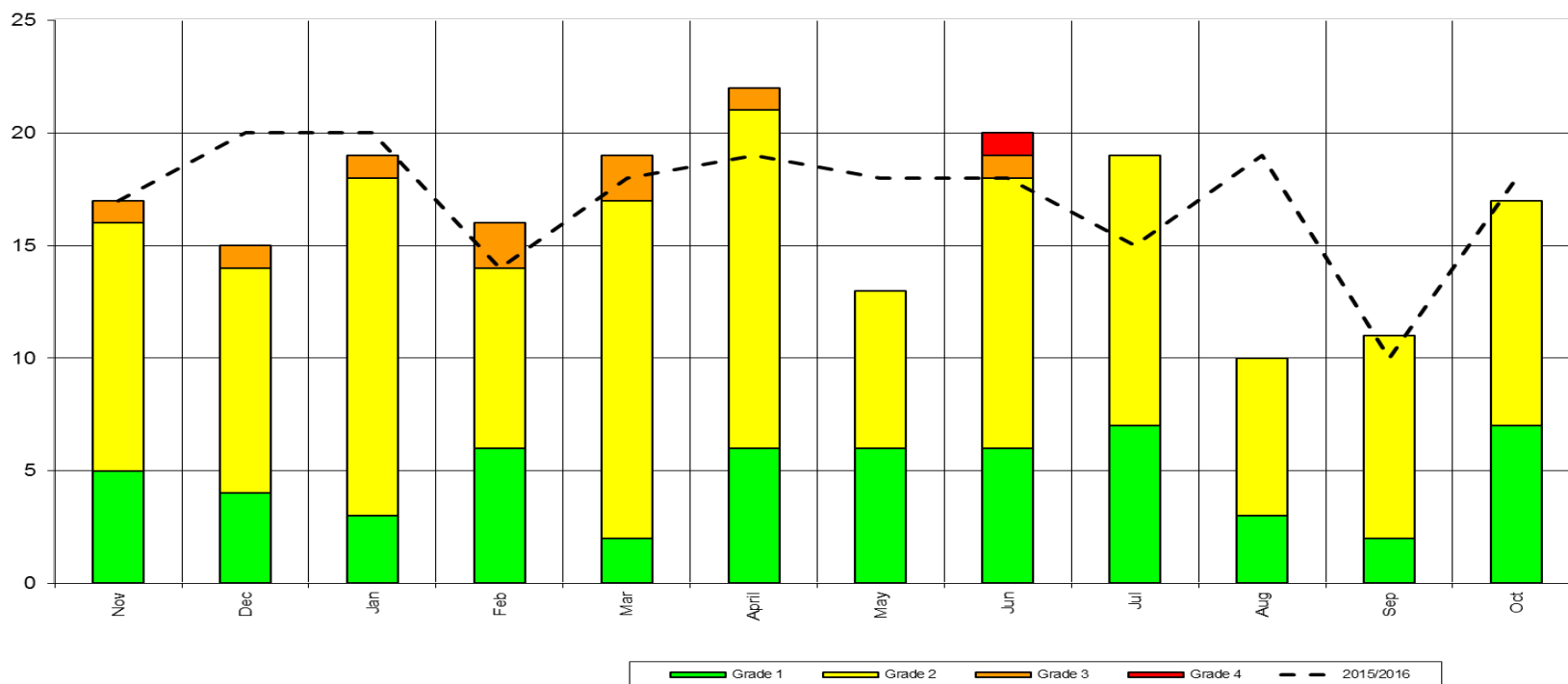
Target: Zero grade 4 pressure ulcers

Data Owner: Andrew Dimech DND. There have been no Category 4 ulcers for 4 months and no Category 3 for 4 months. There has been an increase in Category 1 and 2 in October with a similar increase for the same period in 2015/16. There has been an increase in teaching led by the TVN team in the clinical areas particularly focusing on the 2 new categories of pressure damage. The Tissue Viability Committee meet monthly and is the Trusts strategic committee reviewing and guiding all skin integrity in the acute and community services.

Improvements this quarter – 150 new electronic hospital beds have been funded and will be replace the older models. 90 beds have now been delivered to the Sutton site. The remaining beds in Chelsea will be delivered over the next few weeks. Preparations and awards are planned for the 'National Stop the Pressure Day' on November the 16th.

Table 5.0

Number of Patients with Trust Acquired Pressure Ulcers - Hopsital



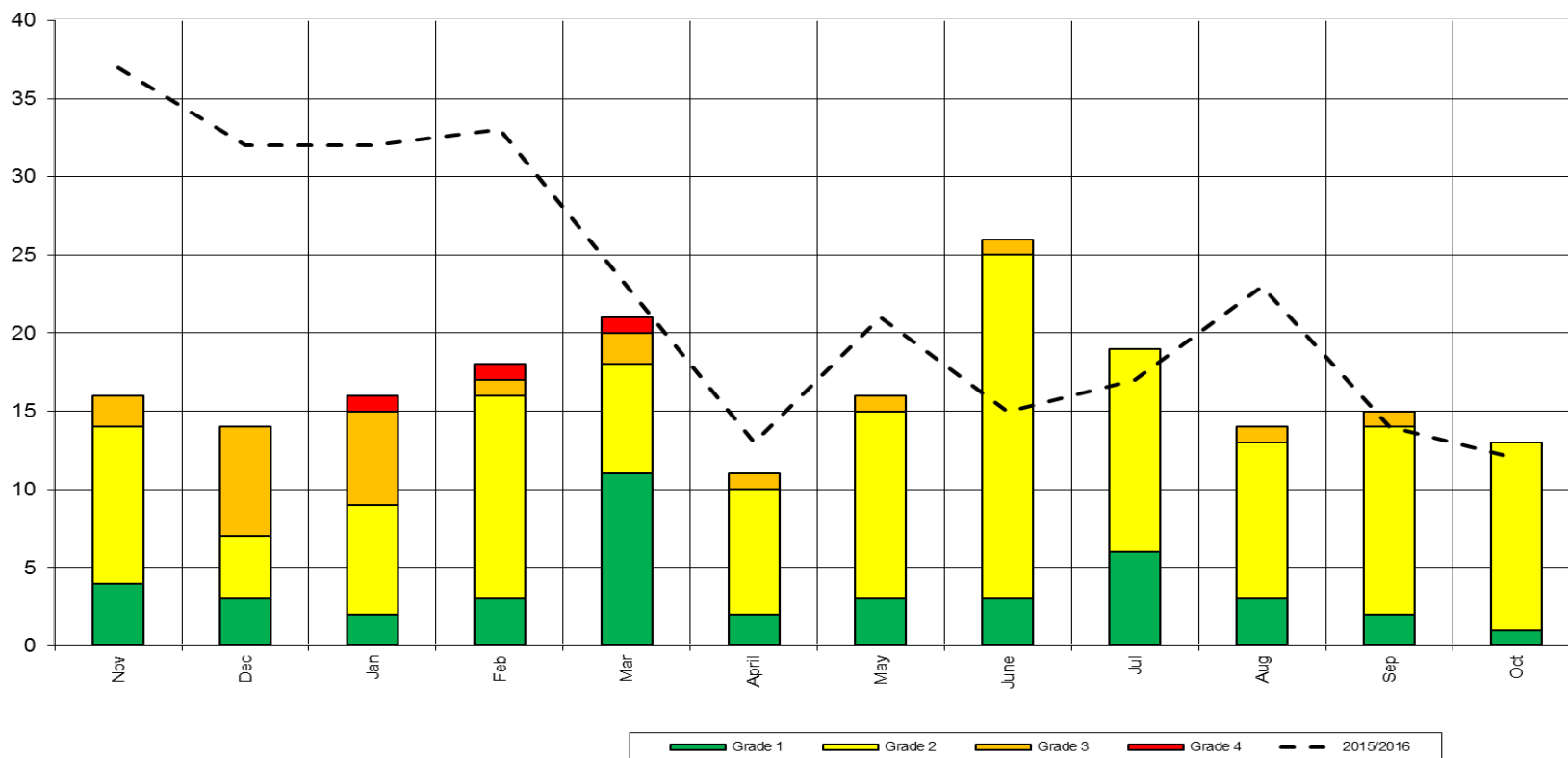
Community Pressure Ulcers - Category 2,3,4

Target: Zero grade 4 pressure ulcers

Data Owner: Debbie Linton-Taylor Community DND. The community nursing service continues to see improvements in the prevention and severity of community services acquired pressure ulcers this quarter. The implementation of The Pressure Ulcer Care Bundle across the community nursing service has ensured the standardisation of required clinical intervention regarding all assessments and risk management processes. The monthly nursing service Audit programme continues which includes reviewing compliance with the content of the Pressure Ulcer Care Bundle and evidences improvements made in practice regarding completion of key required risk assessments related to pressure ulcer prevention.

Table 6.0

Number of Patients with Trust Acquired Pressure Ulcers - Community

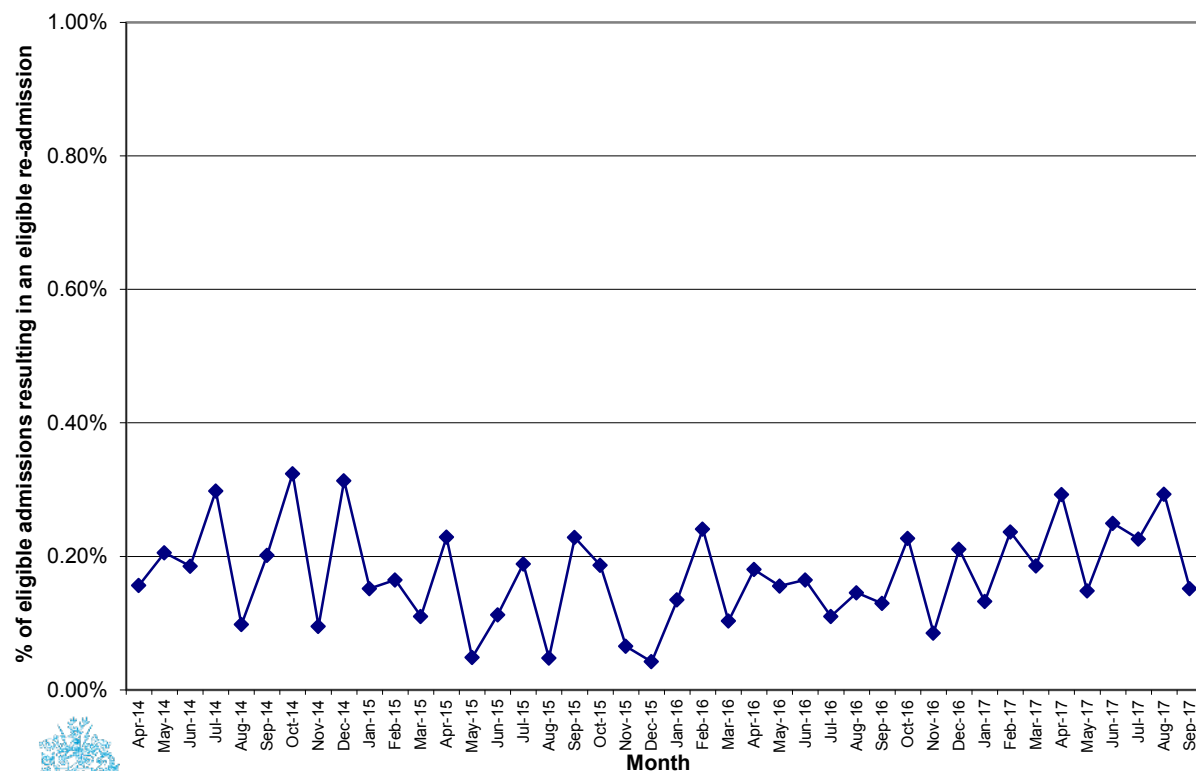


Hospital Readmissions Performance (Sept Data)

Hospital VTE Screening Performance (Oct Data)

Table 7.0 Hospital Readmissions Summary

Reported % of Emergency Readmissions



October 2017 Readmissions Summary:

There is no national readmission rate/target for a specialist cancer Trust. Cancer ICD codes are excluded from national readmission figures due to an accepted clinical rationale that cancer patients will re-attend on multiple occasions. The figures in the graph therefore represent a small number of patients who may not have a defined cancer diagnosis. The Chief Nurse and Medical Director are working to refine a suitable readmission metric for our Trust.

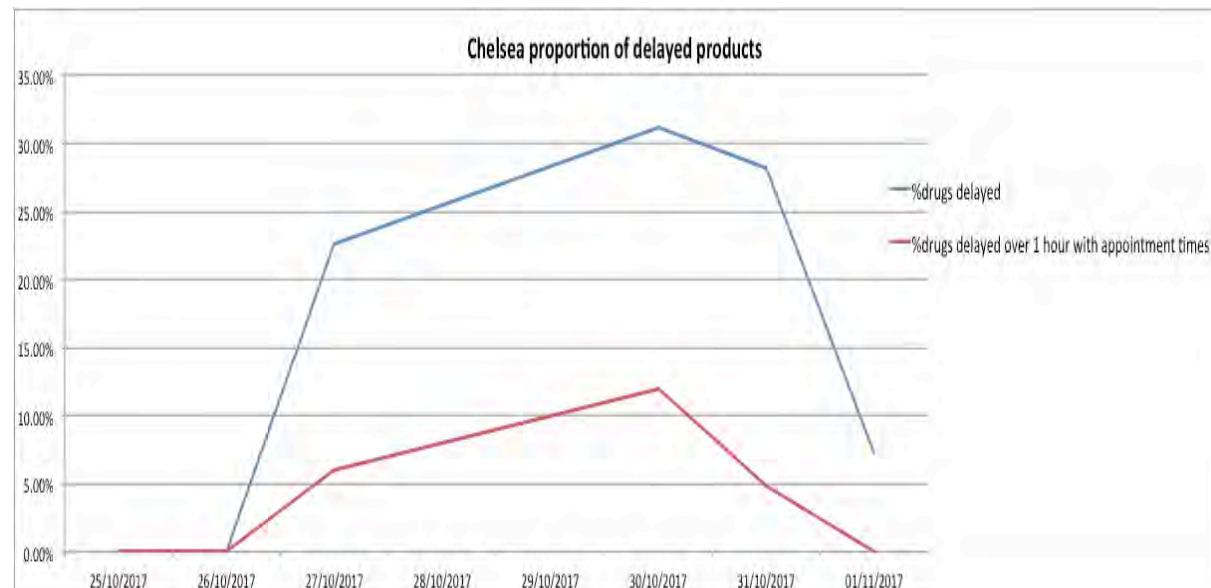
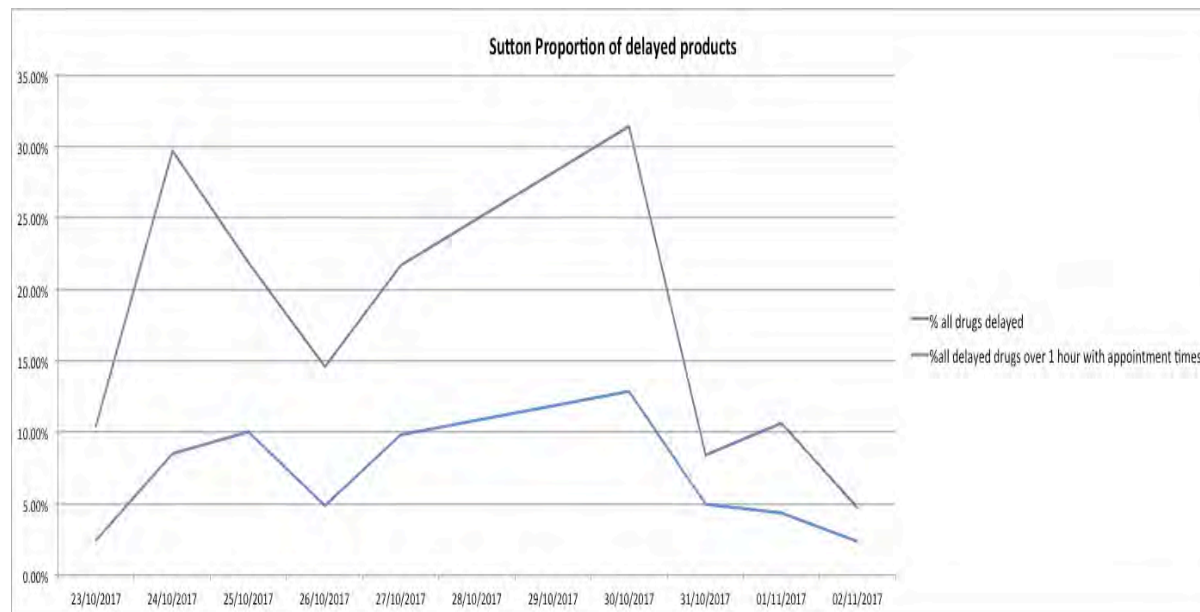
VTE Data Owner: Richard Schorstein

September 2017 Data: 96.8%

The Trust continues to consistently achieve >95% compliance with VTE risk assessment. All patients with confirmed VTE as reported by radiology undergo a Root Cause Analysis (RCA). There were 6 Hospital Acquired Thrombosis (HAT) in Q2. RCA showed that 5 were unavoidable, with 1 which may have been preventable. Investigation outcomes are fed back to clinical teams for learning and sharing.



Chemotherapy Waiting Times & Prescribing



Data Owner: Jatinder Harchowal, Chief Pharmacist & Lorraine Hyde, Matron, MDU Sutton.

This is a local metric developed at this Trust only. It is recognised that the 'red' (patients waiting greater than 1 hour) is static and has not shown a sustained change in several months.

A new quality improvement 'deep-dive' into the 'red' section of the graphs has begun led by the Chief Pharmacist. This project is looking at the multiple-elements across the Chemo journey. For example - the confirmation of chemo in clinic, process flows within the pharmacy aseptic unit, delivery and storage of medicines, nurses administering and individual patient factors.

This data is regularly triangulated with actual patient feedback, this quarter there has been no PALs queries or complaints related to waiting times for Chemotherapy.

Indications are that the quality improvement programme (presented to QAR in November) and led by pharmacy has had some benefit on the 'red' long waiters in November.

Our Patient Experience Friends & Family Test (FFT)

National Friends & Family Test Data (RM data as of 10 November 2017 – Against September National data)

Inpatient data was collected for 177 Acute NHS trusts and independent sector providers. Nationally, the overall average percentage for those who would recommend the service to friends and family was 96% in September. **The Trust is above this with a score of 97%.**

Outpatient data was collected for 238 Acute NHS trusts and independent sector providers. Nationally the overall average percentage for those who would recommend outpatients to friends and family was 94% in September. **The trust is above this with a score of 97%.**

Community Services data was collected from 150 NHS organisations and independent sector providers. Nationally the overall average percentage for those who would recommend community services to friends and family was 96% in September. **The trust is the above this with a score of 99%. (In the top 30 of trusts to score 99-100%).**

INPATIENTS FFT	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	July 2017	Aug 2017	Sept 2017
The Royal Marsden inpatients who would recommend	98%	98%	98%	97%	97%	98%	97%	99%	97%
National average	96%	96%	95%	96%	96%	96%	96%	96%	96%
Response number	1473	1437	1371	1561	1463	1414	484	473	457

OUTPATIENTS FFT	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	July 2017	Aug 2017	Sept 2017
The Royal Marsden outpatients who would recommend	98%	98%	98%	98%	98%	96%	96%	94%	97%
National average	93%	93%	93%	93%	94%	94%	94%	94%	94%
Response number	1157	964	933	1016	1192	1520	539	533	448

COMMUNITY SERVICES FFT	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	July 2017	Aug 2017	Sept 2017
The Royal Marsden community services clients who would recommend	98%	100%	97%	97%	97%	98%	98%	97%	99%
National average	95%	95%	95%	96%	96%	96%	96%	96%	96%
Response number	264	322	841	781	795	454	177	115	162

Our Patient Experience Monthly Survey Results

Table 14-18: The patient comments below are captured via our paper comments cards. Ward Sisters and Matrons review the data at minimum monthly, and it is also reviewed at the CBU Performance Review meetings. November – the Trust is reviewing its feedback system with the supplier (Iwantgreatcare) to upgrade the current monthly paper based system to a more 'live' electronic system which can feedback contemporaneously.

Example of Positive Comments this period

The standard of excellence prevails with attentive, caring nurses and medical staff willing to give detailed explanations of procedures and outcomes. (Endoscopy)

Excellent flow of professionals in attendance reassuring advice given, kind and professional approach. Good nursing care and Anaesthetic very excellent. Follow-up appointments given prior discharge is useful no waiting for appointment by post.

Complement all staff for X ward, helpful and smiling faces. Praise to the surgeons for an excellent job praise to the anaesthetists for bringing such support and keeping me pain-free and all staff on the ward excellent thank you.

A positive experience of being in hospital - lovely staff and concerned dealt with in a prompt manner. All procedures okay and explained to me.

Positives - staff are well equipped and easy to communicate with. Treatment was and inclusive and I felt my wishes were considered. Waiting times were always reasonable and they were always choices available. The staff involved in my treatment I got to know.

The nurses are my friends and I shared my birthday cake with them. (child- community services)

All the elements have worked well in my case and I think the system is as efficient, courteous, patient and friendly as it possibly could be. (MDU)

Comments where care can be improved this period

Everything wonderful *except lunch plain boring sandwiches* - very disappointing as had been fasting for so long.

The best part of this service is the staff that always works so hard. For my experience the *worst part was the continued bleeping of machines and a very claustrophobic feel to narrow base and closed screens.* Blocking out natural daylight, basically the 19th century trying to keep up with the 21st century.

Only complaint was about air/con as surgery I received made it very painful to cough or sneeze. *I felt the air con unit in the ward contributed to me having unnecessary pain and discomfort.*

The *COPD gym was not large enough to accommodate the number of patients attending each session.* Therefore the time spent on equipment was at times difficult. However the advice and care was excellent. (respiratory services- community services)

Staff very good , yellow desk needs to get time in right between blood tests and treatment. *4 to 5 hours is not good to wait from bloods to treatment.* (MDU)

Oak Ward staff were brilliant and detail and professional right from the start nurse Brenda to the lady servicing dinners - nightshift staff exceptional. *Only downfall was radiotherapy department when attending appointment had lost my papers* to the extent that treatment merely did not go ahead as planned found eventually.

Patient Feedback - PALs Queries and Complaints

Data Owner: Helen Mills, Head of Assurance. PALs and Complaints summary. October 2017 PALS Summary: 224 patient contacts this month - within expected numbers (cross site). Top three contact subjects were Advice and Information (138), Communication-verbal/written/electronic (17) and Miscellaneous (16).

Complaints Summary: 15 new complaints were opened in October 2017, with 25 remaining open in total at the end of October. Delays, communication and concerns surrounding diagnosis and treatment has continued to dominant complaints received. We received one report from the PHSO this month for which the outcome was not upheld.

Table 19.0 Formal Complaints Trend

Complaints	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Number per month (aim <12)	8	10	17	16	11	15	19	13	16	9	15
PHSO - Upheld						1					
PHSO: Referred & Not upheld			2	1			1				1

Table 20.0 Formal Complaints – Detailed information by Division

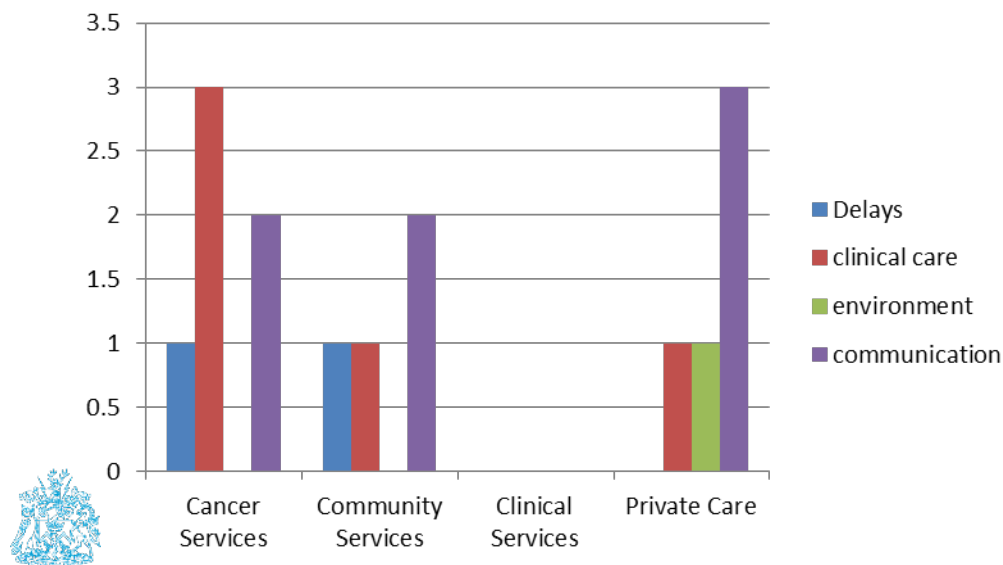


Table 18.0 Complaints Narrative:

Out of the 15 complaints no specific clusters or themes were identified over this period. There were no complaints received in Clinical Services, a first in year. An overall a summary of issues raised this month were:

- Delays in Community MSK Physiotherapy waiting lists
- Communication
- Concerns regarding diagnosis and treatment

Safer Staffing: Nurse Recruitment

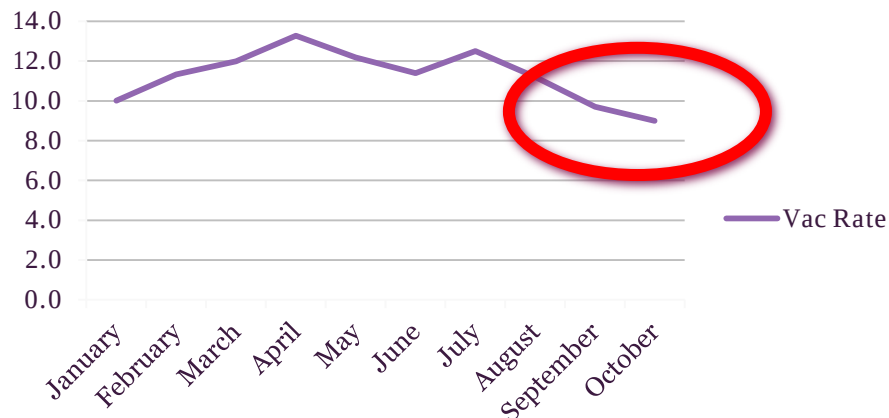
Nurse Recruitment. Nurse recruitment remains a Trust priority. The nurse recruitment and retention group continue to meet weekly. The Nursing vacancy rate has decreased in month to 10.36%. The Hospital and Community nursing vacancy rate have both decreased to 9.0% and 18.96% respectively. It should be noted that this is the first time in over 12 months that the community vacancy rate has been below 20%. There are 94.23 wte registered nurses in the recruitment pipeline of which 30.33 wte have a start date confirmed, 45.7 wte are external and 34.53 wte are internal.

Summary of November/December 2017 Nurse Recruitment Activity:

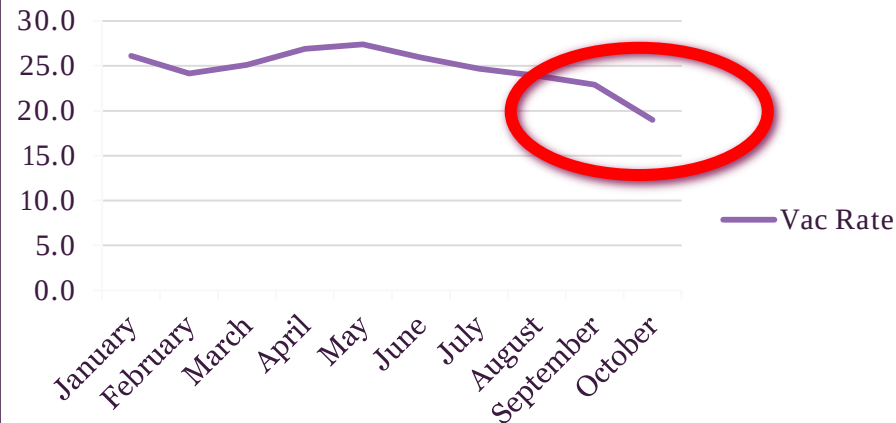
- The annual recruitment activity plan for nurses remains on track, with monthly substantive and bank events, Sutton and Chelsea Open days. The 2018 recruitment schedule is being finalised.
- Launched a high profile Community recruitment campaign including outdoor advertising in rail stations. To date this has generated 74 expressions of interests in Community Services.
- RMH attended RCN Nottingham, UKONs Conference and Nursing in Practice events in November which resulted in 48 enquiries regarding working at The Trust.
- International recruitment campaign in Canada and Australia being scoped.
- First cohort of nurses started on the Capital Nurse Programme.
- Newly qualified nurse 'on boarding' review - Regular liaison before start date and encourage to start pending NMC pin.
- Increase notice periods for Band 5 nurses to 8 weeks after discussion TCC in September, to be implemented.
- Programme to Identify nurses already at the Trust working as HCA's and support them to undertake OSCE and obtain NMC Pin.

Table 23.0 Nurse Vacancy Rates

**Hospital Nursing Vacancy Rates
January to October 2017 -**



**Community Nursing Vacancy Rates
January to October 2017**



Safer Staffing: Nurse Retention

Turnover/Retention

The overall (all staff) turnover rate for the Trust has decreased in month to 15.18%. Both hospital and community services turnover rates decreased it is 14.57% and 20.13% respectively, a decrease on last months figures. Nursing specific turnover reduced from 17.32% to 16.47% however the overall Trust turnover rate is average for London.

Retention & Recruitment continues to be the key focus of the Chief Nurse and HR Director, working together they now chair weekly Retention & Recruitment Meetings. The focus of the group will over the following months will shift towards retention. The Trust has engaged a firm called April who identified five key priorities from the feedback gathered. An action plan has put together to implement both locally and corporately.

Table 21.0 Nurse 'Joiners and Leavers' cumulative position

Nursing Joiners & Leavers - Band 5-6													
Month	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Total
Starters (fte)	11.00	7.40	24.54	11.10	9.77	14.00	12.00	13.50	8.60	18.60	42.40	33.69	206.60
Leavers (fte)	10.79	10.71	10.79	5.31	13.80	7.00	2.80	9.67	8.69	7.17	8.03	2.28	97.04
Variance	▲ 0.21	▼ -3.31	▲ 14.8	▲ 5.79	▼ -4.03	▲ 7.00	▲ 9.20	▲ 3.83	▼ -0.09	▲ 0.9	▲ 34.37	▲ 31.41	▲ 109.56

Table 22.0 Nurse Leavers 'reasons for leaving' October 2017

Nursing Substantive Leavers Bands 5-6 October 2017						
Area	Job Title	Leaving date	LOS	Band	FTE	Reason for leaving
Cancer Services Division						
Children's and Young Peoples Day Unit	Staff Nurse	2 y 11 m	2 y 11 m	5	0.59	Voluntary Resig. - Child Dependants
Bud Flanagan West	Staff Nurse	1 y 7 m	1 y 7 m	6	1	Voluntary Resig. - Relocation
Private Care Division						
Wiltshaw (PP)	Staff Nurse	8 y 3 m	8 y 3 m	6	0.69	Voluntary Resig. - Promotion
Total Leavers - 2.28 FTE						

Safer Staffing: Planned Vs Actual Staffing

October 2017 Safer Nurse Staffing Summary:

The planned staffing level versus the actual staffing level for October 17 remains greater than 95% for RN. A greater 100% for Healthcare Assistants – this can largely be explained through the use of 'specials' (one to one care).

Keeping our wards safely staffed – launch of 'Safe Care' module – March/April 2017.

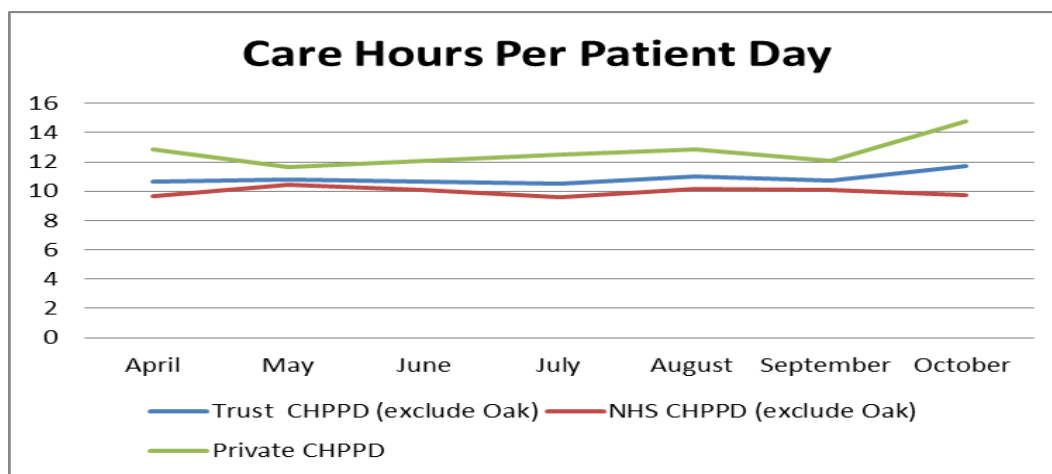
The Trust launched a daily census and staffing siterep which Clinical Site Managers & Matrons use as a decision aid to deploy and move staff safely across our wards and departments. Data is collected three times per day and used by the senior team at their daily staffing and quality huddles. A new bi-annual ward by ward establishment review will commence in December 17 with Chief Nurse, Sisters /Matrons, HR and Finance.

Care Hours Per Patient Day (CHPPD)

CHPPD is a new metric recommended by the Lord Carter review. It is calculated by dividing the Nursing hrs. (both RN + HCA) by the number of patients. The (Private Care) increase in CHPPD in October is due to the data separation of Granard House wards and the NHS increase is due to a higher number of 'one-to-one' specials due to patient acuity or other risk factors.

Table 22.0 October 2017 Planned vs Actual RN & HCA fill rate

Date 2017/2018	RN fill %			HCA fill %		
	Chelsea	Sutton	Combined	Chelsea	Sutton	combined
July	99.90%	97.80%	99.10%	118.14%	103.7%	112.60%
August	98.60%	95.83%	97.57%	128.50%	102.60%	117.00%
September	97.80%	96.30%	97.10%	129.3%	101.5%	117.00%
October	97.69%	97.40%	97.58%	122.90%	105.02%	115.24%



Quality Account Summary

The Council Of Governors are asked to note and comment on this report.



Eamonn Sullivan

Chief Nurse

November 2017

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 7.2.
Title of Document: Governors' selection of quality priorities		To be presented by Chief Nurse
Background For the last eight years NHS Trusts have been required by government to produce an Annual Quality Account. Each year NHS England and NHS Improvement issue specific guidance on how to compile the Quality Account. The guidance for 2018/19 has not yet been published.		
Executive Summary Consider the proposed quality priorities that will become part of the draft Annual Quality Account 2018/19.		
Recommendations The Council of Governors is asked to: • note the progress being made to the end of September 2017, against the current quality priorities for the year 2017/2018; and • agree which quality priority should be selected for the Trust to achieve during 2018/2019.		
Author: Eamonn Sullivan, Chief Nurse	Contact Number or E-mail: Ext2121	Date: 29 th November 2017

The Royal Marsden NHS Foundation Trust

Annual Quality Account: Council of Governors Selection of Quality Priorities

1.0. Introduction

For the last eight years NHS Trusts have been required to produce an Annual Quality Account (AQA). Each year NHS England and NHS Improvement issue specific guidance on how to compile the Quality Account. The guidance for 2018/19 has not yet been published.

2.0. Consultation

One of the most important principles in the authorship of the AQA is the consultation and engagement with the Public, Patients, Families, Governors, Frontline staff, external bodies. To ensure that the Trust is able to meet the timelines imposed by NHS England the Chief Nurse, Deputy Chief Nurse and Quality Assurance Team have met regularly with several engagement groups since June 2017:

- Patient Experience Strategy committee- Chaired by the Chief Nurse. Represented by Patients, Carers, Governors, Healthwatch, Health and Wellbeing Board members and a wide range of clinical staff.
- Patient Experience and Quality Account group – Jointly chaired by the Deputy Chief Nurse and Governor Member. Represented by Patients, Carers, Governors, Healthwatch, Health and Wellbeing Board members and Matrons.
- Members' Event in November- Attended by Patients, Carers, Governors, Healthwatch and staff members.
- Patient and Carers Advisory Group (PCAG) - members of PCAG are represented on both of the above committees.
- Staff- It is planned to take a paper about the annual quality account to the January Nursing, Radiography and Rehabilitation Advisory committee and the Trust Consultative Committee.

All of the people represented in the above groups have commented and contributed to the AQA.

3.0. The role of the Council Of Governors

The Governors have several roles; their authorship role is detailed above. In 2017/18 the guidance from NHS Improvement has not yet been published for the 2018/19 requirements. Guidance from 2017/18 indicates that the quality account should describe areas for improvement in the quality of relevant health services that the NHS foundation trust intends to provide or sub-contract.

The quality priorities should be selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:

- at least three indicators for patient safety;
- at least three indicators for clinical effectiveness; and
- at least three indicators for patient experience.

3.1 Methodology

In order to assist the Governors in selecting a quality indicator, at the Patient Experience and Quality Account meeting in August 2017 it was agreed that a questionnaire would be sent out via email online for all members to complete. The questionnaire was based on previous targets and data. The members' event in November also included the opportunity for all members to 'vote' for which quality priority should be selected.

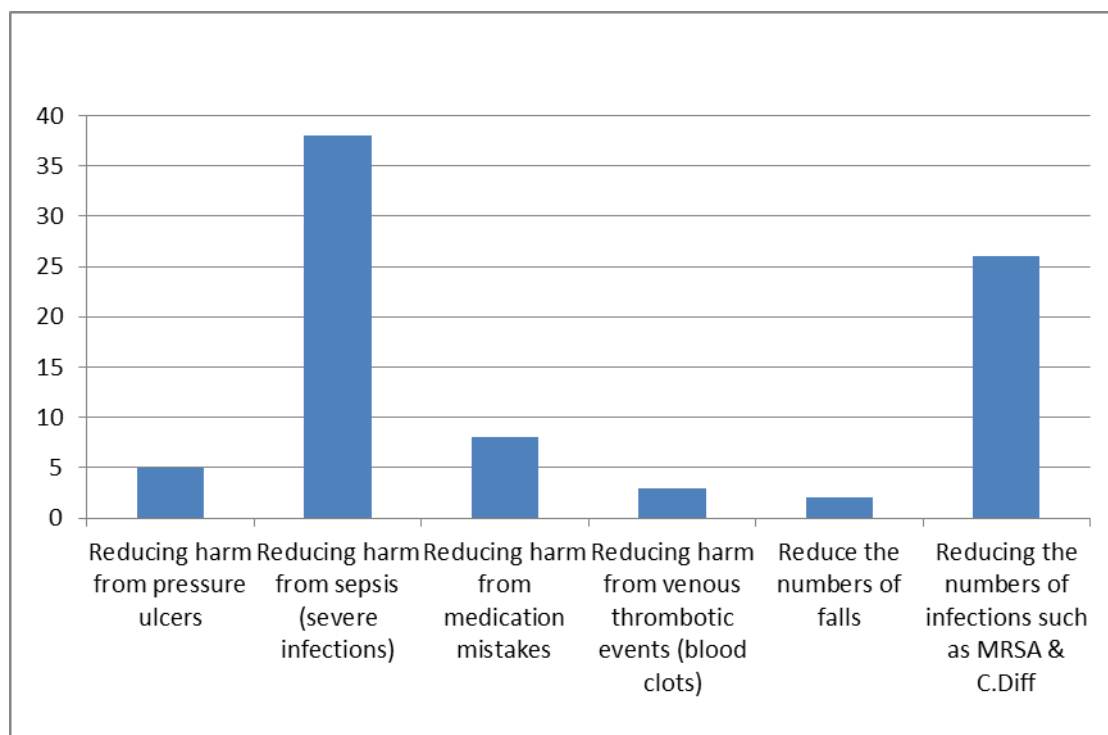
3.2 Response rate

1,100 emails were sent out and 41 responding online. There were 42 at the member's event who took part in the voting.

1. Patient Safety Indicators

Reducing harm to patients from patient safety incidents has always been a trust quality improvement priority. All patient safety issues are a priority but we would like to know which ones cause you the most concern. The table and graph below show how many people selected each indicator as their priority.

Patient Safety indicator	Online survey	Vote	Total
Reducing harm from pressure ulcers	0	5	5
Reducing harm from sepsis (severe infections)	19	19	38
Reducing harm from medication mistakes	8	0	8
Reducing harm from venous thrombotic events (blood clots)	3	0	3
Reducing the number of falls	1	1	2
Reducing the numbers of infections such as MRSA & <i>C. Difficile</i>	9	17	26



2. Effective Care Indicators

Delivering effective quality care to our patients is vital. Being effective demonstrates our ability to respond to patient need. The table below indicates how many people selected each indicator as their priority.

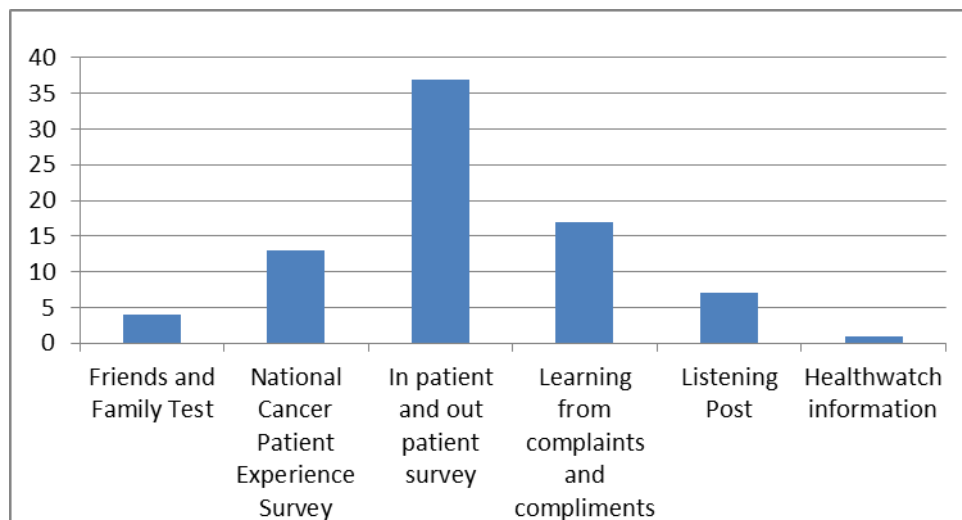
Effective Care indicator	Online
Reducing the length of stay in hospital	1
Reducing the waiting times in outpatient clinics	1
Reducing the amount of time waiting for chemotherapy appointments	1
Ensure every patient has a holistic needs assessment completed	5
Reducing the numbers of patients re-admitted as an emergency within 28 days after discharge from hospital	6
Improve the way we discharge patients from hospital to the community	2
Reduce the amount of time patients wait for medication or equipment on discharge	1
Ensure every patient had an end of treatment summary sent to their GP	3
Ensure patients are involved in decision making about their care	15
Ensure patient privacy and dignity are maintained at all times	5

3. Patient Experience Indicators

Gathering information about patients' experience of care is very important and ensures we strive to improve on areas of concern and also share. There are many different ways that the trust collects this information and we wanted to identify which way was useful to members. The table and graph below shows how many people selected each indicator as their priority.

Patient Experience Indicator	Online survey	Vote	Total
Friends and Family test	3	1	4

National Cancer Patient Experience Survey	5	8	13
National Inpatient and Outpatient Surveys	16	21	37
Learning from complaints and compliments	16	1	17
Listening Post	0	7	7
Healthwatch information	0	1	1



3.3. What else matters?

Those attending the member's day were asked to rate on what else matters. Effective communication was the most popular.

Effective communication (23)

Ensure staff are able to perform their roles effectively e.g. flu jab, mandatory training compliance, appraisal (8)

Effective nutrition (5)

Improved discharge planning (4)

3.4. Additional free text comments

The questionnaire allowed for members to write additional free text comments in response to the questions as well as prioritising the questions. Below are some examples of these comments from members.

Patient Safety

- Reduce harm by ensuring a nurse/doctor will attend the patient immediately.
- All important
- Reduce harm from un-noticed complications.
- Monitoring hydration to reduce the likelihood of dehydration.
- Evaluate risk and let patient choose acceptable risk levels.
- A full explanation of what you can do and should not do after treatment/operation.
- Regular and often checks on bedridden patients

Effective care

- Having a named nominated staff member for each patient to phone.
- Improved communication around waiting times.
- Mental health and stress assessment and treatment as required.
- Reduce the time to get referral letters to GPs.

Patient Experience

- Facebook group chat
- Do we get feedback from the staff i.e. nurses and doctors?
- Short questionnaire to patient on the ward day before leaving

General comments

- Ensuring patient privacy and dignity are maintained at all times, should be standard and not an option.
- Cleanliness in some of the public parts of the hospital and who is responsible for these.
- The attitude of staff towards patients is important in maintaining the morale of patients.
- Time taken to leave an appointment with a consultant.
- Evening shifts, with one nurse on duty is a little disconcerting.
- Consider how best to demonstrate Quality Improvement.
- For The Royal Marsden to have the courage to criticise their colleagues for not referring patients to cancer consultants quicker.
- My experience is that RMH does not have an effective way of learning from patients experience.
- I am glad to see the mention of 'holistic needs' but in my experience, this was collected and not acted on.

4. Results

It can be seen from the tables and graphs above what the most popular choices were from the online survey and voting responses.

The overall most popular choices are set out below and Governors are asked to agree which quality priority from below should be selected for the Trust to achieve during 2018/2019.

Patient Safety- 'Reducing harm from sepsis'

Effective care- 'Ensuring patients are involved in decision making about their care.'

Patient Experience- 'Learning from the results of the national inpatient survey and outpatient surveys.'

Members who attended the event fed back how pleased they were to be given the opportunity to take part in the voting, particularly after being shown the historical data about how the trust performed in certain areas.

5. Council of Governors action

Governors are asked to note the progress being made to the end of September 2017, against the current quality priorities for the year 2017/2018. Detail of achievement is shown in Appendix A.

Governors are asked to agree which quality priority should be selected for the Trust to achieve during 2018/2019.

Appendix A: Current quality priorities in 2017/2018.

The quality priorities and targets for 2017/2018 are shown in the table below. The priorities and targets in **blue*** were mandatory in 2017/2018 (that is, we had to include them) and the other priorities and targets are the ones we have set ourselves. Priority 6[^] was selected by the Council of Governors in the year 2016/2017.

Table 1: Quality priorities and progress against targets for 2017/2018

Priority number	Quality priority	Target for 2017/2018	Performance for the year from April 2017 to June 2017	Performance for the year from July 2017 to September 2017
Category	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 Healthcare Services.	a) For there to be less than one case of MRSA infection per year. b) For there to be fewer than 31 cases of <i>Clostridium difficile</i> infection due to a 'lapse in care'	a) Achieved (Information provided by the trust.) b) Achieved	Awaiting update
2*	To maintain or increase the number of patient-safety incidents and near misses that are reported, reducing the percentage of incidents that have resulted in severe harm or death (A 'near miss' is when an event had the potential to harm the patient and the staff prevented it from happening). (A patient-safety incident is an incident which could have harmed or did harm a patient.) Applies to hospital inpatient beds at The Royal Marsden and Sutton Community Healthcare Services.	For the rate of reported patient-safety incidents that have caused severe harm or death to be below 0.06 per 1000 bed days. (In 2016/2017 the rate of severe harm or death from incidents per 1000 bed days was 0.033 for hospital and 0.0 for community.)	Achieved (Information provided by the trust.)	Achieved

3*	To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein).	a) For the percentage of patients who have been assessed to stay above 95%. b) Of those patients assessed as high risk, appropriate treatment is started. c) Reassess 70% of patients within 24 hours.	a) Achieved (Information provided by the trust.) b) Achieved (Information provided by the trust.) c) Achieved (Information provided by the trust.)	Awaiting update
Category	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%.	Not achieved. (Information provided by the trust.)	Awaiting update
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 and hospital care. 2017/2018 – applies to Sutton Community Healthcare Services, and The Royal Marsden inpatients.	a) For the percentage of category-3 and category-4 pressure sores arising in patients receiving community care and hospital care to be less than 0.15%. b) For 90% of category-3 and category-4 pressure sores, both already existing and developing while receiving community care or hospital 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.	a) Achieved-community services. Achieved-hospital (Information provided by the trust.) b) Achieved-community services. Achieved-hospital (Information provided by the trust.)	a) Achieved-community services. Achieved-hospital (Information provided by the trust.) b) Achieved-community services. Achieved-hospital (Information provided by the trust.)
6^ (New for 2017/2018 - selected by the Council of Governors)	Reducing harm from sepsis: a) To increase the number of patients screened for sepsis. b) To give antibiotics within one hour of patients being diagnosed	a) For more than 90% of patients who meet the local criteria for suspecting sepsis to be screened for sepsis. b) For more than 90% of patients given antibiotics within one	a) Baseline achieved. Data to follow in Q2. b) Baseline achieved. Data to follow in Q2.	a) Achieved b) Not achieved

	with sepsis Applies to hospital inpatients and patients going to the Clinical Assessment Unit.	hour of sepsis being diagnosed. c) New for Q2. For more than 90% of patients to receive an antibiotic review between 24 hours and 72 hours.	(Information provided by the trust.)	c) Achieved
Category	Patient Experience			
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 Friends and Family Test score for hospital inpatients to be more than 95%. b) For our Friends and Family Test score for community services to be more than 95%.	a) Achieved (Information was gathered from a patient survey and published nationally by NHS England.) b) Achieved (Information was gathered from a patient survey and published nationally by NHS England.)	a) Achieved b) Achieved
8*	To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care.	For more than 95% of surveyed staff to say that they would recommend The Royal Marsden.	Achieved (Information was gathered from a staff survey and published nationally by NHS England.)	Achieved
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 attending chemotherapy appointments to wait no longer than one hour to start their treatment. b) For no more than 6% of patients to have to wait more than one hour.	a) data awaited in Q2 b) Achieved (Information provided by the trust.)	a) Awaiting update b) Achieved

Category	Patient Experience (Community services)			
10a New for 2017/2018	To increase the number of looked-after children having health assessments completed within the statutory timescale. To increase the number of looked-after children receiving a leaving-care summary by the time they leave care. (Children who have been in local-authority care must leave that care before their 18th birthday. A leaving-care summary is provided before they leave.) Applies to children's community services	a) For 100% of all looked-after children to have a health assessment completed by a nurse or a health visitor - every year for children over five; and - every six months for children aged two to five. b) For 100% of all looked-after children receiving a leaving-care summary to have it completed by a nurse before they leave care (on or before their 18th birthday).	a) Achieved (Information provided by the trust.) b) Achieved	a) Not achieved (Information provided by the trust.) b) Achieved
10b New for 2017/2018	To reduce waiting times for musculo-skeletal patients and improve waiting times. Applies to community services	For 80% of patients to be satisfied with the time they wait for a first appointment at the Assess and Treat clinic.	Baseline data about waiting times collected. (Information provided by the trust.)	The Adult musculoskeletal service waiting time has dropped from an average of a 48 day wait Jan 2017 to an average 17 day wait with the introduction of the Assess and Treat clinic in April 2017 Achieved.

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item: 7.3.
Title of Document: Financial Performance Report for October 2017		To be presented by: Chief Financial Officer
Executive Summary: The paper provides a summary of the financial position.		
Recommendations: The Council of Governors is requested to note the Financial Performance Report.		
Author: Marcus Thorman, Chief Financial Officer	Contact Number or E-mail: Ext2151	Date: 28 th November 2017

Summary Financial Performance Report for October 2017

1. Introduction

The paper provides a summary of the financial position for the month of October 2017 in FY 2017/18. The reporting format within this paper provides consistent reporting to all Trust Committees.

The Council of Governors are requested to note the contents of this report.

2. Summary Financial Position

Key headlines

For the month of October the key headlines are as follows:

- Operating surplus in month of £3.6m, a **favourable** variance of £1.5m
- Retained surplus in month of £1.8m, a **favourable** variance of £0.8m
- Agency expenditure of £0.4m, a **favourable** variance against the cap of £0.4m
- Capital expenditure of £1.6m, a **favourable** variance of £0.1m
- Cash in bank of £31.0m, a **favourable** variance of £13.3m

The position in month was driven by additional income across all areas with an overall favourable variance of £2.5m. Some of this relates to the additional funds through RM Partners, of which there are offsetting costs, however the balance is overperformance on NHS activity, private care and R&D.

As noted earlier in the year the Trust received additional STF funding of £417k for 2016/17 and this has been included within the 2017/18 position as required by NHSI. The updated forecast to NHSI takes these into account, targeting a £3.1m favourable position by year-end (£3.6m against the control total).

The year-to-date position at month 7 is in the table below:

	Year to Date - October 2017		
	Budget	Actual	Var
	£'000	£'000	£'000
Income			
NHS Clinical Income	(121,993)	(119,752)	2,241
Non NHS Clinical Income	(56,780)	(59,088)	(2,308)
NHS Non Clinical Income	(28,236)	(33,809)	(5,573)
Non NHS Non Clinical Income	(12,670)	(12,594)	76
	(219,679)	(225,243)	(5,564)
Expenditure			
Pay	125,307	122,640	(2,667)
Non Pay	83,325	87,417	4,092
	208,632	210,057	1,425
Operating Surplus	(11,048)	(15,186)	(4,139)
PDC, Interest, JV	2,352	2,339	(13)
Development Reserve for Inv	(8,696)	(12,848)	(4,152)
Donated Asset Income	(3,684)	(2,010)	1,675
Depreciation	8,901	8,702	(199)
Impairment and loss on disposal		968	968
Retained (Surplus)/Deficit	(3,479)	(5,187)	(1,709)

Summary Financial Performance Report for October 2017

Control total excl STF	(2,125)	(5,506)	(3,381)
% of NHS income/Total income	68%	68%	(0%)

As shown in the table above, the Trust was ahead of plan in month on a control total basis and as such the full STF year-to-date has been accrued. The operating surplus at month 7 of £15.2m is £8.2m better than the same period last year. This is predominantly driven by additional income, including the additional STF.

Under the new Single Oversight Framework, the Trust delivered a Use of Resources rating of 1, against a plan of 1.

The Trust reports the percentage of income for the provision of goods and services for the purpose of the health service as set out within the NHS Act 2006 and amended by the Health and Social Care Act 2012. This is completed annually and a statement included within the Annual Report, which the auditors review. However, it is also reported to the Board and Council of Governors in each finance report. The income is split into four overall categories with examples of the types of income included:

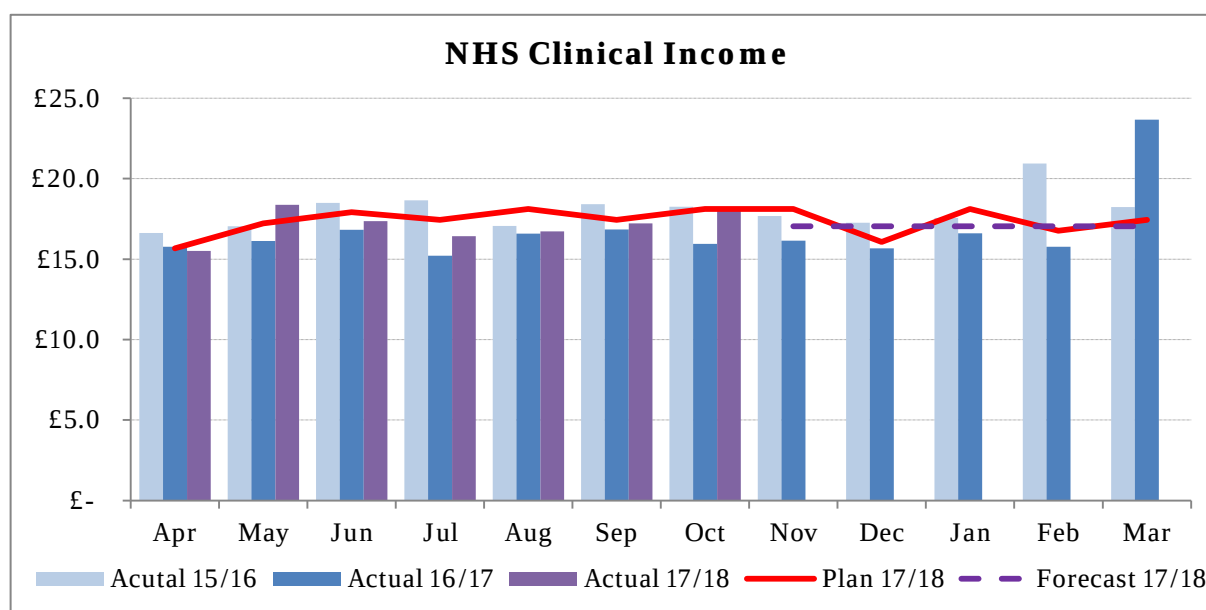
- NHS clinical income – income from NHS England and CCGs for clinical activities;
- Non-NHS clinical income – private care income for clinical activities;
- NHS non clinical income – NHS R&D; salary support for staff in training e.g. junior doctors;
- Non-NHS non clinical income – commercial R&D; car-parking; catering income.

As a ratio the Trust is required to have more income as NHS than non-NHS and as at month 7 the position was 68% of income from NHS sources.

3. Income and Expenditure

Income – The income position in month 7 was a favourable variance of £2.5m.

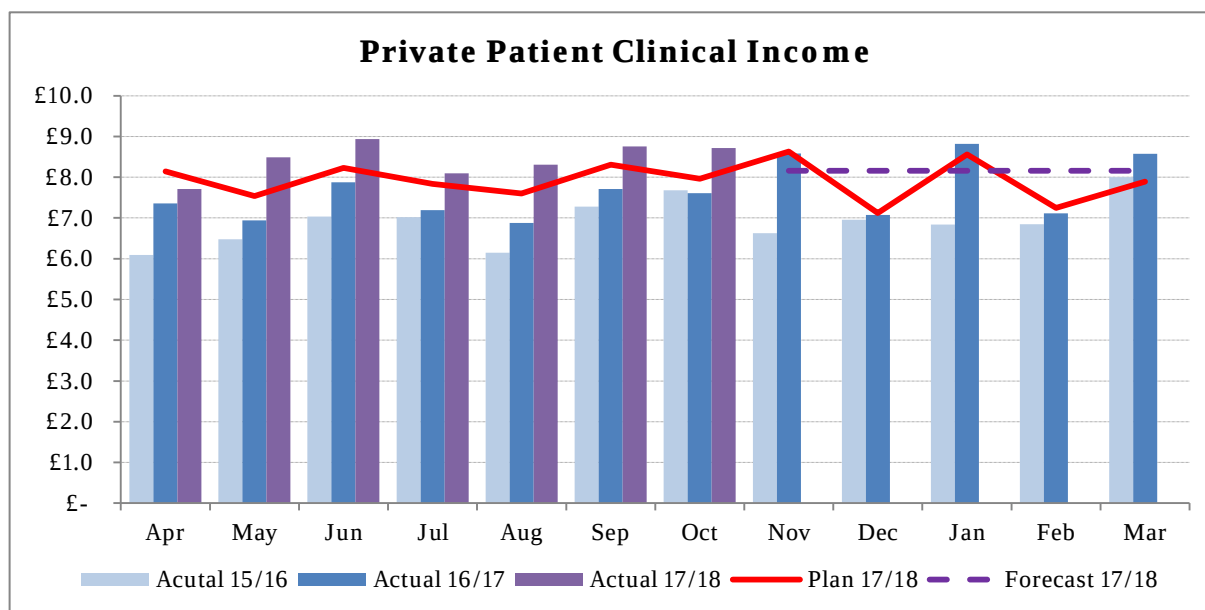
NHS Clinical Income was favourable to plan in month by £0.1m. The majority of service lines overperformed against the plan in month netting to a total of £0.6m. This included the continued underperformance on pricing for critical care as there is now an agreed transition to the full pricing from April 2018. Overall this was then offset by an adverse variance on the cancer drug fund of £0.5m, of which is a pass-through payment so relating to reduced drug costs.



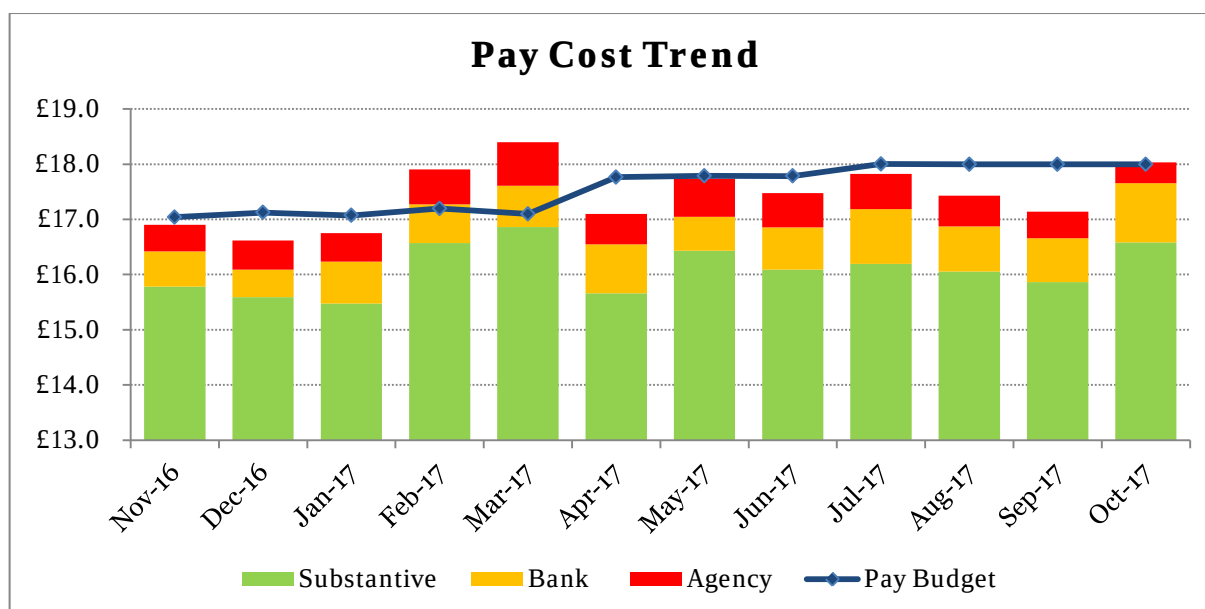
Private Care income was a net position of £0.5m ahead of plan in month due to continued strong underlying activity, although partially offset by the growth areas not delivering as well as planned.

Summary Financial Performance Report for October 2017

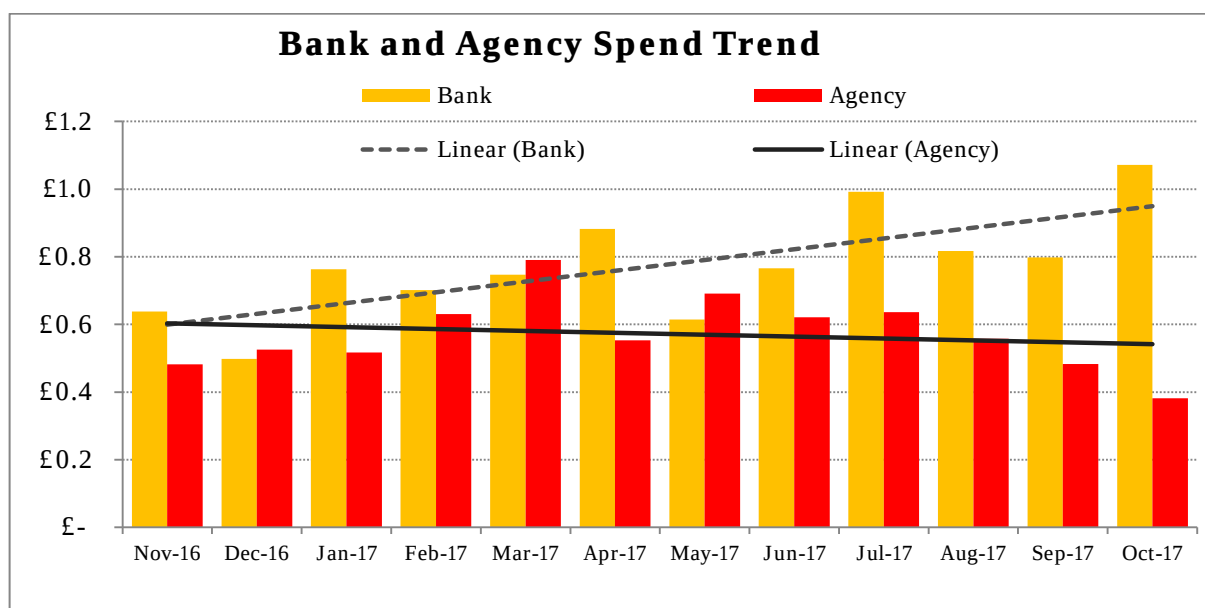
Income overall is now 14.2% higher when comparing the same period with the previous year.



Pay expenditure – was on plan in month and is a £2.7m favourable variance year-to-date. There were some non-recurrent savings in the previous month and additional non-recurrent payments this month hence the increase in pay. This will normalise in month 8. However, there has been an underlying increase in substantive posts due to the recruitment of vacancies in Cancer Services for junior doctors; Clinical Services for pathology and Private Care for administrative posts.



With the recruitment of substantive posts agency expenditure decreased again in month and is the lowest it has ever been since tracking against the NHSI baseline. The Trust has underspent against the medical staffing cap set by NHSI since August 2017. Overall the Trust is below the NHSI spend cap by £0.4m in month and is now £1.3m under the cap year-to-date. The focus continue on converting from agencies to the bank, as with the IR35 changes and NHSI pressure on agency rates, pay has become more comparable, however the agency premium is saved.



Non-pay expenditure – was an adverse variance of £1.0m to plan in month and is now an adverse variance year-to-date of £4.1m. The key variance in month and year-to-date is the RM Partners activity that was unbudgeted for at the beginning of the year, but is fully funded through income. This will continue throughout the year, but as it was a two year allocation it will form part of the budgeted position in 2018/19. The other key variance is within other costs, which is £2.8m adverse variance to date, which relates to additional activity on the patient transport contract, R&D activity and additional costs of IT through our partner Sphere.

4. Capital Expenditure

Capital expenditure totals £0.9m in month, £4.8m year-to-date, which is a favourable variance of £4.4m. The key difference is the timing of donated equipment, a variance of £1.6m, which in the original plan was due to be received in June and is only now starting to catch up on expenditure. The other key timing difference is in IT schemes driving the favourable variance.

5. Cash and Debt

Cash – The Trust had £31.0m in cash at the end of October, £13.3m more than planned. Working capital movements drove this, in particular NHSE cleared the CDF invoices and some of the remaining historic debt issues with other NHS organisations were also cleared in month. Chart 2.3 in Appendix 2 shows the trend of cash balances in the last three months and the forecast and plan for the full year. Cash is continually monitored and despite recent success in clearing items NHS organisations are generally paying much slower than in previous years. The other main area supporting the cash position is the underspend in capital, which is a timing issue and will resolve itself later in the year.

Debt – Invoices raised but not yet paid have decreased in month by £2.3m to £51.6m at the end of October. NHS debt reduced by £2.2m and non-NHS debt fell by £0.8m. There has been good progress in conversations with the embassies on debt issues with Private Care, whereby monthly minimum payments have been made in the past couple of months. Chart 2.4 in Appendix 2 provides a trend of debtor balances for the last twelve months by age of debt, which shows debt is back down to the level it was 12 months ago.

6. Forecast and Sensitivities

Forecast - The Trust has reforecast its position based on the Q2 outturn and a series of meetings with each division over the last month. The revised forecast is for a retained surplus of £8.3m, £3.1m favourable compared to budget and £3.6m favourable compared to the NHSI Control total. The key driver of the favourable variance in the forecast is the continuation of Private Care income overperformance and non-recurrent pay savings through the lags in recruitment and better control of

temporary staffing spend. This is partially offset by a forecast of continued non pay overspends particularly in R&D, consumables and patient transport.

Sensitivities – Risks totalling £3.2m have been identified against the £3.6m favourable forecast variance to the NHSI control total. These risks if realised in full provide a worst case scenario of £0.4m favourable variance to the NHSI control total.

7. Conclusion and Recommendation

The performance in month 7 was another positive month for the Trust due to sustained growth in private care income yet continued controls on expenditure. This meant the Trust has again delivered the control total set by NHSI in month.

The Council of Governors are requested to note the continued financial performance as at month 7 and the forecast for the year noting there are potential risks to be managed against this forecast.

Appendix 1: Income and Expenditure

	In Month			Year to Date			Prior Year to Date		Year - 2017/18			Average Monthly Run Rates			
	Budget	Actual	Var	Budget	Actual	Var	Actual	Var	Budget	Forecast	Var	1617 Q4	1718 Q1	1718 Q2	1718 Q3
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
Income												<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>
NHS Clinical Income	(18,125)	(18,189)	(64)	(121,993)	(119,752)	2,241	(113,287)	(6,465)	(208,554)	3,566		(18,675)	(17,084)	(16,789)	(18,189)
Non NHS Clinical Income	(8,236)	(8,718)	(483)	(56,780)	(59,088)	(2,308)	(51,728)	(7,360)	(97,587)	(2,318)		(8,214)	(8,386)	(8,404)	(8,718)
NHS Non Clinical Income	(4,080)	(6,016)	(1,935)	(28,236)	(33,809)	(5,573)	(25,471)	(8,338)	(48,752)	(5,485)		(4,447)	(4,464)	(4,780)	(6,016)
Non NHS Non Clinical Income	(1,918)	(1,981)	(63)	(12,670)	(12,594)	76	(15,209)	2,615	(21,698)	40		(1,612)	(2,088)	(1,485)	(1,981)
	(32,359)	(34,904)	(2,545)	(219,679)	(225,243)	(5,564)	(205,696)	(19,548)	(376,591)	(4,198)		(32,947)	(32,021)	(31,458)	(34,904)
Expenditure															
Pay	18,005	18,034	29	125,307	122,640	(2,667)	116,979	5,661	215,270	(5,320)		17,685	17,437	17,465	18,034
Non Pay	12,274	13,286	1,012	83,325	87,417	4,092	81,756	5,661	143,104	5,503		11,730	12,550	12,160	13,286
	30,279	31,320	1,041	208,632	210,057	1,425	198,735	11,322	358,374	183		29,415	29,987	29,625	31,320
Operating Surplus	(2,080)	(3,584)	(1,504)	(11,048)	(15,186)	(4,139)	(6,961)	(8,226)	(18,217)	(4,015)		(3,532)	(2,034)	(1,833)	(3,584)
PDC, Interest, JV	338	331	(7)	2,352	2,339	(13)	3,309	(971)	4,058	(35)		47	333	336	331
Development Reserve for Inv	(1,742)	(3,252)	(1,511)	(8,696)	(12,848)	(4,152)	(3,651)	(9,196)	(14,159)	(4,051)		(3,485)	(1,701)	(1,497)	(3,252)
Donated Asset Income	(485)	(732)	(247)	(3,684)	(2,010)	1,675	(5,251)	3,241	(6,600)	-		(237)	(66)	(360)	(732)
Depreciation	1,293	1,277	(16)	8,901	8,702	(199)	7,591	1,111	15,508	-		1,273	1,222	1,253	1,277
Loss Disposal Fixed Assets	-	-	-	-	35	35	-	35	-	35		55	-	13	-
Impairment	-	933	933	-	933	933	-	933	-	933		9,505	-	-	311
Retained Surplus	(934)	(1,775)	(841)	(3,479)	(5,187)	(1,709)	(1,311)	(3,876)	(5,251)	(3,083)		7,111	(546)	(590)	(2,397)
Control Total (excl. STF)	(680)	(2,176)	(1,496)	(2,125)	(5,506)	(3,381)	2,502	(8,008)	(1,585)	(3,599)		(1,150)	(625)	(485)	(2,176)

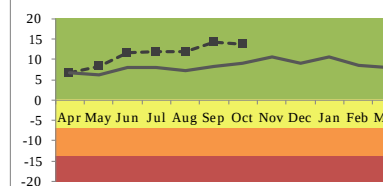
Use of Resources Rating

	Plan YTD	Actual YTD
Liquidity	1	1
Capital Debt Cover Ratio	1	1
I&E Margin	1	1
Variance From Plan	1	1
Agency Spend	1	1
Use of Resources Rating	1	1

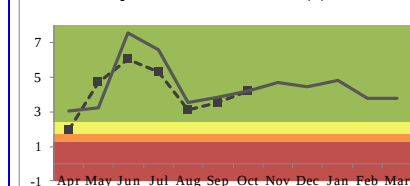
N.B. In Budget and Actual Columns, Income is shown in brackets, Costs are without brackets. In Variance Columns, Red is an Adverse Variance and Black a Favourable Variance.

- (1) - Liquidity = Cash for Liquidity purposes (net current assets excluding inventories) divided by opex expressed in days
- (2) - Capital Debt Cover Ratio = revenue available for debt servicing (EBITDA plus interest receivable) divided by annual debt (PDC Dividends, Loan repayments, Loan interest)
- (3) - I&E Margin - degree to which the Trust is operating at a surplus / deficit
- (4) - Variance between the Trust's planned I&E Margin and its actual I&E Margin year to date
- (5) - Distance from the Trust's agency spend cap

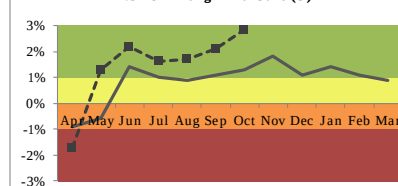
1.1 Liquidity Ratio 2015/16 (1)



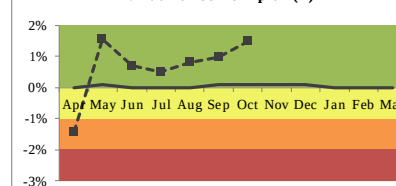
1.2 Capital Debt Cover 2015/16 (2)



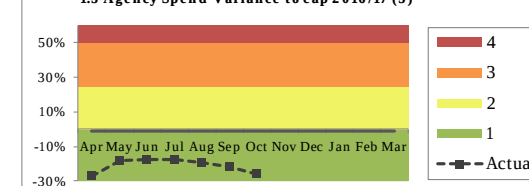
1.3 I&E Margin 2015/16 (3)



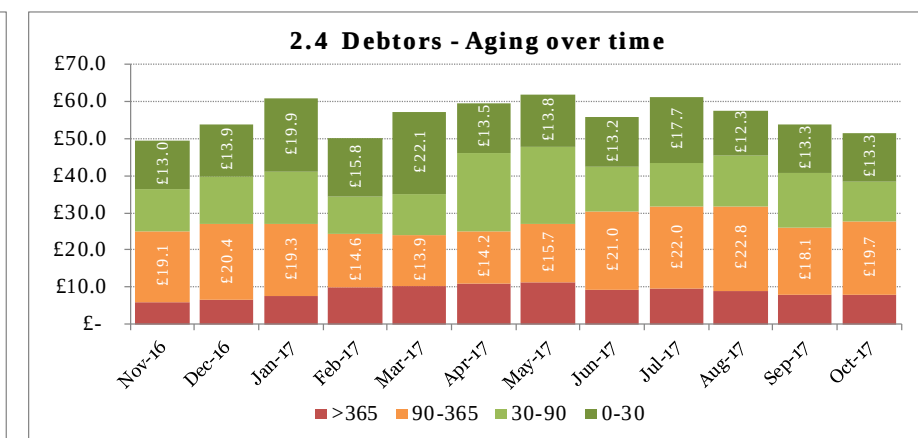
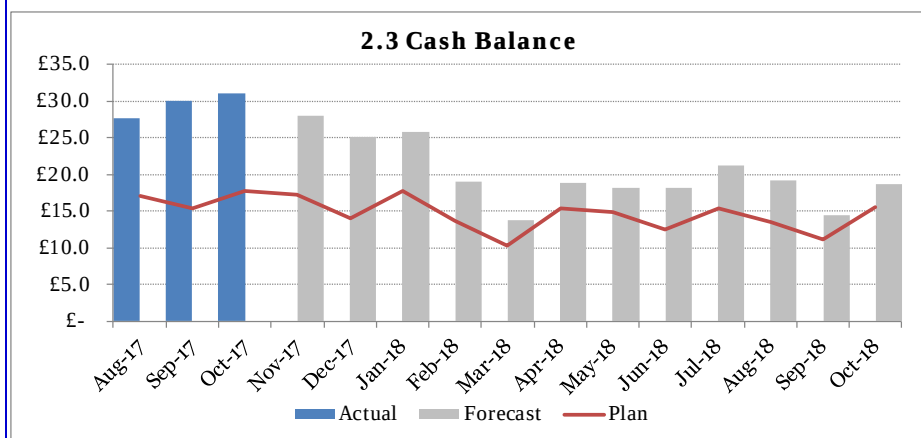
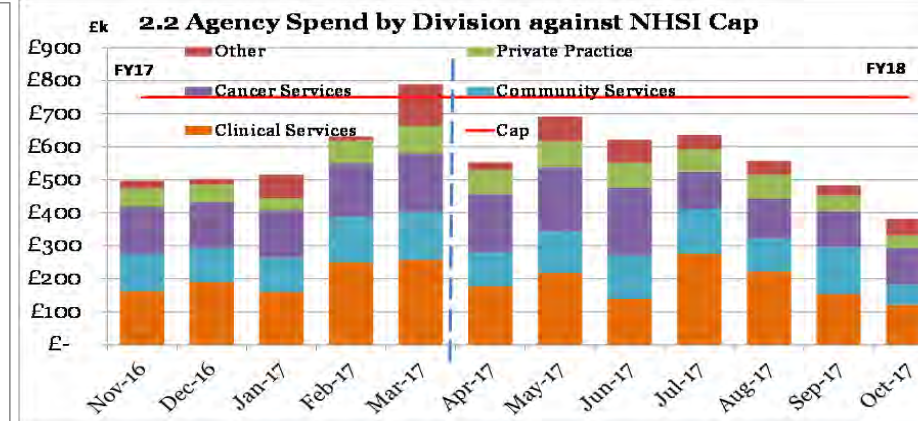
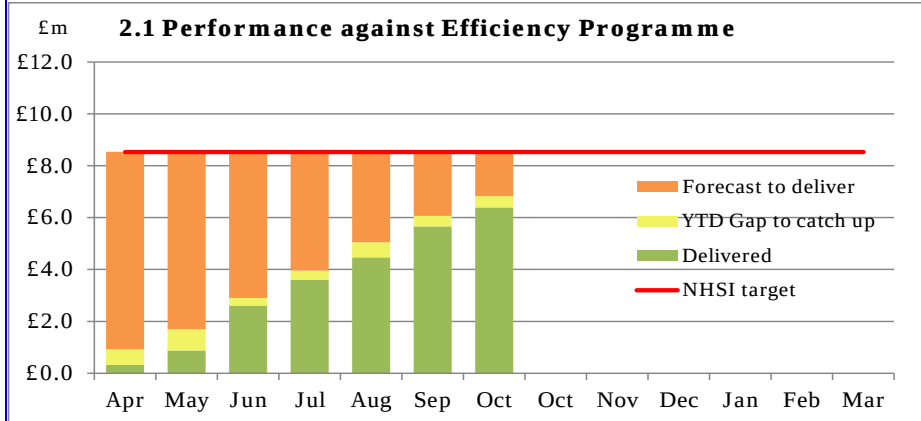
1.4 Variance from plan (4)



1.5 Agency Spend Variance to cap 2016/17 (5)



Appendix 2: CIPs, Agency, Cash and Debt



CIPs - The Trust has delivered £6.4m of savings at Oct 17, £1.8m behind the total list of schemes identified but only £0.4m behind the YTD NHSI plan. The forecast is now £1.8m ahead of the NHSI plan (£0.6m behind total list of schemes) largely driven by income related schemes offsetting underachievement of cost reduction schemes. Income schemes overperformance include Private Care price increases and overperformance in income capture through better clinical coding.

Agency - the Trust was £375k under the £756k NHSI monthly cap in month and £37k under the new Medical Agency spend cap. Spend fell in community due to a reclassification of a high cost contractor from agency to bank and in Private Care as billing team agency staff were replaced with bank and permanent staff. Junior Doctor spend continues to be lower than previously as the new rotas have been filled.

Cash - Cash was £30.1m at month-end, £13.3m ahead of plan. Strong performance, working capital and a favourable opening position drove this variance.

Debt - invoices raised to customers not yet paid has decreased by £2.4m in October to £51.6m. NHS debt decreased by £2.2m, as CDF payments were caught up by NHSE. Non-NHS debt also dropped in month as old debts were cleared with Sphere, the ICR and Epsom & St. Helier. PP debt has risen in year due to the embassy position, although in month the increase is due to a catch up in UK sponsor billing and is only short term debt. Good progress is being made with the embassies on minimum monthly payments.

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 7.4.
Title of Document: Key Performance Indicators Quarter 2 2017/18		To be presented by Director of Performance and Information
Executive Summary: This paper provides the Council of Governors with an update on the Trust's performance for quarter 2 2017/18. The report includes the balanced scorecard for the Trust and a commentary on the red-rated indicators in the quarter 2 report including actions underway to improve performance.		
Recommendations The Council of Governors is asked to review and comment on this report.		
Author: Steven Francis, Director of Performance and Information	Contact Number or E-mail: Steven.Francis@rmh.nhs.uk	Date: 28 th November 2017

KEY PERFORMANCE INDICATORS

QUARTER 2 2017/18

1. PURPOSE

This paper provides the Council of Governors with an update on the Trust's performance for quarter 2 2017/18. The scorecard and narrative is also submitted to the Board.

The report includes the balanced scorecard for the Trust and a commentary on the red-rated indicators in the quarter 2 report including actions underway to improve performance.

2. KPI review

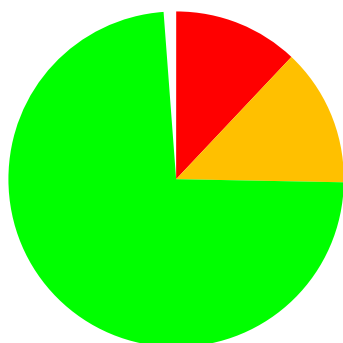
A full review of the scorecard metrics, definitions and thresholds has been completed as reported in the quarter 1 report. New metrics for research have been agreed as follows:

- Number of 1st UK patients recruited in a clinical trial (rolling 12 months)
- Number of 1st Global patients recruited in a clinical trial (rolling 12 months)
- The definition for the research metric focusing on the proportion of interventional research trials as the lead site has been amended to solely include commercial interventional trials, which have opened in the last 12 months.
- The research metric focusing on the percentage of patients on interventional trials as their first treatments has been removed from the research section. This metric did not clearly measure the full clinical activity of the trial portfolio.

3. PERFORMANCE FOR QUARTER 2

72.3% of metrics were green in quarter 2, with 12.1% (10) metrics being red. The number of red rated metrics was consistent with the previous quarter one 17-18 scorecard.

Quarter 2 2017/18



Of the 10 red-rated metrics, five have been identified as longer-term issues. These include: 62 day standard, Community Nurse Vacancy rate, non-PP debtors, research (accrual to target) and staff turnover.

Appendix A shows the full balanced scorecard report for quarter 2 for 2017/18.

2.1 Patient Safety, Quality and Experience

Q2 17/18	62 day wait for first treatment – GP referral to treatment (before reallocation)		
	Actual: 75.5%	Target: 85%	Forecast: Met target using national reallocation methodology

The Trust did not meet the 62 day urgent GP referral standard (before reallocations) with performance at 75.5%. However, the trust exceeded the target following reallocation with performance at 86.9%.

During quarter 2 there were 51 accountable breaches prior to reallocation. Of those, 36.5 (71.6%) accountable breaches were received late in the pathway (defined as after day 38). The remaining breaches are categorised as follows:-

Outside of the Trust's control (13 breaches)

- Late notification of pathway (5.0)
- Patient choice (2.5)
- Patient unfit (2.0)
- Complex diagnostic pathway (1.0)
- Inappropriate early referral (1.0)
- Change of treatment plan (0.5)
- Patient compliance with pathway (1.0)

Within the Trust's control (1.5 breaches)

- Capacity (0.5)
- Delay in work up/poor pathway management (1.0)

The Trust continues to receive a high number of late referrals, as shown in the graph in Appendix B. The full breakdown of performance by tumour site prior to and post reallocation can be found in the table at Appendix C.

On 30th March 2017, the Trust submitted a trajectory to NHSE for compliance with the 62-day standard in 2017/18. This trajectory incorporated plans submitted by referring trusts within SW London to ensure referrals are made to RM by day 38 wherever appropriate.

During quarters 1 and 2, performance has remained below this trajectory. Throughout this time, SW London providers have failed to meet their trajectories for referral by day 38. However, since May 2017 the Trust has consistently met the 62 day standard based on reallocated performance, and has exceeded the internal trajectory for performance against GP referrals.

The Trust Performance Group has developed and is progressing an internal action plan to manage the service improvements needed to meet the 2017/18 trajectory.

Q2 17/18	62 day wait for first treatment – Screening referral to treatment (reallocated)		
	Actual: 89.5%	Target: 90%	Forecast: Meet the standard in Q3 2017/18

The Trust did not meet the 62 day urgent GP referral from screening standard following reallocation, based on the national reallocation policy in quarter 2. However, it did meet the standard prior to reallocation. While the referrals relating to the breaches were received at the Trust prior to day 38, all of the breaches were all categorized as outside of the Trust's control, as follows:

- late notification (1.0)
- patient fitness (0.5 breach)
- patient initiated delay (0.5 breach)
- genetic testing (0.5 breach).

2.2 Community measures

Q2 17/18	Community Nurse vacancy rate		
	Actual: 23.87%	Target: <15%	Forecast: Red

The Community nurse vacancy rate has reduced by 3 percentage points in quarter 2, but remains above the newly agreed 15% target. This reduction in the nurse vacancy rate is a result of the significant programme of work to attract more nurses to work in Community services. This has involved local, national and international recruitment campaigns. Recruitment incentives including 'refer a friend', 'golden hello' and an increased online advertising and social media presence is having a positive impact on the recruitment pipeline of staff waiting to start. In quarter 3, a weekly recruitment and retention meeting has been implemented to support the team to deliver on the challenging recruitment agenda to meet the 15% target.

2.3 Finance, Productivity and Efficiency

Q2 17/18	PP Aged Debt at >6 months		
	Actual: 31%	Target: <25%	Forecast: Amber

The total PP debt over 6 months at the end of quarter 2 17-18 was above target at 31% of the total debt. Challenges of recovering income from Embassy sponsors is driving the aged debt. The finance team are continuing to work develop customising Trust billing to the Embassies and re-invoicing old debt which will help facilitate easier payments of the old debts. Other movements in PMI and self-pay have been more positive, however are masked by the Embassy position. The target by the end of quarter 4 is set at 19% (23% end of quarter 3).

Q2 17/18	Non-PP Debtors over 90 days (% of total PP-debtors)		
	Actual: 48%	Target: <25%	Forecast: Amber

Non-PP debtors over 90 days decreased in quarter 2 but was still above target. Cash settlements in the NHS have slowed in the last year which is driving this metric, with specific accounts being escalated to NHSI to assist with settlement which is making progress. A long term recovery plan is being targeted for quarter 4.

Q2 17/18	Capital Expenditure Variance YTD (£000)		
	Actual: -3,793	Target: <25%	Forecast: Green in quarter 3

Capital expenditure is behind plan primarily due to the delayed arrival of some large medical equipment items which were planned to arrive in June but are now scheduled to arrive in November 2017. There is no clinical risk impact with the slippage of any capital schemes. The forecast is expected to return to green by quarter 3.

2.4 Clinical and Research Strategy

Q2 17/18	Total NHS referrals		
	Actual: 4764	Target: 4950-5300	Forecast: Green

The total number of NHS referrals decreased in quarter 2. In July and August the Trust saw a seasonal reduction in NHS referrals but there was not an expected increase in the number of referrals in September. There were no clear trends across the Clinical Units, however the volume of breast referrals which drives the overall NHS referrals reduced over quarter 2.

There was a significant recovery in the number of NHS referrals received in October. GP referrals in particular increased in October to the highest level in the last 18 months. Early insight of quarter 3 data indicates this KPI will improve next quarter.

Q1 17/18 (1 quarter in arrears)	Accrual to target, % of closed commercial trials meeting contracted recruitment target (national definition)		
	Actual: 52.9%	Target: 85%	Forecast: Red

As described in previous reports, the NIHR made changes to its Delivery metric (from quarter 4 2015/16), which now focuses on recruitment to target, by target date recorded in each trial's contract. The recruitment target is set following discussion between the Principal Investigator and the Sponsor and is a best estimate of recruitment at the site – recruitment to time and target.

Recruitment to target is affected by many factors. Recruitment may be more challenging than anticipated; the Sponsor can often choose to close the trial earlier than anticipated and the trial is sometimes withdrawn by the Sponsor. In some instances, the recruitment window may be extended in agreement with the Sponsor, with no change to the date held the trial Contract (and hence the metric does not reflect the agreed extension). The NIHR collects reasons for recruitment targets not having been met but, unlike the NIHR Initiation metric, no adjustment is made to account for these reasons.

57 studies closed to recruitment in the last 12 months (for comparison, 50 were uploaded for Q3). 6 studies had no target recruitment date and were therefore removed from the analysis. Of the 24 studies that did not meet their target recruitment, 13 studies were withdrawn by the sponsor, which means the trial was shut earlier than expected, therefore arguably not providing the opportunity to recruit to the agreed target. No adjustment is made by the NIHR for studies that were closed early by the sponsor.

In order to improve performance against the NIHR metric, researchers are negotiating recruitment ranges, rather than a single definitive number of patients, and will request amendments to contracts where recruitment is not happening at the anticipated rate. Recruitment data are reviewed regularly at Clinical Research Team meetings, and are reported at quarterly performance meetings held with the teams.

2.5 Workforce

Q2 17/18	Vacancy rate		
	Actual: 10.51%	Target: <5%	Forecast: Amber

The Trust vacancy rate has decreased in quarter 2 to 10.51%, but remains above the Trust target. Vacancy rates across Acute and Community have reduced over the quarter due to the significant activity across all staff groups to attract and retain the brightest and the best staff. The overall nurse vacancy rate for the Trust at the end of quarter 2 has decreased to 11.50%, with the Acute and community nurse vacancy rate reducing to 9.70% and 22.9% respectively at the end of September. There is continued focus and effort to achieve the target of recruiting 225 nurses in 2017/18 and the Trust is on track to deliver this.

Q2 17/18	Staff turnover rate		
	Actual: 15.50%	Target: <12.0%	Forecast: Amber

The overall turnover for the Trust is 15.5% which is an increase from quarter 1 but remains average for London. RM Workforce data indicated there is a peak in turnover at one and three years' service. In response to this finding the Trust has reviewed the processes for new appointments and a new programme of induction and on-boarding was launched and has received positive feedback in September.

Following feedback from the national staff survey, a new programme to support staff health and wellbeing has been designed and rolled out, offering a range of initiatives to improve staff emotional, mental and physical health. Continued analysis of the information from the new joiners' and leavers' surveys on a quarterly basis will continue to inform this work as well as engagement with all levels of staff across the Trust. There are a number of educational programmes to support improved retention including Nurses New to Community and an Apprenticeship Scheme. In addition, there are wider NHS workforce development initiatives, including Capital Nurse, Pharmacy Rotation and Nurse Associate programmes which the Trust is actively involved in.

3.0 Conclusion

The Council of Governors is asked to note the Trust balanced scorecard and commentary for quarter 2 2017/18 and is invited to discuss the position.

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2017/18

NHSi denotes NHS Improvement standard

1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience								
Patient Safety, Quality & Experience		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)	
Single Oversight Framework: level of support segment		1	1	1	1	2	New in Q3	
Quality Account indicators	MRSA positive cultures (cumulative)	0	0	0	1	1	1	
	C Diff lapses of care (1 quarter in arrears)	≤31 per annum	2 (Apr - August)		1	1	0	
	VTE risk assessment	≥95%	96.7%	95.8%	97.3%	96.7%	96.6%	
Certification against compliance : access to health care for people with a learning disability		G	G	G	G	G	G	
Serious incidents (excl pressure sores)		≤4 per annum, ≤1 per quarter	2	1	1	0	0	
Complaints - % upheld		< 27%	14.28%	16.22%	19.00%	24.00%	21.00%	
Mortality								
Hospital Standardised Mortality Ratio (rolling 12 month - qtr in arrears - NHS & Private patients)		≤75	68.1	69.47	70.73	72.51	88.00	
Mortality audit (based on qtr data in arrears)		G	G	G	G	A	A	
30 day mortality post surgery		< 0.8%	0.57%	0.29%	0.66%	0.36%	0.58%	
30 day mortality post chemotherapy		< 2.2%	1.85%	1.62%	2.09%	2.27%	1.99%	
100 day HSCT mortality in previous 6 months (Deaths related to SCT)		<5%	1.60%	4%	0.00%	5.40%	1.90%	
100 day HSCT mortality in previous 6 months (All deaths)		<5%	1.60%	6%	0.00%	5.40%	1.90%	
Medicines Management								
% Medicines reconciliation on admission		≥ 90%	95%	95%	100%	98%	99%	
Unintended omitted critical medicines		0	0.7	0.7	1.7	2.5	1.6	
Cancer staging								
Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears)		>70%	72.10%	70.90%	72.41%	72.62%	67.73%	
Patient satisfaction								
Friends and Family Test (inpatient and day care)		≥95%	97.67%	97.13%	97.20%	97.90%	97.60%	
Friends and Family Test (outpatients)		≥95%	95.59%	97.99%	98.30%	98.20%	97.50%	
Waiting times for day chemotherapy (over 3 hrs)		≤13%	9.47%	12.10%	11.56%	12.69%	12.54%	
Mixed sex accommodation breaches		0	0	0	0	0	0	
PP access to single rooms - Chelsea %		≥95%	100.00%	100.00%	99.90%	100.00%	99.92%	
PP access to single rooms - Sutton %		≥95%	99.74%	100.00%	99.70%	100.00%	100.00%	
National waiting times targets								
2 wk wait from referral to date first seen:	all cancers	≥93%	97.0%	97.4%	97.7%	98.7%	97.4%	
	symptomatic breast patients	≥93%	95.7%	93.6%	95.9%	96.7%	95.5%	
31 day wait from diagnosis to first treatment		≥96%	98.0%	98.1%	97.4%	98.3%	98.1%	
31 day wait for subsequent treatment:	surgery	≥94%	95.7%	97.0%	95.2%	94.0%	94.5%	
	drug treatment	≥98%	98.9%	99.0%	98.8%	99.4%	99.7%	
	radiotherapy	≥94%	95.9%	94.6%	96.6%	98.1%	97.1%	
62 day wait for first treatment:	GP referral to treatment (reallocated)	≥85%	86.9%	85.6%	85.3%	87.0%	82.4%	
	GP referral to treatment (pre-reallocations)	≥85%	75.5%	76.2%	77.9%	77.9%	75.2%	
	Screening referral (reallocated)	≥90%	89.5%	91.3%	89.6%	93.3%	90.0%	
	Screening referral (pre-reallocations)	≥90%	93.0%	89.6%	90.8%	92.6%	90.5%	
18 wks from Referral to Treatment		still waiting (incomplete)	≥92%	95.9%	95.6%	95.9%	94.7%	95.9%
18 wks pathways - patients waiting > 52 wks. (distinct patients across the quarter)		≤ 6 a quarter	4	4	2	3	4	
2. 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								
Staff Friends and Family Test		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)	
Recommend – Care		≥96%	100%	95.90%	95.40%	N/A	100.00%	
Not recommend – Care		≤1%	0%	0.60%	0.70%	N/A	0.00%	
3. Community Measures								
NHSi Community Measures		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)	
Community care data completeness	referral to treatment information	≥50%	75.00%	75.00%	75.00%	75.00%	75.00%	
	referral information	≥50%	75.00%	75.00%	75.00%	75.00%	75.00%	
	activity information	≥50%	76.20%	76.20%	76.20%	76.20%	76.20%	
Patient satisfaction								
Friends and Family Test		≥95%	98.0%	96.7%	97.0%	96.9%	99.9%	
Effective care								
Number of patients with attributable pressure ulcers (RMCS)	Total	≤160 per annum, ≤40 per quarter	37	44	New in Q1			
	Category 4	0	0	0	New in Q1			
Community staff vacancy rate								
Nurse vacancy rate		≤15%	23.87%	26.75%	24.14%	24.69%	20.17%	

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2017/18

NHSi denotes NHS Improvement standard

4. To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework

Finance, Productivity & Efficiency		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)
NHSi Use of Resources risk rating		1	1	1	1	2	New in Q3
NHSi %age variance from Agency Spend Cap		On/below cap	-22%	-18%	-14%	-13%	-7%
Cash (£m)		Over plan	30.0	20.0	21.1	13.6	11.7
NHS activity Income Variance YTD (£000)		Breakeven or ahead of plan	0	714	1610	904	826
PP activity Income Variance YTD (£000)		Q2 ≤23%	1,788	1,100	2,868	1,862	1,498
PP Aged debt at >6months		<25%	31%	29%	New in Q1		
Non-PP Debtors over 90 days (% of total non PP-debtors)		<25%	48%	57%	42%	51%	51%
Achievement of Efficiency Programme YTD (%)		Greater than 100% of plan	84%	81%	102%	99%	98%
Capital Expenditure Variance YTD (£000)		Between 85% and 115% of plan	-3,793	-3,261	-4,579	-5,072	-2,494
Productivity & Asset Utilisation							
Bed occupancy - Chelsea		≥85% ≤90%	85%	83.01%	85.10%	82.47%	81.92%
Bed occupancy - Sutton		≥85% ≤ 90%	83%	81.05%	79.40%	79.26%	80.16%
Care Hours per Patient Day total ratio		≥11.3	11.20	11.50	11.30	11.40	11.30
Theatre utilisation - Chelsea		≥80%	87.87%	87.20%	89.90%	92.35%	96.44%
Theatre utilisation - Sutton		≥80%	70.78%	81.20%	82.70%	69.81%	77.57%
MDU Patients per Chair (Adjusted method and chair numbers)		≥1.5	1.46	1.55	1.58	1.57	1.58
Quarter in arrears			Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)	Q1 (Apr-Jun 16/17)
Contractual Sanctions incurred (£000)		0	0	0	0	0	77.95
CQUIN %age achievement	Acute NHSE	≥95%	100%	100%	100%	100%	100%
CQUIN %age achievement	Acute CCG	≥95%	100%	100%	100%	100%	100%
CQUIN %age achievement	Sutton Community Services	≥95%	100%	100%	100%	100%	100%

5. To deliver the Trust's clinical and research strategy; to better meet the needs of patients and commissioners

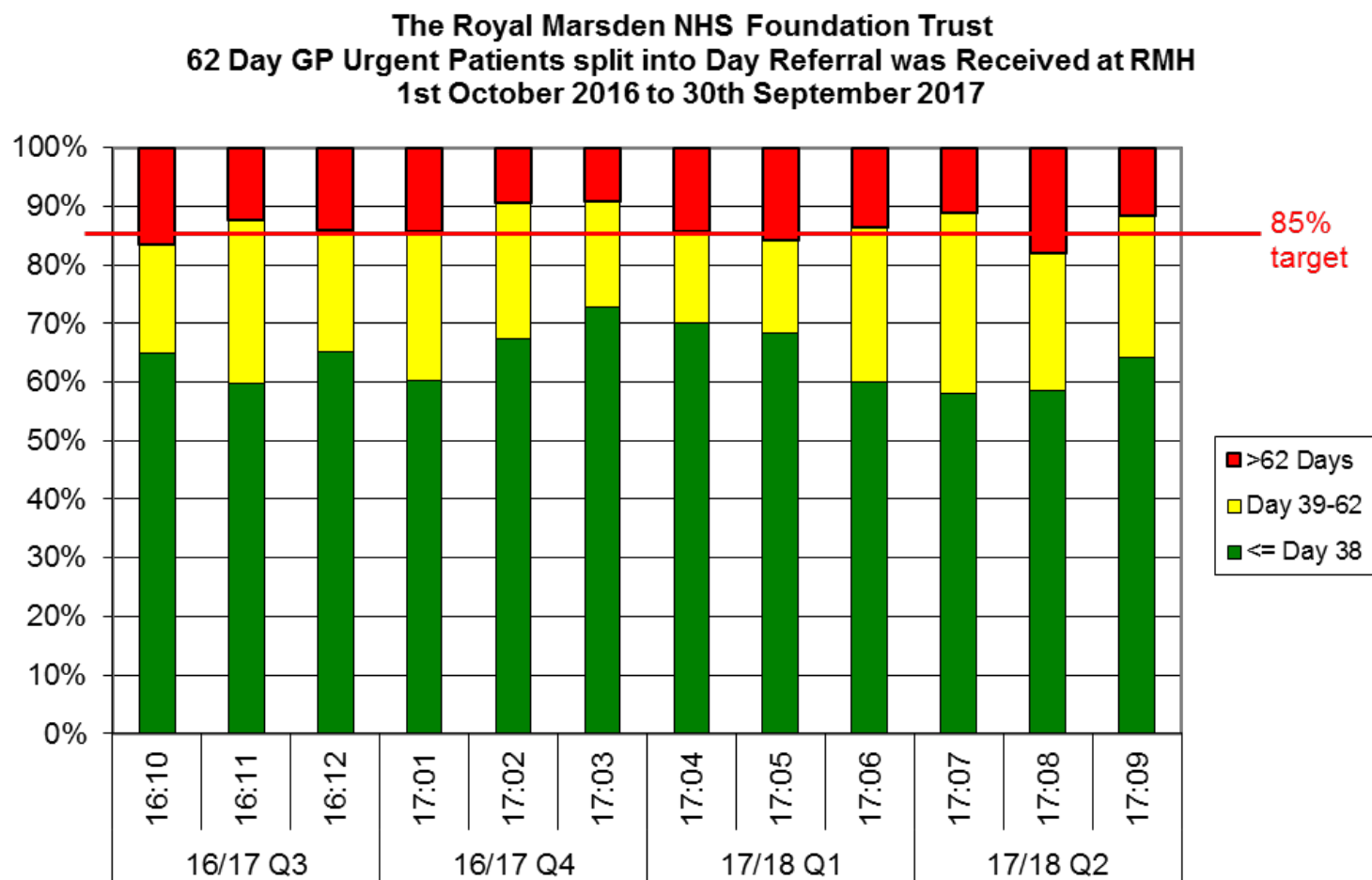
Clinical and Research Strategy		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)
Total NHS referrals		≥4950	4764	4967	5150	4710	4824
Total PP referrals		≥988	1094	1093	1221	1033	996
RMH Patients recruited to 100K Genome Project		Meet trajectory	420	340	248	184	127
Efficient clinical models							
NHS Average (mean) Elective LoS		≤5	5.10	5.26	4.87	5.24	5.22
NHS Non-Elective Admissions	as %age of all NHS Admissions	≤26%	27.93%	29.85%	26.97%	25.01%	25.08%
Research (1 QUARTER IN ARREARS)			Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q3 (Jul-Sep 16/17)	Q1 (Apr-Jun 16/17)
Performance in Initiating Clinical Research (70 day benchmark - all trials)	NIHR Adjusted figure (excl delays attributed to sponsor/neither sponsor or trust)	≥80%	85.7%	63.6%	90.5%	94.3%	97.9%
Accrual to target (1Q arrears) - National definition	% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target)	≥85%	52.9%	47.8%	45.7%	42.6%	43.6%
No. of 1st patients recruited in previous 12 months	No. of 1st UK patients	1	11	1	New in Q4		
	No. of 1st European patients	1	1	1	1	1	0
	No. of 1st Global patients	1	4	New in Q1			
Trials lead by RMH	as %age of commerical interventional trials with RMH involvement which opened in the last 12 months	≥20%	41.0%	New in Q1			

6. To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust

Workforce		Target in 2017/18	Q2 (Jul-Sep 17/18)	Q1 (Apr-Jun 17/18)	Q4 (Jan-Mar 16/17)	Q3 (Oct-Dec 16/17)	Q2 (Jul-Sep 16/17)
Workforce productivity							
Vacancy rate		≤5%	10.51%	11.30%	8.80%	8.60%	9.30%
Staff turnover rate		≤12%	15.50%	15.10%	15.20%	15.10%	14.60%
Sickness rate		≤3%	2.60%	2.70%	3.50%	2.80%	2.60%
Quality & development							
Consultant appraisal (number with current appraisal)		≥90%	97.30%	98.00%	96.00%	94.00%	92.00%
Appraisal & PDP rate		≥90%	81.70%	85.70%	86.90%	83.00%	80.50%
Completed induction (new measure)		≥80%	83%	84.20%	80.80%	72.00%	76.00%
Statutory and Mandatory Staff Training		≥90%	88.50%	89.00%	87.80%	86.40%	91.20%

APPENDIX B

62 Day GP Urgent Referrals by Category



APPENDIX C

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

Please note that the RAG ratings below are designed to be used at Trust level rather than tumour level and are only shown below as a guide. The pre-allocated data position is submitted via the National Cancer Waiting Times database, hosted by the national database Open Exeter (OE) and is displayed in the table, along with the post reallocated position as a comparison.

Tumour site	Q2 17/18	
	OE position	Reallocated position
85% target		
Breast	95.5%	95.7%
Gynaecological	65.9%	81.6%
Haematological (excl. Acute Leukaemia)	75.0%	94.1%
Head & Neck	34.8%	76.5%
Lower GI	7.3%	88.9%
Lung	62.5%	84.6%
Other/Unknown	71.43%	100%
Sarcoma	76.9%	85.7%
Skin	80.0%	100%
Upper GI	71.4%	79.6%
Urological	46.2%	59.3%

COUNCIL OF GOVERNOR PAPER SUMMARY SHEET

Date of Meeting: 13 th December 2017		Agenda item 7.5.
Title of Document: 62 Day Standard		To be presented by Director of Performance and Information
Executive Summary: This paper provides the Council of Governors with an update on the Trust's Cancer 62 Day Performance.		
Recommendations The Council of Governors is asked to review and comment on this report.		
Author: Steven Francis, Director of Performance and Information	Contact Number or E-mail: Steven.Francis@rmh.nhs.uk	Date: 28 th November 2017

Cancer 62 Day Standard Quarter 2 Update

Steven Francis

Director of Performance and Information

December 2017

Cancer 62 Day Performance Q2 (17/18)

Royal Marsden benchmarks reasonably well against other tertiary centres

Q2 17/18	% Compliance
Croydon Health Services NHS Trust	87.6%
Epsom and St Helier University Hospital NHS Trust	86.6%
Kingston Hospital NHS Foundation Trust	94.1%
St George's University Hospital NHS Foundation Trust	77.3%
The Royal Marsden NHS Foundation Trust	75.5%
SWL total	83.6%
Chelsea and Westminster Hospital NHS Foundation Trust	87.2%
Imperial College Healthcare NHS Trust	86.4%
London North West Healthcare NHS Trust	81.9%
Royal Brompton and Harefield NHS Foundation Trust	62.9%
The Hillingdon Hospital NHS Foundation Trust	87.0%
NWL total	84.8%
Guys & St Thomas' Hospital	66.2%
UCL	68.0%
The Christie NHS Foundation Trust	69.2%

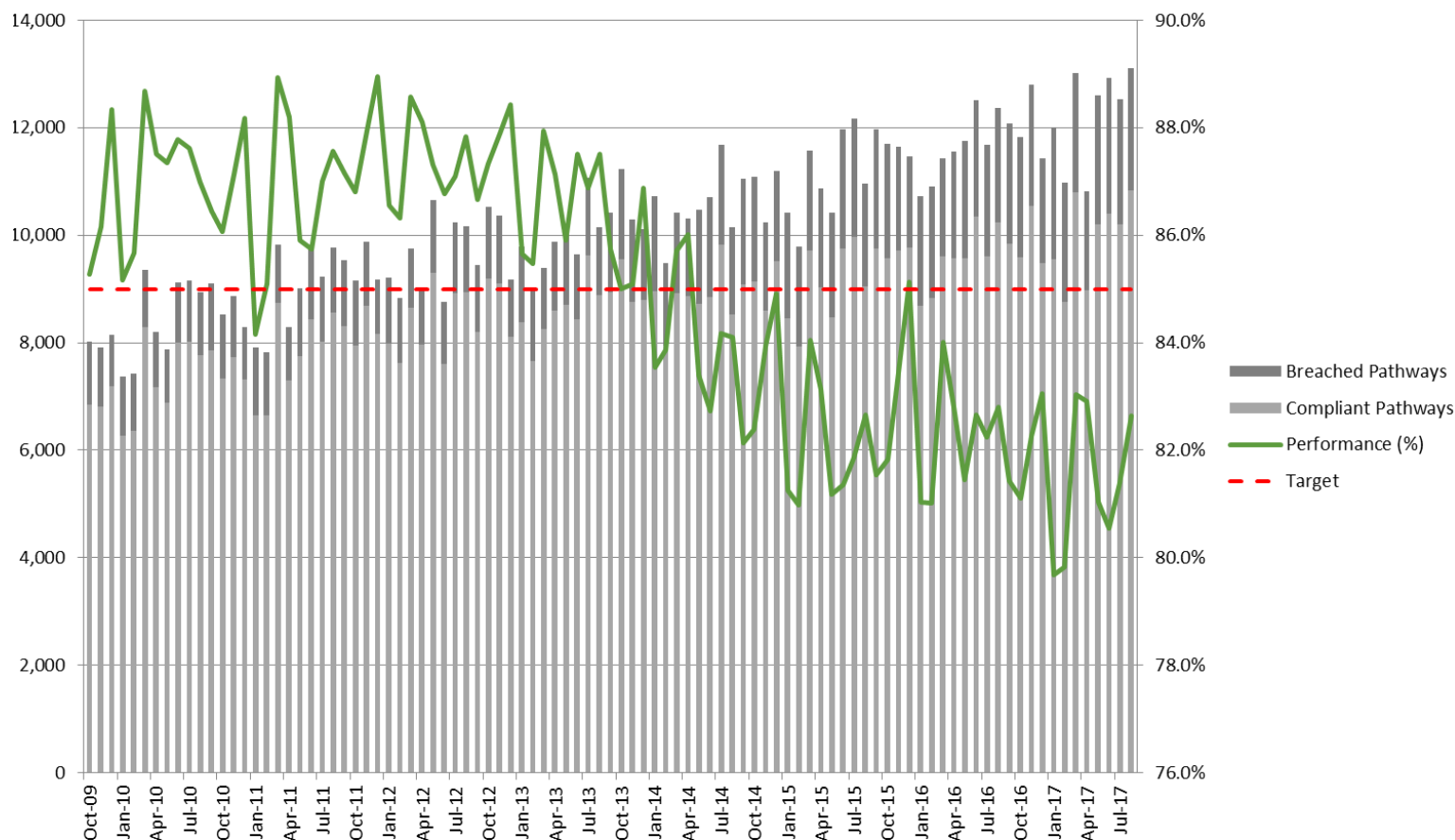


Royal Marsden reallocated position for the quarter was 86.9%

RM Partners met the target, as a system in September (86.1%)

62 Day Standard – The National Picture

**National Performance, 62 Day GP Urgent Standard
vs Number of 62 Day pathways**



There is no definitive view as to why the target has not been met in 3 years. The most popular hypothesis is erosion of capacity headroom /saturation of fast-track capacity.

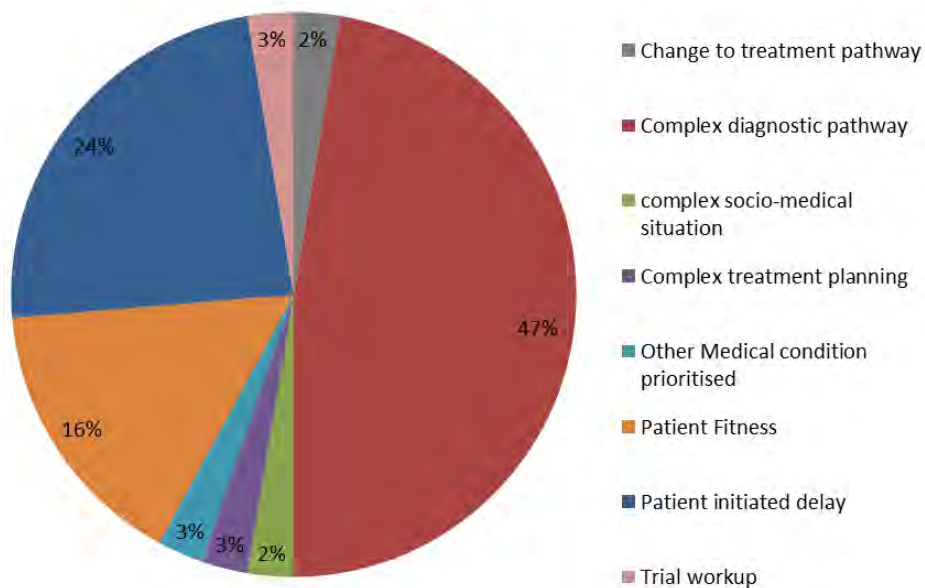
Why Patients Breach 62 Days

RMH lead SWL review of shared breaches (Apr-Aug 2017)

Breach categories were agreed jointly allowing trusts to challenge each other's pathway processes

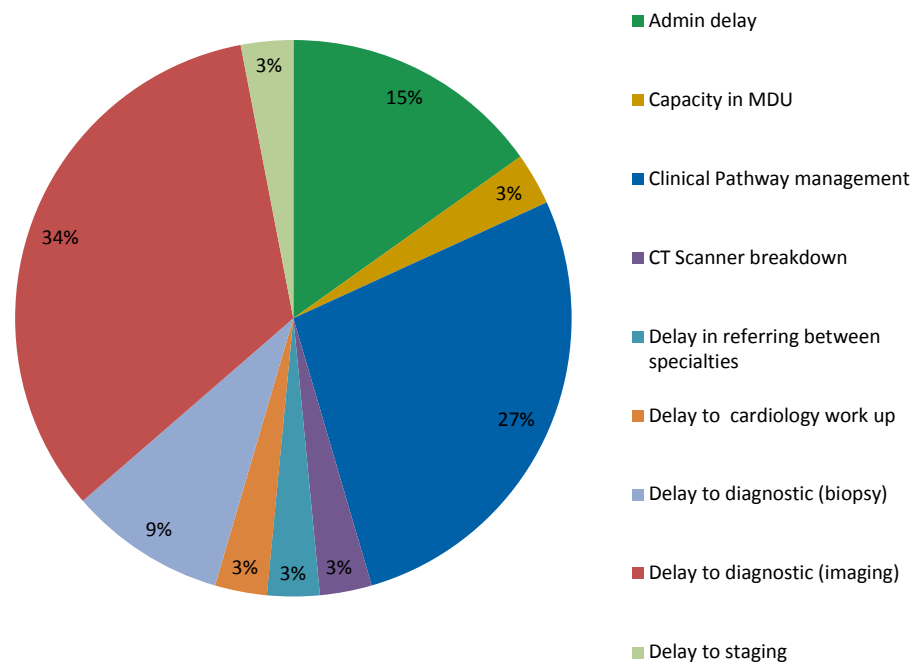
Unavoidable breach reasons (54%)

n=38



Avoidable breach reasons (46%)

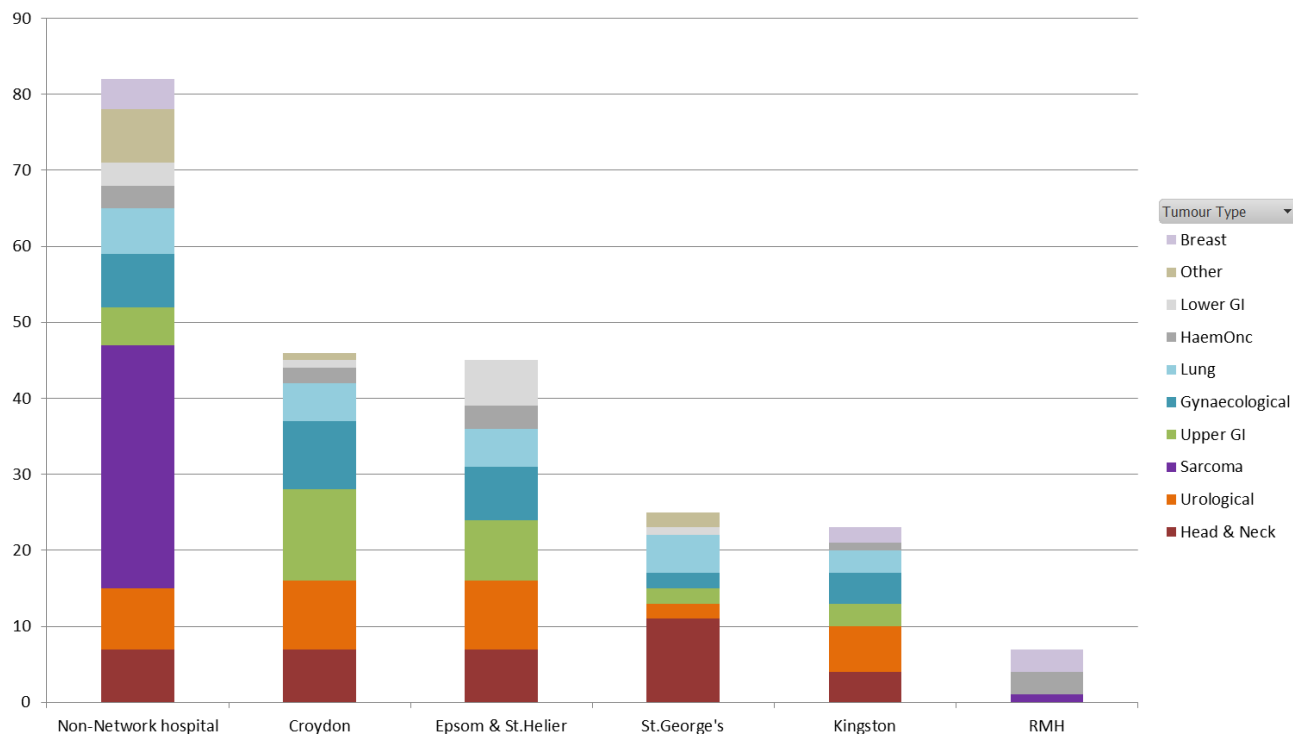
n=33



Avoidable breaches were mostly due to delays to diagnostics & clinical pathway management

All RM 62 Day Breaches

Number of breaches at RMH by Referring Trust and Tumour-Type
January – September 2017



- Head & Neck is the pathway with most breaches
- More than 50 different hospitals included in “non-network hospital” referrals, most of these trusts refer only 1 or 2 62 day patients to RMH per year



Actions for Improvement

RM will continue with internal improvement action plan including focus on increased resilience, sarcoma capacity

RM and RMP to create a joint work-plan, building on the findings from latest breach audit, and form a task force to implement this plan across the system.

This will include :-

- Focus on SWL Head and Neck Pathway
- Diagnostic imaging processes, capacity and workforce across the sector
- Improved diagnostic pathways, eg Prostate RAPID
- Establishing a task force utilising existing experts from the sector, including diagnosticians and GPs to explore options for improving Two Week Rule referral management



COUNCIL OF GOVERNORS SUMMARY SHEET

Date of Meeting: 13 th December 2017	Agenda item 8.	
Title of Document: Members Week 2018	To be presented by Carol Joseph, Governor	
Executive Summary As part of a drive to increase membership and engagement at the Trust, and as outlined in the Membership Recruitment and Engagement Strategy, the Governors at the Open Meeting of the Membership and Communications Group agreed to hold a Members' Week in April 2018 at both the Sutton and Chelsea sites. This is a Governor-led activity and it was agreed that a Task & Finish Group would be formed to co-ordinate and plan the event. The Group will commence their work in January 2018.		
Recommendations Governors are asked to self-nominate if they wish to be part of the Task & Finish Group.		
Author: Syma Dawson, Trust Secretary	Contact Number or E-mail: x2844	Date: 23 rd November 2017

