

The ROYAL MARSDEN
NHS Foundation Trust

Board of Directors' Meeting

29th May 2019

10.45am – 12pm

Chelsea

PRIVATE AND CONFIDENTIAL



NHS

The ROYAL MARSDEN

NHS Foundation Trust

Board of Directors Public Meeting

Board Room, Chelsea

29th May 2019, 10:45am- 12pm, Board Room, Chelsea.

Agenda

- 1. Apologies for Absence and Declarations of Interest**
- 2. Minutes of the Board Meeting held on the 25th March 2019** Enclosed
Chairman
- 3. Matters Arising**
- 4. Report from the Medical Director and Chief Nurse** Verbal
 - 4.1. Car-T cell therapy / JACIE accreditation
Dr. Nick van As, Medical Director
 - 4.2. CQC Well Led Inspection 2019
 - 4.3. The Gosport & Patterson Enquiries Update
Eamonn Sullivan, Chief Nurse
- 5. RM Priorities for 2019/20** Enclosed
Cally Palmer, Chief Executive
- 6. RM Digital Strategy** Presentation
Lisa Emery, Chief Information Officer
- 7. Quality & Performance**
 - 7.1. Monthly Quality Account - April 2019 Enclosed
Eamonn Sullivan, Chief Nurse
 - 7.2. Key Performance Indicators Q4 Enclosed
Eamonn Sullivan, Chief Nurse
 - 7.3. Financial Performance Report for April 2019 Enclosed
Marcus Thorman, Chief Financial Officer
- 8. Any other business**



Minutes of The Royal Marsden Board of Directors Public Meeting

25th March 2019, Board Room, Chelsea

Present

Charles Alexander	Chairman
Ian Farmer	Non-Executive Director
Heather Lawrence	Non-Executive Director
Professor Martin Elliott	Non-Executive Director
Chris Clark	Non-Executive Director
Professor Paul Workman	Non-Executive Director
Cally Palmer	Chief Executive
Karl Munslow Ong	Chief Operating Officer
Eamonn Sullivan	Chief Nurse
Dr Nick van As	Medical Director
Marcus Thorman	Chief Financial Officer

In Attendance:

Syma Dawson (minutes) Trust Secretary

- 1/18** Apologies for absence & Declarations of Interest
Mark Aedy Non-Executive Director
William Jackson Non-Executive Director

The Chief Executive's (CE) position as the National Cancer Director for NHS England was taken as read.

- 2/18** Minutes of the public Board meeting held on the 26th September 2018
The minutes were approved as an accurate record.

- 3/18** Matters Arising
3.1. The Royal Brompton
The Chief Operating Officer (COO) reported that NHS England (NHSE) will be holding a public consultation regarding the Royal Brompton (RBH) relocation plans and is likely to take place in autumn 2019. He noted that the Trust has had positive discussions with RBH about the retention of the Joint Lung and Thoracic Service which is the Trust's preferred option and will be publicly noted at the RBH public Board Meeting. It was further noted that the Trust will continue to engage with NW London colleagues and relevant parties on the development of these plans.

The Board noted the update regarding the Royal Brompton.

- 4/18** Report from the Chief Nurse and Medical Director
4.1. Trust Annual Quality Account Priorities – 2019/20
The Chief Nurse summarised the Trust's performance against its quality priorities and objectives for 2018/19 and highlighted those set out for 2019/20. The Chief Nurse explained the Trust's approach in selecting the 9 priorities across the three categories; safe care, effective care and patient experience.

Following a query from Ian Farmer about which priorities are audited, the Chief Nurse confirmed that Governors selected Clostridium Difficile Infection (CDI) as their priority for 2019/20 which is externally audited.

Heather Lawrence suggested adding chemotherapy waiting times to the quality priorities. The COO commented on the Trust's efforts to improve performance in this area and noted that he expects to see an improvement in waiting times in Q3 2019/20 as a result.



The Board approved the 9 quality priorities for 2019/20.

4.2. Update on infection prevention and control 2019/20

The Chief Nurse updated the Board. Overall performance is stable, with no 'outbreaks' or 'acute' events. The Trust, along with the other major UK Cancer centres are outliers in infections more common to our population – for example Ecoli or Clostridium Difficile. The Royal Marsden and the Christie Hospitals have been working with NHSi re. a cancer-wide collaborative to reduce these infections in cancer patients. A detailed action plan will be presented at QAR in June. Infection prevention is a key quality priority proposed in the Annual Quality Account. The Trust is committed to leading on Infection Prevention and a number of new specialist posts have already been approved in Business Planning this year.

Professor Elliott asked about the reporting mechanisms and whether these will effectively identify an outbreak. The Chief Nurse commented on the changes underway to reporting infection data which he noted is linked to the development of a national database.

The Board noted the update on Infection Prevention and Control 2019/20.

4.3. Quarterly Mortality Review

The Medical Director explained that the purpose of the Quarterly Mortality Review is to audit all patient deaths in terms of the reason for the death as well as the patients preferred place of death.

The Medical Director confirmed that Trust had 52 deaths during Q3, all of which were reasonably expected. The Trust conducted 8 Structured Judgment Reviews (SJR) and has expanded the number of doctors to broaden the level of expertise on the SJR panel. The Medical Director confirmed that in all of those SJR cases none of the deaths were deemed avoidable. It was noted that the 'slight evidence of avoidability' terminology would be reviewed as this relates to measures you could have taken and done differently. Reference to the 1 Serious Incident was discussed at the Quality, Assurance and Risk Committee which Heather Lawrence as Chair of the Board sub-Committee confirmed she felt satisfied and assured by the evidence presented.

The Board noted the Quarterly Mortality Review.

4.4. Senior Medical Appointments Report

The Medical Director summarised the Senior Medical Appointments as noted in the Report.

The Board noted the Senior Medical Appointments Report.

5/18 Financial Plan 2019/20

The Chief Financial Officer (CFO) presented the Financial Plan 2019/20. He noted that the draft Financial Plan was presented to the Board sub-Committee, the Audit and Finance Committee, on the 13 February and therefore the paper sets out the key changes to the Plan since that meeting. It was noted that the final Financial Plan is due to be submitted on the 4 April 2019.

The CFO summarised the planning context and noted the national intention to review the framework and move towards system level positions across Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems (ICSs). The CFO added that he also anticipates a change to the control total process however further details are yet to be released about this.

The CFO explained that the healthcare regulator NHS Improvement (NHSI) determines the Trust's control total which has been set at a breakeven position for the Trust with a £1.3m surplus taking into account Provider and Sustainability Funds (PSF). It was noted that the

additional PSF funding will not be received until June.

The CFO highlighted key events such as the transfer of the Sutton and Community Services contract and the successful tender for genomics and PET CT. It was also noted that RM Partners have had their final funding allocation approved which will be incorporated into RM's financial reporting system as the host organisation.

Chris Clark asked whether the timetable for the EPR could be brought forward. The CFO confirmed that the timetable for implementation is being reviewed to ensure this can proceed as quickly as possible.

The CFO also highlighted the risks as set out in the Financial Plan and noted the only change to the capital plan since the Board approved this at their Away Day in October 2018 is purchase of the McElwain lease from the ICR at £1.3m.

Ian Farmer, Chair of the Audit and Finance Committee, commented that the Committee raised a few questions regarding Private Care growth and noted that the CIPS had not yet been finalised however, the CFO has since sent reconciliation of the numbers and therefore he is happy to recommend approval of the Financial Plan on that basis. The CFO confirmed that he would present the three year CIP plan to the Audit and Finance Committee.

The Board approved the Financial Plan 2019/20 and noted the breakeven plan to be submitted to NHSI to deliver the Control Total as well as the internal stretch target of £6m.

6/18 NHS Update

6.1. NHSE / NHSI Reorganisation

The CE reported on the national decision for NHSE, the commissioning body, to work more closely with NHSI, the regulatory body. This new integrated approach will be led by one Chief Executive, Simon Stevens, and two Chairs: Baroness Dido Harding who will focus on performance, delivery and workforce, and Lord David Prior who will focus on strategy.

The CE summarised the regional changes that have taken place which include the appointment of 7 regional directors with new responsibilities for both NHSE and NHSI functions.

The CE explained that the integrated and aligned approach at the national level reflects the overall direction of travel for the NHS as collaborative and integrated working are strongly encouraged among providers and commissioners across STP and ICS geographies. It is widely recognised therefore that cancer alliances such as RM Partners are important vehicles that can help drive the national agenda forward.

6.2. Review of National Clinical Standards

The CE made reference to the interim report issued by the National Medical Director, Professor Powis, as part of his review of the National Clinical Standards. With regard to cancer, the CE explained that it is proposed that the current standards should be modernised and streamlined from 9 to 3 key cancer standards as follows;

- i) 28 days faster diagnosis;
- ii) 62 days RTT; and
- iii) 31 days waiting standard from decision to treat to access treatment.

Consultation on all NHS standards is being undertaken this year with the introduction of revised and new standards from April 2020.

The Board noted the NHS Update provided by the Chief Executive.

7/18 Workforce Report

7.1. Staff Survey Results

The Director of Workforce, Nina Singh, attended for this item and reported a 53% response rate for this year's staff survey which she noted is an average response rate. The changes to the format and scoring of the survey were highlighted. The Trust scored 80% above average overall against the ten themes. Two themes received the best score nationally; staff engagement and support from immediate managers.

The Director of Workforce informed the Board that the Trust scored below average on Equality and Diversity theme which related to patient to ward staff interactions. She assured the Board that this area was being looked into and will be reported on in the Equality and Diversity Report which is due to be presented at a future Board meeting. The Board discussed the possible reasons for this outcome and noted that the Trust will continue to support staff in such cases while raising awareness across the Hospital. The Chief Nurse added that the Trust scores exceptionally high for staff being treating fairly when reporting concerns.

The Board noted the Staff Survey Results for 2018/19.

8/18 Quality and Performance

8.1. Monthly Quality Accounts – January 2019

The Chief Nurse reported on the Monthly Quality Accounts which includes a 'Divisional Level Scorecard' and highlighted the following:

- There was one externally reported 'Serious Incident' in this period which related to a medicine error in the operating theatre. The incident is in the final stages of investigation.
- The number of Ecoli blood stream infections has fallen to a three month low.
- Chemotherapy waiting times remain under target; a Trust-wide transformation program is now established.
- Nurse recruitment remains good with retention being the main focus. However nurse sickness has increased by 4.9% but overall Trust sickness levels are at 3.8%.
- There has been a small spike in complaints, there are no clusters observed this period.
- We have seen sustained improvement in L3 Adult Safeguarding Training this month.
- Fall related fractures and head injuries remain exceptionally low following a successful campaign to raise awareness.

The Chief Nurse informed the Board that work is underway to reformat the monthly Quality Account from May 2019 and added that some of the quality metrics and performance will be published on the Trust website.

The Board noted the monthly Quality Accounts for January 2019.

8.2. Key Performance Indicators Q3

The COO reported that referral numbers triggered a red rating because of the increase in referral activity. It was noted that the 62 day target may need to be reviewed and explained that the 2 week wait standard continues to be a challenge despite the additional capacity measures being taken. The Trust's amber rating against the workforce metrics was highlighted with the general vacancy rate shown positively at 8.4% against a continued

improved trajectory. The COO added that the Trust continues to work hard in driving down agency spend while focussing on other important workforce targets such as induction rates.

The Board noted the KPIs for Q3.

8.3. RM Partners Cancer Scorecard – February 2019

The COO presented the RM Partners (RMP) scorecard for February 2019 and noted that RMP is demonstrating a strong performance particularly around access standards however a key priority is to focus on bowel, breast and cervical screening standards to improve performance in this area. The Medical Director highlighted the issue of patients accessing GP and screening programmes in NW London which he explained poses a challenge for RMP.

The Board noted the RM Partners scorecard.

8.4. Financial Performance Report – February 2019

The CFO presented the Financial Performance Report and highlighted the following headlines:

- Operating surplus in month of £4.4m, £1.5m favourable to plan;
- Retained surplus in month of £3.2m, £1.3m favourable to plan;
- Retained surplus YTD of £37.9m, £12.5m favourable to plan;
- Agency expenditure of £0.5m, a favourable variance against the cap of £49k. The Trust is £974k under cap YTD;
- Cash in bank of £72.5m, a favourable variance of £2.6m.

The CFO commented that the Trust will focus on use of bank staff in light of the positive recruitment efforts to appoint substantive staff.

Following a query raised by Ian Farmer regarding the debt position, the CFO commented that there has been an improvement in receiving payment from some NHS Trusts and an expectation that payment will be received from particular embassies for Private Care activity. However discussions are ongoing with NHS England regarding payment for Paediatrics.

The Chairman congratulated the Finance Team and staff for the strong financial position reported to date.

The Board noted the Financial Performance Report for February 2019.

9/18 Board Self-Certification

The Trust Secretary reported that the Board self-certification is an annual self-assessment regulatory process and requires the Board of Directors to satisfy itself that the Trust is compliant with the conditions set out in the report. She noted that the Trust approach is to provide evidence to the Board sub-Committees which have reviewed and confirmed that there is sufficient evidence to confirm the relevant requirements. The Board is therefore asked to endorse their recommendation and approve the Board self-certification report.

The Board approved the Board self-certification report.

10/18 No other business was raised

Signed as a true and accurate record

Chaired by:..... Date:.....

BOARD PAPER SUMMARY SHEET

Date of Meeting: 29 th May 2019	Agenda item 4.
Title of Document: Report from the Medical Director and Chief Nurse	To be presented by Medical Director & Chief Nurse
Executive Summary The Medical Director and Chief Nurse will update the Board on the following items: 4.1. Car-T cell therapy / JACIE accreditation 4.2. CQC Well Led Inspection 2019 4.3. The Gosport & Patterson Enquiries Update The Board is asked to note and discuss relevant matters reported on by the Chief Nurse and Medical Director.	

Board of Directors - Gosport Enquiry Update

<p>Date of Meeting:</p> <p>29th May 2019</p>	<p>Agenda item</p> <p>4.3.</p>
<p>Title of Document:</p> <p>The Gosport & Patterson Enquiries Update</p>	<p>To be presented by</p> <p>Chief Nurse</p>
<p>The Board of Directors has received two updates on the Gosport Enquiry in September 2018 and February 2019 (via QAR). In summary - The 2018 report of the Gosport Independent Panel found that the lives of over 450 people were shortened as a direct result of the pattern of prescribing and administering opioids that had become the norm at the hospital, and that probably at least another 200 patients were similarly affected.</p> <p>The report reveals that during the period between 1989 and 2000 at Gosport War Memorial Hospital, which appears to cover the start and end of the pattern of opioid prescribing of concern:</p> <ul style="list-style-type: none"> • There was a disregard for human life and a culture of shortening the lives of a large number of patients. • There was an institutionalised regime of prescribing and administering “dangerous doses” of a hazardous combination of medication not clinically indicated or justified, with patients and relatives powerless in their relationship with professional staff. • When the relatives complained about the safety of patients and the appropriateness of their care, they were consistently let down by those in authority – both individuals and institutions. • They show too that, whereas a large number of patients and their relatives understood that their admission to the hospital was for either rehabilitation or respite care they were, in effect, put on a terminal care pathway. <p>In September 2018 the Trust Board received a detailed assurance report benchmarking the Royal Marsden against each of the key findings of the Report. The Board were satisfied with that assurance. In addition, the Palliative Care Team presented an update to QAR in February 2019.</p> <p>May 2019 update: On the 30th of April 2019 the Police reopened the case and the Crown Prosecution Service (CPS) is considering criminal charges – potentially against a wider number of staff who practiced at the Hospital during that time. The timeline for the CPS decision is yet unknown, however the outcome could have significant implications for medical, nursing and pharmacy professions.</p>	
<p>Recommendations</p> <p>The Board is asked to note and comment on this report.</p>	

BOARD PAPER SUMMARY SHEET

Date of Meeting: 29 th May 2019	Agenda item 5.
Title of Document: Trust Priorities 2019-20	To be presented by Chief Executive
The following presentation sets out the priorities for the forthcoming year. This has been created in the context of the Trust's Five Year Strategic Plan and been developed following the Executive Director and Executive Board away days in February and March of this year.	
Recommendations The Board is asked note and agree the priorities.	

Priorities for 2019/20

Trust Board

Executive Summary (1)

Maintaining and Improving Excellence

- Routinely benchmark ourselves against our global peers
- Delivering against our quality and regulatory standards (CQC, NHSI, Patient/Staff Surveys etc)
- Meeting and exceeding our control total
- Improving performance against our constitutional standards

Delivering on our strategic and transformation priorities

- Optimising our operating model to deliver improved quality of care and increasing the efficiency of our available capacity to meet rising demand
- Design and implement 'phase 1' of our EPR programme to procure a solution and complete our pre-deployment objectives (pathway optimisation, IT infrastructure and workforce)
- Agreeing and implementing a 5 year business plan for RMP in line with the LTP including early diagnosis

Achieving our research ambitions

- Re-launching RM/ICR partnership and strategic workforce planning for research active clinicians
- Preparing for BRC submission in 2020



Executive Summary (2)

Workforce and Education

- Continue to recruit and retain the best clinical, academic and support staff, developing a prioritised investment plan for consultant staff in 2019/2020
- Develop our clinical leadership model to create a cadre of senior clinical leaders and advisers and ensure adequate succession planning
- Further develop our education and training programmes and the role of the RM School

Continue to progress with our service and estate strategy

- Ensure Cavendish Square service, workforce and estate programme is managed for successful commissioning of this new Centre in 2020
- Secure planning permission for the Oak Cancer Centre, and manage the Programme successfully in year to ensure the Centre can open in Autumn 2022
- Work with St George's, Epsom & St Helier and SWL partners on the option for a new acute site at Sutton, co-located with RM
- Work with NWL partners and the Royal Brompton on the management of the Joint RM & RBH lung and thoracic service and the estate and service relocation of other RBH services
- Develop a Board approved long term plan for the Chelsea site



Maintaining and Improving Excellence

Routinely benchmark ourselves against our global peers

- Work with the ICR to maintain our joint Institution as one of the top 3 comprehensive cancer centres in the world

Delivering against our quality and regulatory standards

- Maintain our CQC outstanding rating
- Maintain & enhance our quality and safety priorities and all external accreditation standards
- Implement a Quality Improvement Strategy, including patient involvement in change
- Review Ward to Board Structure (IHI visible leadership tools)

Meeting and exceeding our control total

- Improve our EBITDA for key NHS service lines
- Deliver on our agreed PP income targets
- Improve our efficiency against defined model hospital KPIs and relevant international comparators

Improving performance against our constitutional standards

- Achieve constitutional standards across all key cancer targets by the end of 2019-20
- Agree and deliver on our plans for the faster diagnosis standard by the end of 2019-20



Delivering on our Transformation Priorities (1)

Optimising our operating model to further improve quality of care and increase the efficiency of our available capacity to meet rising demand

- Agree and implement a plan that moves to a 6 day operating model including:
- Optimising our inpatient flow via increased use of day care, ambulatory care and hotline services
- Better utilising our theatre capacity including 3 session days and increased use of the Sutton site
- Redesign and transform our day care and outpatient services including the adoption of new technologies

Continuing to lead and innovate in the delivery of service

- Fully implement the Genomics Laboratory Hub for North Central and North East London in partnership with Great Ormond Street
- Continue to develop MR/Linac services for the NHS
- Following designation as a PET/CT Centre, ensure successful implementation
- Achieve JACIE accreditation as a CAR-T Cell Therapy Centre and implement the service during 2019/20



Delivering on our Transformation Priorities (2)

Implement 'phase 1' of our Electronic Patient Record Programme to procure a solution and complete our pre employment objectives (pathway optimisation, IT infrastructure and workforce)

- Implement a clinically led design authority that develops our clinical pathway priorities and sets out our digital transformation objectives
- Implement our IT infrastructure and cyber security investment plan
- Renew Ward to Board Structure (IHI visible leadership tools)

Implement the 2019/20 plan for Royal Marsden Partners

- Ensure the RM Partners Cancer Alliance can achieve its 2019/20 priorities successfully in early detection, rapid diagnosis, and optimal treatment pathways
- Further develop strong working relationships with STPs and partners across SWL and NW London to enable the integrated delivery of care

Deliver a plan to retain and strengthen our comprehensive cancer centre status

- Implement our plans to retain and develop our comprehensive lung and thoracic services which are jointly delivered with the Brompton
- Develop an updated paediatric clinical service and academic strategy in conjunction with the ICR
- Review and evaluate the potential to develop and expand the 'RM@' model



Achieving our Research Ambitions

Ensure RM & ICR continue to operate as one of the top three cancer centres in the world for the impact of their research

- Re launch the RM/ICR partnership and strategy including joint workforce planning and investment
- Prepare for a successful BRC application in 2020 through innovative research programmes which evidence patient benefit
- Develop RM's role in early detection and diagnosis in research as well as service
- Develop partnerships which enhance research value and impact, including the Imperial Academic Health Science Centre



Workforce & Education

Continue to recruit and retain the best clinical, academic and support staff

- Develop the clinical leadership model and workforce to support key developments in digital transformation, early diagnosis and new facilities at Oak and Cavendish Square
- Develop a consultant workforce and investment plan and review our nursing and AHP leadership model
- Implement a structured approach to quality improvement and expand our training and development programmes including the future role of the RM School
- Further improve retention and reduce our vacancies in key areas, recruiting in areas of growth and development including imaging, pathology, private patients, anaesthetics and critical care



Progress our Service and Estate Strategy

Ensure progress in line with Board priorities on key service and estate developments

- Submit planning application for the Oak Cancer Centre and continue with planning and procurement for an opening in Autumn 2022
- Complete the Cavendish Square development for opening in August 2020, developing the medical model and workforce during 2019/20
- Work with RBH and NW London partners on the future of RBH service and estate, including retention of the successful Joint RM/RBH lung and thoracic model
- Work with St George's, Epsom & St Helier and SW London partners on the strategy for SW London including the option of a Sutton based acute site



BOARD PAPER SUMMARY SHEET

Date of Meeting: 29 May 2019	Agenda item 6.
Title of Document: RM Digital Strategy	To be presented by Lisa Emery, CIO Marcus Thorman, CFO
Executive Summary This presentation provides the Board with an update on the Royal Marsden Digital Strategy, including background regarding the national and regional strategic context. It provides a summary of the strategy work programmes and outlines opportunities to accelerate key aspects of the strategy.	
Recommendations The Board is asked to note the contents for information.	

The Royal Marsden Digital Future

Lisa Emery
Chief Information
Officer

National Context: The NHS Long Term Plan

The recently published plan aims for “digitally enabled healthcare to go mainstream across the NHS”

Key ambitions:

- Straightforward digital access to NHS services, helping patients and their carers manage their health
- Ability for clinicians to access and interact with patient records and care plans wherever they are
- Decision support and artificial intelligence (AI) to help clinicians to apply best practice and eliminate unwarranted variation across the whole pathway of care
- Linking of clinical, genomic and other data to support the development of new treatments to improve the NHS, making data captured for care available for clinical research, and publishing, as open data, aggregate metrics about NHS performance and services

Regional Context

South West London STP

- **Digitally-enabled self-care:** using technology to help patients to capture and share information relating to their condition, to help them make informed decisions about managing their health.
- **Channel shift:** using technology to break down barriers to access between patients and clinicians
- **Information sharing for the point of care:** helping health and care professionals make the best decisions possible by providing access to all relevant information
- **Information sharing for whole systems intelligence:** combining clinical, operational and financial information improve services
- **Mobile infrastructure:** making sure digital technology is available to clinicians and care professionals when and where they need it

One London Local Health Care Record (LHCR)

- Ubiquitous Viewing of the London Patient Record with health and social care data captured in disparate local patient records in London
- Provides access to records of 8.6m patient records
- Leverages existing designs, and architecture such as the Cerner Health Information Exchanges

What are the current challenges at RMH?

Our **technical infrastructure** requires significant upgrading in order to:

- Support the deployment of a new, integrated digital patient record
- Be responsive enough to support tele-health and patient access to records
- Be able to store and retrieve the data we need to support research
- Support flexible and mobile working solutions for our staff
- Ensure that we are able to meet Cyber Essentials Plus requirements and protect the Trust from cyber security challenges

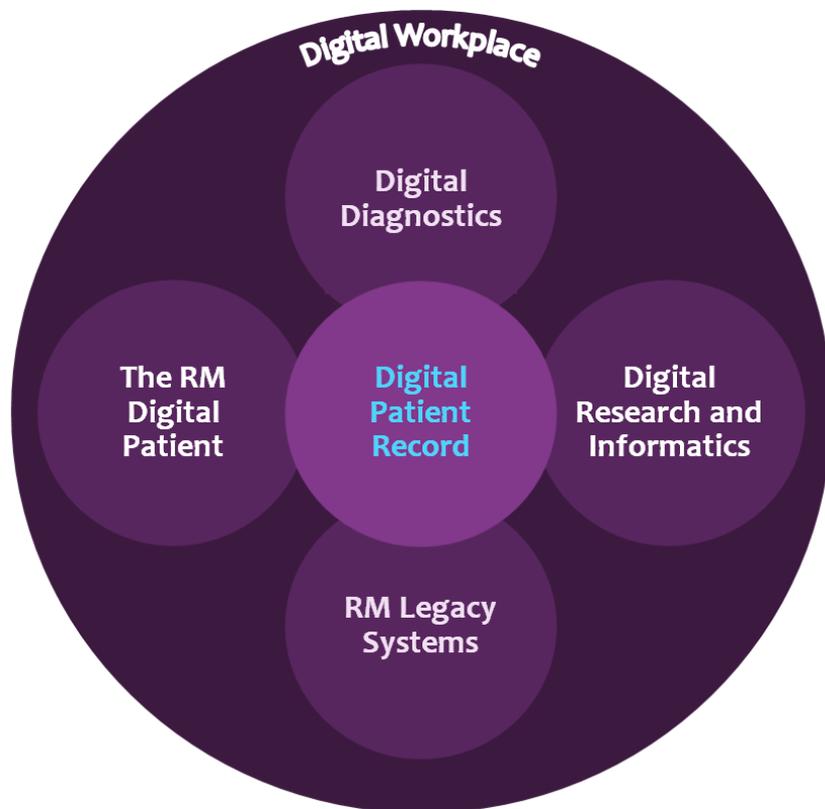
Our current **electronic patient record**:

- Is highly bespoke and relies on a small pool of individuals to maintain
- Does not include functionality in some key areas including electronic prescribing and ordering of tests, clinical decision support and scheduling
- Does not easily allow the extraction of data for clinical and research purposes

Our **current information systems**:

- Are bespoke and do not offer a range of 'self-serve' options for our clinical and non-clinical staff
- Need to be modernised and expanded to ensure that we can meet the needs of our clinical and research teams now and into the future

Our Digital Transformation Programme



To provide our patients and staff with an outstanding, personalised digital experience in order to support the ongoing delivery of efficient and effective cancer treatment.

The Digital Workplace:

- Resilient infrastructure, fast networks, ubiquitous WiFi access
- Modern collaboration and office tools, desktop video conferencing for our clinical teams
- Safe, secure and modern end user devices for staff

The Digital Patient:

- Personalised content to meet patient need
- Accessible from home with telemedicine capabilities
- Automated check-in for appointments and visits
- Enhanced Inpatient and Outpatient experience

The Digital Health Record:

- Available at the point of care with fast, mobile access
- Extends into the community setting
- Clinical Decision Support for staff

Digital Research and Informatics:

- Replacement and enrichment of the existing data
- Opportunities to use clinical data to aid research
- Dashboards and management information for all staff

Digital Modalities Diagnostics:

- Modern specialist systems for Radiology, Pathology and Genomics.
- Interoperable with Partners across cancer networks

RM Legacy Systems:

- Ongoing support and development of our current systems
- Integration to new systems as required

Cyber Security

What will this mean for our patients and staff?

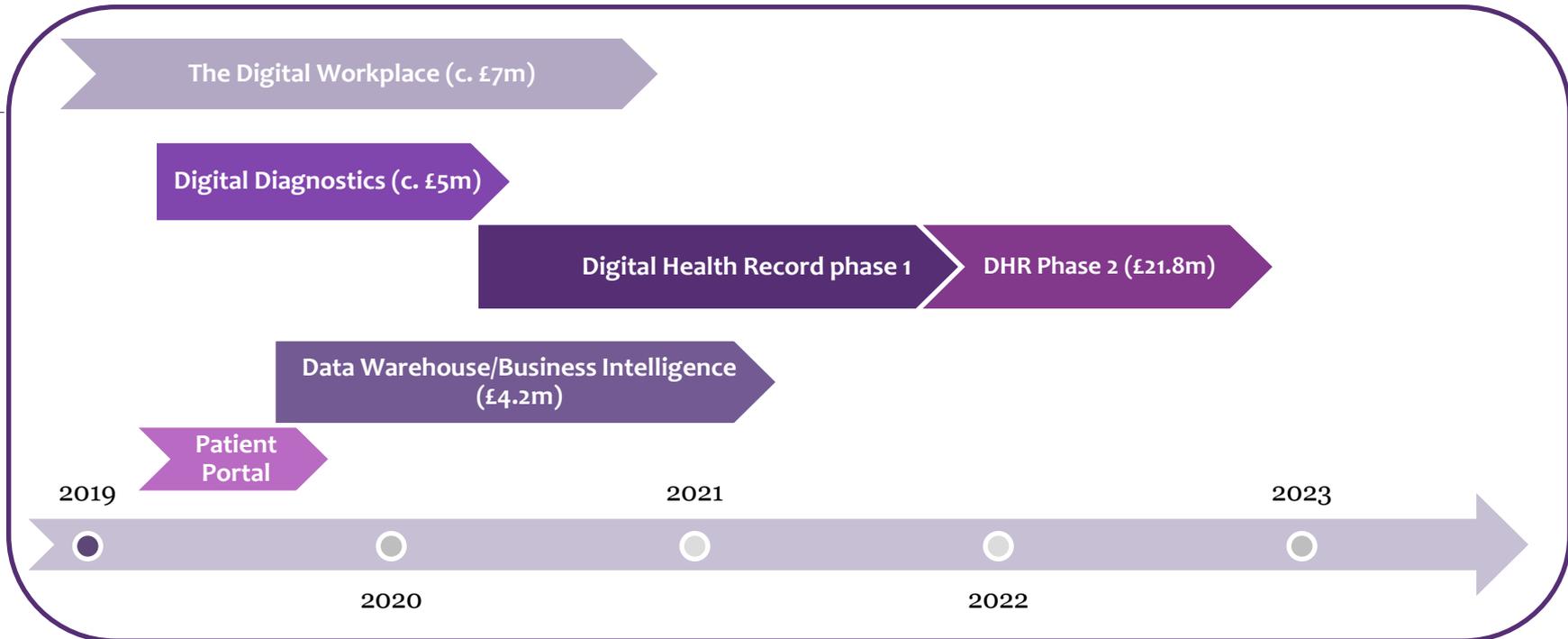
For our patients:

- Improved communication between patient and care provider
- Enabling patients to better manage their own health and care. The patient portal will allow patients to review their letters, provide input into their care plans and book and manage their outpatient consultations
- Patients will be able to better manage their health through access to education and resources to support the management and effects of their condition

For our staff:

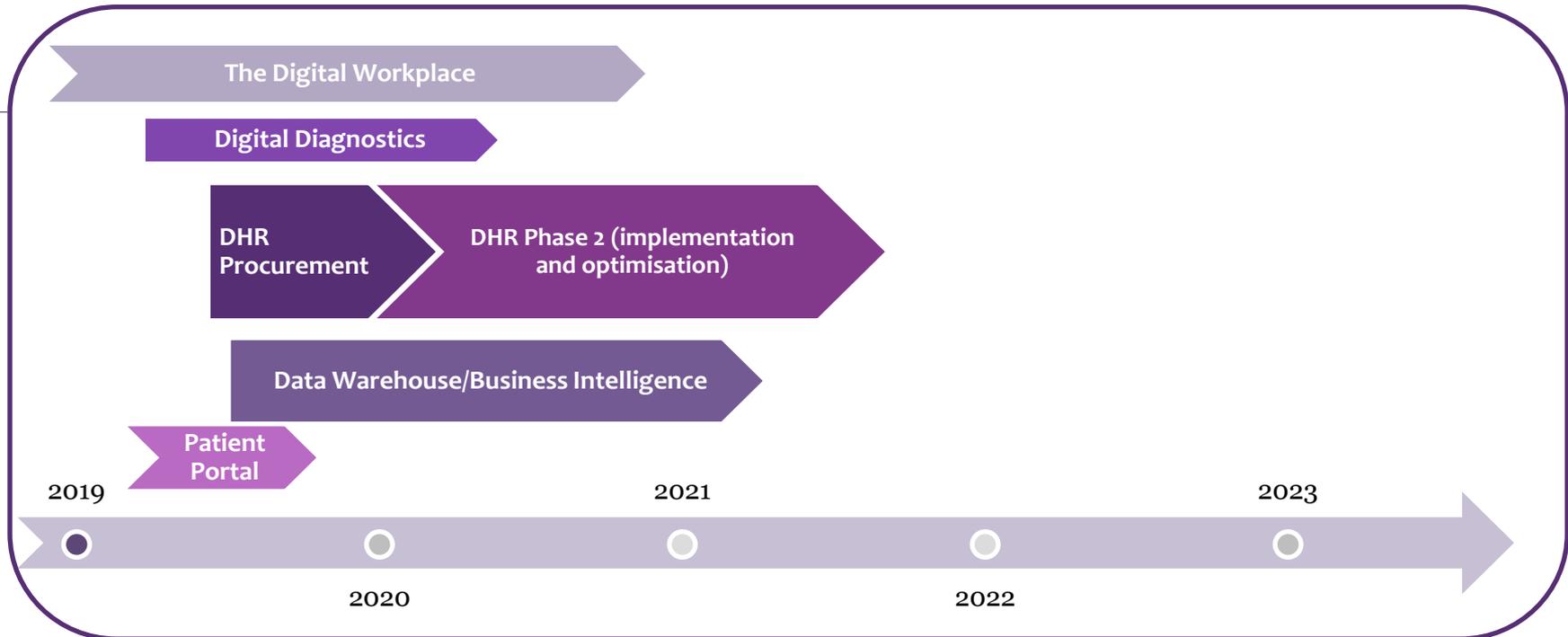
- Less time spent on administration, more time spent with patients
- Access to digital services 24/7 including remotely (anytime, anyplace)
- Improved staff morale, satisfaction and retention through use of modern digital services enabling them to do their jobs more efficiently and effectively
- Improved knowledge through digital decision support

Current Digital Transformation Programme Timeline



- The timeline is based on a standard OJEU procurement process of 9-12 months for our Digital Health Record
- In addition to the above there is £3.5m being spent on legacy systems, totalling £51M (£35M capital) on the Digital Transformation Programme over four years.

Opportunities to accelerate our digital transformation



Can we speed any of this up?

- Elements of the Digital Workplace (such as network improvements) need to be in place to ensure successful deployment of key systems, however we are exploring opportunities to expedite the procurement process for our new digital record – this could potentially see us commencing *implementation* in early 2020, earlier than planned

What are the challenges with speeding up our Digital Health Record (DHR) programme?

- Operational: would need to also accelerate work on administrative process improvements, pathway standardisation in preparation for DHR implementation
- Operational: may need to compromise on DHR configuration and development if part of a collaboration/shared DHR environment (potential loss of local flexibility)
- Infrastructure: successful DHR deployment is dependent upon completion of the underpinning infrastructure work (networks, WiFi etc.) and embedding of the Digital Workplace across the staff base
- Reporting: The work on the data warehouse procurement will need to be accelerated in line with that of the DHR
- Commercial: if using the LPP framework, we need to understand the potential contractual restrictions that may apply if collaborating with another organisation/sector

Board of Directors - Monthly Quality Account

Date of Meeting:	Agenda item
29 th May 2019	7.1.
Title of Document:	To be presented by
Monthly Quality Account – April 2019	Chief Nurse
<p>This month's Quality Accounts includes the annual refresh & update to the document which includes:</p> <ol style="list-style-type: none"> 1. A copy of the monthly Staff Safety Briefing <i>'The Big 4'</i> – this document is sent to all clinical staff each month detailing safety messages taken from our Datix incident system and key national alerts. 2. New SPC type charts for Falls, Pressure Ulcers. New Medicine Safety charts detailing key medicine safety information and risks. 3. More detailed patient experience scores by Question for our NHS Divisions. 4. Compliance with new Safer Staffing Safeguards –including staffing 'Red Flags' by clinical area. <p>Key Quality Account messages (April)</p> <ol style="list-style-type: none"> 5. Ecoli reduction for four consecutive months. New national targets for C-Diff. 6. 1 potential attributable MRSA bacteraemia – currently under investigation. 7. Improvement in both Hand Hygiene and Commode Cleaning compliance. 8. 1 grade 4 pressure ulcer reported this month (teenage cancer unit). 9. Nurse vacancies rates remain exceptionally low, major focus continues on retention of staff. 10. The Trust has been shortlisted for a significant Nursing Times award for Nursing Workforce recruitment. 	
<p>Recommendations</p> <p>The Board is asked to note and comment on this report.</p>	

The Royal Marsden NHS Foundation Trust

Monthly Quality Account

April 2019 Data

A report by the Chief Nurse: Eamonn Sullivan

eamonn.sullivan@rmh.nhs.uk



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New Safer Staffing Data	P17 - 21



Quality Account Dashboard 2019-20

Indicator	Annual Target	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	2018/19
Safe care																
Hospital Standardised Mortality Rate (rolling 12 months, NHS and PP)	80	Below	86.37 (Q3 18/19)			(Q4 18/19)			(Q1 19/20)			(Q2 19/20)				
Mortality audit	No target		G (Q3 18/19)													
SIs: Number of SIs (including PU cat 4)	7	Below	1												1	7
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0												0	0
Number of diagnoses of Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA) (Attributable)	6	Below	0												0	6
Clostridium difficile (C. Diff)	67		6												7	N/A
E-Coli	Total number of E-Coli Bacterium		4												4	73
	Number of Attributable E-Coli Bacterium	No target	2												2	40
Sepsis	% of inpatients screened for sepsis	90%	Above													98.0%
	% of those screened positive who received IV abx within 1 hour	90%	Above													100.0%
Harm free care	% Harm free care	No target	Above													96.4%
	% New harm free care	95.0%	Above													97.3%
Falls	Attributable Moderate Harm Incidents while patient under RMH care	2	Below	0											0	2
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0											0	0
	Attributable Death Incidents	0	Below	0											0	0
Number of patients with attributable pressure ulcers	Number of patients	No target	13												13	123
	Category 1	No target	5												5	50
	DTI	No target	0												0	9
	Category 2	No target	6												6	52
	Category 3	No target	0												0	6
	Unstageable	No target	1												1	5
Number of attributable medication incidents with moderate harm and above	9	Below	0												0	9
Number of cardiac arrests	11	Below	1												1	11
Failure to recognise deterioration in a patient leading to death	0	Below	0												0	0
VTE risk assessment	95%	Above	95.8%													95.2%
Effective Care																
Chemotherapy waiting times: % chemo patients starting treatment within 1 hr of appointment time	Chelsea	85%	Above	71.6%											71.6%	71.3%
	Sutton	85%	Above	81.2%											81.2%	78.4%
	Kingston	85%	Above	80.7%											80.7%	90.2%
Chemotherapy waiting times: % chemo patients starting treatment within 3 hrs of first appointment of day	Chelsea	85%	Above	68.8%											68.8%	67.4%
	Sutton	85%	Above	80.8%											80.8%	80.2%
	Kingston	85%	Above	90.2%											90.2%	95.7%
Caring																
RMH Inpatient Friends and Family Test: % Recommended	95%	Above	97.0%												97.0%	96.2%
RMH Inpatient Friends and Family Test: Number of responses	No target		492												492	4317
Responsive																
% of complaints responded to in required timescale	81%	Above	80.0%												80.0%	81.3%
Number of complaints per 1000 beddays	1.80	Below	2.32												2.32	1.80
Well-led																
Number of Freedom To Speak Up (FTSU) alerts	No target															24
Trust vacancy rate	7%	Below	8.5%												8.5%	9.2%
Trust sickness rate	3%	Below	3.2%												3.2%	3.5%
Nurse vacancy rate	10%	Below	7.1%												7.1%	9.5%
Nurse sickness rate	3%	Below	3.3%												3.3%	3.9%
Nurse turnover rate	15%	Below	14.5%												14.5%	14.1%

Cancer Services Divisional Dashboard 2019-20

Indicator	Annual Target - Trust Level	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD
Safe care															
SIs: Number of SIs (including PU cat 4)	7	Below	1												1
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0												0
E-Coli	Total number of E-Coli Bacterium		0												0
	Number of Attributable E-Coli Bacterium	No target	0												0
Harm free care	% Harm free care	No target	Above												
	% New harm free care	95.0%	Above												
Falls	Attributable Moderate Harm Incidents while patient under RMH care	2	Below	0											0
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0											0
	Attributable Death Incidents	0	Below	0											0
Number of patients with attributable pressure ulcers	Number of patients	No target		8											8
	Category 1	No target		3											3
	DTI	No target		0											0
	Category 2	No target		3											3
	Category 3	No target		0											0
	Unstageable	No target		1											1
	Category 4	0		1											1
Number of attributable medication incidents with moderate harm and above	9	Below	0												0
Number of cardiac arrests	11	Below	0												0
Failure to recognise deterioration in a patient leading to death	0	Below	0												0
VTE risk assessment	95%	Above													
Caring															
RMH Inpatient Friends and Family Test: % Recommended	95%	Above	98.1%												
RMH Inpatient Friends and Family Test: Number of responses	No target		309												
Responsive															
% of complaints responded to in required timescale	81%	Above	100.0%												100.0%
Number of complaints per 1000 beddays	1.80	Below	1.68												1.68
Well-led metrics are Turst wide and included in Trust QA															

Clinical Services Divisional Dashboard 2019-20

Indicator	Annual Target - Trust Level	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD
Safe care															
SIs: Number of SIs (including PU cat 4)	7	Below	0												0
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0												0
E-Coli	Total number of E-Coli Bacterium		1												1
	Number of Attributable E-Coli Bacterium	No target	0												0
Harm free care	% Harm free care	No target	Above												
	% New harm free care	95.0%	Above												
Falls	Attributable Moderate Harm Incidents while patient under RMH care	2	Below	0											0
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0											0
	Attributable Death Incidents	0	Below	0											0
Number of patients with attributable pressure ulcers	Number of patients	No target		4											4
	Category 1	No target		1											1
	DTI	No target		0											0
	Category 2	No target		3											3
	Category 3	No target		0											0
	Unstageable	No target		0											0
	Category 4	0		0											0
Number of attributable medication incidents with moderate harm and above	9	Below	0												0
Number of cardiac arrests	11	Below	1												1
Failure to recognise deterioration in a patient leading to death	0	Below	0												0
VTE risk assessment	95%	Above													
Caring															
RMH Inpatient Friends and Family Test: % Recommended	95%	Above	98.0%												
RMH Inpatient Friends and Family Test: Number of responses	No target		49												
Responsive															
% of complaints responded to in required timescale	81%	Above	50.0%												50.0%
Number of complaints per 1000 beddays	1.80	Below	0.00												0.00
Well-led metrics are Turst wide and included in Trust QA															

Private Patients' Divisional Dashboard 2019-20

Indicator	Annual Target - Trust Level	Aim	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD
Safe care															
SIs: Number of SIs (including PU cat 4)	7	Below	0												0
Number of diagnoses of Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) bacteraemia	0	Below	0												0
E-Coli	Total number of E-Coli Bacterium		3												3
	Number of Attributable E-Coli Bacterium	No target	2												2
Harm free care	% Harm free care	No target	Above												
	% New harm free care	95.0%	Above												
Falls	Attributable Moderate Harm Incidents while patient under RMH care	2	Below	0											0
	Attributable Major Harm Incidents while patient under RMH care	0	Below	0											0
	Attributable Death Incidents	0	Below	0											0
Number of patients with attributable pressure ulcers	Number of patients	No target		1											1
	Category 1	No target		1											1
	DTI	No target		0											0
	Category 2	No target		0											0
	Category 3	No target		0											0
	Unstageable	No target		0											0
	Category 4	0		0											0
Number of attributable medication incidents with moderate harm and above	9	Below	0												0
Number of cardiac arrests	11	Below	0												0
Failure to recognise deterioration in a patient leading to death	0	Below	0												0
VTE risk assessment	95%	Above													
Caring															
RMH Inpatient Friends and Family Test: % Recommended	95%	Above	94.0%												
RMH Inpatient Friends and Family Test: Number of responses	No target		134												
Responsive															
% of complaints responded to in required timescale	81%	Above	100.0%												100.0%
Number of complaints per 1000 beddays	1.80	Below	4.03												4.03
Well-led metrics are Trust wide and included in Trust QA															

The 'Big 4' (B4) Monthly Safety Briefing – April 2019

Copy of Big 4 Safety Messages to RMH Staff

The 'Big 4' is the monthly patient safety bulletin from the Chief Nurse, Medical Director and Chief Pharmacist distributed to all clinical staff. The Big4 details 'four' key safety messages taken from our incident system (Datix) or key national guidance in month as well as a 'good-safety-catch' by a member of staff.

B4 – 1: Sharps safety reminder

Sharps bins that have not been properly closed or labelled put staff at risk when they handle them for disposal. Please remember that all sharps containers and bio-bins must be signed on assembly and closure.

This also allows traceability back to ward/department in the event of a problem. Unsigned sharps containers and bio-bins will not be disposed of, so please be vigilant to avoid a build-up of waste.

B4 – 2: National Management of intermittent intravenous infusions

In response to national concerns that patients could potentially be under-dosed due to giving sets not being flushed through with diluent, new guidance has been developed by [NIVAS](#) (National Infusion and Vascular Access Society).

This gives clear advice on the appropriate management of intermittent infusions, including flushing the line appropriately.

Your practice educators will be doing bedside/MDU education sessions this month.

B4 – 3:– National Patient safety alert

As a result of a series of two national incidents resulting in patient death due to choking, a [Patient Safety Alert](#) has been released (NHS/PSA/RE/2018/004).

The new safety framework was implemented at the Royal Marsden from Monday 1 April, and the Speech Therapists and Dietitians have provided training for nursing staff members and ward hosts.

There are posters displayed at nursing stations and in the kitchens on all wards with updated menus also detailing the descriptors. If you have any queries please contact the SLT department on x2815 or the Dietetics department on x2814.

B4 – 4: Potential infection risk associated with building works

Fungal spores such as aspergillus can be liberated when building and refurbishment works are underway. This can pose additional risk to patients who are immunocompromised.

In order to reduce this risk, any building works will always be screened off to prevent dust escaping.

If you spot any egress of dust please contact a member of Infection Prevention Team or Estates straight away.

The 'Good Safety Catch' Award is given by the Chief Nurse to a member of staff or team month for actions in intercepting and stopping an error in reaching patients or staff

Although not related to an incident – this month's 'Good Safety Catch' is given to the Clinical Engineering Team who have implemented an innovative 'Airline Style Checklist' as an additional safeguard to ensure that medical devices (such as infusion pumps) leave the department in a ready state above and beyond manufactures guidance.

Healthcare Associated Infections & Hand Hygiene

Data Owner – Pat Cattini – Deputy Director of Infection Prevention and Control.

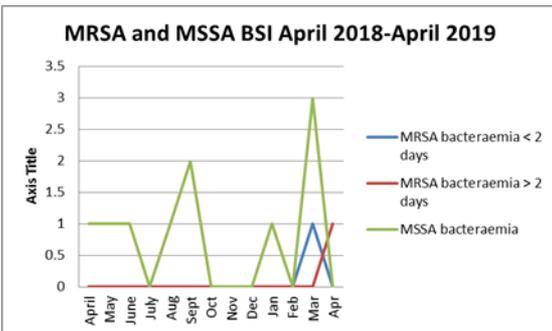
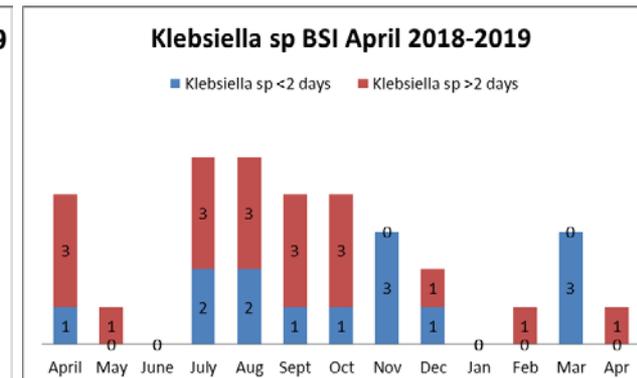
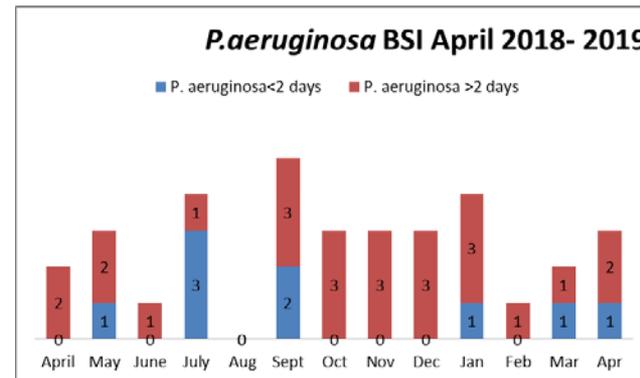
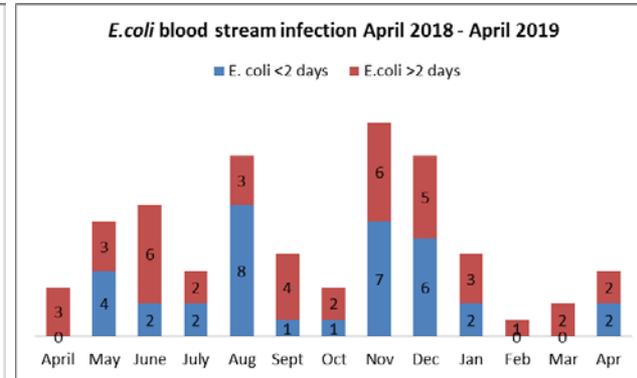
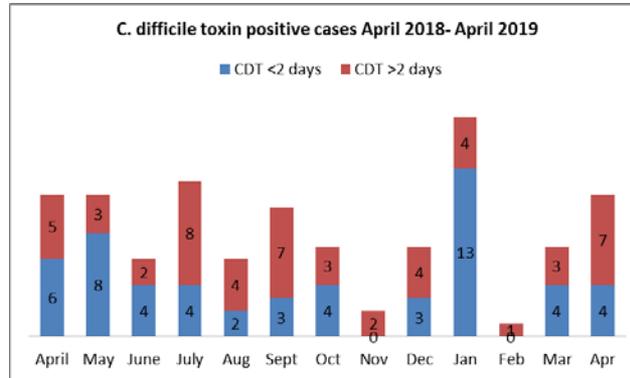
No hospital acquired CPE or Norovirus reported this period. Improvements noted in Commode and hand hygiene scores.

There has been one **MRSA bacteremia** reported (CCU/Wilson ward) in April – this is the first such incident since 2016 – this is currently being investigated.

A Ecoli reduction project is well underway, led by our Darzi fellow - numbers have reduced for four consecutive months.

C Difficile - new national targets based upon community and hospital associated onset cases – RMH target for 2019/2020 is no more than 67 cases. April has seen 6 cases which are individually reviewed by the DIPC each month.

April – **Pseudomonas aeruginosa** has been isolated in routine water sampling on Wilshaw ward. There is no evidence of patient transmission and all precautions are in place.



Commode cleaning compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Chelsea Site	74%	76%	89%	92%	86%	96%	64%	75%	80%	60%	83%	100%	100%
Sutton Site	75%	95%	82%	95%	76%	95%	66%	63%	83%	78%	86%	97%	100%

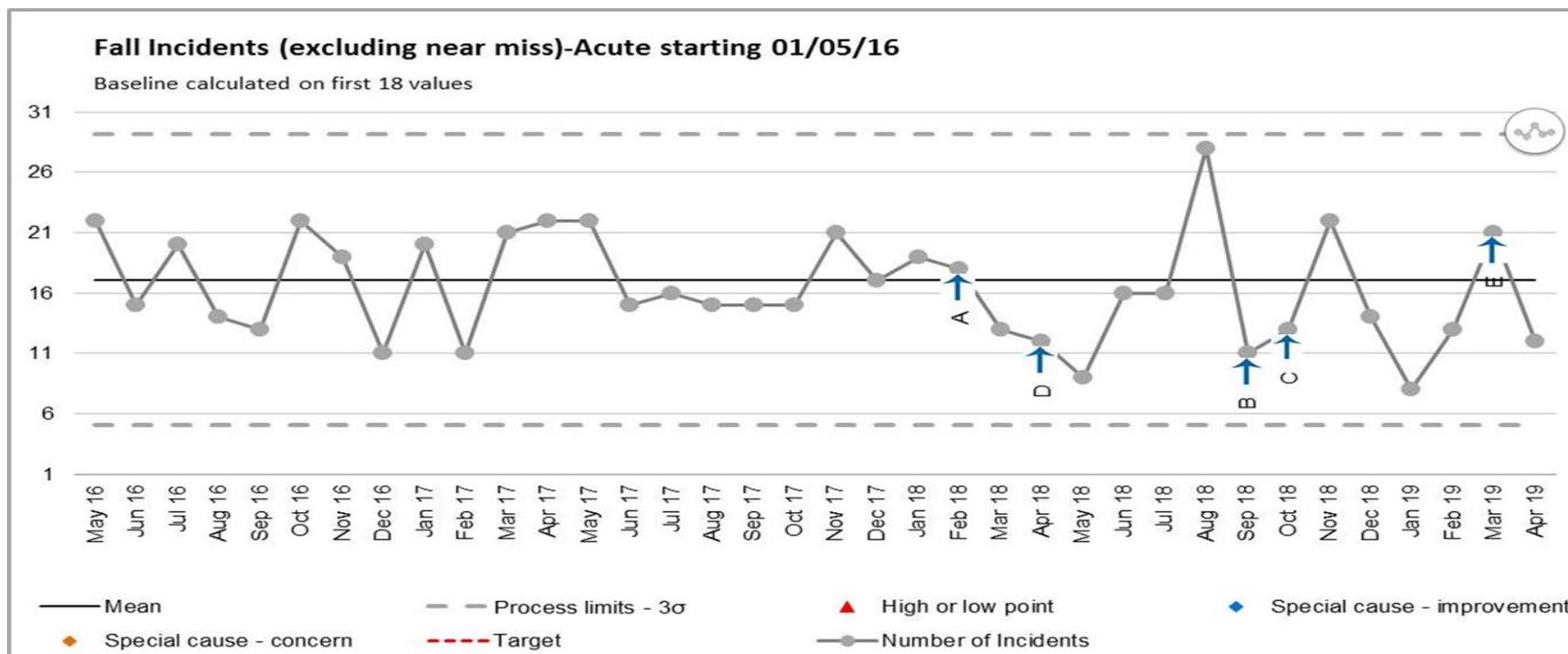
Hand Hygiene Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Chelsea Site	94	97	94	94	95	94	94	94	94	94	94	95%
Sutton Site	95	99	95	96	97	97	95	96	94	98	93	95%
Kingston MDU	100	100	100	100	100	95	100	100	100	100	95	97%

Patient Fall Incidents

Target: <0.7 falls with moderate or above harm

Data Owner – Matron Ann Duncan. The Graph below details falls (no and low harm) overlaid with critical improvement interventions over the past 12 months. Importantly Moderate and above harm events (a falls related fracture or significant head injury) have fallen: 2017/2018 n=4, 2018/2019 n=2. There have been no moderate or above fall related injuries reported in April 2019.

Table 3.0



Key Interventions

- A Safety huddles implemented
- B Finalised version of Safety & Quality boards introduced
- C Mini RCA increased usage by Matrons post fall
- D Increased training and compliance of red sticker initiative
- E Policy - revised medication list, RAG rated for staff reference introduced

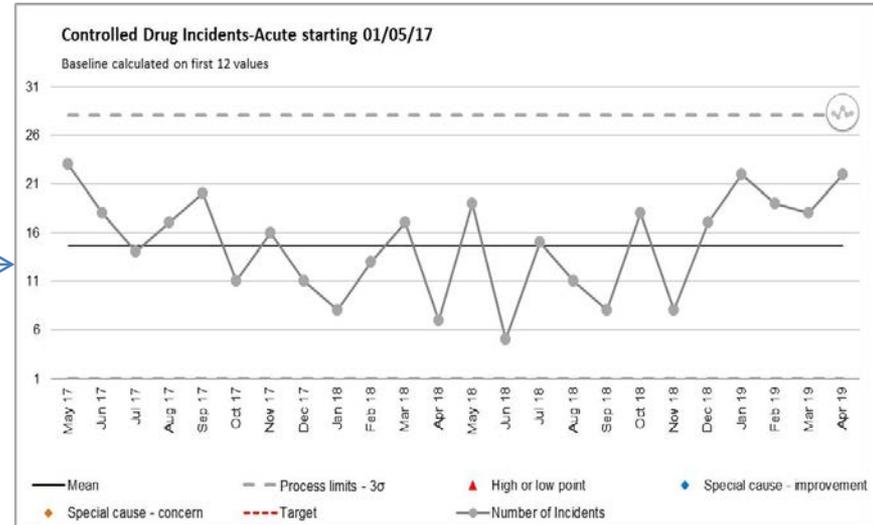


Medication Incidents

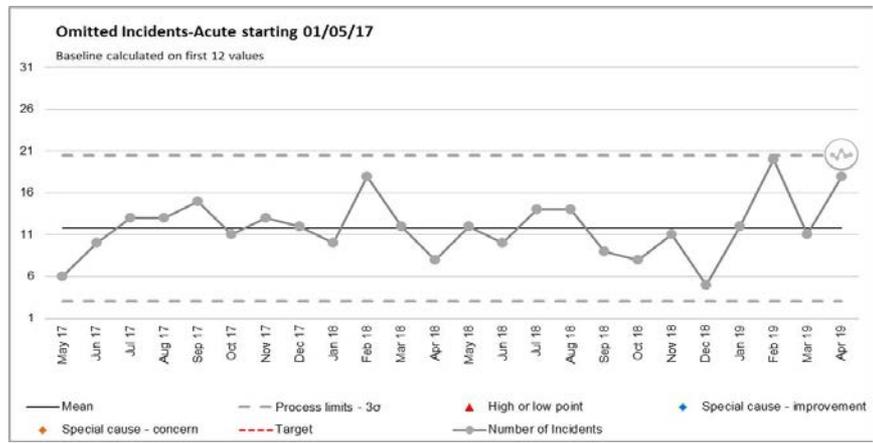
Data owner Suraya Quadir Pharmacist

April 2019 - the majority of medication incidents relate to chemotherapy or opiates, and are within normal trends – all are low or no harm, with no moderate or above incidents reported in this period (April 2019)

CD Incidents: The Trust administers over 100,000 of doses of opiates per year, staff have a very low threshold for reporting. The CD incidents in April were classified as no harm, with no clusters being identified. There was one near miss related to a PCA which has been included on the 'Big 4 Safety Bulletin' for staff.



Delayed medicines: Main themes are delays in preparation of chemotherapy and administration. March 2019 highlighted chemo preparation delays due to greater workload, complexity and training of new staff compared to April 2019. Equally significant delays in March 2019 were due to administration of antibiotics and chemotherapy.



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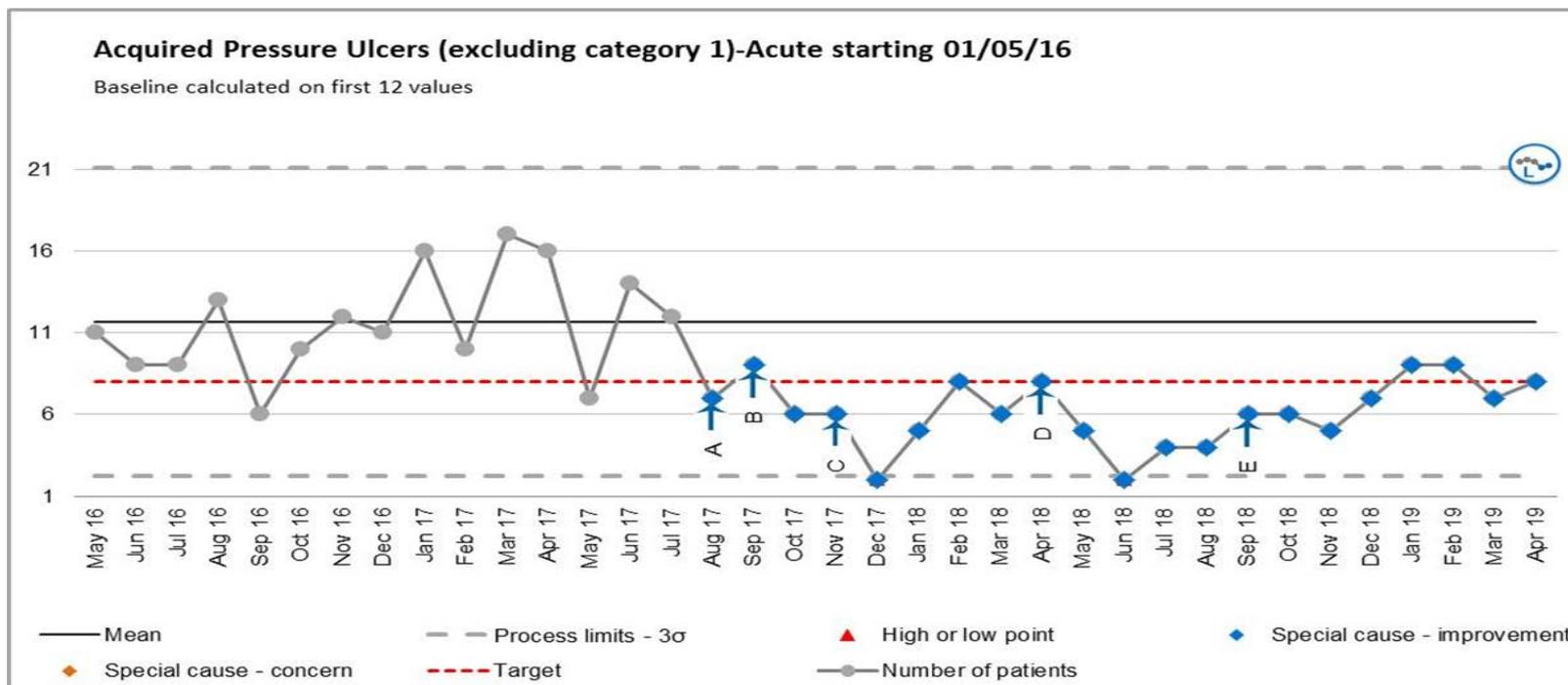
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Hospital Pressure Ulcers* - All Categories

Target: Zero grade 4 pressure ulcers

Data owner: Andy Dimech DCN. We have continued to see a year on year reduction in pressure damage since we commenced our improvement program in August 2017. In April 2019 we had n=13 hospital acquired pressure ulcers (five category 1, six category 2, one unstagable and one deterioration to grade 4 (a palliative care patient in our teenage unit – currently under investigation). There were clusters (more than 2) pressure ulcers reported on CCU and Kennaway wards – improvement work is underway across both of these areas.

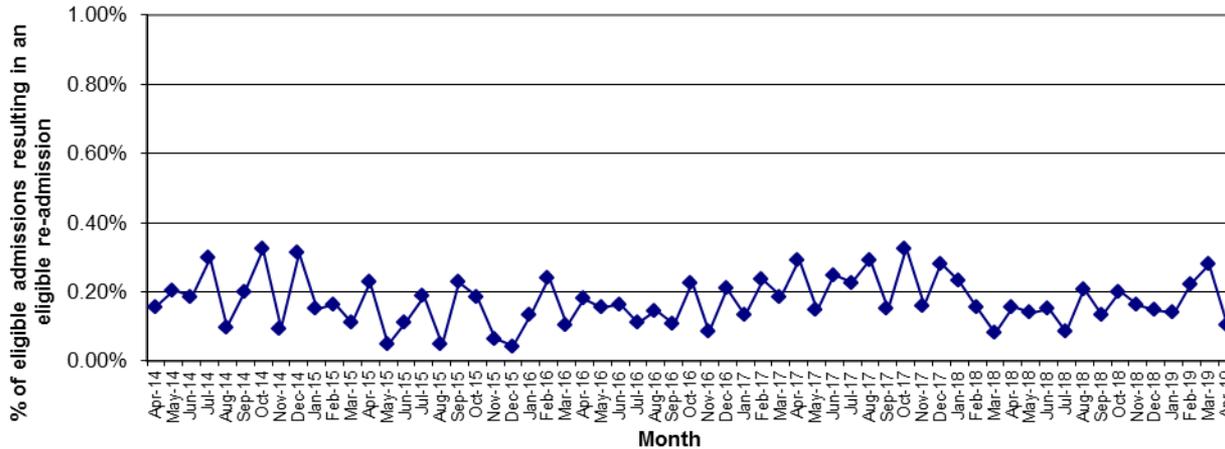


Key Interventions

- A New Darzi Fellow in Post
- B Updated Pressure Ulcer (PU) Policy & introduction of training to staff
- C Updated Incident Reporting Categorisation & PU Awareness Event
- D Introduction of Mini Root Cause Analysis & Prevalence & Quality Audit
- E Launch of Tissue Viability Champions Training

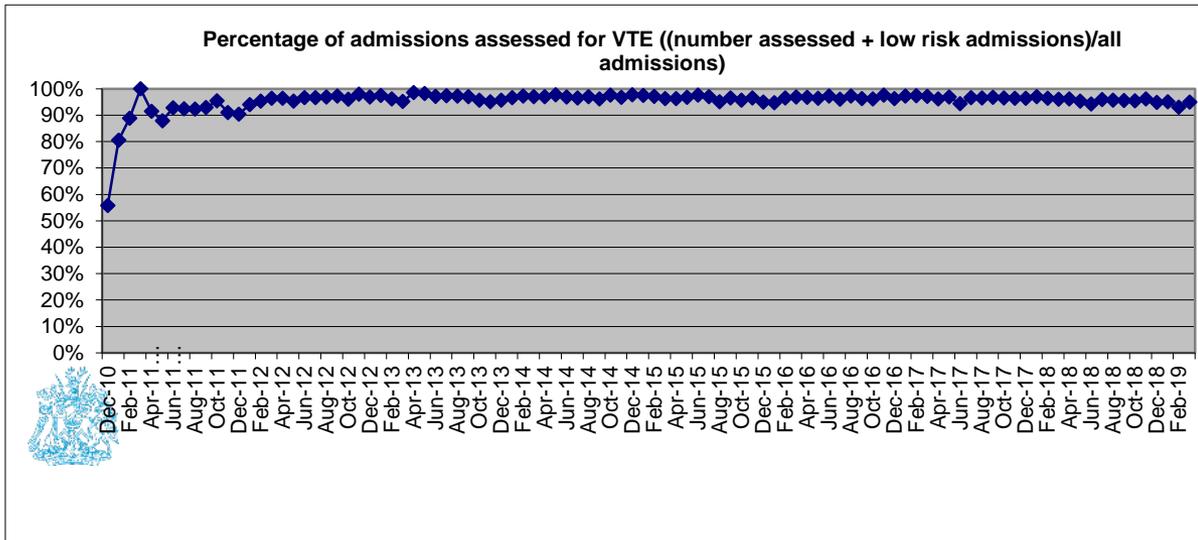


Hospital VTE Screening & Trust Readmission Performance



Readmissions: Data owner – Stephen Francis, Director of Information

Readmissions remain exceptionally low and were within trends this month.

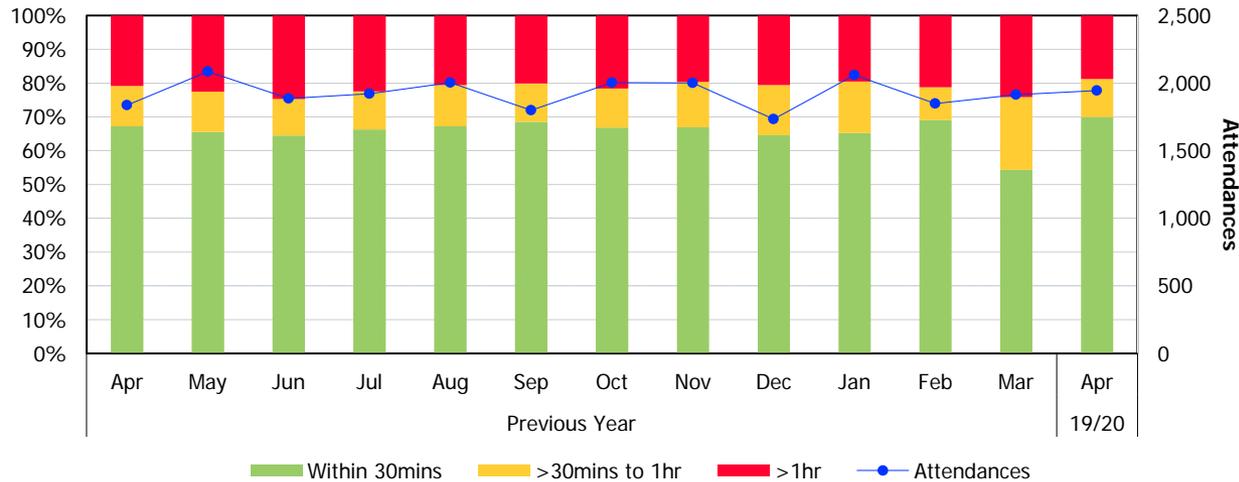


Readmissions: Data owner – Justine Hofland DND Cancer Services.

In April VTE assessment was reported at 95.8%. The Trust has reviewed the mechanism of recording and data collection in March and April 2019, and a new electronic single data entry system has been developed, tested and will be rolled out Trust-wide in June 2019.

Chemotherapy Waiting Times

Sutton Chemotherapy Waiting Times



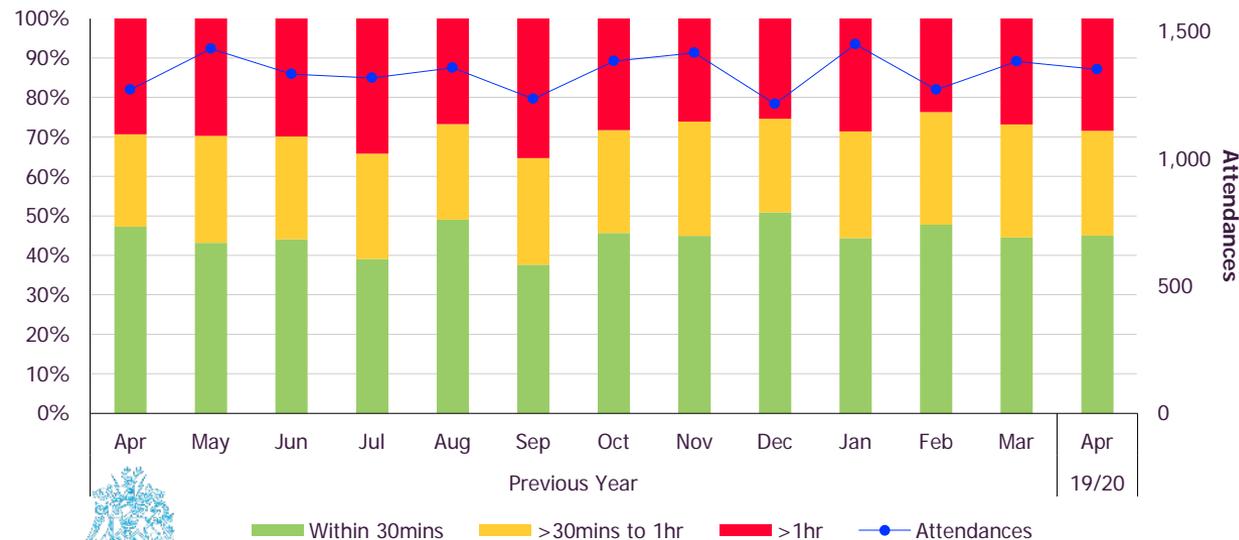
Data Owner: Jatinder Harchowal, Chief Pharmacist & Lorraine Hyde, Matron, MDU Sutton.

Activity and complexity of chemo regimes remains very high. Continued work is taking place to review the chemotherapy pathway to minimise delays to prescribing, authorisation and manufacturing of parenteral chemotherapy. It is anticipated that this work will have a positive effect by Q3.

Activity of note since March 2019:

- An electronic blood labeling system will be rolled out across all NHS units this quarter
- Building work has begun on an enhanced phlebotomy unit in Sutton.
- New biochemistry analysers have been installed to improve turnaround times for blood results
- An electronic scheduling system is under construction to be ready for testing in August
- -Demand remains very high cross-site – additional aseptic staff are being recruited to facilitate extended working hours.
- Construction of a new aseptic suite in Chelsea is almost complete with an aim to be up and running in Q3 – this will improve workflow and capacity.
- The use of ready-made (pre-prepared) chemo is being increased. A recent pilot scheme reduced delays for 'Gold Patients' from 11% to 2%
- Plans in place to improve pre-prescribing rates in haematology as a result of a recent paired-learning project.

Fulham Road Chemotherapy Waiting Times



Our Patient Experience Friends & Family Test (FFT)

Data owner – Kayleigh Sanderson – Head of Assurance

National Friends & Family Test Data (RM data as of 10 May 2019 – Against March 2019 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 March 2019. **The trust is above this with a score 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 March 2019. **The trust is equal to this with a score of 94%.**

INPATIENTS FFT	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
The Royal Marsden inpatients who would recommend	96%	98%	95%	97%	96%	96%	96%	97%	94%	97%	97%
National average	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Response number	1158	1008	1051	978	1213	1075	477	334	309	294	472

OUTPATIENTS FFT	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Nov 2018	Dec 2018	Jan 2019	Feb 2019	March 2019
The Royal Marsden outpatients who would recommend	95%	95%	95%	96%	94%	95%	96%	95%	96%	94%	94%
National average	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
Response number	1119	1511	1490	1459	1814	1843	668	611	626	476	741

Our Patient Experience Monthly Survey Results

The Royal Marsden NHS Foundation Trust

Cancer Services

Date

01 April - 30 April

Your average score for all questions this period



Reviews this period

424

Your recommend scores

5 Star Score

4.88

% Likely to recommend

96.5%

% Unlikely to recommend

0.7%

Question	Average Score	Comparison vs org	Comparison vs last month	trend	1*	2*	3*	4*	5*
Call bell	4.80	-0.03		∨	2	1	10	36	294
Cleanliness	4.83	-0.04		∧	0	1	6	40	279
Dignity/Respect	4.94	0.01		∧	1	1	1	14	354
Information	4.78	0.00		∨	4	2	6	49	309
Involvement	4.80	0.02		∧	2	0	7	51	308
Kindness	4.97	0.00		∨	0	0	0	1	29
Listening	4.89	0.00		∨	0	0	0	3	25
Pain Control	4.87	0.03		∨	1	1	3	27	279
Parent Dignity	4.95	0.00		∧	0	0	0	2	42
Safe	4.90	0.00		∨	0	0	0	3	28
Staff	4.93	0.01		∨	1	0	1	19	345
Suitable Location	4.57	0.00		∨	0	0	5	9	30
Understanding	4.80	0.00		∨	1	0	0	2	27
Meals	4.80	0.05		∧	1	1	11	28	247
Worries-concerns	4.75	-0.01		∨	3	1	13	31	245



Our Patient Experience Monthly Survey Results

The Royal Marsden NHS Foundation Trust

Clinical Services

Date

01 April - 30 April

Your average score for all questions this period



Reviews this period

501

Your recommend scores

5 Star Score

4.91

% Likely to recommend

95.0%

% Unlikely to recommend

1.2%

Question	Average Score	Comparison vs org	Comparison vs last month	trend	1*	2*	3*	4*	5*
Call bell	4.84	0.01	📉		4	2	9	24	368
Cleanliness	4.88	0.02	📉		3	1	5	30	430
Dignity/Respect	4.91	-0.01	📉		4	1	8	7	455
Information	4.76	-0.01	📉		5	7	15	44	402
Involvement	4.77	-0.02	📉		7	2	15	44	400
Pain Control	4.82	-0.02	📉		4	4	7	12	277
Staff	4.91	-0.01	📉		3	5	3	9	450
Meals	4.74	-0.02	📉		4	4	7	13	182
Worries-concerns	4.76	-0.00	📉		5	5	10	25	293



Our Patient Experience Monthly Survey Results

Table 14-18: The patient comments below are captured via our paper FFT comments cards. Information is fed back directly to ward teams. Ward Sisters and Matrons review the data as it arrives and action appropriately. The information is also reviewed at the CBU Performance Review meetings.

April 2019 Update – the Trust is reviewing its electronic patient experience survey provider and is currently out to national tender for a partner in this area. The outcome of the tender is expected to be report in May 2019.

Example of Positive Comments this period

The nurse who saw me today was excellent - friendly, reassuring and took time to explain observations to me which was appreciated. Also like that he made an effort with every patient, greeting Arabic patient with 'As-salamu alaykum' for example. Waiting area was also very nice, with jugs of water, tea and biscuits. (Admissions and pre -assessment).

I had two cancellations but well looked after when in hospital. (PET/CT)

I was treated with dignity and empathy. The appointments were on time. Nothing in particular stands out as needing improvement. (west wing day unit).

Very friendly staff. Always willing to help or advise. Thoroughly pleasant stay. (Kennaway Ward).

Nurses/team work are fantastic - very helpful (research)

Comments where care can be improved this period

Communication could be better. Waiting far too long for investigations results and prescription. (clinical assessment unit)

Nothing directly linked to the CAU, but this morning we couldn't speak with our very nurse (dialled more than 10 times, with no answer) and also couldn't get any support from the Royal Marsden Macmillan hotline - waited 35 mins and still couldn't speak with one of the nurses (CAU)

Excellent patient care on all levels. Thank you.
Waiting times - blood result time and pharmacy IV make up of chemo timings very prolonged. These could be improved! (Oak Day Unit)

Nurses and teenage ward great. The various special meals and organised visits or activities make all the difference. Cleaning could be improved. Accessibility of getting in and out of ward especially not w/e a real hassle. Parking hard. Would have liked various treatment scenarios if possible explained better. (Teenage unit)



Patient Feedback - Complaints/ PALS

Complaints Summary: 11 new complaints were opened in April 2019, 5 of which were for Cancer Services, 5 for Corporate Services and 1 for Community Services. 23 complaints remain open in total at the beginning of May and no complaints were reopened. Concerns surrounding communication has continued to be the most common subject of the complaints received.

Table 18.0 April received Complaints – Grouped by subjects

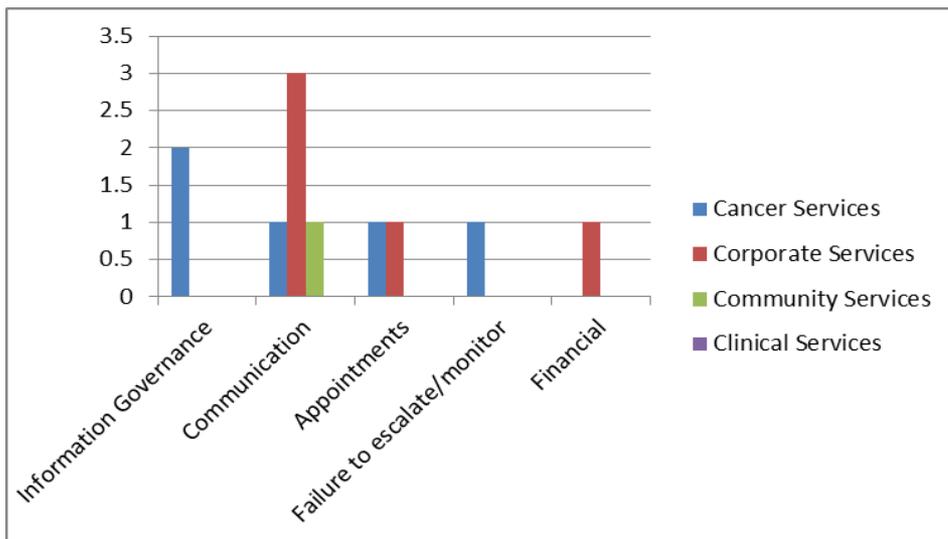


Table 19.0 Subject narrative :

Out of the 11 complaints received, the subjects raised in April were:

- Communication breakdown
- Information Governance / Breach of confidentiality
- Appointment issues
- Failure to escalate/monitor situations
- Financial issues

Table 20.0 Closed Complaints

Complaints	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Number per month	8	7	9	12	6	10	10	10	15	8	19	9
(aim <12)												
PHSO - Upheld	0	0	0	0	0	0	0	0	0	0	0	0
PHSO – Not upheld	0	0	0	0	1	0	0	0	0	0	0	0



Safer Staffing: Nurse Recruitment

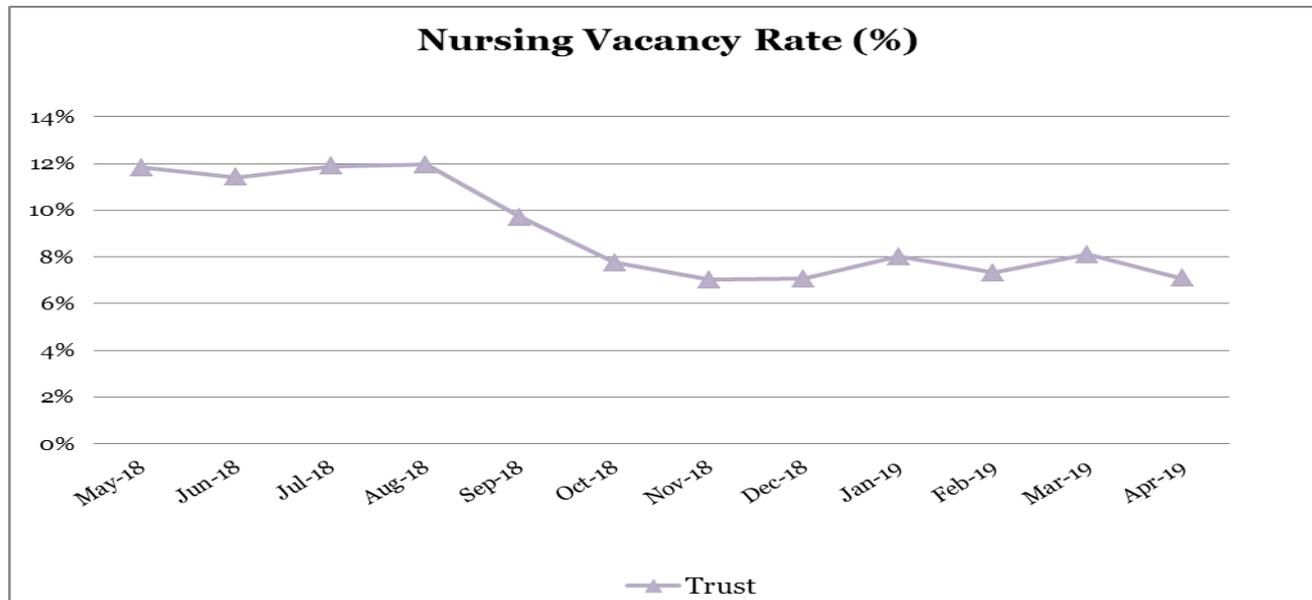
Nurse Recruitment

Nurse recruitment and retention remain a Trust priority and the nursing recruitment and retention group continues to meet fortnightly to ensure sustained focus on our objectives. The Trust Nursing vacancy rate decreased to 7.1%, and remains below the Trust target of 8.0%, and well below the London average – this is a very positive position. There are 91.5 wte nurses in the recruitment pipeline of which 31 wte are students due to qualify in September. In April 2019 the Trust was shortlisted for a national Nursing Times Nursing Workforce Award for use of digital technology and communications in recruitment.

Summary May/June 2019 Nurse Recruitment Activity:

- Nurse Recruitment 24th April, 2 candidates selected for BC Ward and 1 for CCU
- HCSW to RGN Conversion Scheme 1 employee successfully passed their OSCE
- 5 x International nurses in the pipeline, 4 x CCU and 1 x Oncology
- There were 23 (18.28 wte) nursing new starters in April
- 39 expressions of interest have been generated from the social media campaigns for March bringing the total since commencing to 389 expressions of interest.
- Booked to attend Southampton and University of East Anglia nursing careers fairs in October 2019

Table 23.0 Nurse Vacancy Rates



Safer Staffing: Nurse Retention

Turnover/Retention

The overall (all staff) voluntary turnover rate is 13.3% and remains average for London. The Trust Nursing voluntary turnover decreased marginally to 14.5%. There were 7.7 wte band 5 & 6 voluntary leavers in month and the reason for leaving are set out in the table below.

Of 33 clinical areas listed in the Trust – the following areas are outliers for (nurse) turnover over the past 12 months: Wilson Ward, Endoscopy, Kennaway & Smithers and CCU. Each area has a bespoke recruitment/retention plan, and at time of writing all areas vacancy rates/turnover rates are improving.

Retention & Recruitment continues to be the key focus of the Chief Nurse and HR Director, working together they chair a fortnightly Retention & Recruitment Meeting. Work continues across a number of areas, including: preceptorship, flexible working and meetings with the Chief Nurse (new band 5's).

Table 21.0 Nurse 'Joiners and Leavers' cumulative position

Nursing Joiners & Voluntary Leavers - Band 5-6													
Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Starters (fte)	23.0	14.3	7.7	19.3	11.8	38.6	35.9	12.0	8.0	12.2	9.6	4.0	196.33
Leavers (fte)	13.6	5.8	3.4	11.9	14.2	10.1	8.2	4.8	11.4	15.9	7.0	13.6	119.87
Variance	9.4	8.5	4.3	7.8	-2.4	28.48	27.65	7.2	-3.41	-3.7	2.6	-9.6	94.97

Table 22.0 Reasons for leaving

Voluntary Nurse leavers Bands 5&6	WTE
Relocation	5.9
Promotion	3.8
Work Life Balance	2.4
Health	1.5
Total WTE	13.6

Safer Staffing Standards Update & Guidance

New National Safe staffing Guidance

NHSi released 'Developing Workforce Safeguards' in 2018 building on existing 2016 guidance supporting transparent safer staffing assurance from Ward to Board.

- Since 2014 the Trust has been required to publish the fill rate as a percentage for all inpatient wards, and in addition have been reporting on Care Hours Per Patient Day (CHPPD) since May 16.
- In addition twice per year the Chief Nurse leads on a detailed nurse staffing review which is reported to the Board. In 2019 this will be extended to cover other clinical staff groups to assure the Board that staffing is safe or requires action.

Carter Metric: Care Hours Per Patient Day (CHPPD)

- CHPPD is a Carter Metric designed to be used on inpatient wards only CHPPD is calculated by:
 - $$\frac{\text{Number of nursing + Healthcare support workers}}{\text{Number of patients on the ward at Midnight}}$$
- The Trust has a number of CHPPD anomalies which inflate our Care Hours – Oak (Research Unit) is a mixed 23 hour unit which is not amiable to CHPPD.
- Our smaller wards result in higher CHPPD – including GH1, GH2, GH3, Horder, Markus, and TCT.

Red Flags

- NICE recommended the introduction of Red Flags as a tool to record those occasions where staffing may impact on the ability to care for patients with the right staff, right skills and at the right time. These should be reported by Staff on Datix.
- Staff are actively encouraged to report Red Flags. Red Flags are reviewed each Tuesday by the Chief Nurse & Matrons Huddle.

Red Flags include:

- 1 RN on shift/2 RN and/or HCSW on shift
- Unplanned omission in providing patient medications
- Delay of more than 30mins in providing pain relief
- Patients' vital signs not assess or recorded as outlined in care plan
- Missed Breaks
- Missing essential skills on shift (i.e. Head and Neck Trained RN/Chemotherapy competent RN)
- Delay or omission of intentional rounding including
 - Pain: Asking patients to describe pain using a local pain assessment tool
 - Personal needs: i.e. hydration, assisting patient to toilet/bathroom
 - Positioning: making sure patient is comfortable and risk of pressure ulcers is assessed and minimised.

April Red Flags (overleaf) n=8 – within normal limits, with no clusters identified.



Safer Staffing - Red Flags & April Narrative

Inpatients									
Ward name	Fill% RN Days	Fill % HCA Days	Fill % RN Nights	Fill % HCA Nights	RN CHPPD	HCA CHPPD	Total CHPPD	Red Flags	Comments
Burdett Courts	95.4%	103.2%	98.9%		6.8	1.4	8.1	2	Pt Specialled - confusion/cognitive impairment RN on phased return RED FLAG: Missed Breaks /Missing Key skills
Critical Care Unit	100.2%	83.7%	101.4%	100.0%	29.3	2.6	31.9		
Ellis Ward	98.4%	104.6%	97.3%	116.7%	6.2	1.5	7.7	1	Pt specialled - Escort Reduced acuity covered outstanding shifts with HCA RED FLAG: Missing key skills
Granard House 1	98.6%	100.0%	99.9%	96.7%	9.3	3.8	13.1		
Granard House 2	97.2%	91.2%	100.0%	90.9%	10.7	4.0	14.7		shifts not covered when acuity allowed Ward closure over Easter
Granard House 3	100.8%	88.7%	100.0%	101.0%	10.5	4.0	14.5		Over staffed over Easter period - Matron investigating
Horder Ward	101.2%	108.4%	95.7%	120.2%	9.9	3.6	13.5		Pt specialled - Confusion/Cognitive impairment Reduced acuity - outstanding shifts covered with HCA/staff Redeployed
Markus Ward	96.8%	100.0%	99.6%	96.0%	9.1	3.6	12.7	4	Ward closure over Easter RED FLAG: 1 RN on shift or 2 RN short / Missed Breaks
Wilson Ward	92.7%	112.1%	98.9%		7.0	1.5	8.5	1	Pt Specialled - Confusion/cognitive impairment RN shifts outstanding unable to be covered RED FLAG: Missing key skills
Wiltshaw Ward	98.8%	98.2%	99.3%	109.9%	9.8	2.7	12.5		Partial ward closure Pt specialled - Confusion/cognitive impairment
Bud Flanagan East Ward	90.1%	107.2%	99.5%	113.0%	7.8	2.6	10.4	1	Unable to cover all RN shifts Pt specialled - Confusion/cognitive impairment RED FLAG: 1 RN on shift or 2 RN short
Bud Flanagan West Ward	97.5%	94.1%	100.0%	120.0%	8.3	2.6	10.9		Pt Specialled - Confusion/cognitive impairment HCA on Phased Return Unable to cover all RN shifts
McElwain Ward	92.7%	10.1%	92.6%		10.4	1.2	11.6		
Kennaway Ward	107.6%	111.0%	100.0%	117.8%	8.7	2.5	11.3		Day unit was open Adhoc during month when staffing numbers allowed
Oak Ward	80.0%	95.8%	96.9%		14.6	3.6	18.2		RN sickness unable to cover - staff moved around to ensure ward safety
Robert Tiffany Ward	95.9%	95.8%	101.3%	90.0%	10.0	2.3	12.3		Reduced acuity Shifts not covered
Smithers Ward	98.6%	112.4%	106.2%	100.0%	6.9	2.1	9.0	1	Pts specialled - Escort /Acute unwell increase observations RED FLAG: Delay of >30mins in providing pain medication
Teenage and Young Adult Unit	94.0%	57.7%	81.6%		10.3	1.7	12.0	1	Ward staffed for acuity HCA moved from days to support nights RED FLAG: 1 RN on shift or 2RN short

Day Areas				
Ward name	Fill% RN Days	Fill % HCA Days	Red Flags	Comments
Bud Flanagan AC	64.80%	103.70%		Unable to cover all RN shifts - supported by CNS/Practice educators/ward staff
APU C	102.60%	90%		Roster split part way through month
APU S	96.70%			Roster split part way through month
CAU L	101.50%	105.70%		Staffed for acuity/activity
CAU S	97%			Staffed for acuity/activity
Childrens Dayunit	94.70%	103.90%		Unable to cover all shifts
DSU	85.70%	86.80%		Staff sickness unable to cover all shifts Additional Saturday activity
Endoscopy	115%	112.30%		Staffed for acuity/activity
MDU C	87%	105.60%		Unable to cover all RN shifts Additional weekend activity due to BH
MDU S + Kingston	91.50%	85.30%	1	Unable to cover all RN shifts Additional weekend activity due to BH RED FLAG: 1 RN on shift or 2 RN short
Oak Dayunit	97.50%	58.50%		HCA sickness/AL not covered
PPMDU C	90.70%	97.60%		Unable to cover all RN shifts
PPMDU S	95.50%	100%		
PPOPD C	88.50%	89%		Staff sickness unable to cover all shifts
PPOPD S	101.70%	91.90%		Staffed for activity
PPDSU	104.50%			Staffed for activity
Outpatients C	78.70%	123.10%		RN vacancies unable to cover all RN shifts
Outpatients S	72.30%	103.50%		RN vacancies unable to cover all RN shifts
RDAC C	86.60%	113%		RN long term sickness unable to cover with RN
RDAC S	90.30%	75.50%		HCA vacancy shifts not covered
Theatres C	106%	96.90%		Planned not updated to reflect business case changes
Theatres S	83.70%	94.20%		Staff on Study leave/AL shifts not covered
West Wing	90.70%	60%		HCA vacancy shifts not covered

Quality Account Summary The Board members are asked to note and comment on this report.

Eamonn Sullivan
Chief Nurse May 2019

BOARD PAPER SUMMARY SHEET

Date of Meeting: 29 th May 2019	Agenda item 7.2
Title of Document: Key Performance Indicators Q4	To be presented by Chief Nurse
Executive Summary This paper provides the Board with an update on the Trust's performance for quarter 4 2018/19. The scorecard and narrative is also submitted to the Council of Governors. The report includes the balanced scorecard for the Trust and a commentary on the red-rated indicators in the quarter 4 report including actions underway to improve performance.	
Recommendations The Board is asked to note the Trust balanced scorecard and commentary for quarter 4 2018/19 and is invited to discuss the position.	

KEY PERFORMANCE INDICATORS

QUARTER 4 2018/19

1. Purpose

This paper provides the Board with an update on the Trust’s performance for quarter 4 2018/19. The scorecard and narrative is also submitted to the Council of Governors.

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

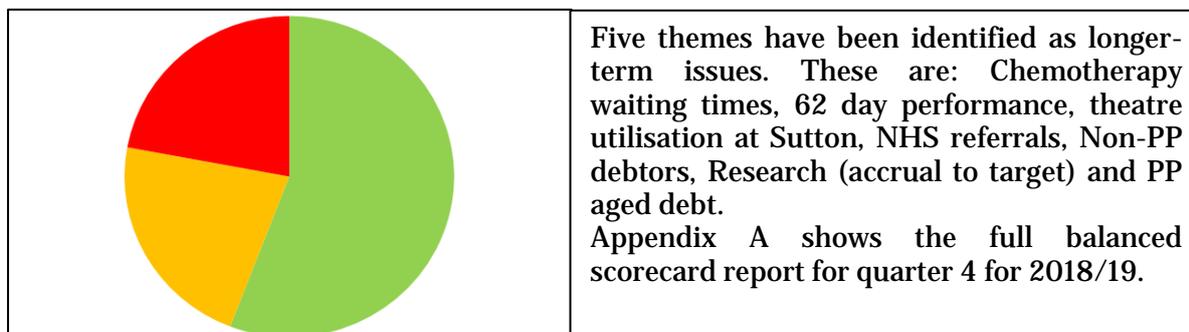
2. Amendments to Scorecard

The below changes have been made to the Q4 scorecard.

- PP activity Income Variance has been changed to YTD rather than quarterly variances to align with the NHS Income Variance methodology
- RMH patients recruited to 100K Genome project has been removed as the recruitment period of the Genome project has now closed.

3. Performance for Quarter 4 18/19

42 of the RAG-rated metrics were green in Quarter 4 with 17 metrics rated red.



3.1 Patient Safety, Quality and Experience

Total number of E-COLI bacterium			
Q4 18/19	Actual: 8 (73 total)	Target: ≤56 per annum	Forecast: Red

8 incidences of E-COLI were detected in quarter 4 which brought the total number of cases to 73 for the 18/19 reporting period. These 8 cases in quarter represented significant reduction on the quarter 3 level of 27. This measure records all cases of E-COLI seen at RMH, regardless of whether RMH are attributable for the infection. The incidence rate has been investigated by the Chief Nurse in collaboration with the Trust’s infection prevention

and control lead. RMH complete a root cause analysis for each E-COLI case and any patients known to have died with E-COLI are independently reviewed at panel.

RMH are currently engaged in a robust programme of work to better understand and protect oncology patients from risk factors for E-COLI. A national collaborative project is being led jointly by RMH and The Christie with support from the NHS Improvement team. The national cancer E-COLI collaborative is aimed at understanding and reducing the number of E-COLI blood stream infections in Oncology patients. As part of this initiative a Darzi fellow has been appointed at RMH to pull together a risk assessment and a bundle of care to reduce risk. The key areas of focus are around patient hydration, oral care, hand hygiene and patient mobilisation and there are process improvement projects in place to improve patient outcomes.

Q4 18/19	VTE Risk Assessment		
	94.4%	Target: 95%	Forecast: Green

Quarter 4 performance against the national VTE target fell below the national target, reporting 94.4% against a target of 95%. This is the first time the Trust has failed this target for a quarter. An action plan has been put together by the VTE working group to drive improvements. This is centred around:

- Ensuring robust capture of assessments on the EPR system, expected Q1 19/20;
- Meeting with all the new doctors to ensure compliance
- Reducing from 5 areas to assess VTE to 2 areas that will be mandated
- Communication to be sent out from medical director following changes to EPR
- Additional pharmacist support
- Launching VTE roadshow across the Trust.

Q4 18/19	Percentage of chemotherapy patients starting treatment within 3 hours of first appointment of the day		
	Actual: 77.3%	Target: 85%	Forecast: Amber
	Percentage of chemotherapy patients starting treatment within 1 hour of appointment time		
	Actual: 77.0%	Target: 85%	Forecast: Amber

Quarter 4 performance against chemotherapy targets represents a stable picture compared to quarter 3 2018/19. A full pathway audit has been undertaken which identified that the key causes of extended waits are:

- Lack of capacity and modern equipment and processes in aseptics, phlebotomy services and pathology. These factors have led to unintentional 'batching' of results and confirmations and directly impact all other services
- Paper-based scheduling across all units
- Variation in processes between units
- Physical space constraints in all clinical areas
- Ineffective communication pathways between units/staff/patients

A day care improvement project has been initiated to overcome these issues. The enabling work is now complete and the project is now moving onto the implementation stage. The key completed actions include:

- A business case has been approved for capital works to expand Sutton Outpatients Phlebotomy service. Building works are in progress and are expected to be completed

in mid-June. Recruitment will be completed as soon as possible after final approval of the staffing model.

- Following a pilot in Sutton MDU, Pharmacy roles have been reviewed and amended to improve our management of batch chemotherapy. The impact of this change will be reviewed during May and June, with further changes made to Pharmacy processes if required.
- A business case for an electronic scheduling tool has been approved and development is in progress. The system is expected to be tested during summer 2019 and rolled out in autumn 2019.
- Labelling machines have been purchased in order to reduce Phlebotomy waiting times across all NHS units. Roll out is planned to take place during June 2019 once a related IT change has been completed.

As can be seen, the day care improvement project is addressing a number of the different issues along the pathway and the scope of work is significant. The expected impact of these various workstreams has been mapped, with improvements expected in stages over the next two quarters. The current target of 85% is expected to be met by December 2019, and work will continue beyond that point to drive more improvements in waiting times.

3.2 National Waiting Time Targets:

Q4 18/19	62 day wait for first treatment – GP referral to treatment (before reallocation)		
	Actual: 76.8%	Target: 85%	Forecast: Red
	62 day wait for first treatment – GP referral to treatment (post reallocation)		
	Actual: 82.4%	Target: 85%	Forecast: Green

The Trust did not meet the standard for quarter 4 2018/19 with performance at 76.8% against a target of 85%. The Trust did not meet the standard following reallocation with reallocated performance at 82.4%. Whilst late referrals, patient fitness and complexity of pathways continue to impact performance at the Trust, increasing demand has also put pressure on capacity at RMH. This includes capacity constraints in outpatients, radiology, histopathology.

Review of operational challenges raised through the Trust Patient Tracking meeting has identified three key themes affecting 62 day performance during 2018/19; inefficient administrative processes, reduced surgical capacity around holiday periods, and reduced clinic capacity around holiday periods. Following on from this, capacity is being mapped over key holiday periods to minimise the risks associated with reduced capacity. An administrative process review has been established which will yield benefits in pathway efficiency.

During 2018/19, the Trust has invested in extra capacity within the breast service, theatres and Interventional Radiology. These measures aim to increase the Trust's diagnostic and therapeutic capacity. There is also a significant programme of work ongoing within the sarcoma service to re-design the diagnostic pathway and enable the Trust to focus on the more specialised elements of the pathway.

For quarter 4, there were 49.5 accountable breaches prior to reallocation. Of those, 28.5 (58%) were received late in the pathway (defined as after day 38). Of those remaining, the breaches occurred for the following reasons:

- Administrative delays (2.5)

- Capacity (4.0)
- Delay in workup / pathway management (3.0)
- Patient initiated reasons (5.0)
- Patient fitness (2.5)
- Complex diagnostic pathway (4.0)

Within the framework of national reallocation guidance, referring trusts are working towards ensuring that referrals are made to the Royal Marsden by day 38 wherever appropriate. Internal performance, that is performance for the pathways wholly under the control of the Trust (GP referral direct to RMH), was 90.27% for Q4.

Q4 18/19	62 day wait for first treatment – Screening referral to treatment (before reallocation)		
	Actual: 73.6%	Target: 90%	Forecast: Green
	62 day wait for first treatment – Screening referral to treatment (post reallocation)		
	Actual: 68.9%	Target: 90%	Forecast: Green

The Trust did not meet the standard for quarter 4 2018/19 with performance at 73.58% against a target of 85%. The Trust did not meet the standard following reallocation with performance at 68.85%.

For quarter 4, there were 7.0 accountable breaches prior to reallocation. Of those accountable breaches, 4.0 were received late in the pathway (defined as after day 38). Of those remaining, the breaches occurred for the following reasons:

- Administrative delays (0.5)
- Capacity (1.5)
- Patient initiated reasons (1.0)

Q4 18/19	2 week wait from referral to date first seen: All Cancers		
	Actual: 84.6%	Target: 93%	Forecast: Amber

RMH did not meet the 2 week target from GP referral to first outpatient appointment in quarter 4, with performance at 84.6%. The Trust saw a significant increase in urgent 2WR referrals throughout the year, particularly in Breast, Sarcoma and Skin services creating backlogs. Additional capacity was introduced in Q3 for Breast diagnostic clinics and though performance is still below the target overall, performance has improved from Q3 and Breast as a service is now reaching compliance. Sarcoma and Skin performance remains under target. The Trust continues to discuss Skin referral patterns with commissioners, and a new diagnostic pathway for Sarcoma is planned to go live in Q1 2019/20 which would deliver full recovery of the target by the end of July 2019.

Q4 18/19	31 day wait for subsequent treatment: Surgery		
	Actual: 92.8%	Target: 94%	Forecast: Green

The Trust did not meet the standard for quarter 4 2018/19 with performance at 92.79% against a target of 94%. This was the result of a number of 31 day subsequent surgery breaches in January attributable to surgical capacity over the holiday period. The Trust continues to improve its capacity planning processes, particularly over the holiday periods, and expects this target to be compliant going forwards.

3.3 Finance, Productivity and Efficiency

Q4 18/19	PP Aged Debt at >6months		
	Actual: 22.1%	Target: 19%	Forecast: Red

PP debt over 6 months old has reduced from 25% in Q3 to 22% in Q4. However, this is above the target of 19%. Embassy receipts in Q4 were lower than expected which resulted in an increase in both current and total debt. Embassy debt remains a significant challenge and reducing both the total and aged debt for this sponsor group remains a key focus for the Private care team. The Trust's Embassy credit control team are working closely with the International team in an effort to prioritise Embassy payments to The Royal Marsden early in the new financial year

Q4 18/19	Non-PP Debtors over 90 days (% of total Non-PP-debtors)		
	Actual: 38.7%	Target: <25%	Forecast: Red

Non-PP Debtors continue to be a challenge to collect in under 90 days. Progress has been made in year with Q4 reporting the lowest % of aged debt to date. Debtors with significant balances continue to be reviewed on a case by case basis for targeted collection, which is a strategy that has proved successful.

Q4 18/19	Capital Expenditure Variance YTD		
	Actual: -12680	Target: Between 85% and 115% of Plan	Forecast: Red

Capital Expenditure is under plan this year as forecast. Some of the larger capital projects such as the IT Strategy and the Oak Centre have had costs re-profiled into next year instead of this year (c£5.5m). Additionally some equipment budgeted for delivery in the last quarter has also been pushed into Q1 of next year (c£2m). c£1m of IT schemes are also being delivered by Sphere which is revenue funded. The budget has been adjusted for next year so this should not happen again. The remaining underspends are unspent contingency reserves and savings on schemes. There is no clinical risk from the re-profiling of any of these projects.

3.4 Productivity & Asset Utilisation

Q4 18/19	Theatre Utilisation – Sutton		
	Actual: 53.0%	Target: ≥60%	Forecast: Amber

Theatre utilisation in Sutton was measured at 53% in quarter 4 which is a stable position when compared to the Q3 position (also 53.0%). Despite this, utilisation remains below the targeted level of 60%. The specificity of the surgery available at Sutton limits the cases that can be performed there and this makes Consultant leave a particular issue with returned lists often left unutilised. It is important to note that Sutton theatre utilisation is consistently lower than in Chelsea and the key reasons for this are:

- Compared to Chelsea there is currently little demand for PP surgery
- Sutton theatres accommodate a number of essential clinical support services including paediatrics, endoscopy and line placements but the utilisation of these

sessions is dependent on both demand and the availability of the consultants. There is little cross cover/back-fill unlike in Chelsea.

- Sutton does not have a critical care unit which limits the patient cohort that can be operated on at the Sutton site.
- Theatres are not staffed to operate for 9 hours a day every day

The expectation for Sutton theatres is a stable picture however, rather than significant improvement, however the following actions that have been implemented to improve utilisation:

- Meeting with the paediatric team took place during April regarding implementing Thursday vascular access list to increase utilisation and backfilling the service for 42-50 weeks per year. This will commence in the next few months.
- Reviewed Anaesthetic Consultant job plans to increase vascular access following 25% increase in demand over the last year. As a result there will be an additional all day Tuesday vascular access list on alternate weeks, starting August 2019
- Increased Sutton pre-assessment, including two half days pre-assessment in Sutton per week. This commences in August 2019.
- New half afternoon Monday breast list on alternate weeks
- Review of theatre scheduling Sutton underway to maximize list utilisation and minimise last minute cancellations
- The team continues to offer empty lists in Sutton to other consultants. A weekly scheduling meeting has been implemented at the Sutton site in order to identify vacant sessions as early as possible and optimise the possibility of another team utilising returned lists.

3.5 Clinical and Research Strategy

Q4 18/19	Total NHS Referrals (Quarterly)		
	Actual: 6102	Target: 4,920-5,224	Forecast: Amber

There has been a further increase in referrals to the Trust in quarter 4 which is above the threshold target and in excess of the NHSI plan. This is the 4th consecutive quarter for which referrals have exceeded the levels anticipated and the impact on access to services, particularly two week rule clinics, has been significant. There have been increases in both GP referrals (15.5%) and hospital referrals (5.5%) compared to 2017/18. Breast, Urology and Sarcoma have seen the biggest volume increase.

Discussions with commissioners continue to give credence to the hypothesis that much of the referral increase has been as a consequence of the roll-out of the national electronic referral system (eRs) at the start of 18/19. The eRs system provides an electronic catalogue of hospital services that GP and patients can both see when choosing where the patient should be referred. There has not yet been any national data published to conclusively prove this, but this is being closely monitored at a Trust and system level, and discussions remain on-going regarding how better to anticipate and respond to changes in referral patterns.

Q3 18/19 (1 quarter in arrears)	Accrual to target, % of closed commercial trials meeting contracted recruitment target (national definition)		
	Actual: 63.6%	Target: 85%	Forecast: Red

Performance against this measure decreased slightly in Q3, from 65.2% in quarter 2. However, this is still an improved on Q1 (61.5%). Recruitment to target can be affected by

many factors. Recruitment may be more challenging than anticipated; the recruitment window may be extended in agreement with the Sponsor but with no amendment to the date in the trial Contract (and hence the metric does not reflect the agreed extension); the Sponsor may choose to close the trial earlier than anticipated or withdraw the trial completely.

Of the 8 trials that did not meet the recruitment target in quarter 3, 4 trials (50%) were closed early by the sponsor preventing full opportunity to recruit to the agreed target.

In order to improve performance against the NIHR metric, researchers continue to negotiate recruitment ranges, rather than a single definitive number of patients, and will continue to request amendments to contracts where recruitment is not happening at the anticipated rate. Recruitment data is reviewed regularly at Clinical Research Team meetings and also reported at quarterly performance meetings held with the relevant teams. Additionally the division's performance manager routinely monitors study timelines and proactively contacts teams that are below the agreed target recruitment threshold within 6 months of recruitment deadline so that negotiations on recruitment targets can take place with sponsors at the earliest opportunity.

Q4 18/19	NHS average (mean) elective length of stay		
	Actual: 5.64	Target: ≤5	Forecast: Amber

The NHS average length of stay has remained stable compared to quarter 3. Whilst increased Length of Stay can be a function of inefficiencies with patient discharge and flow, it can also be simply a product of changing casemix complexity.

Paediatric activity which reported an increase length of stay last quarter, has now seen a reduction driven by an increase in the number of relatively short-stay admissions for inpatient chemotherapy. Increases were seen this quarter in GI and Haemato-oncology. In both cases the average was affected by a very small number of very long stay patients - two GI unit patients staying >100 days and 1 Haemato-oncology patient staying >300 days. Adjusting for these three long stay patients would result in both units reporting lower lengths of stay than last quarter.

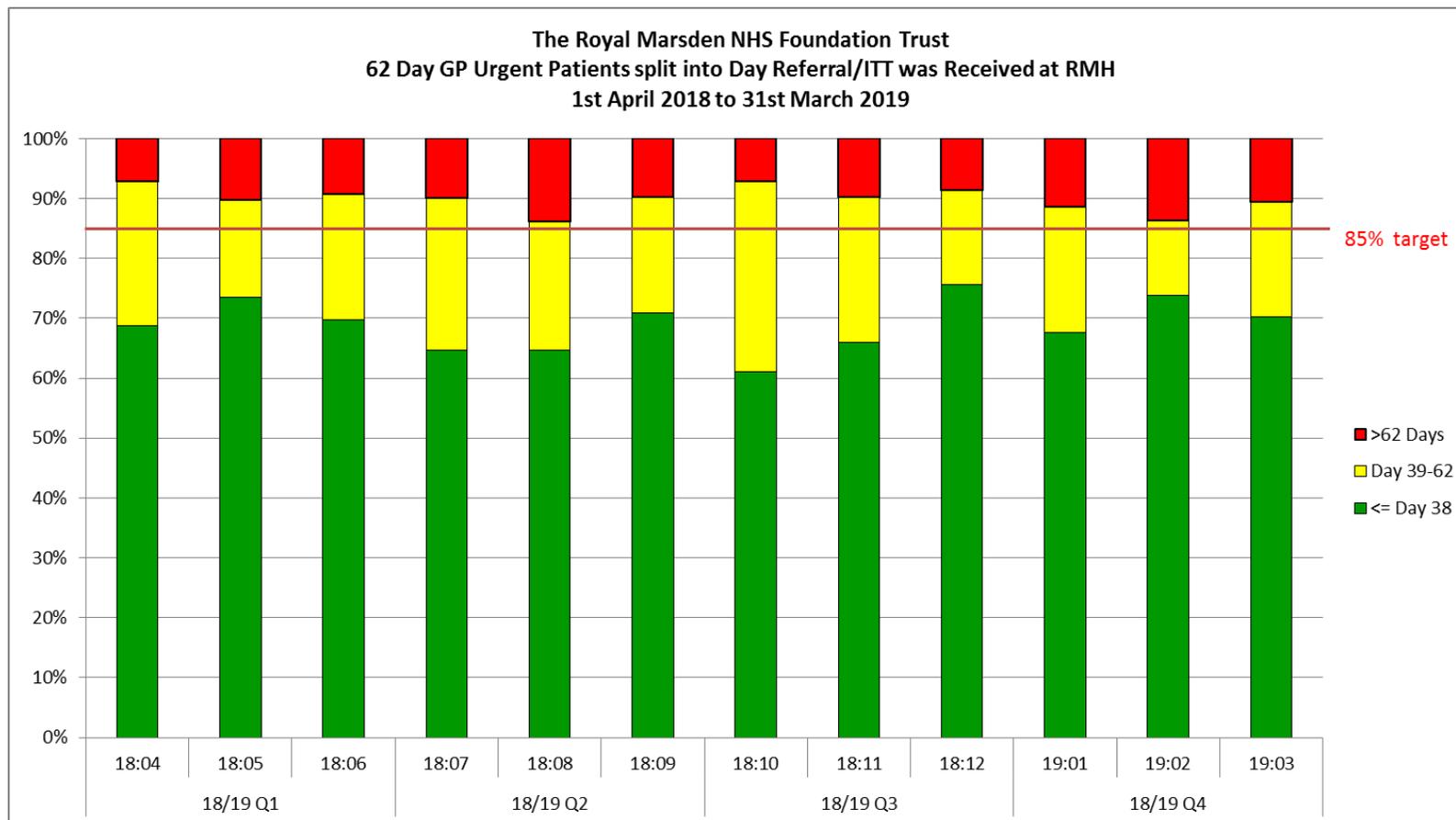
Length of stay continues to be monitored closely so that any concerning trends can be identified and addressed.

4.0 Conclusion

The Board are asked to note the Trust balanced scorecard and commentary for quarter 4 2018/19 and are invited to discuss the position.

APPENDIX B

62 Day GP Urgent Referrals by Category



APPENDIX C

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

Please note that the RAG ratings below are designed to be used at Trust level rather than tumour level and are only shown below as a guide. 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	Q3 18/19	
	OE position	Reallocated position
Brain/CNS	0.00%	n/a
Breast	96.83%	96.97%
Gynaecological	60.00%	75.00%
Haematological (excl. Acute Leukaemia)	40.00%	40.00%
Head & Neck	33.33%	33.33%
Lower GI	100.00%	100.00%
Lung	75.00%	100.00%
Sarcoma	69.23%	75.00%
Skin	87.50%	100.00%
Upper GI	61.54%	57.89%
Urological	76.92%	92.31%
Unknown Primary / Other diagnosis	75.00%	100.00%

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2018/19

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 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan-Mar 17/18)
Single Oversight Framework: level of support segment		1	1	1	1	1	1
Quality Account indicators	MRSA positive cultures (cumulative)	0	0	0	0	0	0
	Total number of E-Coli Bacterium	≤56 per annum	8	27	20	18	N/A
	C Diff lapses of care	≤30 per annum	1	2	3	1	4
	VTE risk assessment	≥95%	94.4%	95.5%	95.8%	95.3%	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)		≤6 /year	1	2	2	1	1
Complaints - complaints per 1000 patients seen		≤1.4	1.4	1.6	1.2	1.0	1.3
Mortality							
Hospital Standardised Mortality Ratio (rolling 12 month - qtr in arrears - NHS & Private patients)		≤80	86.37	81.91	78.73	74.46	77.45
Mortality audit (based on qtr data in arrears)		G	G	G	G	G	G
30 day mortality post surgery		< 0.8%	0.54%	0.79%	0.42%	0.35%	0.91%
30 day mortality post chemotherapy		< 2.2%	1.55%	1.63%	1.53%	1.73%	1.52%
100 day SCT mortality in previous 6 months (Deaths related to SCT)		<5%	6.25%	2.90%	1.56%	1.80%	1.60%
100 day SCT mortality in previous 6 months (All deaths)		<5%	8.33%	4.30%	3.13%	1.80%	1.60%
Medicines Management							
% Medicines reconciliation on admission		≥ 90%	97%	90%	99%	98%	93%
Unintended omitted critical medicines		0	2.0	2.7	1.3	0	0.6
Cancer staging							
Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears)		>70%	68.6%	69.42%	68.63%	72.63%	73.30%
Patient satisfaction							
Friends and Family Test (inpatient and day care)		≥95%	95.9%	96.50%	97.03%	95.48%	97.42%
Friends and Family Test (outpatients)		≥95%	94.6%	94.4%	95.48%	94.46%	95.17%
% chemotherapy patients starting treatment within 3 hrs of first appointment of day		>85%	77.3%	76.3%	76.0%	76.4%	77.0%
% chemo patients starting treatment within 1 hr of appointment time		>85%	77.0%	77.9%	75.8%	75.6%	74.8%
Mixed sex accommodation breaches		0	0	0	0	0	0
PP access to single rooms - Chelsea %		≥95%	99.94%	99.91%	99.97%	100.00%	99.97%
PP access to single rooms - Sutton %		≥95%	96.06%	97.50%	97.62%	97.76%	98.73%
National waiting times targets							
2 wk wait from referral to date first seen: all cancers		≥93%	84.6%	75.9%	88.1%	84.0%	93.0%
symptomatic breast patients		≥93%	94.6%	77.9%	90.5%	85.9%	93.5%
31 day wait from diagnosis to first treatment		≥96%	96.7%	96.6%	97.0%	97.8%	97.3%
31 day wait for subsequent treatment: surgery		≥94%	92.8%	95.0%	95.3%	96.6%	94.7%
drug treatment		≥98%	98.5%	98.9%	98.4%	98.4%	98.6%
radiotherapy		≥94%	95.7%	97.3%	94.1%	96.1%	95.5%
62 day wait for first treatment: GP referral to treatment (reallocated)		≥85%	82.4%	85.2%	80.7%	84.7%	87.9%
GP referral to treatment (pre-reallocations)		≥85%	76.8%	79.2%	75.1%	77.9%	75.7%
Screening referral (reallocated)		≥90%	68.9%	86.2%	88.4%	84.4%	80.7%
Screening referral (pre-reallocations)		≥90%	73.6%	85.5%	86.2%	81.7%	81.2%
18 wks from Referral to Treatment Incomplete Pathways under 18 weeks		≥92%	97.7%	97.8%	97.4%	98.4%	97.1%
18 wks pathways - patients waiting > 52 wks. (distinct patients across the quarter)		≤ 6 a quarter	2	0	3	3	1

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 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan-Mar 17/18)
Recommend – Care		≥96%	96%	N/A	95%	95%	96%
Not recommend – Care		≤1%	2%	N/A	2%	3%	2%

3. Community Measures

NHSI Community Measures		Target in 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan-Mar 17/18)
Patient satisfaction							
Friends and Family Test		≥95%	99.09%	98.40%	92.68%	96.60%	99.59%
Effective care							
Number of patients with attributable Category 4 pressure ulcers (RMCS)		0	0	1	0	0	0
Community staff vacancy rate							
Nurse vacancy rate		≤20%	15.1%	12.7%	20.9%	23.7%	22.7%

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2018/19

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 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan-Mar 17/18)
NHSI Use of Resources risk rating		1	1	1	1	1	1
%age variance from Agency Spend Cap		On/Below Cap	-13%	-14%	-10%	-1%	-29%
Cash (£m)		Over plan	78.2	76.9	57.6	42.4	47.3
NHS activity Income Variance YTD (£000)		Breakeven or ahead of plan	2,118	1197	-257	-66	3105
PP activity Income Variance YTD (£000)		Breakeven or ahead of plan	9,311	6,102	3,077	596	7,600
PP Aged debt at >6months		≤19% - Q4	22%	25%	27%	33%	26%
Non-PP Debtors over 90 days (% of total non PP-debtors)		Less than 25%	39%	48%	49%	52%	42%
Achievement of Efficiency Programme YTD (%)		Greater than 100% of the plan	162%	137%	139%	118%	88%
Capital Expenditure Variance YTD (£000)		Between 85% and 115% of Plan	-12,680	-6,712	-4,125	-2,198	-286
Productivity & Asset Utilisation							
Bed occupancy - Chelsea		≥85% ≤90%	84.1%	86.4%	85.6%	81.3%	84.1%
Bed occupancy - Sutton		≥85% ≤ 90%	81.7%	82.1%	82.1%	84.0%	85.2%
Care Hours per Patient Day total ratio		≥11.5	12.01	12.07	11.61	11.79	11.67
Theatre utilisation - Chelsea		≥80%	80.26%	81.6%	82.6%	83.9%	81.3%
Theatre utilisation - Sutton		≥60%	53.0%	53.0%	49.9%	58.5%	56.6%
MDU Patients per Chair		≥1.5	1.5	1.46	1.41	1.46	1.46
Contract performance (QUARTER IN ARREARS)							
Contractual Sanctions incurred (£000)		0	0	0	0	0	0
CQUIN %age achievement	Acute NHSE	≥95%	100%	100%	100%	97.66%	
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 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan-Mar 17/18)
Total NHS referrals (quarterly)		4,920-5,224	6102	5643	5311	5535	5216
Total PP referrals		≥1050 per quarter	1449	1351	1261	1193	1186
RMH Patients recruited to 100K Genome Project		39 per Quarter	N/A	599	568	529	491
Efficient clinical models							
NHS Average (mean) Elective LoS		≤5	5.64	5.70	5.60	5.55	5.30
NHS Non-Elective Admissions	as %age of all NHS Admissions	≤26%	27.42%	26.43%	25.76%	26.45%	28.13%
Research (1 QUARTER IN ARREARS)							
Date site selected to first participant recruited	Mean number of days between Date Site Selected and date of First Participant Recruited	≤90 days	76.9	88.7	89.4	New Metric introduced for 18/19 reporting	
Accrual to target (1Q arrears) - National definition	% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target)	≥85%	63.6%	65.2%	61.5%	61.1%	53.5%
No. of 1st patients recruited in previous 12 months	No. of 1st UK patients	1	6	4	6	7	6
	No. of 1st European patients	1	1	1	2	1	1
	No. of 1st Global patients	1	4	2	3	4	7
Trials led by RMH	as %age of commercial interventional trials with RMH involvement which opened in the last 12 months	≥20%	50.0%	56.5%	60.0%	54.7%	50.0%

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 2018/19	Q4 (Jan-Mar 18/19)	Q3 (Oct-Dec 18/19)	Q2 (Jul-Sep 18/19)	Q1 (Apr-Jun 18/19)	Q4 (Jan - Mar 17/18)
Workforce productivity							
Vacancy rate		≤7%	8.1%	8.4%	10.3%	9.9%	9.0%
Voluntary Staff turnover rate		≤12%	12.7%	12.9%	12.8%	13.4%	15.2%
Sickness rate		≤3%	3.8%	3.9%	3.4%	2.9%	3.6%
Quality & development							
Consultant appraisal (number with current appraisal)		≥95%	97.4%	96.0%	96.5%	96.2%	97.16%
Appraisal & PDP rate		≥90%	87.0%	84.9%	86.7%	88.6%	85.2%
Completed induction (new measure)		≥85%	78.2%	72.2%	81.8%	89.1%	88.0%
Statutory and Mandatory Staff Training		≥90%	89.8%	88.7%	89.2%	91.1%	90.1%

BOARD PAPER SUMMARY SHEET

Date of Meeting: 29 th May 2019	Agenda item 7.3.
Title of Document: Financial Performance Report for Month 1	To be presented by Chief Financial Officer
Executive Summary For the month of April the key headlines are as follows: <ul style="list-style-type: none">• Operating surplus in month of £1.2m which is £0.5m adverse to plan driven by underperformance against plan on income;• Retained surplus in month of £0.2m, an adverse variance of £0.7m;• Agency expenditure of £0.4m, a favourable variance against the cap of £0.1m;• Cash in bank of £73.6m, an adverse variance of £1.9m.	
Recommendations The Board is asked to note the Financial Performance Report for Month 1.	

1. Introduction

The paper provides a summary of the financial position for April 2019.

2. Summary Financial Position

Key headlines

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

- Operating surplus in month of £1.2m which is £0.5m **adverse** to plan driven by underperformance against plan on income;
- Retained surplus in month of £0.2m, an **adverse** variance of £0.7m;
- Agency expenditure of £0.4m, a **favourable** variance against the cap of £0.1m;
- Cash in bank of £73.6m, an **adverse** variance of £1.9m.

	April 2019		
	Budget £'000	Actual £'000	Var £'000
Income			
NHS Clinical Income	(16,391)	(16,192)	199
Non NHS Clinical Income	(10,423)	(10,970)	(547)
NHS Non Clinical Income	(4,171)	(2,925)	1,246
Non NHS Non Clinical Income	(2,250)	(1,818)	431
	(33,236)	(31,906)	1,330
Expenditure			
Pay	18,523	18,091	(432)
Non Pay	13,090	12,645	(445)
	31,613	30,736	(877)
Operating Surplus	(1,623)	(1,171)	452
PDC, Interest, JV	290	280	(10)
Development Reserve for Inv	(1,333)	(890)	443
Donated Asset Income	(914)	(667)	247
Depreciation	1,297	1,317	19
Impairment	-	-	-
Retained Surplus	(950)	(241)	709
Control Total (excl. PSF)	(470)	53	523

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.

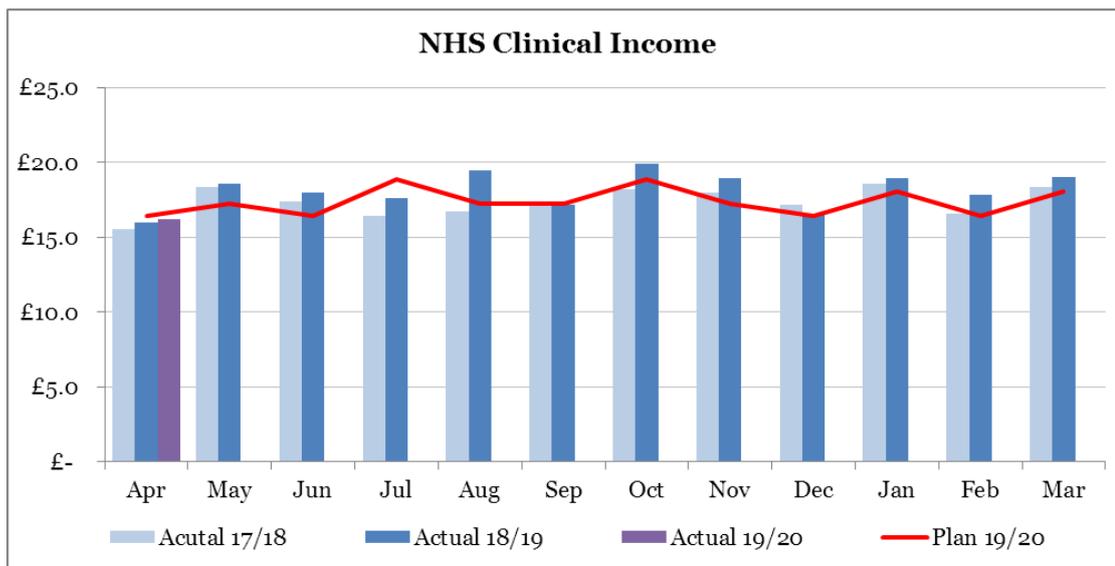
As a ratio the Trust is required to have more income as NHS than non-NHS and for month 1 the position was 60% of income was from NHS sources.

3. Income and Expenditure

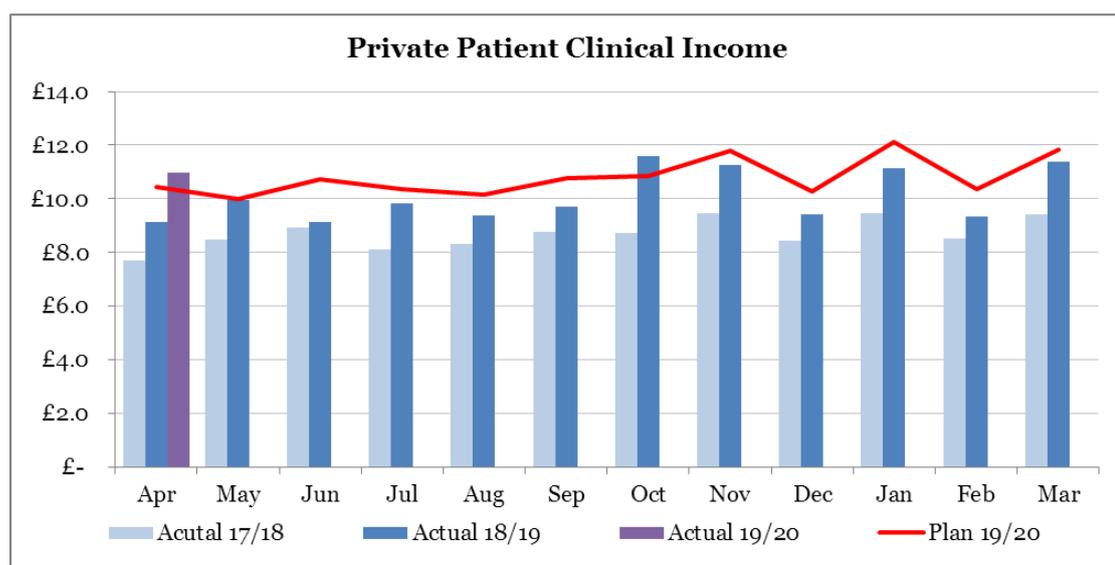
Income – The income position for month 1 was £1.3m adverse.

NHS Clinical Income was £0.2m adverse to plan which is in part due to lags in coding which are exacerbated at the start of each year. Additionally the new NHSE London PET CT start date has been pushed back to Q2 resulting in lower income in month and lower costs than budgeted.

NHS Non Clinical Income was £1.2m adverse to plan with over £1m due to lower R&D and RMP income recognised in month, both offset by lower expenditure and are expected to catch up through the year.



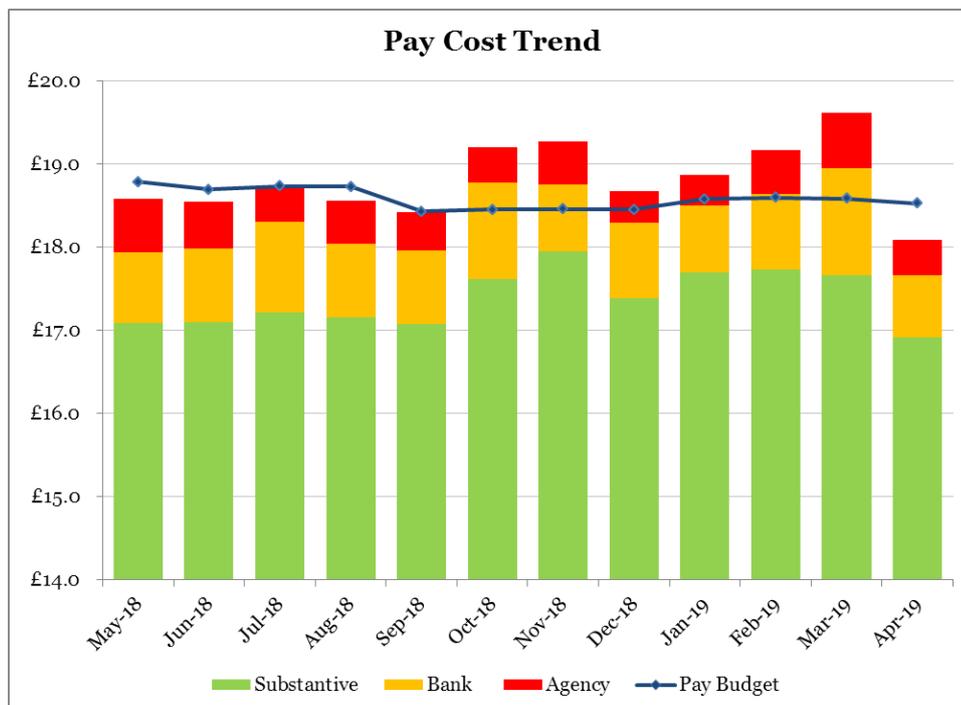
Private Care income was £0.5m ahead of plan in month due to an increase in Drugs Income. Activity was largely on plan in month, continuing the previous few months of high income as seen in the chart below.



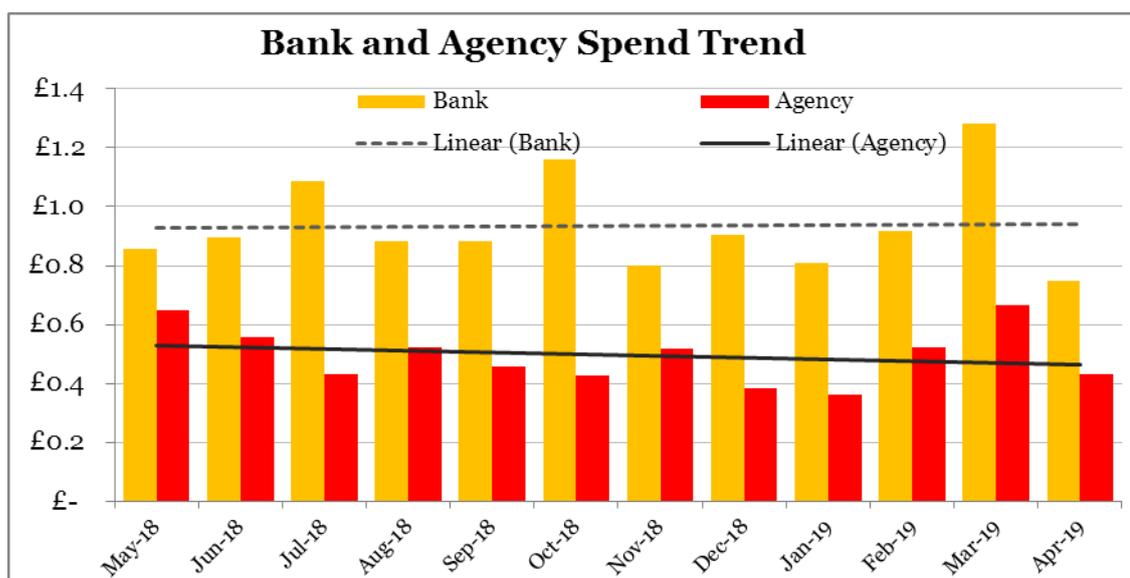
Pay expenditure – was £0.4m favourable to plan in month which is largely driven by Clinical Research, offsetting lower income in month.

The April 2019 budget decrease reflects the loss of the Community Services staff offset by pay inflation.

Pay run rates remain a considerable concern as they have been steadily increasing so there are additional controls and review of pay expenditure being put in place, particularly around temporary staffing (bank, agency and overtime). The temporary staff group meets monthly with deep dive sessions held with divisions with high temporary staffing use.



NHSI has not changed the agency expenditure cap for the Trust from £6.9m for the year or £573k per month despite the loss of the Community Services contract, although lower internal caps have been set to help manage this spend down further. Overall the Trust is below the NHSI agency expenditure cap by £0.1m in month and in line with previous months excluding Community.



Non-pay expenditure – was broadly on plan with higher drugs costs seen, mirroring higher drugs income, high IT costs, offset by lower clinical supplies costs, RMP and Clinical Research costs.

4. Cash and Debt

Cash – The Trust had £73.6m in cash, £1.9m adverse to plan driven in part by the lower financial performance in month and in part by working capital movements.

Debt – Debtors overall reduced by £1.4m from March year end, with a £1.1m reduction in Non-NHS Debtors and a £0.2m reduction in Private Care debtors. However, Private Care accrued income has increased due to shortages in the team in April and the transition to new contract terms and therefore debt is expected to increase in May.

5. Conclusion and Recommendation

The retained surplus is £0.7m adverse to plan for month 1 which is driven by lower Non-Clinical Income, partially offset by additional Private Care income and lower costs. The cash position remains strong. The Board is requested to note the financial position for month 1.

Appendix 1: Income and Expenditure

	In Month			Year to Date			Prior Year to Date		2019/20	Average Monthly Run Rates			
	Budget £'000	Actual £'000	Var £'000	Budget £'000	Actual £'000	Var £'000	Actual £'000	Var £'000	Budget £'000	1819 Q1 £'000	1819 Q2 £'000	1819 Q3 £'000	1819 Q4 £'000
Income										<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>
NHS Clinical Income	(16,391)	(16,192)	199	(16,391)	(16,192)	199	(15,956)	(236)	(208,278)	(17,501)	(18,080)	(18,487)	(18,618)
Non NHS Clinical Income	(10,423)	(10,970)	(547)	(10,423)	(10,970)	(547)	(9,138)	(1,833)	(130,663)	(9,411)	(9,627)	(10,749)	(10,650)
NHS Non Clinical Income	(4,171)	(2,925)	1,246	(4,171)	(2,925)	1,246	(4,267)	1,342	(54,934)	(4,395)	(6,745)	(7,185)	(14,501)
Non NHS Non Clinical Income	(2,250)	(1,818)	431	(2,250)	(1,818)	431	(1,898)	79	(27,468)	(1,997)	(2,136)	(2,309)	(2,071)
	(33,236)	(31,906)	1,330	(33,236)	(31,906)	1,330	(31,258)	(648)	(421,343)	(33,305)	(36,588)	(38,730)	(45,840)
Expenditure													
Pay	18,523	18,091	(432)	18,523	18,091	(432)	18,380	(290)	227,858	18,505	18,573	19,053	19,220
Non Pay	13,090	12,645	(445)	13,090	12,645	(445)	13,020	(375)	171,741	13,142	13,146	13,154	13,471
	31,613	30,736	(877)	31,613	30,736	(877)	31,401	(665)	399,599	31,647	31,719	32,208	32,690
Operating Surplus	(1,623)	(1,171)	452	(1,623)	(1,171)	452	142	(1,313)	(21,745)	(1,658)	(4,869)	(6,522)	(13,150)
PDC, Interest, JV	290	280	(10)	290	280	(10)	288	(7)	3,612	291	267	236	155
Development Reserve for Inv	(1,333)	(890)	443	(1,333)	(890)	443	430	(1,320)	(18,132)	(1,366)	(4,602)	(6,286)	(12,995)
Donated Asset Income	(914)	(667)	247	(914)	(667)	247	(235)	(432)	(20,489)	(489)	(178)	(385)	(677)
Depreciation	1,297	1,317	19	1,297	1,317	19	1,223	94	16,413	1,223	1,224	1,294	1,307
Impairment	-	-	-	-	-	-	-	-	-	-	-	-	401
Retained Surplus	(950)	(241)	709	(950)	(241)	709	1,417	(1,658)	(22,209)	(633)	(3,556)	(5,377)	(11,963)
Control Total (excl. PSF)	(470)	53	523	(470)	53	523	1,463	(1,410)	(500)	(1,252)	(5,943)	(7,359)	(10,590)

