The ROYAL MARSDEN
NHS Foundation Trust

NHS

Annual Report and Accounts 2018/19

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

Life demands excellence

Contents

1. Performance report **2**

Overview of performance 2
Summary of performance 5
Performance analysis 12

2. Accountability report **28**

Directors' report 28
Remuneration report 38
Staff report 45
NHS Foundation Trust Code of Governance 55
NHS Improvement's Single Oversight Framework 60
Statement of Accounting Officer's responsibility 61
Annual Governance Statement 62

3. Quality Report **72**

4. Annual Accounts for the year ended 31 March 2019 **156**

Foreword to the Accounts 156
Auditor's Report 157
Four primary financial statements 162
Notes to the Accounts 166

1. Performance report

Introduction

The Royal Marsden opened in 1851 as the world's first hospital dedicated to cancer diagnosis, treatment, research and education. Today it operates as a specialist cancer hospital and National Institute for Health Research (NIHR) Biomedical Research Centre for Cancer, working closely with its principal academic partner, the Institute of Cancer Research (ICR).

Together, The Royal Marsden and the ICR are ranked in the top five cancer centres in the world for the impact of their research. The Royal Marsden operates from two centres, in Chelsea and Sutton, and is the founder and host of RM Partners, the Cancer Alliance for west London, which includes St George's Healthcare NHS Foundation Trust, Imperial Healthcare NHS Trust, and other trust and clinical commissioning group (CCG) partners across north west and south west London.

Overview of performance

Chairman and Chief Executive joint statement

Over the past year, The Royal Marsden has maintained its strong track record of performance on all quality, financial and service standards to ensure patients receive the very best quality of care and leading-edge treatment.

The Royal Marsden was delighted to receive an overall Trust rating of 'outstanding' from the Care Quality Commission (CQC) in September 2018 and a rating of 'outstanding' in the new 'well led' inspection. Inspectors commented on the exceptional quality of care provided to patients and their families, the collegiate culture at The Royal Marsden, and the contribution to patients here in England and worldwide, through research into better ways of diagnosing and treating cancer.

Partnerships are vital in achieving a consistent and sustained level of excellence in patient treatment and care across the country. Over the course of this year, the Trust has been working with other trusts in north, east and west London on a new genomics partnership, collaborating with Great Ormond Street NHS Foundation Trust as the lead for one of NHS England's seven new laboratory hubs for genetic testing.

Working with partners is also vital in the drive to provide cancer patients with an earlier and faster diagnosis to improve survival and quality of care. This year, RM Partners, the Cancer Alliance for west London, hosted by The Royal Marsden, has piloted two schemes to improve diagnosis for prostate and lung cancer, where earlier detection and precision diagnostics can make a significant difference to patient outcomes.

The RAPID (Rapid Access to Prostate Imaging and Diagnosis) pathway pilots a new 'one stop' clinic to ensure that diagnosis in men with prostate cancer is faster, easier and more efficient. A low dose CT case finding project is also being introduced in west London, to identify lung cancer earlier in patients at high risk, through access to a lung health check and a CT scan in convenient and accessible locations to encourage more people to come forward. The importance of early diagnosis is set out in the NHS Long Term Plan, published in January 2019, which outlines a significant and sustained investment in cancer services, and a renewed emphasis on further improving survival through the earlier detection of cancer, precision diagnosis and treatment, and better support to patients so that care is personalised to the needs of each individual.

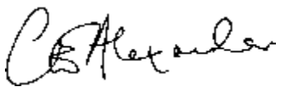
The Trust achieved a surplus for the year of £64.6 million, a significant increase on the previous year. A large proportion of this surplus has been the receipt of additional Provider Sustainability Funds (PSF), of £40.5 million, for overachieving the Control Total set by NHS Improvement at the beginning of the year. This was achieved by improved financial performance, both on increased revenue and controlling costs, compared with the original plan approved by the Board. All of the surplus has been earmarked towards improving infrastructure in the Trust over the coming years on estate, equipment and IT, ensuring the Trust can deliver upon its strategic objectives.

Complementing this approach are the plans for a new treatment and research centre at The Royal Marsden in Sutton, the Oak Cancer Centre. A state-of-the-art building, due to open in 2022, it will further improve the effectiveness and efficiency of patient care and increase the Trust's diagnosis and treatment capacity. The Royal Marsden Cancer Charity aims to raise £70 million to build the new centre and has so far raised over £50 million, including the Charity's largest single donation to date of £25 million from Oak Foundation, which has generously supported The Royal Marsden in drug development and facilities for children and young people over the last decade. The Trust's deep appreciation and thanks are due to Mike Slade OBE, Appeal Board Chairman, and to all Appeal Board Members, for enabling the Trust to provide the very best environments for patients and staff, and to care for everyone who needs its specialist expertise.

It is with great sadness that The Royal Marsden records that staff, patients and supporters lost a colleague, doctor and friend, following the sudden death of Professor Martin Gore CBE in January 2019. Martin was at the heart of The Royal Marsden's life and work in research, treatment, and the training of the next generation of oncologists. His contribution as Medical Director, as a Trustee of The Royal Marsden Cancer Charity, and as a clinician is unparalleled and his legacy will remain in all those he treated, counselled, advised and trained.

Thank you to the Board and Council of Governors for their support and guidance in achieving and exceeding the financial plan and meeting the Trust's quality targets in 2018/19. A special thanks to all the staff of The Royal Marsden for continuing to provide the very best cancer care to its patients and for ensuring the Trust can continue to operate, with the Trust's academic partner, the ICR, as a globally significant centre of research for the benefit of patients worldwide.

Cally Palmer CBE
Chief Executive
23 May 2019



Charles Alexander
Chairman
23 May 2019

Looking forward: Five-Year Strategic Plan 2018/19–2023/24

The Royal Marsden's ambitions and objectives are set across the following core themes in its Five-Year Strategic Plan 2018/19–2023/24:

- Research and innovation
- Treatment and care
- Modernising infrastructure
- Financial sustainability and best value.

The strategic objectives for the Trust have been identified from the four key themes highlighted above:

1. Research and innovation – the management and delivery of world-class research and maintenance of top research performance while strengthening the Trust's working relationship with its academic partners
2. Treatment and care – the design and delivery of efficient, integrated pathways for cancer care which ensure quality is maintained and support the development of a successful surgical strategy
3. Modernising infrastructure – the planning and investment into the Trust's Sutton and Chelsea sites to ensure the Trust continues to deliver a sustainable service and is in a position to invest in IT, infrastructure and major equipment
4. Financial sustainability and best value – the successful delivery of the Trust's Private Care Strategy while maintaining fair NHS tariff pricing and controlling the Trust's temporary staffing expenditure.

A copy of the Trust's Five-Year Strategic Plan can be accessed on the Trust website. As the Strategic Plan sets out, the Trust's primary aim is to deliver the best cancer treatment through world-leading research, operating a 'bench to bedside' approach with its academic partner, the Institute of Cancer Research (ICR).

Cancer incidence is increasing with approximately 360,000 people diagnosed with cancer in the UK each year. The NHS Long Term Plan published in January 2019 set out specific priorities for improving survival through the earlier detection and diagnosis of cancer and through optimal treatment and care, ensuring the latest advances in treatment can be made available swiftly and uniformly throughout the country. As one of the largest providers of cancer care, The Royal Marsden will continue to support these national priorities, working collaboratively with partners across service and research, including the Trust's responsibility as host of RM Partners, the Cancer Alliance for west London.

Summary of performance

Please see below a list of highlights of the Trust's performance in 2018/19, set across its core strategic themes.

Research and innovation

Leading-edge research changing standards of care

Royal Marsden clinicians presented the latest advances in cancer research and care at the American Society of Clinical Oncology's (ASCO) Annual Meeting in June 2018. A keynote lecture from Professor Johann de Bono, Regius Professor of Cancer Research and Consultant Medical Oncologist, revealed findings from the first clinical trial to show the benefits of immunotherapy in prostate cancer for some men with advanced, otherwise untreatable disease. Led by The Royal Marsden and the ICR, the international trial could lead to a subset of prostate cancers joining the list of diseases that can be treated with immunotherapy.

An education session by Dr Susana Banerjee addressed the latest evidence on physician burnout. Its impact on physicians, patients and institutions has become increasingly apparent, and Dr Banerjee's session focused on solutions and strategies for tackling it, while incorporating her own perspective as an oncologist.

In October 2018, clinicians also presented leading research at the European Society for Medical Oncology (ESMO) Congress.

Findings from one of the largest ever clinical trials for prostate cancer were presented and published in *The Lancet*. The study, led by The Royal Marsden, found that treating the prostate with radiotherapy alongside standard treatment led to an 11 per cent increase in survival for some men with advanced prostate cancer.

Previously, it was unclear if there was any benefit of treating the prostate directly with radiotherapy, if the cancer had already spread. This research helps answer that question and has implications beyond prostate cancer.

The findings from the Cancer Research UK-funded STAMPEDE trial could be practice-changing and suggest radiotherapy, alongside hormone therapy, should become the standard of care for a group of men with advanced prostate cancer, affecting thousands every year in the UK.

A study of oesophageal and stomach cancer patients, led by The Royal Marsden, analysed data from four randomised trials carried out in the UK and Australasia. All four studies looked at commonly used first-line chemotherapy combinations in advanced oesophageal and stomach cancer.

Artificial intelligence

At The Royal Marsden, clinicians are exploring the latest advances in artificial intelligence (AI) technology to help diagnose cancer earlier and improve the quality of life for patients living with cancer.

As part of a groundbreaking project, Dr Christina Messiou, Consultant Radiologist, is working with colleagues from Imperial College London to develop machine learning that will assist radiologists in reporting whole-body MRI scans in patients with myeloma. Machine learning is a type of AI in which computers are taught how to do things independently – for example, to identify scans that show evidence of cancer from healthy images.

The new study with Imperial, MALIMAR (Machine Learning in Myeloma Response), funded by the National Institute for Health Research (NIHR), will train a computer algorithm to recognise the difference between a healthy scan and a patient with myeloma. Researchers will then examine the time it takes to process and report whole-body MRI scans normally, compared with a radiologist using machine-learning technology. The study also aims to find a way to quantify the amount of disease visible on whole-body MRIs.

Leading breast cancer clinician recognised with international honour

Consultant Medical Oncologist Professor Ian Smith won the 2018 William L. McGuire Memorial Lecture Award for his lifelong work in breast cancer oncology. The award is widely regarded as the highest international honour in this field.

In December 2018, Professor Smith gave the lecture at the San Antonio Breast Cancer Symposium, the main international breast cancer conference of the year, which attracts more than 7,000 attendees. The conference organisers said that Professor Smith had changed the direction of breast cancer treatment in the UK and internationally, with colleagues describing his contributions as "formidable". The Royal Marsden's Breast Unit is the only one in the world to have had three recipients of both the McGuire and the Susan G. Komen for the Cure Brinker awards, with Professor Smith following in the footsteps of Professor Mitch Dowsett, Head of the Ralph Lauren Centre for Breast Cancer Research, and Professor Trevor Powles, now retired.

World-leading oncologist awarded an OBE

Congratulations to Professor David Cunningham, Consultant Medical Oncologist and Head of the Gastrointestinal Unit, who was awarded an OBE in the 2019 New Year Honours for services to cancer treatment and research. One of the country's pre-eminent oncologists, Professor Cunningham's pioneering work has significantly changed our understanding of cancer and its treatment, and improved outcomes for patients across the globe. Meanwhile, in education and training, he has shaped the country's medical oncology training programme and inspired the next generation of clinicians. Professor Cunningham is internationally recognised as a leader of research into gastrointestinal cancer and lymphoma, and the development of novel molecular therapies. He has published extensively and his papers have set the foundation for many vital advances in treating gastrointestinal cancers.

Award highlights our support for staff

The Royal Marsden won the Best UK Employer of the Year award at the 2018 Nursing Times Workforce Summit Awards. The inaugural awards celebrated innovation and excellence across the spectrum of practice affecting nursing and healthcare staff. The award win centred on the Trust's success in reducing the vacancy rate in nursing roles and improving staff health and wellbeing. The judges commented on the focus on equality and diversity, and recognised that The Royal Marsden has a "genuine commitment to support staff across the organisation".

Treatment and care

Outstanding CQC result

In the spring, The Royal Marsden welcomed a team of inspectors from the CQC, the independent regulator of health and social care services in England. As part of their visit to the Trust, the team evaluated Outpatients in Sutton and The Royal Marsden Community Services. They also assessed whether the Trust is 'well led' – a process that was introduced after the CQC recognised a strong link between the quality of the overall management of an NHS trust and that of its services.

The Trust was delighted to announce that following these inspections, which built on a previous inspection in April 2016, the CQC rated The Royal Marsden as 'outstanding' overall, 'outstanding' for being well led, and both Chelsea and Sutton hospitals as 'outstanding'. They also recognised the improved quality of the Trust's Community Services, which were rated 'good'. The inspectors reached their decision by asking whether the services the Trust provides are safe, effective, caring, responsive and well led, marking the Trust against a rigorous set of criteria. The Royal Marsden scored 'good' for 'safe' and 'effective', and 'outstanding' for 'caring', 'responsive' and 'well led', contributing to its overall 'outstanding' rating.

First patient in the UK treated on the MR Linac

In September 2018, The Royal Marsden and the ICR, London, delivered the first ever treatment in the UK and the third in the world using a Magnetic Resonance Linear Accelerator (MR Linac) machine.

The MR Linac is the first technology in the world to simultaneously generate magnetic resonance images and deliver X-ray radiation beams — allowing radiotherapy to be adjusted in real time and delivered more accurately and effectively than ever before.

The ability to target tumours with radiation beams in real time will be particularly effective for cancers that change position through breathing, bladder filling or bowel changes, and should reduce the side-effects for the patient. For example, tumours in the prostate, lung, bladder and bowel would be targeted in real time – allowing the radiation beams to be adjusted with enhanced precision during the course of treatment.

The patient received radiotherapy treatment on the MR Linac as part of the PRISM clinical trial.

The installation of the MR Linac was made possible by a £10 million grant from the Medical Research Council to the ICR, with additional support from The Royal Marsden Cancer Charity.

Patient survey scores

The Royal Marsden has been ranked as one of the best places in England to receive care, according to recent results published by the CQC. In their annual Adult Inpatient Survey, which looks at the experiences of adult patients in all NHS trusts, The Royal Marsden was ranked second in England for patient experience, rated 9.1 out of ten. The Trust received consistently high scores from almost 600 inpatients who completed the survey in September 2017.

In the annual 'Patient Led Assessment of the Care Environment' (PLACE) inspections, the Trust also scored highly. The assessments, carried out in May 2018, tested and scored patient environments on six factors:

- Cleanliness
- Food
- Privacy, dignity and wellbeing
- Condition, appearance and maintenance
- Dementia
- Disability.

The Trust has scored above the national average across all areas for both Chelsea and Sutton. It has improved significantly on its 'Disability' and 'Dementia' scores, and 'Food' continues to score highly.

First robotic pelvic exenteration

Surgeons at The Royal Marsden carried out what was believed to be the UK's first robotic total pelvic exenteration in autumn 2018. A patient with advanced rectal cancer underwent the radical procedure, which involves the removal of all of the organs from the pelvic area, and is now cancer free and doing well.

The traditional approach would be to do an 'open' operation where a large incision would have been made from the chest down to the pubic bone in order to access and remove the organs and tumour. It would have taken substantially longer and is very invasive, meaning a longer recovery time and significant scarring for the patient. In contrast, by using robotic technology, a minimally invasive procedure could be performed instead.

London North Genomics Laboratory Hub

The Royal Marsden was chosen as the lead for one of NHS England's seven new laboratory hubs for genomic cancer testing. The Trust is collaborating with Great Ormond Street NHS Foundation Trust (GOSH) in the North, East and West London partnership (NEW London), with The Royal Marsden leading on cancer and GOSH on rare diseases.

Genomic testing has revolutionised the study of cancer genomes. It promises better diagnoses for patients, and more effective treatments with fewer side-effects. Using the Illumina NovaSeq 6000 next generation sequencing machine means it is possible to simultaneously search for cancer-causing variants in 200 genes from more than 200 patients in less than a week.

Over the next two years, 11,000 tests will be moved over to the NovaSeq 6000, with 20,000 expected by year three. This represents a significant increase on the 8,000 patients that can currently be sequenced with the Trust's existing machines. This will transform the hospital's research and diagnostic capabilities, helping support the identification of new genetic mutations and drugs to target them.

Modernising infrastructure

Lead donation for the Oak Cancer Centre

The Royal Marsden Cancer Charity received its largest single donation to date, with Oak Foundation pledging £25 million towards the construction of a new £70 million facility that will speed up the development of breakthroughs in research into patient treatment and care. Previously referred to as the Clinical Care and Research Centre, the building – whose Project Consultant, Hamish McKenzie, was the Development Director for The Shard – will now be known as the Oak Cancer Centre.

The £25 million pledged takes the total amount donated by Oak over the 15 years it has supported The Royal Marsden to an exceptional £43 million, which has made an enormous difference to the Trust's patients. Oak donated the lead gift of £8 million for The Royal Marsden's Oak Centre for Children and Young People, which opened in 2011; it also supported the Oak Foundation Drug Development Unit and has funded the Oak Paediatric Drug Development Unit for 15 years.

The Oak Cancer Centre will mean the Trust can treat more patients in new, ultramodern environments, expand its early diagnosis service and bring together more than 300 of its pioneering researchers. The major departments which will be in the building are Outpatients Departments and Haematology Outpatients, Medical Day Unit and Haematology Day Care Unit, Phlebotomy, Rapid Diagnostic Centre, Endoscopy Unit, Centre for Urgent Care, and a new Research Centre including collaboration areas and breakout spaces.

The new centre will provide the space to see everyone who needs The Royal Marsden's specialised resources and expertise. The new building will vastly improve the patient facilities, providing not only the latest treatment in a bright, modern environment, but also supporting patients' wellbeing, dignity and privacy to make their experience as positive as it can be.

Sutton site modernisation

The Royal Marsden in Sutton has shared a site with the ICR since the early 1960s. Over the past four years, The Royal Marsden has been a supporting partner in the London Cancer Hub, an exciting project that will further enhance the world-leading facilities on the Sutton site for cancer research. The London Cancer Hub aims to create a vibrant community of scientists, doctors and innovative companies, supported by state-of-the-art research and community amenities including a secondary school. The hub will attract innovative life science companies to work alongside the ICR and The Royal Marsden's world-leading scientists and clinicians, and is aiming to create 13,000 jobs and is projected to ultimately contribute £1.2 billion to the UK economy each year.

Also on the Sutton site will be the new Maggie's Centre, which had its 'topping out' ceremony in November 2018 – traditionally held when new structures reach their full height. Due to open in summer 2019, the new Maggie's Centre will allow The Royal Marsden to extend its support services to reach more patients in London, which sees more than 28,000 cancer diagnoses a year. The new centre, designed by Ab Rogers Design and built by building company Sir Robert McAlpine, marks another step forward in the redevelopment of The Royal Marsden's Sutton hospital.

New private care facility in Cavendish Square

The Royal Marsden's private care service is due to open a dedicated outpatient, diagnostic and treatment centre located on Cavendish Square in summer 2020. In the heart of London's independent healthcare district, the facility will have the clinical expertise and technology to provide a leading private care service and offer CQC outstanding standards of care.

This is an exciting new development for Private Care, which has grown significantly over the last three years. The new centre will provide increased capacity for private patients across a number of tumour types, and will include consultation rooms, chemotherapy chairs, a minor procedures suite and imaging facilities.

It will also allow further investment in the Trust's NHS services; this unique private care and NHS integrated model means all private care revenue goes back into the hospital, so all of the Trust's patients will benefit.

Improving patient treatment with new radiotherapy machine

The Royal Marsden's third Varian TrueBeam radiotherapy linear accelerator has been installed in Chelsea, ensuring even more patients can be treated using the latest technology. The TrueBeam delivers all forms of advanced external-beam radiotherapy: image-guided radiotherapy (IGRT); intensity modulated radiotherapy (IMRT); stereotactic body radiotherapy (SBRT); and volumetric modulated arc therapy (VMAT). Adding another unit means that the Trust can now treat up to 40 patients with various tumour types – including breast, lung, head and neck, prostate, gastrointestinal, and gynaecological cancers – every day. This doubling of capacity is thanks to an investment by NHS England to upgrade radiotherapy equipment across the country, and a £1.5 million donation from The Royal Marsden Cancer Charity towards the installation and infrastructure of the machine.

Financial sustainability and best value

Introduction of biosimilars leads to cost savings for the NHS

The Royal Marsden, working with RM Partners, has introduced a national cancer medicines optimisation programme, which is leading the introduction of biosimilars (copies of biological drugs) in the NHS. Biosimilars achieve the same result for patients but are up to 60 per cent cheaper compared with the originals.

Within months of the introduction of the biosimilar rituximab, an important drug for blood cancers including lymphoma, 80 per cent of eligible patients across England had been switched to the biosimilar. If used nationwide, this biosimilar alone could save the NHS up to £100 million a year. The success of this project demonstrated the scale and impact of RM Partners to great effect.

The Royal Marsden and RM Partners are working on the introduction of future biosimilars in oncology for NHS England. This work will provide many opportunities to accelerate the adoption of new treatment protocols for cancer patients across the whole country. The aim is to implement best practice across the whole system in order to reduce variation in outcomes and improve patient treatment and care across the UK.

The Royal Marsden Private Care

The Royal Marsden's private care service won four prizes at the 2018 LaingBuisson Awards, including the award for best private hospital for the second year running. Now in their 13th year, these prestigious awards recognise excellence in private healthcare and social care. The finalists were chosen by independent judges from more than 350 nominations, and The Royal Marsden was the only organisation to win four awards.

These awards are a testament to The Royal Marsden's unique private care and NHS integrated model, which ensures it can offer all patients the highest standard of environment and facilities and continue to be worldwide leaders in the field of cancer care.

Private care is paid-for treatment, opening up the hospital's expertise to patients from overseas and the UK who are able to fund their own care through insurance, sponsorship or self-pay. Being treated privately offers a patient more choice over their consultant, more flexibility in appointment times and dedicated private care facilities.

At The Royal Marsden, patients have access to the very best research, clinicians, governance structures, facilities, treatment and care of an NHS hospital, combined with the hospitality, speed and service of a private centre. In addition, all of the profit generated by The Royal Marsden Private Care is reinvested into the NHS Foundation Trust. This money is used to fund new technology, equipment and research, and to continuously improve quality of care for both NHS and private patients alike, for example, the hospital's robotic surgery programme and the extension of the radiology service's opening hours, both of which benefit all patients regardless of the source of funding.

Risk

The continued delivery of a high-quality service requires the identification, management and reduction of events or activities that could compromise the safety of patients, staff, visitors and any other persons. The Royal Marsden is proud that it is among the highest performing trusts in the 2018 Staff Survey for staff feeling they are treated fairly when they report an incident or near miss. This is very important in supporting a culture of reporting and learning from incidents.

The systematic identification, analysis and control of risks is a key organisational responsibility. A culture of ownership and responsibility for risk management/patient safety is fostered throughout the organisation, and all managers and clinicians undertake risk management as one of their fundamental duties. This is achieved through an environment of openness and trust: where mistakes, adverse incidents and near misses are identified quickly and dealt with in a positive and responsive way. The submission of timely and accurate information to assess risk is promoted throughout the organisation. The Trust supports a culture of fairness, openness and learning by treating staff fairly so they are not deterred from reporting incidents out of fear of blame.

Risk management aims to achieve the optimum balance between quality of care, treatment and rehabilitation of patients, and the provision of services which are safe by optimising use of resources and identifying prioritised risk control action plans. Risk reduction is achieved through a continuous cycle of the identification, assessment, control, monitoring and review of risk, via our Corporate Risk Register and the Board Assurance Framework.

The Board Assurance Framework

The purpose of the Board Assurance Framework (BAF) is to present the Trust's risk assurance framework in the context of the Trust's strategic objectives, as set out in the Five-Year Strategic Plan 2018/19–2023/24. Detailed operational risks can be found in the Risk Register, which is presented to the Quality, Assurance and Risk Committee. This is also aligned with the Five-Year Strategic Plan.

In 2018/19, the Board reviewed the BAF, as did the Trust's internal auditors KPMG. As a result of those reviews, the BAF was updated to ensure that it remains fit-for-purpose and reflected the on-going changes in the external environment, notably preparedness for a 'no-deal' Brexit. Furthermore, the Trust's risk scoring matrix was also updated and approved by the Board to better support the risk scoring methodology for the BAF.

As at 31 March 2019, the following areas were identified and monitored in the Board Assurance Framework:

Strategic objective	Initial risk score	Current risk score
Delivery of IT strategy	20	20
Increase capacity constraints and meet cancer waiting times targets	25	16
Work collaboratively with the Royal Brompton Hospital	15	12
Ensure a sustainable paediatric model	16	12
RM Partners to roll-out cancer care best practice	12	12
Ensure business continuity plans in the event of a 'no-deal' Brexit	12	12
Achieve key national infection control targets (E. coli and Clostridium difficile)	16	12
Support the national policy direction setting out much greater emphasis on system decision-making	12	12
Achieve optimal scale and transformation through collaborations with partners	16	9
Develop a sustainable consultant medical model	16	9
Complete the development of the new diagnostic facility for private care (Cavendish Square)	12	8
Maximise opportunities for Sutton via London Cancer Hub and Epsom and St Helier University Hospital NHS Trust	8	8
Delivery of private care strategy	12	8
Successful delivery of Biomedical Research Centre grant	15	6

Statement of going concern

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

Performance analysis

Financial summary for the year ended 31 March 2019

The Royal Marsden has been an NHS Foundation Trust for 15 years and, in a tough financial environment, over the past year has achieved a record financial performance, predominantly due to accessing incentive Provider Sustainability Funding (PSF) of £37.8 million, as well as the PSF in the original plan of £2.6 million; a total of £40.5 million. The financial accounts for the year 2018/19 therefore show the Trust generated a surplus of £64.6 million. The PSF funds have been ring-fenced for the capital programme into future years and are being used for the IT Strategy, including the electronic patient record (EPR) replacement, a project estimated to cost over £40 million in capital.

The Trust continues to maintain a strong balance sheet and cash position. At 31 March 2019 the Trust held cash deposits of £78.2 million; an increase of £30.9 million from the previous year. The Trust generated £48.8 million from operational activities. The Trust invested £17.8 million in capital expenditure and made a Public Dividend Capital dividend to the Department of Health of £3.3 million, which represented an actual dividend rate of 3.5 per cent.

The Trust completed a full valuation of the asset base in 2016/17, as per the Trust's accounting policy, which is to carry out a full inspection valuation every five years. The valuation was carried out on a Modern Equivalent Asset (MEA) basis which considers the cost of re-providing an equivalent service on an alternative site with modern building design, as opposed to the current market value of the site. In following the Trust's accounting policy, an interim valuation will be completed in the third year. Consequently, for 2018/19, the Trust has requested the valuation firm review the materiality of the market conditions since the last full valuation which has resulted in no change to the overall valuation of the asset base.

Efficiency

In the continued challenging economic environment, the Trust has delivered the total efficiency programme for 2018/19. This programme of efficiency has delivered improvements in order to meet NHS tariff reductions, to support the local health economy and to deliver the Trust's surplus for the year.

Financing and investment

Despite the financial challenges, the Trust has continued to invest in estate and infrastructure, spending £17.8 million on buildings, equipment and IT. There was £5.2 million funded through charitable donations and £1.7 million from Public Dividend Capital for a new linear accelerator. The remainder of the capital programme was funded through operating surpluses, retained depreciation and free cash.

Governance

The framework from the Trust's regulators, NHS Improvement, rates trusts from 1 (lowest risk) to 4 (highest risk). The Royal Marsden has been rated as a 1 all year and is therefore meeting its governance arrangements covering compliance with the terms of its licence and meeting NHS standards and targets for performance.

Quality Board Statement

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

Anti-fraud

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

Cyber-security

Cyber-security is the activity required to protect an organisation's computers, networks, software and data from unintended or unauthorised access, change or destruction via the internet or other communications systems or technologies. Effective cyber-security relies on people and management processes as well as technical controls. The Trust Board recognises that the risk of cyber-attacks is on the rise and therefore the Board continues to closely monitor this risk via the Trust Risk Register and Board Assurance Framework. The Audit and Finance Committee receives regular reports on cyber-security and oversees the implementation of the Trust's action plan to achieve Cyber Essentials Plus accreditation, which was developed in accordance with the National Cyber-Security Centre guidance.

Main events affecting the Trust

For eight years, The Royal Marsden has provided community services for the London Borough of Sutton. The Trust is proud of the standards delivered by this service and the improvements in quality and performance staff have achieved, as evidenced by patient feedback and national awards, in both health visiting and service innovation.

The Trust has met almost 100 per cent of its key performance indicators, compared with 62 per cent since The Royal Marsden was selected to lead and manage community services in 2011. However, the Trust and its partners have agreed that community services in Sutton should be hosted by a partner in the Sutton Health and Care Alliance (SHC Alliance) rather than a provider of specialist cancer care, to ensure there is the right expertise and focus on community services going forward. On 1 April 2019, The Royal Marsden Community Services transferred to the management of the SHC Alliance.

Brexit

The Trust's preparation for the planned EU Exit in March 2019 was led by the Chief Pharmacist Jatinder Harchowal, Head of EU Exit at The Royal Marsden, and Chief Nurse Eamonn Sullivan, Senior Responsible Owner (SRO) for EU Exit, in close liaison with individual risk leads across the Trust.

As part of the preparation, the Trust held an EU Exit table top exercise with representatives from across the Trust to discuss scenarios around medicine and equipment supply, staffing and clinical research. An EU Exit Committee was set up and met fortnightly to ensure communication around any issues were highlighted and plans were in place to manage any risk associated with the supply of medicines, vaccines, radioisotopes and medical products used in clinical trials.

The Trust monitored changes to its European staffing profile and encouraged staff to apply for the settlement scheme. The Royal Marsden agreed to pay a contribution for staff who were applying for settled status or pre-settled status, and drop-in sessions in HR were held with visa specialists so staff can be supported with the application. An email inbox was set up to collate staff queries and concerns.

The Head and SRO of EU Exit were the main points of contact with NHS England and the Department of Health and Social Care, and the Head of EU Exit was a member of the London Region Pharmacy and Medicines EU Exit Panel.

Key performance indicators

The Royal Marsden has a performance monitoring framework which ensures that performance is regularly reviewed both at organisational and department level. At the most senior level, the Board of Directors and Council of Governors receive the quarterly scorecard which includes Red/Amber/Green-rated key performance indicators.

This report provides assurance to the Board of Directors regarding Trust performance and of any mitigating actions required to remedy under-performance. Red, Amber and Green thresholds are set based on national standards and local strategic objectives, and are signed-off by the departmental directors, the Chief Operating Officer and the Director of Performance and Information.

In addition, Clinical Business Units (CBUs) review their scorecards on a monthly basis. These scorecards are more detailed than the board scorecard and have a more operational function. They are an essential tool in maintaining the strong performance of the Trust, and with targets set at a unit level, CBUs are able to rapidly identify issues and respond appropriately. Please see page 14 for the balanced scorecard template.

Balanced scorecard

A balanced scorecard template has been included below for reference.

1. To achieve the highest possible quality standards for our patients, exceeding their expectations, in terms of outcome, safety and experience

Patient safety, quality and experience		Q3 Oct–Dec 2018/19	Q2 Jul–Sep 2018/19	Q1 Apr–Jun 2018/19	Q4 Jan–Mar 2017/18	Q3 Oct–Dec 2017/18
Single Oversight Framework: level of support segment						
Quality Report indicators	MRSA positive cultures (cumulative)					
	Total number of E. coli bacterium					
	C. diff lapses of care					
	VTE risk assessment					
Certification against compliance: access to healthcare for people with a learning disability						
Serious incidents (excluding pressure sores)						
Complaints (complaints per 1,000 patients seen)						
Mortality						
HSMR (rolling 12 month, one quarter in arrears, NHS and private patients)						
Mortality audit (based on quarterly data in arrears)						
30-day mortality post-surgery						
30-day mortality post-chemotherapy						
100-day SCT mortality in previous 6 months (deaths related to SCT)						
100-day SCT mortality in previous 6 months (all deaths)						
Medicines management						
% medicines reconciliation on admission						
Unintended omitted critical medicines						
Cancer staging						
Staging data completeness sent to Thames Cancer Registry (one quarter in arrears)						
Patient satisfaction						
Friends and Family Test (inpatient and day care)						
Friends and Family Test (outpatients)						
% chemotherapy patients starting treatment within 3 hours of first appointment of day						
% chemotherapy patients starting treatment within 1 hour of appointment time						
Mixed sex accommodation breaches						
PP access to single rooms – Chelsea %						
PP access to single rooms – Sutton %						

Patient safety, quality and experience		Q3 Oct–Dec 2018/19	Q2 Jul–Sep 2018/19	Q1 Apr–Jun 2018/19	Q4 Jan–Mar 2017/18	Q3 Oct–Dec 2017/18
National waiting times targets						
2-week wait from referral to date first seen:	All cancers					
	Symptomatic breast patients					
31-day wait from diagnosis to first treatment						
31-day wait for subsequent treatment:	Surgery					
	Drug treatment					
	Radiotherapy					
62-day wait for first treatment:	GP referral to treatment (reallocated)					
	GP referral to treatment (pre-reallocations)					
	Screening referral (reallocated)					
	Screening referral (pre-reallocations)					
18 weeks from referral to treatment	Incomplete pathways under 18 weeks					
18-week pathways – patients waiting > 52 weeks (distinct patients across the quarter)						

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	Q3 Oct–Dec 2018/19	Q2 Jul–Sep 2018/19	Q1 Apr–Jun 2018/19	Q4 Jan–Mar 2017/18	Q3 Oct–Dec 2017/18
Recommend – Care					
Not recommend – Care					

3. Community measures

NHSI Community Measures	Q3 Oct–Dec 2018/19	Q2 Jul–Sep 2018/19	Q1 Apr–Jun 2018/19	Q4 Jan–Mar 2017/18	Q3 Oct–Dec 2017/18
Patient satisfaction					
Friends and Family Test					
Effective care					
Number of patients with attributable category 4 pressure ulcers (RMCS)					
Community staff vacancy rate					
Nurse vacancy rate					

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

Finance, productivity and efficiency	Q3 Oct–Dec 2018/19	**Q2 Jul–Sep 2018/19**	**Q1 Apr–Jun 2018/19**	**Q4 Jan–Mar 2017/18**	**Q3 Oct–Dec 2017/18**
NHSI Use of Resources risk rating					
Percentage variance from Agency Spend Cap					
Cash (£m)					
NHS activity Income Variance YTD (£000)					
PP activity Income Variance YTD (£000)					
PP aged debt at 6 months					
Non-PP debtors over 90 days (% of total non PP-debtors)					
Achievement of Efficiency Programme YTD (%)					
Capital Expenditure Variance YTD (£000)					
Productivity and asset utilisation					
Bed occupancy – Chelsea					
Bed occupancy – Sutton					
Care hours per patient day total ratio					
Theatre utilisation – Chelsea					
Theatre utilisation – Sutton					
MDU patients per chair (adjusted method and chair numbers)					

Contract performance (one quarter in arrears)	Q2 Jul–Sep 2018/19	**Q1 Apr–Jun 2018/19**	**Q4 Jan–Mar 2017/18**	**Q3 Oct–Dec 2017/18**	**Q2 Jul–Sep 2018/19**
Contractual sanctions incurred (£000)					
CQUIN percentage achievement – Acute NHSE					
CQUIN percentage achievement – Acute CCG					
CQUIN percentage achievement – Sutton Community Services					

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

Clinical and research strategy	Q3 Oct–Dec 2018/19	**Q2 Jul–Sep 2018/19**	**Q1 Apr–Jun 2018/19**	**Q4 Jan–Mar 2017/18**	**Q3 Oct–Dec 2017/18**
Total NHS referrals (quarterly)					
Total PP referrals					
Trust patients recruited to 100K Genome Project					
Efficient clinical models					
NHS average (mean) elective length of stay					
NHS non-elective admissions as percentage of all NHS admissions					

Research (one quarter in arrears)		Q2 Jul–Sep 2018/19	**Q1 Apr–Jun 2018/19**	**Q4 Jan–Mar 2017/18**	**Q3 Oct–Dec 2017/18**	**Q2 Jul–Sep 2018/19**
Date site selected to first participant recruited	Mean number of days between date site selected and date of first participant recruited					
Accrual to target (one quarter in arrears) – national definition	% of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target)					
Number of first patients recruited in previous 12 months	Number of first UK patients					
	Number of first European patients					
	Number of first global patients					
Trials led by The Royal Marsden	as percentage of commercial interventional trials with Royal Marsden involvement which opened in the last 12 months					

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

Workforce	Q3 Oct–Dec 2018/19	Q2 Jul–Sep 2018/19	Q1 Apr–Jun 2018/19	Q4 Jan–Mar 2017/18	Q3 Oct–Dec 2017/18
Workforce productivity					
Vacancy rate					
Voluntary staff turnover rate					
Sickness rate					
Quality and development					
Consultant appraisal (number with current appraisal)					
Appraisal and PDP rate					
Completed induction (new measure)					
Statutory and mandatory staff training					

Acronym	Meaning
CCG	Clinical Commissioning Group
C. diff	Clostridium Difficile
CQUIN	Commissioning for Quality and Innovation
E. coli	Escherichia Coli
HSMR	Hospital Standardised Mortality Ratio
MDU	Medical day unit
MRSA	Methicillin-resistant staphylococcus aureus
NHSE	NHS England
NHSI	NHS Improvement
PDP	Personal development plan
PP	Private patients
RMCS	Royal Marsden Community Services
SCT	Stem cell transplant
VTE	Venous thromboembolism
YTD	Year to date

Corporate Social Responsibility (CSR)

The Trust is committed to the principles of CSR. Environmental sustainability, social, community, anti-bribery and human rights issues are taken into account when developing and/or reviewing Trust policies. As standard procedure, the Trust requires all authors of policies to declare any impact they may have on equality and confidentiality requirements.

Sustainability

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

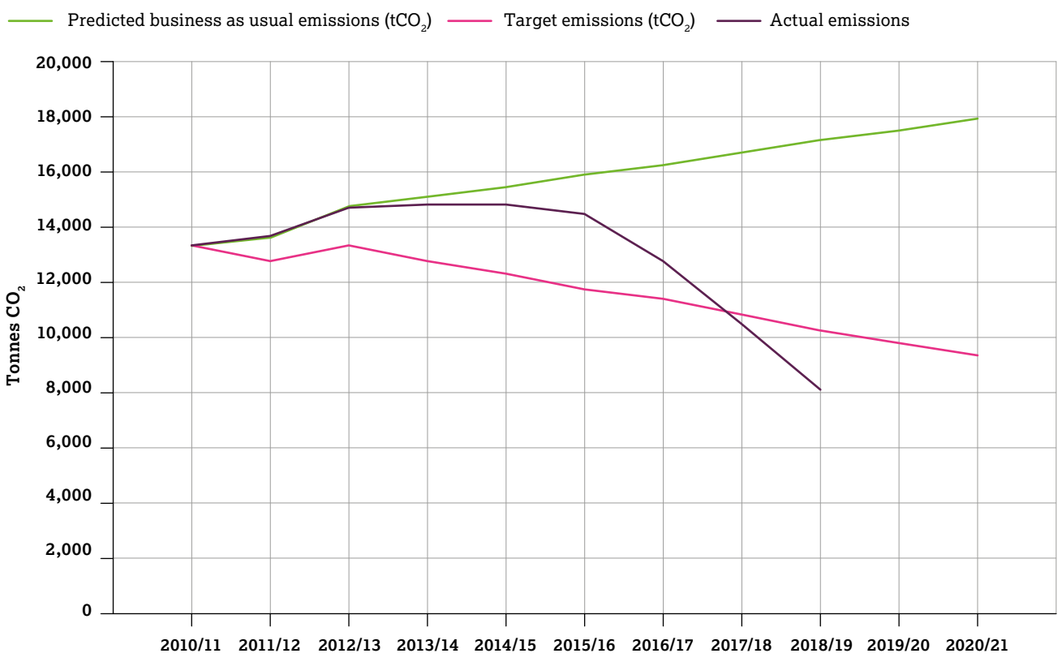
The Trust takes its responsibility as a major employer and consumer of energy and resources seriously, and is committed to helping reduce the adverse effects of its operations on the wider environment.

The Trust has a Sustainable Development Management Plan (SDMP), which it continues to implement and update. This ensures that it fulfils the commitment to conducting all aspects of its activities – such as compliance with environmental legislation, carbon and energy management, waste management, water management, and in the design and build of any new environment – with due consideration to sustainability. The Trust's commitment to sustainable development has resulted in significant improvement in energy efficiency and utilities cost savings. Our reporting is based on our current SDMP approved in 2012.

Carbon and energy management

The chart below shows the Trust's carbon reduction progress against its target Carbon Management Plan and calculated business as usual (BAU) trend. The Trust's carbon footprint reduced by 2,355 tonnes of carbon dioxide (TCO2) in the forecast for 2018/19 over the previous year, and saw a reduction of 8,693 TCO2 over predicted BAU trend. The ambitious carbon reduction target was set to reflect a national NHS target to achieve a 34 per cent reduction against its 2010/11 consumption figures by 2020/21. This target has been exceeded by improving the Combined Heat and Power (CHP) system and building services plant efficiencies, and implementing energy-saving measures. The Trust is currently at 38 per cent below its 2010/11 carbon emissions.

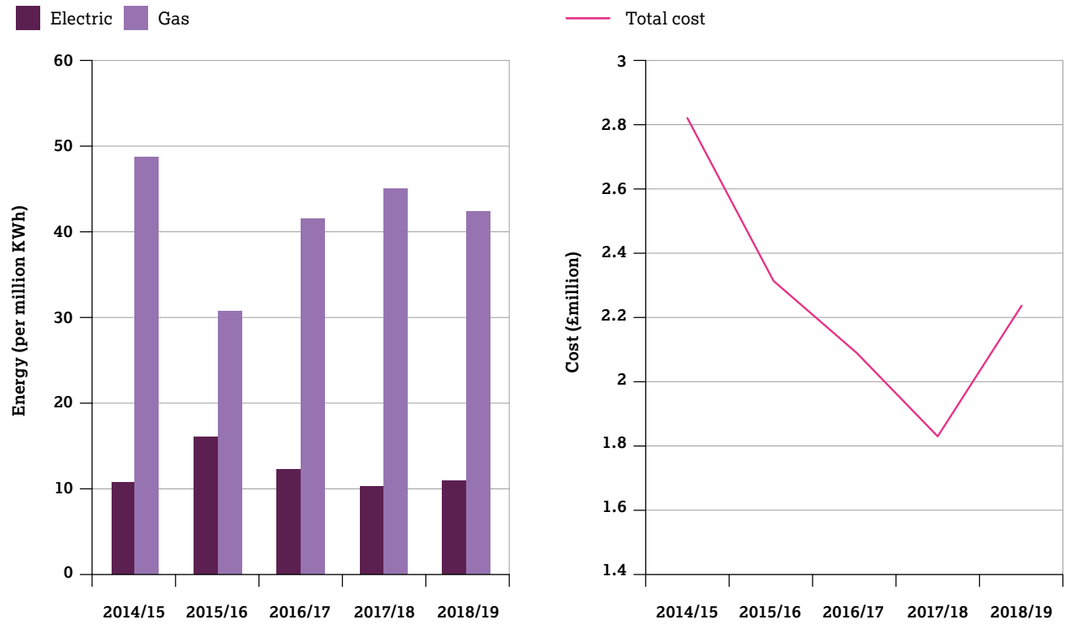
Carbon progress against target



Energy and costs

In 2018/19, the Trust consumed 10,250,831 kWh of electricity and 42,712,374 kWh of gas. The electricity consumption has increased by 2.9 per cent and gas consumption has decreased by seven per cent, compared with the previous year. Heatwaves during the summer and consequently the increased need for using air conditioning cooling systems, and increased operational hours, are believed to be the main contributors to the increase of electricity use. Gas consumption has decreased due to a milder winter, improved CHP and boiler operational efficiencies.

Energy consumption and costs



	2014/15	2015/16	2016/17	2017/18	2018/19
Electricity consumption (kWh)	10,702,458	16,266,719	12,142,406	9,966,750	10,250,831
Gas consumption (kWh)	48,784,311	30,824,381	42,071,342	45,712,30	42,712,374
Electricity and gas costs (£)	2,810,899	2,393,691	2,124,842	1,864,334	2,296,537

In terms of energy costs, in 2018/19 the Trust spent £2.3 million on energy (electricity and gas); this is up 23 per cent on the previous year's spend. The site energy consumption overall has reduced, but a significant increase in energy unit costs stopped the downward trend for reducing costs. The Trust also generated an income of £418,000 for exporting electricity from the CHP system, solar panels and STOR (Short Term Operating Reserve) scheme income and recharging for energy used by Vodafone, Sphere and Erigal.

The Trust also realised some benefits from additional energy saving measures. In terms of the Carbon Reduction Commitment (CRC) Energy Efficiency Scheme costs, the Trust spent £142,575 for the energy carbon emissions, which this is a reduction of nine per cent compared to the previous year.

	2017/18	2018/19
CRC costs:	£157,185	£142,575

Other sustainability achievements

- The Trust has been carrying out energy reduction schemes for many years in order to meet its carbon reduction plan. During 2018/19, additional energy and cost-saving schemes have been funded and instigated by the Trust, including: LED energy-saving lighting schemes at both Chelsea and Sutton hospitals
- Improved efficiency and cost saving of the CHP plant over the last year
- Upgrades to ventilation systems in pharmacy aseptic and outpatients at the Oak Centre for Children and Young People , and introduction of energy efficient fans and motors which use 30 per cent less electricity than the conventional systems
- Connection of Bud Flanagan Ambulatory Care heating system to district heating system and utilisation of available CHP heat in the plant rooms instead of using electric heat pumps
- Implemented STOR at both sites. The scheme uses our standby generators to generate electricity during specific hours of the year without any interruption to electrical services. The Trust will generate significant revenue for participating in this scheme
- Initiated a Demand Site Response (DSR) scheme which will facilitate an operation strategy to control air conditioning systems and the ventilation system in a more cost effective way
- Submitted a business case for a CHP scheme at the Chelsea site
- Submitted an application for NHS Improvement LED Energy Efficiency Fund
- Replaced water tanks, improved water systems and repaired leaks
- Replaced a number of life-expired air conditioning units with super-efficient R32 systems
- Implemented a cooling and ventilation systems strategy in areas such as pharmacy stores. This is to avoid the need to install air conditioning units
- Replaced life-expired Building Energy Management System (BEMS) controlled panels. The new controls are providing a better level of system control, efficiency and metering
- Prepared a proposal for the sites' energy and monitoring system.

By reducing energy consumption, current and past schemes have produced a substantial monetary saving on energy costs, which has been and will be reinvested in patient care.

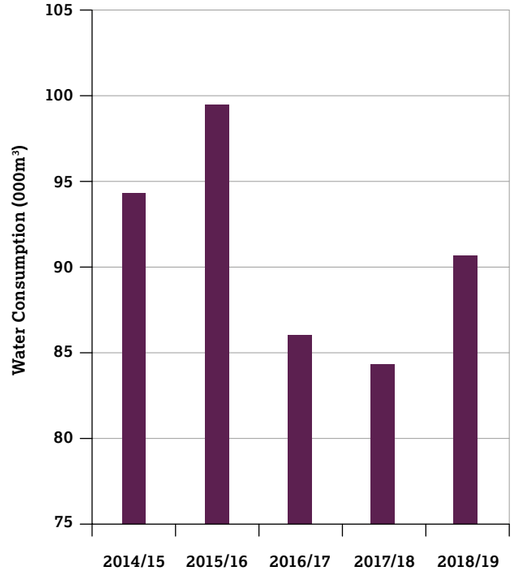
Renewable energy

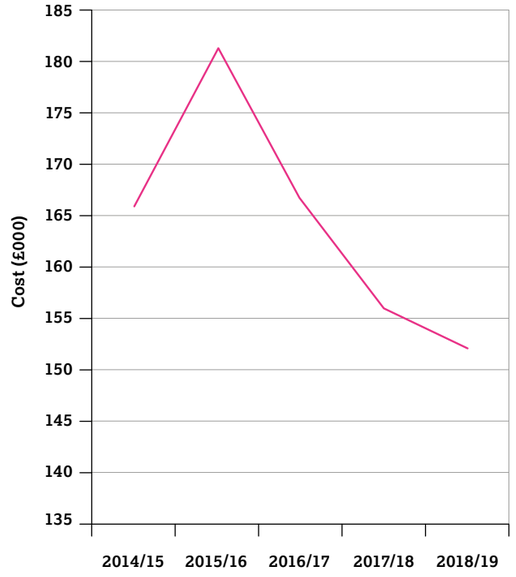
The Trust has installed solar PV panels to some of its new buildings, which generate clean electricity to the annual value of 53,341 kWh; equivalent to £15,000 of Feed In Tariff (FIT) income.

Water

Our water consumption during 2018/19 has increased by 6,738m³ (eight per cent) over the previous year. The overall water cost has reduced by two per cent (£3,630). The cost reduction is due to improved unit cost rate.

Water consumption and costs





	2014/15	2015/16	2016/17	2017/18	2018/19
Water consumption (m³)	94,393	99,261	86,235	83,987	90,725
Water costs (£)	166,114	182,224	167,253	156,655	153,025

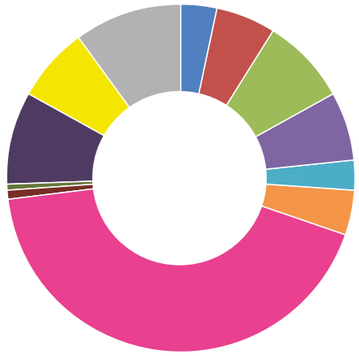
The Trust is a major consumer of water and has been actively trying to reduce the volume of water used; balancing water efficiency against the need to improve infection control via increased hand washing and increased flushing in areas of low consumption, and to guard against the risks of legionella contamination and other potentially harmful bacteria.

The Trust experienced two major water leaks at the Chelsea and Sutton sites, which resulted in increased water usage and cost.

Waste

At The Royal Marsden, waste is stored, transported and disposed of in accordance with waste legislation, regulations and codes of practice, including 'Health Technical Memorandum 07-01: Safe Management of Healthcare Waste' (HTM 07-01). By doing this, staff, patients and members of the public are kept safe.

The chart below shows the category and volume of waste, in tonnes, from the Chelsea and Sutton sites combined for the financial year 2018/19.



- Bulky waste **43**
- Clinical waste **68**
- Clinical waste incineration **98**
- Confidential papers **80**
- Cytotoxic and cytostatic waste **34**
- Food waste **53**
- General waste **526**
- Glass **11**
- Infectious anatomical waste **7**
- Mixed recyclables **107**
- Mixed sharps **83**
- Offensive waste – human **123**

(volume shown in tonnes)

None of the waste goes to landfill. Below are the various routes the Trust's waste takes:

- Recyclables, including glass – recycled into new produce
- Confidential documents – securely destroyed and recycled
- Food – anaerobic digestion
- General (domestic) – energy from waste
- Clinical – incinerated in line with legislation
- Bulky/furniture – re-used or deconstructed for parts.

Travel and transport

The Trust reviews its car parking policy annually to ensure that the car parking facilities are managed as efficiently and as fairly as possible, and has been proactive in developing alternative means of travelling to site.

Charging facilities for two electric vehicles have been installed at the Trust's Sutton site. Following consultation with staff and patients on the uptake of electric vehicles, the Trust will be installing two more during 2019/20.

The Trust has a longstanding and well developed travel plan which is reviewed annually. It is informed by latest good practice and guidance, travel plan surveys and the input of relevant local agencies, such as the London Borough of Sutton's Travel Awareness Coordinator. The travel plan includes initiatives such as enhancements to the staff 'inter-site' and 'shuttle bus' services; the staff lift-share scheme; promotion of 'Bike to Work' and 'Walk to Work' weeks; improvement of cycle storage facilities; providing 'Dr Bike' sessions; installation of 'real time' Transport for London local bus timetables; interest-free bike loans; and increased use of video-conferencing to minimise travel. We also encourage staff when travelling as a result of business to take public transport wherever possible.

The Trust has achieved the Mayor of London's third (and final) stage of the London NHS Cycling Strategy.

Future direction

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

Equality and diversity

At The Royal Marsden, equality, diversity, inclusion and human rights are central to the way it provides healthcare services to its patients and supports its staff. The Royal Marsden wants to be known as an organisation that promotes equality, values and celebrates diversity, and has created an inclusive environment for receiving care and for being employed.

The Royal Marsden has an equalities strategy that sets out its ambitions and approach to the equalities agenda. This can be viewed on the Trust's website: www.royalmarsden.nhs.uk/about-royal-marsden/equality-and-diversity/equality-objectives. This approach has been further developed in the workforce strategy, Aspiring to Excellence, detailing the Trust's commitment to ensuring an open, transparent and inclusive environment where feedback is encouraged, staff feel engaged and where the Trust learns from its mistakes and celebrates success.

In March 2019, the Trust published its gender pay gap findings, in line with legislative requirements. The median gender pay gap is 8.9 per cent. Further information can be found on the Trust's website: www.royalmarsden.nhs.uk/about-royal-marsden/equality-and-diversity/gender-pay-gap-reporting. Strategic responsibility for driving the equality, diversity and inclusion agenda across The Royal Marsden rests with the Equality, Diversity and Inclusion Steering Group, along with setting annual priorities and monitoring equality performance. Membership of the Steering Group is multidisciplinary across different levels and includes Executive Board members, Patient Governors and members of the Patient and Carer Advisory Group.

In January 2019, the annual Equality Report was approved by the Steering Group. The main purpose of this report is to provide assurance that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty. The report highlights the progress made towards achieving the 2018/19 equality objectives and key priorities for 2019/20. The Equality Report is published on the equality and diversity pages of the Trust's website, along with a comprehensive set of equality information for services and employment.

The Royal Marsden has an equality and diversity policy which sets out the framework through which it delivers its services and provides employment. All staff are required to attend mandatory equality and diversity training, which is refreshed every three years. Bespoke training is also developed, for example, cultural awareness training for frontline staff, focusing on the needs of patients from the Middle East.

The organisation has seen an increase in the diversity of its workforce, with a six per cent increase in staff from Black, Asian and Minority Ethnic (BAME) backgrounds since 2015, with this staff group now accounting for 32 per cent of staff.

Three staff equality networks are provided. These are the forum for BAME staff, the Lesbian, Gay, Bisexual and Transsexual + (LGBT+) network, and a network for staff with disabilities and health conditions, which was launched in 2018. All of these networks are run jointly with the ICR.

The BAME staff forum hosted a number of events to celebrate Black History Month, including a lunchtime question and answer session with Yvonne Coghill OBE, Director of the Workforce Race Equality Standard. The forum has increased its membership to over 100 members since it launched in 2015.

Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) requires all NHS organisations to demonstrate how they are dealing with race equality issues in staffing areas such as recruiting and promoting staff. Since the baseline was set in 2015 there has been an improvement in seven of the nine indicators. The table below provides a breakdown of the 2018 WRES findings for black and minority ethnic (BME) and white staff as at 31 March 2018, the date on which the WRES data are reported.

2018 WRES findings

	Indicator description	2018	2018 compared with 2015 baseline
1	Proportion of staff in bands	Similar to 2017 findings	
2	Likelihood of white staff being appointed from shortlisting	Slightly better than 2017 findings	
		2.08 more likely in 2018	
		2.42 more likely in 2017	
3	Likelihood of BME staff entering the formal disciplinary process	Slightly better than 2017 findings	
		2.01 more likely in 2018	
		2.25 more likely in 2017	
4	Likelihood of BME staff accessing non-mandatory training and continuing professional development (CPD)	Similar to 2017 – equal outcomes for BME and white staff	
5	Harassment, bullying or abuse from patients, relatives or public (staff survey)	2018 BME 14% white 18%	
		2017 BME 17% white 17%	
		2016 BME 15% white 17%	
		2015 BME 21% white 19%	
6	Harassment, bullying or abuse from staff (staff survey)	2018 BME 24% white 20%	
		2017 BME 28% white 22%	
		2016 BME 24% white 21%	
		2015 BME 27% white 23%	
7	Believe Trust provides equal opportunities for career progression and promotion (staff survey	2018 BME 78% white 92%	
		2017 BME 74% white 91%	
		2016 BME 76% white 90%	
		2015 BME 72% white 90%	
8	Experienced discrimination from manager/ team leader or colleagues (staff survey)	2018 BME 9% white 4%	
		2017 BME 11% white 5%	
		2016 BME 12% white 6%	
		2015 BME 14% white 5%	
9	Percentage difference between Board voting membership and overall workforce	As the proportion of BME staff, has increased to 30.5%; this finding has increased from – 28% to – 30.5%	

Anti-bribery and fraud policies and issues

The Trust's Business Conduct Policy is reviewed annually and approved by the Board Sub-Committee, the Audit and Finance Committee, and the Executive Board. The policy makes reference to the fact that under the Bribery Act 2010 it is an offence for an employee to accept any inducement or reward for doing, or refraining from doing, anything in his/her official capacity or corruptly showing favour or disfavour in the handling of contracts. The same policy also outlines the Trust's arrangements for dealing with breaches of its provisions, including the possibility of taking legal action to investigate and prosecute in cases where fraud, bribery and corruption has been established.

In relation to this, the Trust also has an Anti-Fraud, Bribery and Corruption Policy and Procedure. This policy is also monitored by the Audit and Finance Committee, which also receives regular reports on this issue, including an annual report from the local anti-fraud specialist. No major concerns or issues relating to bribery or fraud were identified in 2018/19.

Approval of the Performance Report:

Cally Palmer CBE
Chief Executive
23 May 2019

2. Accountability report

Directors' report

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

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

The Executive Directors are paid employees of the Trust. They are responsible for managing the organisation on a day-to-day basis and in their capacity as members of the Board they are also responsible for the leadership of the Trust. This managerial role distinguishes the Executive Directors from the Non-Executive Directors, who do not have a managerial role. Functions of the Trust which have not been retained as reserved by the Board or delegated to an executive committee or sub-committee, are exercised on behalf of the Board by the Chief Executive who may, in turn, from time to time delegate, some functions to the Executive Management Team.

The Non-Executive Directors (NEDs) are responsible for supporting and constructively challenging the Executive Directors in their decision-making, as well as assisting them with the formation of the Trust's strategy. NEDs are collectively accountable, with the Executive Directors, for the exercise of their powers and for the overall performance of the Trust. Whilst Executive Directors are employees of the Trust under a permanent contract of employment, NEDs are appointed for a term of three years and can only be reappointed subject to approval from the Council of Governors. The NHS Code of Governance advises that reappointment of NEDs beyond six years should be subject to rigorous review. The grounds for which a Board member may become disqualified from the Board are set out in the Trust's Constitution.

The Board of Directors also approves the Annual Report and Accounts prior to its submission to Parliament. The Annual Report and Accounts is prepared by the Directors of the Trust, who confirm that this Annual Report and Accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Please see a summary of our Board of Directors below. The table on page 35 shows details of their attendance at meetings of the Board and its committees during 2018/19. Please note that the Board Register of Interests is available on the Trust website, or a copy can be requested from the Corporate Governance Office.

Key

R
Member of Remuneration Committee

A
Member of Audit and Finance Committee

QAR
Member of Quality, Assurance and Risk Committee

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

Mr Charles Alexander
Chairman
R/QAR

Charles Alexander was appointed as Chairman in December 2016. Charles' experience at board level varies across the banking, industry and charitable sectors, including companies such as NM Rothschild, and GE Capital Europe. He is currently a Non-Executive Director of the Department of Culture, Media and Sport, and chairs The Countess of Munster Musical Trust as well as the musical charity Opera Rara. Charles Alexander currently also serves as Chairman of the Board of Trustees of The Royal Marsden Cancer Charity.

Executive Directors

Miss Cally Palmer CBE
Chief Executive
QAR/ICR

Cally Palmer became Chief Executive of The Royal Marsden in 1998. She is also a Trustee of the ICR and a Trustee of The Royal Marsden Cancer Charity. She holds an MSc in Management from the London Business School, which she gained with distinction in 1995, and is a member of the Institute of Health Services Management. Cally was awarded a CBE in 2006 for her contribution to the NHS. Cally was appointed as National Cancer Director for NHS England in 2015, and holds this position alongside her role as Chief Executive of The Royal Marsden.

Mr Karl Munslow Ong
Chief Operating Officer
(began November 2018)
QAR

Karl Munslow Ong joined The Royal Marsden in November 2018 as the Chief Operating Officer. Before taking on the role, Karl was the Deputy Chief Executive at Chelsea and Westminster NHS Foundation Trust, having joined as their Chief Operating Officer in March 2015, also working with The Royal Marsden through the Fulham Road Collaborative, Sphere and RM Partners. Karl started his career as a management consultant for PriceWaterhouseCoopers before moving to work at a strategic health authority. He was previously Chief Operating Officer at Hillingdon Hospital and has extensive operational management experience across a number of other acute trusts in London.

Dr Liz Bishop
Chief Operating Officer/Deputy Chief Executive
(served until October 2018)
QAR

Dr Liz Bishop joined The Royal Marsden in January 2010 as Divisional Nurse Director. Before taking on the role of Chief Operating Officer and Senior Information Risk Owner for the Trust, she spent a period of time as Divisional Director for Cancer Services and also interim Chief Nurse. Liz completed her BSc in Nursing in Scotland in 1986, and her MSc and Doctorate at Surrey University in 2004 and 2009 respectively. She has worked in a variety of clinical settings – from surgery to haemato-oncology – in several acute trusts in London, including six years in The Royal Marsden's Bud Flanagan Unit. Prior to re-joining The Royal Marsden she was at Guy's and St Thomas' NHS Foundation Trust for five years as a Nurse Consultant, Head of Nursing and General Manager for Oncology. In July 2016, Liz was appointed Deputy Chief Executive, to allow Cally Palmer to undertake her role as National Cancer Director.

Mr Eamonn Sullivan
Chief Nurse
A/QAR

Mr Eamonn Sullivan was appointed to the role of Chief Nurse at The Royal Marsden NHS Foundation Trust in January 2017. Previously he was Deputy Chief Nurse at University College London Hospitals and Deputy Chief Nurse at Guy's and St Thomas' NHS Foundation Trust, where he has also held positions as Head of Performance for Clinical Services and Head of Nursing for Surgery. Eamonn has an MSc in Health Service Development (Critical Care) from King's College London, he is a Florence Nightingale Leadership Scholar, and has served in Iraq and Afghanistan in the Army Medical Services Reserves.

Mr Marcus Thorman
Chief Financial Officer
A/QAR

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

Dr Nicholas van As
Medical Director
QAR

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

Non-Executive Directors

Mr Ian Farmer*
A/R

Ian Farmer joined The Royal Marsden as a Non-Executive Director and Chair of the Audit and Finance Committee on 1 April 2014. Ian is a Chartered Accountant and former Chief Executive Officer of Lonmin Plc, the world's third largest Platinum Group Metals (PGM) mining company.

Professor Paul Workman FRS
QAR/ICR

Professor Paul Workman joined The Royal Marsden as a non-independent Non-Executive Director on 1 July 2014 in his capacity as Chief Executive and President of the ICR. Paul is also the Head of its Division of Cancer Therapeutics, Harrap Professor of Pharmacology and Therapeutics, and Director of the Cancer Research UK Cancer Therapeutics Unit.

Mr Mark Aedy*
Senior Independent Director
A/R

Mark Aedy joined The Royal Marsden as a Non-Executive Director in April 2016. He has 40 years' experience in the financial services sector, building and managing investment banking franchises in the UK and internationally. At present he is a Managing Director and Head of EMEA and Asia Investment Banking at Moelis & Company, a global independent investment bank, and is on its management committee. Prior to Moelis & Company, he worked at Bank of America Merrill Lynch serving on the Global Corporate and Investment Banking Executive Committee and at Merrill Lynch, where he was Head of Investment Banking, EMEA. He is a Trustee of The HALO Trust.

Ms Heather Lawrence OBE*
A/QAR

Heather Lawrence is an accomplished former Chief Executive with a track record of service quality improvement. Her last Chief Executive position was at Chelsea and Westminster NHS Foundation Trust from 2000 to 2012. Since 2012, she has held a number of NED positions and currently serves as Non-Executive Chair of the London Ambulance Service, which has been successfully brought out of special measures. She is a nurse by background and has an impressive track record of success in both her Executive and NED roles. Ms Lawrence brings her patient-focused clinical expertise to the role of the Non-Executive Director.

Professor Martin Elliott*
QAR

Professor Elliott is a Paediatric Cardiothoracic Surgeon who has spent the majority of his career at Great Ormond Street Hospital, where he held several clinical leadership positions including co-Medical Director from 2010 to 2015. He also holds a Chair in Paediatric Cardiothoracic Surgery at University College London, and is the 37th Professor of Physics at Gresham College. He is an established clinical leader with a strong understanding of the particular challenges and opportunities facing specialist trusts. As Co-Medical Director, Professor Elliott led on quality and safety, digital technology and clinical strategy development.

Mr Christopher Clark*
(appointed 1 September 2018)
A

Chris Clark is a Non-Executive Director of Aviva's UKD digital legal entity and chairs their Conduct Committee. He is also an adviser to a number of Private Equity houses specialising in Marketing Services. In his corporate career, Chris was at HSBC between 2001 and 2017, and was Global Head of Marketing (2010–2017), reporting to the Group Chief Executive Officer. He was a member of the HSBC Group Management Board and Group Risk Management Committee. Prior to HSBC, Chris spent his career in the advertising and marketing services business, with time at Saatchi and Saatchi and also a four-year period in New York.

Mr William Jackson*
(appointed 1 September 2018)

William Jackson is a Chief Executive and a founding partner of Bridgepoint, a leading international private equity group. In 2015, Bridgepoint owned businesses, operating across a range of sectors (including consumer, healthcare and media), generated combined revenues of €8.7 billion and EBITDA of €1.5 billion. William's NED portfolio includes Chairman of the Board at Pret a Manger (2012 to 2018), NED at British Land Plc (2011 to present) and President of the Board Dorna Sports SA/MotoGP.

Professor Dame Janet Husband
(served until 31 May 2018)
A/QAR

Professor Dame Janet Husband joined The Royal Marsden as a Non-Executive Director on 1 June 2014. Janet was a Consultant Radiologist and Professor of Diagnostic Radiology at The Royal Marsden and the ICR, as well as former Medical Director of the Trust from 2003 to 2006. Janet became the first female President of the Royal College of Radiologists in 2004. Having been appointed Officer of the Order of the British Empire (OBE) in 2002, Janet was appointed Dame Commander of the Order of the British Empire (DBE) in 2007. Also in 2007, she was awarded the title of Emeritus Professor of Radiology by the ICR. In 2010, Janet was appointed Chair of the National Cancer Research Institute and has held a number of non-executive appointments in healthcare, as well as a six-year service as the Specially Appointed Commissioner to The Royal Hospital in Chelsea.

A copy of the Directors' Register of Interests is available on the Trust's website.

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

Committees of the Board

The Audit and Finance Committee

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

The Audit and Finance Committee met four times in the year in order to discharge its responsibilities. An extraordinary Finance Committee was also held. A key purpose of this Committee is to assure itself that relevant risks, particularly financial risks, are appropriately identified and managed through a robust system of internal control established within the Trust. At each meeting, the Committee reviews the financial position of the Trust, the efficiency programme, the capital plan, and the working capital and cash position, as well as key assumptions within those. Areas of risk and significant financial impact are also presented to the Committee for review, including the annual planning process and the financial plan for recommendation for Board approval. Other topics reviewed in-year include cyber-security, IT strategy update, and model hospital update.

During the year the Committee received papers from the Trust's internal auditors KPMG LLP reporting on the findings of the 2018/19 Internal Audit Plan. This Plan is prepared with Trust senior management and is approved by the Audit and Finance Committee. The reports in 2018/19 covered a number of areas such as cyber-security, discharge planning, board assurance framework, social media, RM Partners, workforce data quality and financial controls. Recommendations are fed back to management, then monitored, and progress is reported in future Audit and Finance Committee meetings. The Head of Internal Audit Opinion confirmed that significant assurance can be given with minor improvements on the overall adequacy and effectiveness of the Foundation Trust's framework of governance, risk management and control.

The Trust's external auditors, Deloitte LLP, presented their findings from external audits of the Trust's Annual Report and Accounts and Quality Report. The external audit process includes an ongoing assessment of internal and external factors affecting the Trust, including reviewing the Trust performance compared with other NHS trusts. The Trust did not receive a qualification on the Quality Report in 2018/19. In addition, Deloitte LLP also provides regular progress reports on sector developments to the Audit and Finance Committee.

The Trust conducted a rigorous tender process in 2014 regarding the appointment of the Trust's external auditors. Three bids were submitted in the tender process, all of which were evaluated and scored by relevant members of staff and governors of the Trust. A detailed outline of the process was presented by the Chair of the Audit and Finance Committee to the Council of Governors with a recommendation for appointment. At their meeting on 10 December 2014, the Council of Governors approved the reappointment of external auditors Deloitte LLP, commencing from the 2015/16 financial year for a three-year term, with an option to extend for a further two years. At the Council of Governors meeting held on 4 July 2018, the Council of Governors agreed to reappoint the external auditors Deloitte LLP for a further two-year period. The value of external audit services, including the Quality Report, in 2018/19 is £93,840 with no non-audit services being provided.

The Quality, Assurance and Risk Committee

The Quality, Assurance and Risk Committee (QAR) chaired by Ms Heather Lawrence OBE, Non-Executive Director, supports the Trust Board in developing an integrated approach to governance by ensuring robust systems are in place to monitor achievements against objectives. The Committee focuses on all non-financial risks such as patient safety, emergency planning, compliance with national and international regulation, health and safety, research and clinical integrated governance. Each quarter the members of the QAR meet staff from various divisions to gain a better understanding of key issues and priorities in that particular field.

The QAR also reviews patient experience through monitoring the monthly and annual Quality Report, as well as carefully reviewing complaints and claims. The Committee also oversees the Trust's clinical governance and risk management arrangements by reviewing clinical audit findings, serious incident reports, and health and safety reports, while ensuring that action plans are implemented and monitored in a timely manner. In addition, the QAR reviews the Trust's Board Assurance Framework, Risk Register, Quality Report, and Integrated Governance Monitoring Report at each meeting.

Remuneration Committee

The Remuneration Committee, chaired by Mr Mark Aedy, Senior Independent Director, is responsible for reviewing and making decisions on the remuneration package for all members of the leadership team, taking into account comparative market data, ensuring salaries are competitive, represent value for money and the reputation of the Trust is well managed. The Chairman, Senior Independent Director and Nominated Non-Executive Directors are members of the Committee and review the terms of reference to agree a pay framework for the Trust's senior management team. Disclosure of the remuneration paid to Board Directors is provided in the Trust's accounts.

Nominations Committee

The Council of Governors, chaired by Mr Charles Alexander, Chairman, is responsible for the appointment and re-appointment of Non-Executive Directors and receives a recommendation on such matters from the Nominations Committee.

Membership of the Nominations Committee comprises of the Chairman/Senior Independent Director and five elected Governors. Those attending meetings of the Nominations Committee may vary according to the business of the meeting, e.g. a Non-Executive Director would not be present when his/her reappointment is under review.

In accordance with its terms of reference, the Nominations Committee manages the process of identification and reappointment of Non-Executive Directors (NEDs), determines and advises on NED levels of remuneration and time commitment, and ensures appropriate and timely succession planning for NEDs. The Nominations Committee will also function on the reappointment requests of NEDs by reviewing their performance and contribution to the Board of Directors. In cases of NED appointment or reappointment, the Nominations Committee submits its recommendation to the Council of Governors for approval. To assist the Committee with its search and selection of NED candidates, the Committee appoints external search consultants.

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

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

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

To assure itself of this, the Trust Board evaluates its performance annually, based on the findings and action plan resulting from its self-assessment process which was carried out in line with the Well Led Framework issued by the healthcare regulator. The assessment included a review of the Board's effectiveness of its systems of internal controls. The Board used a number rating methodology to undertake the self-assessment review of its effectiveness. The results were presented to the Board in June 2018, and included an action plan to improve governance across the Trust. At the Board away day in October 2018, the Board agreed to commission an external review of risk in accordance with the Well Led Framework.

The Trust Board Committees, the Audit and Finance Committee and the Quality, Assurance and Risk Committee also undertook a similar evaluation exercise, in addition to reviewing their terms of reference, to ensure these remain fit for purpose.

The Board's Well Led evaluation of their performance relates to their evaluation of the Trust's overall performance. This is achieved in a number of ways, such as a regular review of the Trust's KPIs, Quality Report, Financial Performance Report, Risk Register and Board Assurance Framework.

The Nominations Committee is responsible for reviewing the balance of the Board in terms of its skills, knowledge and experience. This discussion formed the basis of the selection process in finding two new NEDs to join the Trust's Board of Directors in 2018/19. The Chairman's appraisal was completed in December 2018 and was led by the Senior Independent Director, who consulted with the NEDs, Executive Directors and the Governors. The Senior Independent Director presented the results of the Chairman's appraisal in a private meeting to the Council of Governors. In cases of NED reappointment requests, the Nominations Committee reviews the performance of the NED prior to confirming its recommendation to the Council of Governors. The Chairman is also available to discuss with the NEDs Board effectiveness and any training and development that may be required on an individual and/or collective basis.

The Trust's NEDs regularly attend the Council of Governors Meeting and gain an understanding of the views of Governors and members of the Trust. A membership report is also presented at these meetings as well as to the Board of Directors.

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

Attendance at meetings of the Board of Directors and its committees in 2018/19

Name	Role	Meetings attended (at 31 March 2019)	Term of office	End of current term
Board of Directors				
Charles Alexander	Chairman	8 / 8	1st	30 November 2019
Mark Aedy	Non-Executive Director/Senior Independent Director	6 / 8	1st	17 April 2019
Professor Martin Elliott	Non-Executive Director	8 / 8	1st	31 October 2020
Ian Farmer	Non-Executive Director	8 / 8	2nd	31 March 2020
Heather Lawrence OBE	Non-Executive Director	8 / 8	1st	30 June 2020
Christopher Clark	Non-Executive Director	5 / 5	1st	31 August 2021
William Jackson	Non-Executive Director	4 / 5	1st	31 August 2021
Professor Paul Workman	Non-Executive Director	3 / 8	2nd	30 June 2020
Professor Dame Janet Husband	Non-Executive Director (served until May 2018)	0 / 1		
Cally Palmer CBE	Chief Executive	8 / 8		
Dr Liz Bishop	Chief Operating Officer/Deputy Chief Executive (left the Trust in October 2018)	5 / 5		
Karl Munslow Ong	Chief Operating Officer (joined the Trust in November 2018)	3 / 3		
Mr Eamonn Sullivan	Chief Nurse	8 / 8		
Dr Nicholas van As	Medical Director	7 / 8		
Marcus Thorman	Chief Financial Officer	8 / 8		
Audit and Finance Committee				
Ian Farmer	Chairman of Committee/Non-Executive Director	5 / 5		
Mark Aedy	Non-Executive Director	5 / 5		
Heather Lawrence OBE	Non-Executive Director	5 / 5		
Christopher Clark	Non-Executive Director (appointed in September 2018)	2 / 3		
Professor Dame Janet Husband	Non-Executive Director (term ended in May 2018)	1 / 2		
Remuneration Committee				
Charles Alexander	Chairman of the Trust	2 / 2		
Ian Farmer	Non-Executive Director	2 /2		
Mark Aedy	Non-Executive Director/Senior Independent Director	2 / 2		
Cally Palmer CBE	Chief Executive	2 / 2		
Nominations Committee				
Charles Alexander	Chairman of the Trust	1 /1		
Quality, Assurance and Risk Committee				
Heather Lawrence OBE	Chairman of Committee / Non-Executive Director	4 / 4		
Eamonn Sullivan	Chief Nurse	4 / 4		
Nicholas van As	Medical Director	4 / 4		
Charles Alexander	Chairman of the Trust	4 / 4		
Cally Palmer CBE	Chief Executive	3 / 4		
Karl Munslow Ong	Chief Operating Officer (joined the Trust in November 2018)	2 / 2		
Liz Bishop	Chief Operating Officer/Deputy Chief Executive (left the Trust in October 2018)	2 / 2		
Marcus Thorman	Chief Financial Officer	3 / 4		
Professor Martin Elliott	Non-Executive Director	3 / 4		
Council of Governors*				
Cally Palmer CBE	Chief Executive	6 / 6		
Marcus Thorman	Chief Financial Officer	6 / 6		
Eamonn Sullivan	Chief Nurse	6 / 6		
Nicholas van As	Medical Director	3 / 6		
Liz Bishop	Chief Operating Officer/Deputy Chief Executive (left the Trust October 2018)	3 / 4		
Karl Munslow Ong	Chief Operating Officer (joined the Trust November 2018)	2 / 2		

*Non-Executive Directors are invited to attend the Council of Governors on an optional basis.

Income disclosures

The Trust's principal activity is the provision of healthcare services to patients. The income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has met this requirement, with 68 per cent of its income deriving from the NHS. In reaching this assessment the Trust has considered whether an exchange of goods and services has occurred, and whether income relates to activities required under the Health and Social Care Act 2012.

In 2018/19, the overall income was £468.6 million (£428.3 million in 2017/18). This demonstrated strong growth in operating income from both Commissioner Requested Services, as well as in Private Care. In addition, there was a large increase in Provider Sustainability Fund (PSF) income of £21.7 million, as well as growth in income from commercial trials and research income from the NIHR. The Trust exceeded its control total in 2018/19, hence the additional incentive PSF.

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

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

The Trust's overall operating expenditure was £401.1 million (£389.4 million in 2017/18), an increase of £11.7 million. The net increase is due to staff and drugs costs increasing for inflation, and additional activity.

The Trust hosts RM Partners, the Cancer Alliance for west London. The income and expenditure for this is included within the Trust's accounts and equates to £10.6 million.

Business review

The Trust's activities are reviewed in:

- Chairman and Chief Executive joint statement on page 2
- Financial summary on page 12.

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

Political and charitable donations

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

Public sector payment policy

The Trust aims to pay its non-NHS trade creditors in accordance with the Confederation of British Industry (CBI) prompt payment code and government accounting rules. The target is to pay non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier. The Trust also aims to pay local community suppliers within ten days.

Invoice Payment Performance

The Trust adopts a Better Payment Practice Code where it aims to pay 95 per cent of invoices within the agreed terms, unless there is a dispute. In 2018/19 there were 74,517 (2017/18: 79,618) invoices due to be paid within a 30-day period, of which 63,292 (2017/18: 69,191) were paid within target. Of those that weren't paid within target, interest of £12.42 (2017/18: £4.87) was paid during the year.

	2018/19		2017/18	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
NHS payables				
Total bills paid in the year	**2,419**	**20,824**	2,593	17,545
Total bills paid within target	**1,508**	**16,878**	1,583	13,404
Percentage of bills paid within target	**62**	**81**	61	76
Non-NHS payables				
Total bills paid in the year	**72,098**	**239,055**	77,025	213,422
Total bills paid within target	**61,784**	**197,552**	67,608	178,237
Percentage of bills paid within target	**86**	**83**	88	84

Statement as to disclosures to auditors

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

Auditors

The Trust's appointed external auditors are Deloitte LLP. The auditors provide audit services comprising carrying out the statutory audit of the Trust's Annual Accounts and the use of resources work, as mandated by Monitor and the National Audit Office, and a review of the Quality Report. The cost of this service in 2018/19 was £93,840 (and in 2017/18 was £91,560).

Cost allocation and charging requirements

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

Accounting for pension and other retirement benefits

The accounting policies for pensions and other retirement benefits are set out in note 21 to the Annual Accounts.

Remuneration report

The Royal Marsden NHS Foundation Trust's remuneration report describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration.

The remuneration report comprises:

- Annual statement on remuneration
- Very senior managers' pay principles
- Annual report on remuneration.

Annual statement on remuneration

In the financial year 2018/19, the Remuneration Committee considered the pay award for Executive Directors and the Leadership Team. In reaching its decision the Committee took account of the national guidance available at the time. The Committee approved a two per cent increase effective from 1 October, in line with other NHS pay awards. The Committee also reviewed the remuneration arrangements of specific Executive Director and Leadership Team posts that were due a three-year review in line with the pay principles for very senior managers. The Committee received a report on the latest developments with pay and pensions in the NHS.

There were changes at Executive Director level with Dr Liz Bishop, Chief Operating Officer/ Deputy Chief Executive, leaving the Trust to take up the post of Chief Executive at The Clatterbridge Cancer Centre NHS Foundation Trust. Karl Munslow Ong joined the Trust as Chief Operating Officer in November 2018. The Leadership Team expanded to include a new Chief Information Officer role to lead implementation of the Trust's Digital Transformation Strategy.

The Remuneration Committee considered the governance arrangements for The Royal Marsden Cancer Charity in relation to pay and terms and conditions of employment. Previously, staff working for the Charity were directly employed by the Trust, but in September 2018, the employment contracts of these staff transferred to the Charity under TUPE (Transfer of Undertakings Protection of Employment) legalisation. The Remuneration Committee and The Royal Marsden Cancer Charity's Trustee Board jointly agreed that the Charity should establish its own separate remuneration committee.

Mark Aedy, Chair of the Remuneration Committee and Senior Independent Director

Very senior managers' remuneration policy

The Royal Marsden is committed to the overarching principles of value for money and high performance. The Trust must attract and retain a high calibre senior management team and workforce in order to ensure it maintains its excellent standards of clinical outcomes and patient care, functions efficiently and is well positioned to deliver the business strategy.

The Remuneration Committee agreed a set of pay principles in 2015/16, which were reviewed in 2017/18, and these remain unchanged. As a Foundation Trust, the Remuneration Committee has the freedom to determine the appropriate remuneration level for very senior managers. In reaching its decisions, the Committee considers the responsibilities and requirements of the role, time in the role, marketability of the individual, internal relativities, benchmarking data from within the NHS or relevant sector, the external economic environment, NHS guidance and the performance of the Trust. Where the salary of an Executive Director is above £150,000, the Committee takes into consideration all these factors to satisfy itself that the remuneration is reasonable and appropriate.

The Committee reviews the salaries of the Executive Directors and the Leadership Team annually when considering the cost of living pay increase. There is no automatic entitlement to an increase. The remuneration arrangements for Executive Directors and the Leadership Team are externally benchmarked every three years.

Components of remuneration for Executive Directors

The table that follows describes the component elements of the remuneration package for Executive Directors.

Component	Applicable	Description
Annual salary (inclusive of London weighting and on-call)	Executive Directors (except Medical Director whose base salary will be determined by NHS consultant terms and conditions)	Agreed on appointment and reviewed in line with pay principles.
NHS Pension	Executive Directors	Contributions are paid by the employee and the employer in accordance with the national scheme. Individuals have the right to opt out of the NHS Pension scheme.
Clinical Excellence Awards	Medical Director	Recognises and rewards those consultant who make an exceptional contribution. This scheme is part of national terms and conditions for consultants.
Management allowance	Medical Director	Allowance determined by Remuneration Committee in recognition of increased responsibilities associated with the Medical Director role.
Medical on-call	Medical Director	This is part of national terms and conditions for consultants.

The Trust's Five-Year Strategic Plan and annual business planning process inform the objectives of the Executive Directors. Their performance is monitored throughout the year and assessed formally through an annual appraisal. No performance-related pay or bonuses or other incentive payments are currently paid to Executive Directors separate to the annual salary. No benefits in kind or non-cash elements of remuneration were made during the financial year.

There was no local consultation with affected employees on pay for Executive Directors or the Leadership Team. However, the Trust pay principles take account of the Will Hutton Fair Pay Review and the senior salaries review body report on pay, which involved wide consultation.

Executive Directors notice periods and payments for loss of office *(Information subject to audit)*

Executive Directors are appointed on permanent contracts subject to notice of 12 weeks, except for the Chief Executive who is on six months' notice. All directors benefit from NHS terms and conditions relating to any severance payments for reasons of redundancy (Schedule 16 of Agenda for Change). There is no contractual entitlement to a severance payment in any other circumstances. No compensation for early termination was paid during the financial year. No early terminations are expected and no provisions are required accordingly.

Non-Executive Directors remuneration

Remuneration and allowances for the Chairman and Non-Executive Directors are determined by the Trust's Nomination Committee, which is made up of governors. The payments are comparable to those made by other Foundation Trusts. There was no change to remuneration arrangements in 2018/19. The Chairman and Non-Executive Directors receive no benefits or entitlements other than fees, and are not entitled to any termination payments. The Trust does not make any contribution to the pensions arrangements of Non-Executive Directors. Details of their remuneration and expenses are set out further in this section.

Annual report on remuneration

Service contracts

The service contract dates as an Executive Directors are shown below:

Name	Title	Service contract date
Cally Palmer	Chief Executive	June 1998
Karl Munslow Ong	Chief Operating Officer	November 2018
Marcus Thorman	Chief Financial Officer	January 2015
Eamonn Sullivan	Chief Nurse	January 2017
Dr Nicholas van As	Medical Director	January 2016 (four-year appointment to 2020)

The terms of office for Non-Executive Directors are shown below:

Senior manager	Title	Start of office	Term of office	End of current term
Charles Alexander	Chairman	1 December 2016	1st	30 November 2019
Ian Farmer	Non-Executive Director	1 April 2014	2nd	31 March 2020
Professor Paul Workman	Non-Executive Director (non-independent)	1 July 2014	2nd	30 June 2020
Mark Aedy	Senior Independent Director	18 April 2016	1st	17 April 2019
Heather Lawrence OBE	Non-Executive Director	1 July 2017	1st	30 June 2020
Professor Martin Elliott	Non-Executive Director	1 November 2017	1st	31 October 2020
Christopher Clark	Non-Executive Director	1 September 2018	1st	31 August 2021
William Jackson	Non-Executive Director	1 September 2018	1st	31 August 2021

The terms of office for Non-Executive Directors at the Trust are managed in accordance with the NHS Code of Governance. The Trust's Constitution mandates that the removal of the Chairman or another Non-Executive Director requires the approval of three-quarters of the members of the Council of Governors.

Two new Non-Executive Directors, Christopher Clark and William Jackson, were appointed by the Council of Governors and commenced their terms of office from 1 September 2018. Former Non-Executive Director, Professor Dame Janet Husband, stepped down from the role on 31 May 2018.

Remuneration Committee

The Remuneration Committee is a sub-committee of the Board and is chaired by Mark Aedy, Non-Executive Director, with core membership comprising of the Chairman and currently one Non-Executive Director (Ian Farmer). The option to attend Remuneration Committee meetings is made available to other Non-Executive Directors where appropriate. The Chief Executive attends meetings in an advisory capacity and the Director of Workforce attends as and when required by the Committee. The latter provides advice and information on pay-related matters. External benchmarking data is sought from pay specialists such Hays Recruitment and NHS Providers to inform discussions about the three-year salary reviews. Two meetings were held during the financial year. Attendance of core members is shown below:

Name	Meeting attendance
Charles Alexander	2/2
Mark Aedy	2/2
Ian Farmer	2/2
Heather Lawrence	1*

*Heather Lawrence is not a core member and attended one meeting in 2018/19.

Disclosures required by the Health and Social Care Act

Salary and pension entitlements of very senior managers

A. Remuneration *(Information subject to audit)*

Name	Title	Salary and fees	Taxable Benefits	Annual Performance-related bonus	Long-term performance-related bonus	Pension-related benefits	Total
		(bands of £5,000)	Total to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£	£000	£000	£000	£000
2018/19							
Mr C Alexander	Chairman	50-55	-	-	-	-	50-55
Mr I Farmer	Non-Executive Director	20-25	-	-	-	-	20-25
Prof P Workman	Non-Executive Director	-	-	-	-	-	-
Prof Dame J Husband	Non-Executive Director (to 31/05/2018)	0-5	-	-	-	-	0-5
Mr M Aedy	Non-Executive Director	15-20	-	-	-	-	15-20
Prof M Elliot	Non-Executive Director	15-20	-	-	-	-	15-20
Ms H Lawrence OBE	Non-Executive Director	20-25	-	-	-	-	20-25
Mr C Clark	Non-Executive Director (from 01/09/2018)	5-10	-	-	-	-	5-10
Mr W Jackson	Non-Executive Director (from 01/09/2018)	5-10	-	-	-	-	5-10
Miss C Palmer CBE	Chief Executive	235-240	-	-	-	27.5-30	265-270
Mr M Thorman	Chief Financial Officer	185-190	-	-	-	25-27.5	215-220
Dr N Van As	Medical Director	175-180	-	-	-	17.5-20	190-195
Mr E Sullivan	Chief Nurse	120-125	-	-	-	17.5-20	135-140
Dr E Bishop	Chief Operating Officer (to 23/11/2018)	100-105	-	-	-	15-17.5	115-120
Mr K Munslow Ong	Chief Operating Officer (from 04/11/2018)	70-75	-	-	-	0-5	70-75
2017/18							
Mr C Alexander	Chairman	50-55	-	-	-	-	50-55
Dame N Hallett	Non-Executive Director (to 30/06/2017)	0-5	-	-	-	-	0-5
Mr R Turnor	Non-Executive Director (to 31/12/2017)	10-15	-	-	-	-	10-15
Mr I Farmer	Non-Executive Director	20-25	-	-	-	-	20-25
Prof P Workman	Non-Executive Director	-	-	-	-	-	-
Prof Dame J Husband	Non-Executive Director	15-20	-	-	-	-	15-20
Mr M Aedy	Non-Executive Director	15-20	-	-	-	-	15-20
Prof M Elliot	Non-Executive Director (from 01/11/2017)	5-10	-	-	-	-	5-10
Ms H Lawrence OBE	Non-Executive Director (from 01/07/2017)	10-15	-	-	-	-	10-15
Miss C Palmer CBE	Chief Executive	225-230	-	-	-	27.5-30	255-260
Mr M Thorman	Chief Financial Officer	185-190	-	-	-	25-27.5	210-215
Dr N Van As	Medical Director	170-175	-	-	-	17.5-20	190-195
Mr E Sullivan	Chief Nurse	120-125	-	-	-	15-17.5	135-140
Dr E Bishop	Chief Operating Officer	160-165	-	-	-	22.5-25	180-185

The Trust is required to disclose the element of a directors' remuneration that relates to their clinical role. Clinical earnings for Dr N Van As were £130-135,000 (2017/18: £130-135,000).

B. Pension benefit *(Information subject to audit)*

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2018 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2018	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
2018/19									
Miss C Palmer CBE	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer	0-2.5	2.5-5	35-40	115-120	607	106	713	n/a
Dr N Van As	Medical Director	0-2.5	0-2.5	30-35	45-50	404	62	466	n/a
Mr E Sullivan	Chief Nurse	0-2.5	0-2.5	30-35	90-95	494	76	570	n/a
Dr E Bishop	Chief Operating Officer (to 23/11/2018)	(0-2.5)	(0-2.5)	50-55	155-160	1,031	110	1,141	n/a
Mr K Munslow	Chief Operating Officer (from 04/11/2018)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2017/18									
Miss C Palmer CBE	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer	0-2.5	0-2.5	35-40	115-120	582	24	607	n/a
Dr N Van As	Medical Director	5-7.5	7.5-10	30-35	45-50	306	98	404	n/a
Mr E Sullivan	Chief Nurse (from 23 January 2017)	2.5-5	12.5-15	30-35	90-95	410	84	494	n/a
Dr E Bishop	Chief Operating Officer	2.5-5	7.5-10	50-55	150-155	924	106	1,031	n/a

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Expenses

In 2018/19 there were 12 Board Directors, including five Executive Directors, and 23 Governors. The aggregate amount of expenses paid to Directors and Governors was:

£688.70 to Executive Directors	£38.00 to Non-Executive Directors	£1,205.72 to Governors

Fair Pay multiple *(Information subject to audit)*

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the Trust and the median remuneration of the Trust's workforce. The mid-point of the banded remuneration of the highest-paid director in the Trust in the financial year 2018/19 was £267,500 (2017/18: £257,500). This was 7.16 (2017/18: 7.0) times the median remuneration of the workforce, which was £37,345 (2017/18: £36,793). The median has been calculated to include inner London-weighting, as the highest paid director is London-based.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Approval of the Remuneration Report:

Cally Palmer CBE
Chief Executive
23 May 2019

Staff report

Analysis of staff costs and numbers *(Information subject to audit)*

	Permanently employed	Temporary and contract staff	**2018/19 total**	2017/18 total
	£000	£000	**£000**	£000
Salaries and wages	170,527	9,726	**180,254**	170,340
Social security costs	17,703	884	**18,587**	17,590
Employer contributions to NHS Pensions Agency & National Employment Savings Scheme (NEST)	20,508	705	**21,213**	20,143
Agency staff	–	5,999	**5,999**	6,400
	208,738	**17,314**	**226,052**	214,473

The average numbers employed during the year have been calculated on the basis of staff whole time equivalent (WTE) in April 2018 and in March 2019. The breakdown by staff group is detailed below.

	Permanently employed number	Temporary and contract staff number	**2018/19 total number**	2017/18 total number
Medical and dental	410	22	**432**	420
Administration and estates	1,120	84	**1,204**	1,201
Healthcare assistants and other support staff	400	52	**451**	435
Nursing, midwifery and health visiting staff	1,100	131	**1,242**	1,123
Nursing, midwifery and health visiting learners	30	-	**30**	-
Scientific, therapeutic and technical staff	587	23	**611**	704
Healthcare science staff	287	9	**296**	201
	3,944	**322**	**4,266**	4,084

The Trust engaged 85 WTE as agency and 244 bank workers. The breakdown of the permanent and fixed-term workforce by gender is as follows.

	Female	Male	**Grand Total**
Executive Director	1	4	**5**
Leadership Team	9	8	**17**
Employees	3,398	962	**4,360**
Grand Total	**3,408**	**974**	**4,382**

Sickness absence rate

Average full-time equivalent (FTE)	3,897*
Adjusted FTE days lost to Cabinet Office definitions	30,602
Average sick days per FTE	7.85

*the reference period for this data is January-December 2018

Disability policy

The Trust has an equality and diversity policy, which sets out the framework through which it delivers its services and provides employment. All staff are required to attend mandatory equality and diversity training, which is refreshed every three years. Bespoke training is also developed, for example cultural awareness training for frontline staff, focusing on the needs of patients from the Middle East.

The Trust is a Disability Confident Employer and this accreditation replaces the Disability Two Ticks symbol, but continues to support a guaranteed interview scheme to make sure that full and fair consideration is given to applications from candidates with disabilities. The Trust's Managing Absence Policies ensure that when staff become disabled in the course of employment, active steps are taken and reasonable adjustments made to enable staff to remain employed. All of the Trust's people management policies apply equally to staff with and without disabilities.

Key progress in 2018/19 included the launch of The Royal Marsden's partnership with AccessAble (formerly known as DisabledGo). AccessAble provide online access guides for the hospital services, which aim to improve the experience of all of patients and visitors, but particularly those with disabilities. There have also been significant developments to support patients with dementia, which was noted in the Trust's Patient-Led Assessments of the Care Environment (PLACE).

The Trust was the winner of the 'Best UK employer of the year' award at the Nursing Times Workforce Summit Awards 2018. The judges commented on how the Trust addressed equality and diversity and that it has a "genuine commitment to support staff across the organisation".

The Trust has three staff equality networks, including a network for staff with disabilities and health conditions, which was launched in 2018. All of these networks are run jointly with the ICR.

Education and training

Building Educational Excellence (2016–2021) is The Royal Marsden's multi-professional education strategy. The Trust's vision is that through excellence in education The Royal Marsden will continue to achieve the very highest levels of patient care, service delivery and research across cancer care and be recognised as a leader in multi-professional oncology education and training. This will enable the Trust to maintain its reputation as a best-in-class employer.

There are five key objectives in the strategy linked to the Trust's strategic priorities:

- Ensure staff have the skills for safe, effective and compassionate care
- Pioneer the delivery of the new multi-professional workforce aligned to new models of cancer care, community care and precision medicine
- Enable robust values-based leadership and management at all levels
- Grow the Trust's national market share and develop its international role as a leading supplier of multi-professional education
- Continuously develop the research awareness and capability of the workforce.

The 2019 annual Excellence in Education Conference celebrated achievements against these objectives, including the CQC commendation that the Trust's approach to supporting education and training demonstrated 'outstanding practice'.

Wide-ranging leadership programmes offered by the Trust were extended in 2018/19, with the introduction of an additional Connected Programme for Matrons. The Academic Health Science Centre (AHSC) Leadership Programme, in partnership with Royal Brompton and Harefield NHS Foundation Trust and Imperial College Healthcare NHS Trust, also continued, with a new cohort of multi-professional participants, including consultants. In the General Medical Council (GMC) Trainee Survey 2018, the Trust ranked first in London on eight indicators, including induction, educational governance, educational supervision, regional teaching and study leave.

As part of our commitment to education, 979 staff were given financial support and study leave to undertake a range of education pathways and training courses, including 346 staff supported to undertake MSc pathways and PhDs.

The Royal Marsden School

The Royal Marsden School remains the UK's leading specialist cancer school with the largest portfolio of specialist cancer education nationally.

The School is the main provider of education for Macmillan Cancer Support and 1,659 students were taught in formal modules, either as part of a degree/MSc, or as stand-alone student last academic year.

The School's degree pathways include BSc (Hons) Cancer Practice, BSc (Hons) Supportive and Palliative Care and MSc Cancer Care. Degrees and formal academic awards are validated by the School's academic partner, the University of East Anglia.

The School has consistently met one hundred per cent of Health Education England's quality contract performance and monitoring requirements.

Workforce Strategy

The Trust's Workforce Strategy, Aspiring to Excellence (2016–19), sets out The Royal Marsden's vision 'to attract, retain and develop the brightest and best people locally, nationally and internationally through the Trusts reputation for excellence in patient care, research and education and for its commitment to the health, wellbeing and experience of staff'. The strategy outlines six core priorities: recruitment, health and wellbeing, culture and engagement, retention, workforce transformation and operational excellence. The key driver behind the retention priority is 'to retain and develop a highly skilled and flexible workforce to meet the needs of our patients and health system'.

Engaging our staff

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

Schwartz Rounds

Schwartz rounds are a forum for staff from all backgrounds and levels to come together once a month to explore the psychological impact of their job role. Research has shown that they have a positive impact on individuals, relationships with patients and colleagues and the extent to which staff feel cared for.

Approximately 500 staff attended a Schwartz Round during 2018/19. The topics covered included coping with the unexpected, breaking boundaries and experiencing a complaint. Attendees positively evaluated all the sessions. Schwartz Rounds continue to allow staff across every area of the Trust to get together and reflect on the challenges and dilemmas that they have faced while caring for patients. Staff have recognised in their feedback how attending the rounds have made them feel more involved and part of the wider organisation.

Staff open meeting

Led by the Chief Executive and members of the Leadership Team, regular staff open meetings continued in 2018/19 to enable two-way communication with staff about key strategic issues facing the Trust. These meetings allow the Leadership Team to share updates and actions around Trust performance and encourage engagement in how this could be further improved.

Notably in 2019, the meetings were used to launch the new Five-Year Strategic Plan, to which staff had contributed, and to celebrate the outstanding CQC results.

Leadership rounds

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

Weekly bulletins and quarterly briefings

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

Clinical Tuesdays

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

Above and Beyond Awards

The Trust's Above and Beyond Awards are a reward and recognition scheme, granted quarterly to non-clinical and clinical teams and individuals. In 2018/19, 106 staff were recognised through the scheme's individual or team awards.

Long Service Awards

A total of 208 staff were recognised for long service in 2018/19, with tenures ranging from 10 to 40 years. Attended by the Chairman and Chief Executive, the award ceremonies are warmly welcomed by staff.

Staff Achievement Awards Ceremony

The annual Staff Achievement Awards Ceremony was attended by over 900 staff members in 2019. Over 200 nominations were received for the six categories which recognised outstanding contribution of both teams and individuals, during the year.

Partnership working

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

Health and wellbeing

The Trust has continued to build on, and enhance, the health and wellbeing offer; to support staff to feel good, be healthy and live well. This includes a range of physical activities, healthy eating, financial education and mental health support. In 2018/19, bi-annual health and wellbeing events continued to be held. Staff attended the events to find out more about how they could improve their health and gain more knowledge of benefits and discounts available to staff. National campaigns were promoted, including Blood Pressure Awareness Week and World Mental Health Day, which were well attended by staff. Throughout the year, approximately 750 staff attended health and wellbeing events.

Occupational Health and Wellbeing Department

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

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

The OHD continues to works closely with other teams within the hospital, including staff support services, infection prevention and control, and risk management. Working alongside the Human Resources Department, the OHD enables managers to obtain support and information to manage both short-and long-term sickness absence.

- 8,847 appointments were given in this financial year delivering a service to both Trust staff and staff from other organisations to whom a service is provided
- The seasonal influenza vaccination programmes is offered to all staff to protect patients, staff and their families. In 2018/19, the Trust achieved its highest compliance rate of 75 per cent
- Monthly health promotion topics are displayed on notice boards and communicated on the intranet to encourage staff to take steps to improve their health
- Formal one-to-one counselling and support services continue to be available to all staff, on request, via the OHD and staff support services
- Attendance management referrals are one of the core activities undertaken by the OHD. Case conferences are encouraged to support managers in attendance management and enable successful rehabilitation back into the workplace
- Self-referral for sickness absence is available for staff who are concerned about their own attendance
- Fast-track physiotherapy is provided for staff for appropriate effective intervention for musculoskeletal conditions, promoting an early return to work with effective rehabilitation programmes to facilitate resumption of full work activity
- Vaccines are provided for all staff travelling abroad. Travel vaccines are offered to the wider community at competitive rates.

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

Engaging junior doctors

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

The Trust provides a range of leadership development opportunities, including a Paired Learning Programme which engages junior doctors in leading quality improvement projects.

The Trust has also appointed a Guardian of Safe Working to support junior doctors to raise concerns about safe ways of working.

Freedom to Speak Up

The Trust has a Non-Executive Lead for Freedom to Speak Up, a Freedom to Speak Up Guardian and a network of divisional champions who support staff to raise any concerns they might have about patient services or workforce matters.

The champion role supports and works in line with the Trust's arrangements for its whistleblowing policy, ensuring that the individual raising the concern has the correct information about the policy and procedure, and feels supported through the process.

Counter fraud

As part of our drive to encourage staff to raise concerns, the Trust has policies and procedures in place to support staff to raise concerns about fraud, potential fraud or any misconduct of a similar nature.

National Staff Survey results 2018

The NHS Staff Survey is an important mechanism for ensuring that the workforce strategy is delivering results and improving the staff experience. The NHS Staff Survey is conducted annually. The results from questions are grouped to give scores for ten themes. Each theme has been given a score out of ten. The response rate to the 2018 survey among Trust staff was 53 per cent, compared with 54 per cent in 2017. Scores for each theme are shown in the table below, along with benchmarking data comparing the Trust with other acute specialist trusts.

Overall, 80 per cent of the themes (8 out of 10) from the NHS Staff Survey were rated as above average. This is reflective of the successful year The Royal Marsden had last year, when it achieved a CQC 'outstanding' rating. The Trust achieved the best national scores compared with other acute specialist trusts for two themes: immediate managers and staff engagement.

Theme	2018/19	
	Trust	**Average score for acute specialist trusts**
Equality, diversity and inclusion	**9.2**	**9.3**
Health and wellbeing	**6.3**	**6.3**
Immediate managers	**7.3**	**7.0**
Morale	**6.5**	**6.3**
Quality of appraisals	**5.9**	**5.7**
Quality of care	**8.0**	**7.8**
Safe environment – bullying and harassment	**8.4**	**8.2**
Safe environment – violence	**9.8**	**9.7**
Safety culture	**7.4**	**6.9**
Staff engagement	**7.7**	**7.4**

Theme	2017/18		2016/17	
	Trust	Average score for acute specialist trusts	Trust	Average score for acute specialist trusts
Equality, diversity and inclusion	9.2	9.3	9.3	9.3
Health and wellbeing	6.3	6.3	6.5	6.3
Immediate managers	7.2	6.9	7.2	6.9
Morale	n/a	n/a	n/a	n/a
Quality of appraisals	5.6	5.5	5.8	5.5
Quality of care	8.0	7.2	8.0	7.7
Safe environment – bullying and harassment	8.4	8.3	8.6	8.4
Safe environment – violence	9.8	9.7	9.9	9.7
Safety culture	7.3	6.9	7.4	6.9
Staff engagement	7.6	7.5	7.7	7.4

Benchmarking data

In reviewing comparisons with acute specialist trusts and London-based teaching hospitals, the table below shows that The Royal Marsden scores positively on all factors, with a number of factors being the highest score across all comparators. The Trust was rated first for upper quartile performance compared with the 35 other London trusts and was rated in the top five amongst teaching hospitals in the UK.

Theme	Equality, diversity and inclusion	Health and wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment – bullying and harassment	Safe environment – violence	Safety culture	Staff engagement
Acute specialist trusts										
The Royal Marsden	**9.2**	**6.3**	**7.3***	**6.5**	**5.9**	**8.0**	**8.4**	**9.8**	**7.4**	**7.7***
The Christie	9.4	6.5	7.3	6.6	5.6	7.9	8.7	9.9	7.3	7.6
Clatterbridge	9.4	6.0	7.1	6.2	5.5	7.8	8.6	9.9	7.1	7.3
Royal Brompton and Harefield	8.9	6.0	6.9	6.1	5.8	7.9	8.0	9.7	7.3	7.4
Moorfields Eye Hospital	8.6	6.3	7.0	6.2	6.1	8.0	8.0	9.8	7.1	7.5
Great Ormond Street Hospital	8.9	5.7	6.7	5.9	5.6	7.5	7.9	9.7	6.7	7.2
Chelsea and Westminster	8.7	5.8	6.9	6.1	6.0	7.7	7.7	9.3	6.9	7.0
Teaching hospitals in London										
Imperial Healthcare	8.4	5.6	6.6	5.7	5.8	7.7	7.3	9.3	6.6	7.0
Guy's and St Thomas'	8.7	5.9	6.9	6.2	6.2	7.8	7.8	9.6	7.1	7.4
University College London Hospitals	8.3	5.6	6.7	5.9	5.9	7.5	7.3	9.5	6.7	7.2
St George's Hospital	8.4	5.6	6.4	5.6	5.6	7.4	7.6	9.4	6.4	6.8

*Green denotes best score nationally for acute specialist hospital.

Priorities for action

Three priority areas for Trust-wide action have identified:

Health and wellbeing

The Trust will increase the promotion of our health and wellbeing offering across the Trust, review the staff work and rest areas, and focus on areas for improvement. In addition, the Trust will further develop the model of mental wellbeing support in the workplace, including introducing mental health first aid training and roll out a multi-professional campaign focusing on staff accessing food and hydration, and tackling fatigue due to their shift patterns.

Equality, diversity and inclusion

The Trust will continue to roll out cultural awareness training and work with the Leadership Team, to further develop this to improve the experience for staff. In addition, in 2019/20, the Trust will look to improve transparency in recruitment processes, as well as improving the attraction approach for applicants, focus on 'leading inclusively' through the leadership and development programme, and work more collaboratively with the staff networks (LGBT, BAME and disability) to gain further insight into the Staff Survey results and agree action plans. This will build on the work that is happening across London in line with the Workforce Race Equality Scheme (WRES) and the upcoming Workforce Disability Equality (WDES).

Team working

The Trust wants to build on the high scores it has received in a number of themes by continuing to support managers with team working. This will involve staff engagement events to develop Trust values and support for these values being incorporated into employment practices. Team objective setting will also be encouraged, to support cohesive working practices; a set of standards for 1-2-1 meetings will be introduced across all professions; and negative behaviours within teams will be addressed at an earlier stage through a revised workforce resolution framework.

Governance and monitoring

Each division within the Trust will be asked to develop a local workforce and staff engagement action plan, based on their individual scores. The divisional plans will be reviewed through the Workforce and Education Committee, alongside the organisational priorities.

Trade Union Facility Time disclosures

Number of employees who were relevant union officials in 2017/18*
28

Percentage of time spent on Facility Time 2017/18*	Number of employees
0%	14
1–50%	14
51%–99%	0
100%	0

*Data provided based on 2017/18 information, as 2018/19 data not available until July 2019.

Expenditure on consultancy

Consultancy expenditure for the year 2018/19 was £0.9 million (£1.08 million in 2017/18).

Off payroll engagements

All off-payroll engagements as of 31 March 2018, for more than £245 per day, and that last for longer than six months:

No. of existing engagements as of 31 March 2018	0
Of which...	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	0

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

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day, and that last for longer than six months:

No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
No. of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	0
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received	0

Any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018:

No. of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	0
No. of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure includes include both off-payroll and on-payroll engagements	14

Exit packages

The table below summarises exit packages for the year 2018/19.

Exit package cost	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	2	2	4
	(2)	(6)	(8)
£10,000–£25,000	-	2	2
	(4)	(1)	(5)
£25,001–£50,000	-	-	-
	(-)	(-)	(-)
£50,001–£100,000	1	-	1
	(-)	(-)	(-)
Total number of exit packages by type	3	4	7
Total resource cost (£000)	61	34	94

(Prior year comparatives are provided in brackets)

Exit packages: non-compulsory departure payments	Agreements	Total value of agreements
	Number	£000
Contractual payments in lieu of notice	4	34
Non-contractual payments requiring HM Treasury approval	-	-
Total	4	34

As per the requirement of the Annual Reporting Manual, the four other departures in year have been analysed into their component parts. There were no non-contractual payments made in year.

NHS Foundation Trust Code of Governance

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

Members and Governors

As a Foundation Trust, The Royal Marsden has members which are made up of its patients and carers, public and staff.

Patient and carer membership

The patient constituency is subdivided into the following geographical areas:

- Kensington and Chelsea
- Sutton and Merton
- Elsewhere in London
- Elsewhere in England.

Anyone living in these areas that has been a patient at the Trust within the last five years can become a member of the relevant patient sub-constituency. There is also a carer sub-constituency, which is open to individuals who care for current patients of the hospital or who have cared for a former patient of the hospital within the last five years.

Public membership

The public constituency comprises of individuals who live within the following three geographical areas:

- Royal Borough of Kensington and Chelsea
- London Boroughs of Sutton and Merton
- Elsewhere in England.

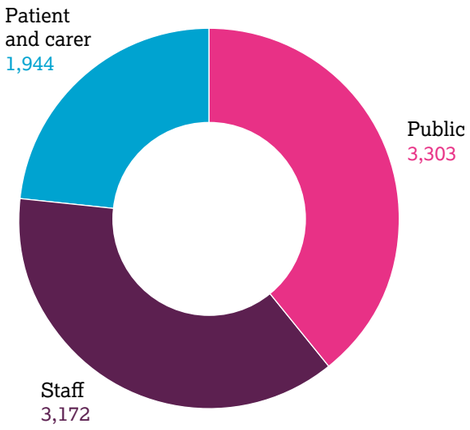
Staff membership

The staff constituency comprises individuals who are employed by the Trust, hold an honorary contract with the Trust, or hold an honorary contract with the Trust and our academic partner the ICR. The constituency is divided into four staff groups:

- Corporate and support services
- Clinical professionals
- Doctors
- Nurses.

Membership overview

As of the 31 March 2019, the Trust had 8,419 members, comprising:



Membership recruitment and engagement

The Membership and Communications Group is a working group of the Council of Governors and is tasked with the responsibility of reviewing and implementing membership recruitment and engagement activities. The group consists of governors, one of which shares the responsibility of co-Chair with the Head of PR and Communications. The Governor co-Chair reports on the Group's progress at the Council of Governor meetings, of which several Board members also attend. A membership report, which includes information about how representative the Trust's membership is, is also presented to the Board of Directors on an annual basis.

Member recruitment

Some of the member recruitment activities and initiatives undertaken in 2018/19 include:

- Personalised welcome letters from the Chief Executive and Medical Director to new patients at the point of registration, inviting them to become a member
- Holding an annual Members' Week in April, led by the Governors
- Membership leaflets displayed around the hospital across both sites
- Reference to membership in patient information booklets
- 'Member get member' schenme encouraging existing members to invite others to become a member
- Membership link on the homepage of the Trust website
- Governors visiting local schools to encourage them to become members
- Engaging with the Trust's volunteers and registering new volunteers as public members, as well as promoting membership on their information leaflets.

Member engagement

The Trust has two levels of membership to differentiate the level of involvement a member wishes to have and to help manage resources more efficiently. Member engagement activities undertaken over the past year include:

- All members receive an electronic copy of the quarterly RM magazine, which promotes the work of the Trust, the Council of Governors, Board of Directors and membership. The magazine also has a wide circulation to patients and the general public
- Three member events were held in 2018/19; two in London and one in Sutton. As part of membership engagement, the November event sought members' views on the Trust's quality priorities for 2019/20
- Members are invited to participate in surveys and focus groups, for example the Trust's Patient-Led Assessments of the Care Environment (PLACE), and members were asked to give feedback on the Trust's quality improvements priorities for 2019/20 via an online survey prior to the November members' event
- The Annual General Meeting held in September 2018 included presentations on 'The Royal Marsden: pioneers in robotic surgery' from Professor Vinidh Paleri, Consultant Head and Neck Surgeon, followed by a presentation on 'Artificial Intelligence: improving radiology treatments' from Dr Christina Messiou, Consultant Radiologist.

Becoming a member

Anyone aged 16 years old or over and who lives in England can become a member of The Royal Marsden NHS Foundation Trust. There are several ways in which a person can sign up to become a member. They can pick a form up from around the hospital or via the Trust website: www.royalmarsden.nhs.uk/getting-involved/foundation-trust-membership/become-member

All membership enquiries are directed to the Corporate Governance team using the following details:

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

Email
trust.foundation@rmh.nhs.uk
or contact a Governor at
governors@rmh.nhs.uk

Telephone
020 7808 2844

Members of the public can also contact the Corporate Governance team to request a copy of the Register of Governors' and Board of Directors Interests or visit the Trust website, where this information is published.

Our Council of Governors

Once an individual becomes a member of The Royal Marsden NHS Foundation Trust, they have the option to vote for, or stand to become, a Governor of the Trust to represent members views on the Council of Governors. Stakeholders such as clinical commissioning groups and local authorities are also represented on the Council of Governors.

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

Governors are invited to have one-to-one feedback sessions with the Trust Secretary to discuss their individual development needs. A collective evaluation of the performance of the Council of Governors will be carried out in June 2019.

Composition of the Council of Governors

As previously noted, the Trust has various constituencies for its members, i.e. patients/public and staff. Members vote for their Governors and therefore Governors represent those members under their constituency. The table on page 58 illustrates this.

As of the 31 March 2019, there were 23 seats on the Council of Governors, comprising 17 elected Governors (Patient and Carer, Public and Staff Governors) and six appointed stakeholder and partner Governors. The table below shows details of the Governors, their terms of office and attendance at meetings of the Council of Governors and the Annual General Meeting in 2018/19.

Governors' terms of office and attendance at meetings 2018/19

Governor	Constituency/organisation	Term of office	End of current term	Meetings attended
				Total meetings = 7
Patient and Carer Governors				
Maggie Harkness	Kensington and Chelsea & Sutton and Merton	2nd	May 2019	6
Armine Afrikian	Kensington and Chelsea & Sutton and Merton	1st	May 2019	6
Colin Peel	Kensington and Chelsea & Sutton and Merton	2nd	July 2019	6
Fiona Stewart*	Elsewhere in London	2nd	May 2019	7
Dr Peter Lewins	Elsewhere in London	2nd	May 2018	1 out of 1
Dr Andrew Pearson	Elsewhere in England	1st	May 2019	6
Simon Spevack	Elsewhere in England	2nd	May 2019	5
Lesley-Ann Gooden	Carer	3rd	May 2019	5
Duncan Campbell	Carer	2nd	May 2019	7
Public Governors				
Dr Carol Joseph	Kensington and Chelsea	3rd	July 2020	7
Tim Howlett	Sutton and Merton	1st	May 2019	4
Ros McTaggart	Elsewhere in England	1st	May 2019	6
Dr Ann Smith	Elsewhere in England	1st	April 2021	5
Staff Governors				
Hardev Sagoo	Corporate and Support Services	2nd	May 2020	6
Rachel Nabawanuka	Clinical Professionals	1st	May 2019	5
Dr Jayne Wood	Doctor	1st	August 2019	6
Mo Carruthers	Nurse	2nd	August 2019	6
Nominated Governors				
Dr Charmaine Griffiths	The Institute of Cancer Research	2nd	February 2022	5
Cllr Robert Freeman	Local Authority: Borough of Kensington & Chelsea	3rd	July 2020	5
Anne Croudass	Cancer Research UK (Charity)	2nd	May 2021	3
Chris Elliott	Sutton Clinical Commissioning Group	2nd	February 2019	0
Cllr David Bartolucci	Local Authority: London Borough Sutton & Merton	1st	October 2021	2 out of 3
Cllr Simon Wales	Local Authority: London Borough Sutton & Merton	1st	September 2020	0 out of 2
Dr Philip Mackney	West London Clinical Commissioning Group	2nd	February 2019	0

* Lead Governor

Governor Fiona Stewart was appointed as the Lead Governor of the Council of Governors in August 2018, for a term of two years. The Lead Governor acts as a two-way conduit between NHS Improvement (NHSI) and the Council of Governors in specific circumstances where it may not be appropriate to communicate through the normal channels. The main circumstances where NHSI will contact a Lead Governor is if there are concerns as to Board leadership or if the appointment of a Chairman or other Board member may not have complied with the Trust's Constitution or may be inappropriate.

Election to the Council of Governors

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

The Electoral Reform Services manage the provision of the elections for the Trust in accordance with the Model Rules for Elections. One election was held during 2018/19.

Governor's expenses

The Trust's expenses policy ensures that Governors are appropriately reimbursed for reasonable expenses incurred in the course of carrying out their duties. For the year ending 31 March 2019, the total amount claimed by Governors was £1,205.72.

Linking the Council of Governors to the Board of Directors

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

The Chairman of the Board of Directors is also the Chair of the Council of Governors. The Executive Directors and Non-Executive Directors regularly attend the Council of Governor meetings. Governors are invited to attend public Board of Directors meetings where they can observe first-hand the Board in business and, in particular, the performance of Non-Executive Directors.

The Council of Governors also receives an annual report regarding the work of the Board Sub-Committees, the Audit and Finance Committee, and the Quality, Assurance and Risk Committee. This report is presented by the Chairs of the Committees (who are also Non-Executive Directors) and highlights the committees' main business and risks for the year specified.

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

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well led).

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

As at 31 March 2019, the Trust has been placed in segment 1. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	Q1 Score 2018/19	Q2 Score 2018/19	Q3 Score 2018/19	Q4 Score 2018/19
Financial sustainability	Capital service cover rating	1	1	1	1
	Liquidity rating	1	1	1	1
Financial efficiency	I&E margin rating	1	1	1	1
Financial control	Distance from financial plan	1	1	1	1
	Agency rating	1	1	1	1
Overall scoring		1	1	1	1

Statement of Accounting Officer's responsibility

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement (NHSI).

NHSI, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Royal Marsden NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Royal Marsden NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust's performance, business model and strategy
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

Cally Palmer CBE
Chief Executive
23 May 2019

Annual Governance Statement

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Marsden NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Marsden NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual reports and accounts.

3. Capacity to handle risk

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

The Board of Directors also plays an important role in terms of the organisation's capacity to manage risk. It provides overall leadership and commitment to establishing effective risk management systems across the organisation. Strategic risk is monitored via the Board Assurance Framework. The purpose of the Board Assurance Framework (BAF) is to present the Trust's risk assurance framework in the context of the Trust's strategic objectives, as set out in the Five-Year Strategic Plan 2018/19–2023/24. Detailed operational risks can be found in the Risk Register, which is presented to the Quality, Assurance and Risk Committee (QAR). This is also aligned with the Five-Year Strategic Plan.

The QAR Committee is a sub-Committee of the Board and is responsible for approving the clinical management of risk and monitoring the implementation of risk management arrangements within the NHS Foundation Trust. This includes assurance that the Trust complies with its obligations regarding CQC registration. The Chair of the QAR Committee is a NonExecutive Director with senior health service experience. Membership comprises Non-Executive Directors (including the Trust Chairman) and Executive Directors (including the Chief Executive, Chief Nurse, Chief Operating Officer, Chief Financial Officer and Medical Director).

This Committee works alongside the Audit and Finance Committee to help manage risk, which, as another sub-committee of the Board, contributes independently to the Board's overall process for ensuring that an effective internal financial control system is maintained. This Committee is chaired by a Non-Executive Director with financial experience and qualification, and membership includes other Non-Executive Directors.

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

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

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

Data security incidents and risk are managed through the Information Governance Committee, chaired by the Caldicott Guardian and attended by the Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO). The Trust Board receives scheduled updates on all information governance and exceptional reports should the need arise.

The Trust is constantly seeking to learn and share best practice in relation to risk and quality. An example is the 2018/19 joint E. coli Cancer Collaborative, where The Royal Marsden, The Christie NHS Foundation Trust and NHS Improvement have developed and led a quality collaborative for cancer clinicians across England with the aim to reduce E. coli bacteraemia in cancer patients who are particularly susceptible to the infection. This collaborative has also resulted in the first joint clinical E. coli Improvement Fellow appointment between both organisations, with the aim of developing best practice in E. coli management across the UK's two largest cancer centres.

4. The Risk and Control Framework

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

- Organisational risk management
- Board Assurance Framework
- Internal and external audit
- The Annual Governance Statement.

Organisational risk management

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

The Risk Management Policy has been approved by the Board and the QAR Committee. It defines the process for the systematic identification and control of risks. It clearly defines accountability structures, roles and responsibilities. The overarching risk appetite approach taken by the Trust is firstly to maintain or enhance its patient safety, patient experience and CQC 'outstanding' position. The second approach is to maintain its performance within an appropriate use of resources. The Board and divisional leadership consider the risk appetite when assessing and calculating risk scores. They also carefully consider this when reviewing Cost Improvement Programme (CIP) Quality Impact Assessments. The policy details the process for risk identification and evaluation using a standardised risk assessment matrix and sets out the levels of authority for the management of identified risk. During 2018/19, there were no 'Never Events' at the Trust. The policy has been disseminated throughout the Trust and communicated to key stakeholders.

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

Accident/Incident and Patient Safety Incident Reporting Policy Including Serious Incidents Requiring Investigation.

Risk management and incident reporting processes identify risks of all levels of severity throughout the organisation. These processes feed into the divisional risk registers, which are reviewed on an ongoing basis. Risks that score above 12 are included on the Trust risk register, which is reviewed and reported to the QAR Committee, with the key risks being reported to the Board.

Current high-level risks that score 15 or above, in line with many trusts nationally, are those that reflect the challenging national financial climate and requirement to modernise infrastructure and information technology across the NHS:

- Financial sustainability – failure to maintain financial stability due to the challenging financial environment
- Information technology – threat of cyber-attack or other major system failure
- Infrastructure – stem cell laboratory premises
- Achieving key national targets – such as the 62-day national cancer waiting times target.

Examples of risks that score above 12 are again common with most NHS organisations, and include:

- Increased demand for services, placing pressure on space and capacity to deliver care
- Replacing essential equipment
- Recruitment of specialist staff.

Various methods of risk control are in place. For financial sustainability there is a business plan which is monitored by the Performance Review Group, Audit and Finance Committee and the Trust Board. This is underpinned by Private Care's growth strategy, strong financial controls and the efficiency programme as part of the 2018/19 plan. Strategic and transformational options are being considered and developed to achieve financial sustainability. This includes the Trust developing the Cancer Vanguard to assist the two Sustainability and Transformation Partnerships in south west and north west London.

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

Key national targets, such as the 62-day national cancer waiting times target, are influenced by long-waiting patients who have had pathway delays prior to their referral to The Royal Marsden. The Trust manages risks such as these by working closely with both RM Partners and the south west London leadership forum, where a shared work programme is in place to address the causes of poor performance. The Trust's own action plan with regards to this risk is monitored at the monthly Performance Group, chaired by the Director of Performance and Information, and progress is reported directly to the Board on a monthly basis.

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

Integrated Governance and Risk Management Committee (IGRM)

IGRM is co-chaired by the Chief Nurse, and the Medical Director has the delegated responsibility for oversight and monitoring of all aspects of quality and risk including review of serious incidents, National Institute for Health and Care Excellence (NICE) guidance compliance and policy/guideline approval, emergency planning and research governance.

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

Audit and Finance Committee (AFC)

The AFC oversees the financial risk and provides confidence in the objectivity and fairness of financial reporting, providing assurance about the adequacy of internal controls, the safeguarding of assets and in reducing the risk of illegal or improper acts. The AFC also reinforces the importance, independence and effectiveness of internal and external audits. Internal Audit (KPMG) works closely with this Committee and provides assurance on the systems of control operating within the Trust.

The Board Assurance Framework

The Board Assurance Framework identifies the Trust's strategic objectives, key risks to achieving the objectives, including risks in relation to the Trust's Foundation Trust Licence condition, and the controls and assurance mechanisms in place to mitigate the risks.

The Trust reviewed and updated the Board Assurance Framework in 2018/19 and monitors the assurances it receives against the Framework, and reviews progress on the action plans drawn up to close the gaps in both controls and assurance.

Internal Audit and anti-fraud activities

The results of Internal Audit reviews are reported to the AFC, which oversees the action required, addressing any system weaknesses. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews when required. An Internal Audit action recommendation tracking system is in place, which records progress in implementing the recommendations by management. Management's progress in implementing corrective action following Internal Audit recommendations is reported to the AFC, and the Executive Board also receives reports on high and medium issues. The Anti-Fraud programme is led by the Chief Financial Officer with support from KPMG and is monitored by the AFC.

Patient and Public Involvement and Engagement (PPIE)

The Trust is committed to having an effective structure for patient and public involvement and engagement at all levels within the organisation. Thus, a new role of PPIE Lead was created, and the new Lead was recruited in February 2019. A mapping exercise has been undertaken to demonstrate PPIE activity and how all groups interact and function. The PPIE Lead is currently revising the overarching PPIE Strategy, to be implemented in 2019.

Trust governance and services

As an NHS Foundation Trust, governance and strategic direction is provided by the Council of Governors, of which two thirds are Patient, Carer and Public Governors. The long-established Patient and Carer Advisory Group (PCAG) acts as a focus for all local patient involvement initiatives, often working alongside the Governors. This group leads on a number of activities including a 'Listening Post' (an opportunity to provide feedback on activities of the Trust) across sites and clinics twice a month. In addition, there are also other engagement groups such as the Youth Forum, workshops and discussion groups. There are also discharge workshops which engage specific groups of patients and carers.

The Governors and the PCAG also link with other governance, patient experience and quality accounts, committees and initiatives. The Governors and frontline staff lead a Patient Experience and Quality Account Group which scrutinises the Quality Report and all key performance and quality metrics in the Trust. The Trust IGRM Committee has two patient/carer representatives from the PCAG on it as core members. Governors and representatives from the PCAG are working alongside Trust staff in the Patient Experience Strategy Group, chaired by the Chief Nurse.

Research

Across the Trust's research activities there are various models of patient and public involvement and engagement. The NIHR Biomedical Research Centre (BRC) has a Patient Representatives Working Group. In this group, a patient representative supports the work of each of its eight themes and two patient representatives are also members of the BRC Steering Group. Three patient representatives support the work of the Clinical Research Facility and are members of its management committee. A Patient and Carer Review Panel reviews protocols and research material. Open engagement events are co-produced with patients and carer representatives to drive awareness about research and developments, and there are at least 15 projects where patients and carers are co-applicants and coproducers. A PPIE Steering Group contributes to the direction of the research portfolio and research design, and works closely with the Institute of Cancer Research and national bodies such as the NIHR INVOLVE and Commissioning Group.

Quality and safety

The Trust was inspected by the CQC in May 2018 and received an overall rating of 'outstanding' as a provider of services, with 'outstanding' for 'caring, responsive and well led', and 'good' for 'safe and effective'.

As part of the CQC's ongoing monitoring process, a CQC Inspector meets every quarter with the Chief Nurse, Chief Operating Officer and the Medical Director.

To ensure that the Trust's Board, Council of Governors, Commissioners, Executive Board and frontline staff regularly review performance against the CQC's fundamental standards in order to comply with the regulations of the Health and Safety Act 2008 (Regulated Activities) Regulations (2014), the Trust publishes a portfolio of quality and performance documents:

- Annual Quality Report
- Monthly Quality Report
- Quarterly Integrated Governance Monitoring Report

The Board of Directors also approves the Board Self-Certification Report on an annual basis which, following a review of evidence undertaken by the Board sub-Committees, confirms the Trust's compliance against the requirements set out in the Corporate Governance Statement and conditions of its Licence. Furthermore, the Board undertakes an annual 'well led' self-assessment exercise to evaluate its effectiveness against the Key Lines of Enquiry.

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

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

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

Workforce safeguards

The Trust is fully compliant with the registration requirements of the CQC.

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the 'Managing Conflicts of Interest' in the NHS guidance.

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

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

The Trust has undertaken risk assessments and has a Sustainable Development Management Plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is committed to ensuring that staffing levels are safe across all professional groups. The Trust is compliant with NHS Improvement 'Developing Workforce Safeguards' (2018) guidance, taking a triangulated approach to safer staffing – utilising evidence-based tools (such as Safer Nursing Care Tool), professional judgement (led by the Chief Nurse, Medical Director or Head of Therapies) and quality outcomes – such as key nurse or medical sensitive indicators and workforce trends.

In 2018/19, the Chief Nurse presented a detailed safer staffing paper on two occasions to the Board of Directors. This report detailed the outcomes of the Chief Nurse led Safer Staffing Reviews. From April 2019, this board paper will also include assurance across all professional groups, including medicine and staff allied to medicine. In addition, the Board also receives a monthly safer staffing position delivered by the Chief Nurse. To support decisions, the Trust has fully deployed the Safer Nursing Care Tool across all inpatient wards. A children's Safer Staffing Tool is now also fully implemented.

In 2018/19, allied health professionals (AHPs) from the Trust participated in a NHS Improvement safer staffing master-class to build capability and expertise outside the nursing profession. Within nursing the Trust is proud that its Nurse Staffing Lead was awarded a Chief Nursing Officer (CNO) Safer Staffing Fellowship in 2018/19, further securing our commitment to ensuring we have the highest levels of expertise and capability across all staff groups. In 2019, the Trust aims to participate in the NHS Improvement staff retention initiative.

Strategically, the Trust plans carefully and thoroughly to ensure that it has the right staff, with the right skills, to meet patient needs now, and in support of the Five-Year Strategic Plan and the NHS Cancer Workforce Plan. An example of this is detailed medical workforce planning to ensure the Trust meets national earlier and faster diagnosis objectives of the Long Term Plan. The Trust aims to be a system leader in workforce planning for the cancer workforce and is working with colleagues in NHS Improvement to develop the UK's first (nurse) Ambulatory Care Safer Staffing Tool.

Operationally, the Director of Workforce and Chief Nurse chair a fortnightly Nurse and AHP Recruitment and Retention meeting. This Trust-wide multidisciplinary team forum supports the divisions in scanning for future recruitment and retention threats to safe staffing across the professions. This includes potential threats from Brexit.

The Chief Nurse 'huddles' with matrons and the senior team each week to review 'staffing red flags', nurse sensitive indicators, and patient and staff experience. Additionally, site teams and senior nurses use real-time staffing and acuity data to make informed staffing decisions throughout the 24-hour period, reporting to the leadership team every 12 hours.

The Royal Marsden is working with NHS Improvement and other cancer centres to develop a pioneering Ambulatory Care/Medical Day Unit Acuity Tool.

The Trust is agile and responsive to fluctuations in demand and this has resulted in 'in-year' modifications to staffing to ensure patient care is safe; for example, increasing theatre, clinical nurse specialist (CNS) and medical day unit staffing in 2018/19.

In 2018/19, the Trust reviewed its valuable CNS workforce and this work will continue into 2019/20. In addition, the Trust is also reviewing staffing 24/7 – notably Safer Staffing at Night – across all professional groups.

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

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

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

The annual budget setting process and plan for 2018/19 was approved by the Board of Directors and communicated to all managers in the organisation. The plan was to deliver a revenue surplus in 2018/19 and have an on-going plan to improve organisational efficiency. The Chief Financial Officer and team have worked closely with divisional and corporate managers throughout the year to ensure the plan was delivered. The Trust over-achieved on this plan in year to deliver a surplus of £64.6 million. Included within this surplus the Trust received Provider Sustainability Funding of £40.5 million, of which £2.6 million was core and £37.8 million was incentive funding. The Board has overseen the financial and operational performance of the Trust throughout the year.

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

The Performance Review Group, chaired by the Chief Operating Officer, meets monthly and reviews the financial performance of each division, including the delivery of the efficiency programme. A Transformation Board was established in 2015 to manage a programme of strategic initiatives designed to improve the patient experience and organisational efficiency. This group also regularly reviews the outputs of the Model Hospital and Getting It Right First Time (GIRFT) visits to ensure the Trust meets best practice standards.

During the year the Trust also:

- Dynamically reviewed staff efficiency via the temporary staffing group and performance review group
- Developed new models of care for inpatients, ambulatory care patients, as well as modernising medical seven day staffing and pathology systems via its transformation programme. These workstreams will continue into 2019/20
- Supported safe and sustainable pharmacy and aseptic transformation programmes, which have included a rebuild and redesign of services at the Chelsea site
- Utilised benchmarking evidence from collaborative site visits, national tools such as the Model Hospital, and external professional reviews (such as catering) to inform future transformation and efficiency programmes
- Worked across the health system to identify new ways of working and collaboration with partners – for example, to improve access and outcomes.

6. Information governance

The Royal Marsden NHS Foundation Trust achieved compliance with the Data Security and Protection Toolkit. This was achieved by submitting evidence for all mandatory questions in their final toolkit score for March 2019 and was therefore deemed compliant.

The Trust has not had any enforcement notices or undertakings within the last financial year.

The Trust reported two incidents in 2018/19 via the Data Security and Protection Toolkit. The first incident related to loss of data by the Trust's offsite storage company and the second incident related to the theft of encrypted hardware from offices; neither incidents met the requirement for reporting to the Information Commissioners Office (ICO).

7. Annual Quality Report

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

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

- The NHS Foundation Trust Board of Directors
- The Council of Governors
- The Executive Board
- Clinical Advisory Group
- The Patient and Carer Advisory Group
- Frontline staff/staff open meetings
- The Trust Consultative Committee
- Local Healthwatch
- Local and specialist commissioners
- Health and Wellbeing Boards.

All the improvement priorities since 2009/10 have been identified and endorsed by members of the stakeholder groups (above). Members of the stakeholder groups have also reviewed progress on achievements over the last two years and ensured that the Trust has realistic but stretching improvement targets. Since 2012/13, local commissioners have been invited to review and add their critique and support to targets for Sutton Community Services.

Every year the Trust holds patient and public involvement events, which include members of Healthwatch, social services, the public and patients to discuss and advise on priorities for inclusion in the Quality Report. The data presented in the Quality Report are generated by either the Information Team or external bodies such as the Health Protection Agency, who are independent of the operational and clinical teams in the Trust.

Finally, the Trust's external auditors undertook sample data testing of Referral to Treatment within 18 weeks (incomplete pathways), cancer treatments started within 62 days of urgent GP referral, outpatient clinic waiting times and the rates of clostridium difficile infection.

8. Review of effectiveness

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

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

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

My review is also informed by:

- Assessment of financial reports submitted to NHS Improvement, the Independent Regulator of NHS Foundation Trusts
- The Board Development Framework and review of its performance in light of the 'well led' guidance issued by NHS Improvement
- Opinions and reports made by external auditors
- Opinions and reports made by internal auditors
- Opinions and reports made by clinical auditors
- Achievement of the Customer Service Excellence standard
- Announced CQC inspections
- NHS London Annual Emergency planning assurance process
- ISO 9001 compliance for radiotherapy and chemotherapy
- Clinical Pathology Accreditation (CPA) held for designated pathology services
- UKAS Imaging Services Accreditation Scheme (new in November 2017) for Radiology Imaging Services
- Quarterly Integrated Governance monitoring reports
- Infection Control Annual Report
- Clinical audit reports and action plans
- Investigation reports and action plans following serious and significant incidents
- Departmental and clinical risk assessments and action plans
- Results of the national patient surveys
- Results of the national Staff Survey.

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

- The Board of Directors; through consideration of key objectives and the management of principal risks to those objectives within the Board Assurance Framework
- The Integrated Governance and Risk Management Committee; by reviewing all policies relating to governance and risk management, and monitoring the implementation of arrangements within the Trust
- The Audit and Finance Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit
- The Quality, Assurance and Risk Management Committee; by implementing and reviewing clinical governance and risk management arrangements and receiving reports from all operational risk committees
- External assessments of services.

Conclusion

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

Approval of the Annual Governance Statement:

Cally Palmer CBE
Chief Executive
23 May 2019

Approval of the Accountability Report:

Cally Palmer CBE
Chief Executive
23 May 2019

3. Quality Report

What is a Quality Report?

Part 1

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

Part 2

Performance against 2018/19 quality priorities and setting our quality priorities for 2019/20

Priority 1 To reduce the number of cases of healthcare-related infections (MRSA, Clostridium difficile [C. difficile] and gram negative bacterial infections)

Priority 2 To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death

Priority 3 To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein)

Priority 4 To reduce the incidence of emergency readmissions to hospital within 28 days of patients being discharged

Priority 5 To reduce the incidence of category 3 pressure ulcers (full-thickness skin loss) and category 4 pressure ulcers (full-thickness tissue loss) developing in patients while they are receiving community care or hospital care

Priority 6 To reduce harm from sepsis: a) to increase the number of patients screened for sepsis; b) to give antibiotics within one hour of patients being diagnosed with sepsis; c) to make sure patients receive an antibiotic review between 24 and 72 hours after commencement of antibiotics for sepsis

Priority 7a To make sure that we are responding to inpatients' personal needs

Priority 7b To continue using the Friends and Family Test question for patients receiving community care

Priority 8 To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care

Priority 9a To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times

Priority 9b To reduce waiting times in outpatient clinics and improve patient experiences relating to waiting times

Priority 10a To reduce waiting times for patients who are referred to the podiatry service

Priority 10b To reduce waiting times for patients who are referred to the musculoskeletal service

Reviewing progress of the quality improvements in 2018/19 and choosing the new priorities for 2019/20

Statements of assurance from the Board

Part 3

Other information

Review of quality performance (previous year's performance)

Appendix 1
Statements from key stakeholders

Appendix 2
Statement of Trust Directors' responsibilities for the Quality Report

Appendix 3
Quality indicators where national data is available from NHS Digital

Appendix 4
Our values

Appendix 5
Sign Up to Safety patient safety improvement plan

Appendix 6
Independent auditor's assurance report

Appendix 7
Glossary

What is a Quality Report?

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

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

The purpose of this Quality Report is to:

1. Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2018/19
2. Set out our quality priorities and objectives for 2019/20.

To begin with, we will give details of how we performed in 2018/19 against the quality priorities and objectives we set ourselves under the categories of:

Safe care

Effective care

Patient experience

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

Secondly, we will set out our quality priorities and objectives for 2019/20, under these same categories. We will explain how we decided on these priorities and objectives, and how we aim to achieve these and measure performance.

Quality Reports are useful for our Board, who are responsible for the quality of our services, as they can use them in their role of assessing and leading the Trust. We encourage frontline staff to use the Quality Report, both to compare their performance with other trusts, and also to help improve their own service.

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

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

This Quality Report is divided into three sections:

Part 1	Introduction to The Royal Marsden NHS Foundation Trust and a statement on quality from the Chief Executive
Part 2	Performance against 2018/19 quality priorities and setting our quality priorities for 2019/20
	Reviewing progress of the quality improvements in 2018/19 and choosing the new priorities for 2019/20
	Statements of assurance from the Board
Part 3	Other information

Part 1

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

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

Our commitment to meeting the challenges of continuing to provide quality care and experience within a cost-effective framework underpins the following four corporate objectives for 2018/19:

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

Our commitment to improving quality is demonstrated by the following achievements in the year from 1 April 2018 to 31 March 2019.

Five-Year Strategic Plan 2018/19 to 2023/24

Launched in June 2018, the Trust's Five-Year Strategic Plan outlines four core themes:

1. Research and innovation
2. Treatment and care
3. Modernising infrastructure
4. Financial sustainability and best value.

There are also four cross-cutting themes: workforce, quality, The Royal Marsden Cancer Charity and Private Care.

Care Quality Commission inspection

The Care Quality Commission (CQC) carried out an unannounced inspection at the Sutton site and in community services in May 2018. The 'well led' inspection was held in July 2018. As part of the CQC's new monitoring schedule, the inspector met junior and senior staff from a range of areas, visiting a different site each quarter. The inspection report, published in September 2018, rated the Trust as 'outstanding' overall and 'outstanding' for the new well led inspection.

JACIE inspection

The Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT) (known as JACIE) promotes highquality patient care and laboratory performance in stem cell collection, processing and transplant centres through voluntary accreditation.

The Royal Marsden received full JACIE accreditation in 2009 as a facility for transplanting, collecting and processing stem cells. The Royal Marsden offers a full service, with cells being transplanted to patients with a range of bloodbased cancers. Patients may have their own cells transplanted or may receive cells from a suitable donor taken from either blood or bone marrow. The Royal Marsden offers this treatment to both adults and children. In 2017, the stem cell transplant service carried out 217 transplants and underwent a full JACIE inspection in November 2017. The report from the inspection team was received in February 2018.

The report recognised improvements since the previous inspection, with a number of aspects of the service being highly praised. It concluded that: "The overall impression given was of an excellent transplant service with highly motivated and dedicated staff committed to providing highquality care."

The inspection team did identify a number of areas for further improvements, which included a requirement to improve the facilities within the Stem Cell Transplant Laboratory to better segregate laboratory, office and storage areas. This was recognised by the Trust and extensive plans are now being implemented to address both the findings of the inspection report and also to greatly improve the clean room facilities. This led to a delay in receiving full re-accreditation, but the Trust is pleased to report that all aspects of the service have now been judged to be compliant to the JACIE standard (v7.0) and re-accreditation has been confirmed.

ISO accreditation

Radiotherapy treatment of patients requires a strongly integrated multidisciplinary team. There needs to be both flexibility in approach and robustness of timelines and delivery in order to give the best available treatments to our patients.

To provide evidence that we comply with a consistently high-quality standard, we are regularly (bi-annually) inspected by external assessors from the British Standards Institute (BSI). The evaluation contributes to our evidence for the CQC and badges the excellence of our service to patients and our collaborative workforce.

The standard covers the following scope: "The provision of assessment of patients, prescription planning and delivery of radiotherapy including external beam, and brachytherapy, technical support and administration."

Our most recent inspection took place in early March 2019 and no non-conformances were found.

As a result, Radiotherapy, Physics and Oncology have been awarded a Certificate of Registration (Quality Management System – ISO 9001:2015) for the 22nd consecutive year.

UKAS accreditation

The Estates Department is one of the UK Accreditation Service's accredited ISO 9001:2015 departments within the Trust. In February 2019 the department was re-audited on its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met
- effectiveness to ensure the client can reasonably expect to achieve specified objectives
- ability to identify applicable areas for potential improvement.

The inspection team identified a few improvement opportunities, which are now being addressed, but concluded that: "The Estates Department provide a high level of service to the various client departments at the two sites… with a high degree of involvement of senior management with a whole host of evidence to demonstrate initiatives and improvements were being undertaken."

Food and nutrition

We have adopted the Commissioning for Quality and Innovation (CQUIN) framework on NHS staff health and wellbeing to support the improvement of our food environment. Putting the CQUIN into practice is a balance between meeting the nutritional needs of staff and visitors, and being able to provide the higher protein and energy choices that some patients need. In line with this, in 2018/19 we agreed with commissioners on the following targets:

- 90 per cent of drinks sold are reduced sugar or sugar-free (less than 5g of sugar per 100ml)
- 60 per cent of confectionery does not contain more than 250 kcals
- 50 per cent of sandwiches available contain less than 400 kcals.

We have both met and exceeded these agreed targets. We have also retained the Soil Association's Food for Life certification, having achieved a silver award for our patient catering and bronze award for our staff and visitors dining. Further details of what is involved and the benefits of gaining these awards can be viewed at www.soilassociation.org.

Customer Service Excellence

The Customer Service Excellence standard tests in depth those areas that research has indicated are a priority for customers, with a particular focus on delivery, timeliness, information, professionalism and staff attitude. The Trust is assessed annually against a third of the standard. The latest assessment was held on Tuesday 2 April 2019 when the assessor visited the Sutton site. The Trust was deemed compliant across all elements of the standard bar one, which was graded as partially compliant due to the need to develop more challenging and stretching targets to further enhance customer satisfaction (experience) across services. The Trust has been assessed with Compliance Plus for 12 of the 57 elements of the standard.

The Royal Marsden and its Board has tried to take all reasonable steps to make sure the information in this Quality Report is accurate. On behalf of the Board of The Royal Marsden NHS Foundation Trust (the Trust) I can confirm that, as far as I know and believe, the information in this quality report is accurate.

Cally Palmer CBE
Chief Executive
23 May 2019

Part 2

Performance against 2018/19 quality priorities and setting our quality priorities for 2019/20

Introduction

The quality priorities and targets for 2018/19 are shown in the table below. The priorities and targets in **blue** are reported by all NHS trusts as part of the Single Oversight Framework (https://improvement.nhs.uk/resources/single-oversight-framework/). We recognise their importance and so incorporate them within our quality priorities. The priorities and targets in **black** are the ones we have set ourselves. These have been discussed and agreed throughout the year with both internal and external stakeholders, and you can find further details of this from page 83. Our performance against the targets is summarised in the table below. The table also shows which quality priorities we have set ourselves for 2019/20.

Table 1: Quality priorities and targets for 2018/19 and 2019/20

Category		Quality priority	Target for 2018/19	Performance for the year 2018/19	Target set for April 2019 to March 2020
Safe care	1	To reduce the number of cases of healthcare-related infections (MRSA, Clostridium difficile [C. difficile] and gram negative bacterial infections). Applies to hospital inpatient beds at The Royal Marsden and patients of Sutton Community Healthcare Services.	a. For there to be less than one case of MRSA infection per year. b. For there to be fewer than 31 cases of C. difficile infection due to a 'lapse in care'. c. For the Trust to implement a joint gram negative bacterial infection quality improvement project with The Christie NHS Foundation Trust in Manchester.	a. Achieved b. Achieved (Information provided by the Trust) c. Achieved (Information provided by the Trust)	a. Minimum 10% reduction in key healthcare-associated infections: E. coli and C. difficile. b. For there to be fewer than 67 cases of C. difficile infection. Applies to hospital inpatient beds at The Royal Marsden.
Safe care	2	To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death. (A 'near miss' is when an event had the potential to harm the patient and the staff prevented it from happening.) (A patient safety incident is an incident that could have harmed or did harm a patient.)	For the rate of reported patient safety incidents that have caused severe harm or death to be below 0.06 per 1,000 bed days. (A bed day is when a patient is in hospital overnight. It is measured in a large number to spot trends.) Applies to hospital inpatient beds at The Royal Marsden and Sutton Community Healthcare Services.	Achieved (Information provided by the Trust)	To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death.
Safe care	3	To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein).	a. For the percentage of patients who have been assessed to remain above 95%. b. Of those patients assessed as high risk, appropriate treatment is started.	a. Achieved b. Achieved (Information provided by the Trust)	a. To maintain the percentage of admitted patients assessed for the risk of venous thromboembolism (getting a blood clot in a vein). b. Of those patients assessed as high risk, appropriate treatment is started.
Effective care	4	To reduce the incidence of emergency readmissions to hospital within 28 days of patients being discharged.	For the number of avoidable readmissions to be below 0.2%.	Achieved (Information provided by the Trust)	Does not apply for 2019/20.
Effective care	5	To reduce the incidence of category 3 pressure ulcers (full-thickness skin loss) and category 4 pressure ulcers (full-thickness tissue loss) developing in patients while they are receiving community care or hospital care. 2019/20 – applies to Sutton Community Healthcare Services	a. For the percentage of category 3 and category 4 pressure ulcers arising in patients receiving community care or hospital care to be less than 0.15%. b. For 90% of category 3 and category 4 pressure ulcers, both already existing and developing while receiving community care, to have healed or improved to category 1 (redness of intact skin, which does not fade when pressed) or category 2 (partial-thickness skin loss or blister) within three months.	a. Hospital achieved Community achieved b. Community not achieved (Information provided by the Trust)	Does not apply for 2019/20.

Category		Quality priority	Target for 2018/19	Performance for the year 2018/19	Target set for April 2019 to March 2020
Effective care	6	To reduce harm from sepsis: a. To increase the number of patients screened for sepsis. b. To give antibiotics within one hour of patients being diagnosed with sepsis. c. To make sure patients receive an antibiotic review between 24 and 72 hours after commencement of antibiotics for sepsis. Applies to hospital inpatients and patients going to the Clinical Assessment Unit (CAU).	a. For more than 90% of patients who meet the local criteria for suspected sepsis to be screened for sepsis. b. For more than 90% of patients to be given antibiotics within one hour of sepsis being diagnosed. c. For more than 90% of patients to receive an antibiotic review between 24 and 72 hours after commencement of antibiotics for sepsis.	Achieved Achieved Achieved	a. Achieve the 2019/20 Sepsis CQUIN objectives. b. Create mandatory e-learning package and set compliance target.
Patient experience	7a	To make sure that we are responding to inpatients' personal needs.	For our Friends and Family Test score for hospital inpatients to be more than 95%.	Achieved	Maintaining and enhancing our patient Friends and Family Test (Patient experience). For our Friends and Family Test score for hospital inpatients to be more than 95%.
	7b	To continue using the Friends and Family Test question for patients receiving community care. (The Friends and Family Test question asks people who use NHS services whether they would recommend the services to others.)	For our Friends and Family Test score for community services to be more than 95%.	Achieved (Information was gathered from a patient survey and published nationally by NHS England)	Does not apply for 2019/20.
Patient experience	8	To increase the percentage of staff who would recommend The Royal Marsden to friends or family needing care.	For more than 95% of surveyed staff to say that they would recommend The Royal Marsden.	Achieved (Information was gathered from a staff survey and published nationally by NHS England)	Maintain/enhance our staff and patient Friends and Family Test. a. As patient experience is inextricably linked with staff experience, to develop a suite of staff experience metrics to report to the Board. b. For more than 95% of surveyed staff to say that they would recommend The Royal Marsden.
Patient experience	9a	To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times.	For 90 per cent of patients to receive chemotherapy on time.	Not achieved	For 90% of patients to receive chemotherapy on time.
	9b	To reduce waiting times in outpatient clinics and improve patient experiences relating to waiting times.	For no more than 5% of patients to have to wait more than one hour.	Achieved (Information provided by the Trust)	Does not apply for 2019/20.
Community	10a	To reduce waiting times for patients who are referred to the podiatry service. Applies to community services.	Maintain a waiting time of 20 days or less for 80% of patients.	Achieved (Information provided by the Trust)	Does not apply for 2019/20.
	10b	To reduce waiting times for patients who are referred to the musculoskeletal service. Applies to community services.	Maintain a waiting time of 20 days or less for 80% of patients.	Achieved (Information provided by the Trust)	Does not apply for 2019/20.

Category	Quality priority	Target for 2018/19	Performance for the year 2018/19	Target set for April 2019 to March 2020
New priorities	Earlier and faster diagnosis of cancer across The Royal Marsden Partners and in line with Long Term Plan.	Does not apply for 2018/19	Does not apply for 2018/19	Implement year one of the 'earlier and faster diagnosis of cancer' objectives via Royal Marsden Partners.
	To develop an innovative mortality/ palliative care report metric to the Board for assurance.	Does not apply for 2018/19	Does not apply for 2018/19	To develop a new and innovative mortality/ palliative care report metric to the Board for assurance (by the end of Q1).
	Reduction in phlebotomy waiting times and improvement in patient experience.	Does not apply for 2018/19	Does not apply for 2018/19	Benchmarks to be set in Q1.

(Note: In 2018/19, priorities related to both community and non-community, but for 2019/20 they will only be measured for the hospital as community services are no longer provided by The Royal Marsden.)

The next section gives more detail of the quality priorities, the progress we made in meeting the targets set for 2018/19, how we will improve our performance, and how our performance will be monitored and measured.

Priority 1

To reduce the number of cases of healthcare-related infections (MRSA, Clostridium difficile [C. difficile] and gram negative bacterial infections)

This applies to patients at The Royal Marsden and patients of Sutton Community Healthcare Services.

Targets

a. For there to be less than one case of methicillin-resistant staphylococcus aureus (MRSA) infection per year.

b. For there to be fewer than 31 cases of C. difficile infection due to a 'lapse in care' per 100,000 bed days. (A bed day is when a patient is in hospital overnight. It is measured in a large number in order to spot trends.)

c. For the Trust to implement a joint gram negative bacterial infection quality improvement project with The Christie NHS Foundation Trust.

"As part of our collaboration with The Christie NHS Foundation Trust, we have specifically built upon our E. coli cancer collaborative work and we will be presenting at a special event organised by NHS Improvement. We really hope that it will shape data collection for E. coli going forward."

Pat Cattini
Lead Infection Prevention and Control (IPC) Nurse

What we did in 2018/19

- We have furthered our collaboration with The Christie NHS Foundation Trust and Clatterbridge Cancer Centre NHS Foundation Trust to look at further ways of reducing E. coli bacteraemia in oncology patients
- The Darzi fellow (a one-year post intended to develop systems leadership) has commenced in post and the project is progressing well. An enhanced dataset is gathering intelligence around risk factors and will provide important information on risk, which the Darzi fellow will use to develop tools to promote best care
- We have reviewed our surgical site infection (SSI) processes and are deploying a new system in collaboration with the Royal Brompton in 2019/2020
- We have purchased new commodes across the Trust and are replacing old bedpan washers with macerators
- We have reviewed and updated local policies relating to hand hygiene and environmental cleaning.

How we performed in 2018/19

- We achieved the first target and there have been no new cases of MRSA bacteraemia this year to date. The last case was a contaminant in 2016
- We have achieved our second target, whereby out of the total of 42 cases of C. difficile, six of these cases have been deemed as a lapse in care
- We have achieved our third target and furthered our collaboration with The Christie NHS Foundation Trust and Clatterbridge Cancer Centre NHS Foundation Trust. This also includes the development of a collaborative work group to look at ways of reducing E. coli bacteraemia in oncology patients, which will be taken forward in our quality priorities for 2019/20.

Actions to improve our performance

- We continuously review and improve our audit data collection and reporting
- We are developing a business case to provide an enhanced infection prevention service, which will include an additional microbiologist and nursing support
- We will continue to undertake two antimicrobial ward rounds on each site every week to improve antimicrobial prescribing and overall stewardship.

How improvements will be measured and monitored

- Ward staff will carry out audits for hand hygiene and results will be fed back to staff
- The ‘SureWash’ hand hygiene machine will capture data on staff competence with hand hygiene technique and their general infection prevention knowledge through a questionnaire
- Departments will be audited to look at clinical practice. These audits will focus on isolating all infected patients, taking care of devices inserted under the skin and the patient environment. Feedback will be given to the relevant department to improve practice
- Key infections, including C. difficile, E. coli bacteraemia and S. aureus bacteraemia, are subject to a clinical review process whereby patient notes are reviewed with clinicians to identify ways to improve care for future patients
- Data on infections are reviewed at team meetings and by the Infection Prevention and Control Committee. The annual Infection Prevention and Control Report 2017/18 was shared with the Integrated Governance and Risk Management (IGRM) Committee and the Clinical Quality Review Group (CQRG) committees in July 2018.

Priority 2

To maintain or increase the number of reported patient safety incidents and near misses, while reducing the rate and percentage of patient safety incidents resulting in severe harm or death

This applies to patients at The Royal Marsden and patients of Sutton Community Healthcare Services.

Target

For the rate of reported patient safety incidents that have caused severe harm or death to be below 0.06 per 1,000 bed days. (In 2017/18, the rate of severe harm or death from incidents per 1,000 bed days was zero for hospital and zero for community services.)

“We are proud that we are one of the highest performing trusts in the recent Staff Survey for staff feeling they are treated fairly when they report an incident or near miss. This is very important in supporting a culture of openness so we can learn from incidents.”

Chris Lafferty
Deputy Head of Risk Management

What we did in 2018/19

- All staff who reported an incident received individual feedback once we received details of the incident and the outcome of the investigation
- Incident reports on significant events were passed to the IGRM Committee and then used widely across the Trust to help with learning
- Examples of incidents were shared during training, and themes and trends of incidents were discussed at the weekly senior nurses meeting
- We continued to produce our monthly patient safety bulletin, 'Big 4' (B4), from the Chief Nurse, Medical Director and Chief Pharmacist. B4 details four key safety messages each month, as well as a 'good safety catch' by a member of staff. B4 also helps to support local shift safety briefings, local quality huddles and team meetings
- We reported all patient safety incidents that we were responsible for to the National Reporting and Learning Service (NRLS).

How we performed in 2018/19

- We have achieved our target for both the hospital and community services, with a rate of zero per cent for the community and 0.048 per cent for the hospital.

Comparison with national figures

The NRLS reports that for the period from October 2017 to March 2018, there were no incidents resulting in severe harm or death. A further four out of the 17 acute specialist trusts reported results in line with ours. This was the latest information available when this document was produced.

Actions to improve our performance

Keeping to regulation 20 – The Duty of Candour

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

Our Being Open and Duty of Candour Policy incorporates the requirements of the Duty of Candour. To make sure that we are open and honest about incidents that fall under regulation 20, the risk management team reviews every reported incident that is graded moderate harm and above. The review starts on either the day that the incident is reported, or the next working day. If the incident is confirmed as being correctly graded as moderate harm or above, the risk management team works with the relevant clinical staff to make sure the patient is told about the incident, and that an appropriate apology is given within ten days of the incident being reported on the incident reporting system.

The patient is kept informed of our investigation. If a report is being produced, the patient is asked if they would like to receive a copy of it. The risk management team follows up to make sure that the report is sent to the patient, along with an offer to meet them to go through the findings. The Duty of Candour process is monitored every six months by an audit, and the results are given to the IGRM Committee, the Quality, Assurance and Risk (QAR) Committee, and the Trust Board Committee.

The audits have identified that an area that requires improvement is making sure that patients and their relatives receive a copy of the final report if they would like one. In order to address this, the risk management team is taking on more responsibility in the final part of the process.

How improvements will be measured and monitored

- We will continue to undertake six-monthly Duty of Candour audits
- We will conduct an annual audit of risk management and incident reporting processes
- We will analyse the results of the Staff Survey.

Priority 3

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

Targets

a. For the percentage of patients who have been assessed to remain above 95 per cent.

b. For those patients assessed as high risk, appropriate treatment is started.

"We are now using the quality and safety boards on all wards to highlight risk and raise awareness. Venous thromboembolism assessments are included and discussed at the ward huddles."

Ann Duncan
Matron

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

What we did in 2018/19

- We introduced the requirement that all inpatients should receive an assessment for the risk of VTE on admission to a ward and within 24 hours
- All fields on the electronic risk assessment are now mandatory
- We have updated the inpatient drug chart in line with National Institute for Health and Care Excellence (NICE) guidance to ensure thrombosis and bleeding risk is documented appropriately and where 24-hour reassessment is no longer a requirement
- The VTE policy has been updated and communicated to all staff
- An audit was carried out by one of our lead pharmacists to establish future actions required to ensure that all assessments for the risk of VTE are recorded appropriately.

How we performed in 2018/19

- We achieved the target of ensuring that 95 per cent of our patients are assessed for the risk of developing VTE. An average of 95.23 per cent of patients were assessed for the risk of VTE from April 2018 to March 2019
- Of those patients deemed high risk, 100 per cent received timely and appropriate treatment.

Actions to improve our performance

- We will streamline the assessment process to ensure that it is electronic only
- We will ensure that the dose banding on the drug chart now matches the assessment on the Electronic Patient Record (EPR) to maintain a consistent approach.

How improvements will be measured and monitored

- Risk assessment data will continue to be reported and reviewed monthly
- We will continue to maintain our target for the percentage of patients assessed to be over 95 per cent
- The VTE working group will monitor progress, and review the monthly data and action plan accordingly.

Priority 4

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

Target

For the number of avoidable readmissions to be below 0.2 per cent.

"Patients with cancer can have complex problems related to the disease, its treatment or co-morbidities. This is why we have developed an acute oncology service in which patients are assessed by a consultant oncologist when they first present as an emergency. In addition, we have also developed an acute oncology ambulatory unit to help avoid unnecessary admissions. This approach ensures our patients receive safe and effective care."

Dr Nadia Yousaf
Consultant Medical Oncologist and Clinical Lead for the Acute Oncology Service

Since 2012/13, Quality Reports should show the percentage of patients of all ages and genders who were readmitted within 28 days of being discharged, and the national average (see Appendix 3 for more details about the national average). It is important to note that some readmissions will include patients who are admitted because of the side effects of treatment, so it may be difficult to explain any differences between us and other NHS trusts.

What we did in 2018/19

- Our Acute Oncology Service (AOS) continued to provide a consultant-delivered service for emergency oncology admissions at The Royal Marsden
- This service is supported by The Royal Marsden Macmillan Hotline, a specialist oncology advice line for patients undergoing cancer treatment.

How we performed in 2018/19

- We achieved our target of having less than 0.2 per cent of emergency readmissions to hospital within 28 days of discharge, with the overall percentage for 2018/19 being 0.15 per cent. This percentage is below the national average and below our target of 0.2 per cent. It is also lower than the percentage achieved in 2017/18 of 0.21 per cent. Table 2 shows the number and percentage of patients who were readmitted within 28 days from April 2018 to March 2019
- The small number of readmissions were unavoidable and a consequence of the cancer or treatment. However, some could be avoided by making sure that patients receive:
  - the best possible treatment according to their needs
  - careful planning and support for caring for themselves when they leave hospital.

Table 2: Number of patients who were readmitted within 28 days of discharge from 1 April 2018 to 31 March 2019

Month	Number of patients readmitted within 28 days	Percentage of patients readmitted within 28 days
April 2018	7	0.16%
May 2018	7	0.14%
June 2018	7	0.15%
July 2018	4	0.08%
August 2018	10	0.21%
September 2018	6	0.13%
October 2018	10	0.20%
November 2018	8	0.16%
December 2018	6	0.13%
January 2019	7	0.14%
February 2019	10	0.22%
March 2019	2	0.04%
Total	**84**	**0.15%**

Actions to improve our performance

- We are introducing the acute oncology out-of-hours admission prioritisation guide, and updating the access policy
- The AOS team will use the national scoring system to identify patients at risk of developing sepsis and will bring these patients back as day cases to review
- We are reviewing the introduction of telephone triaging to provide additional support to patients and to reduce anxiety.

How improvements will be measured and monitored

- The AOS team will continue to review any unplanned inpatient admissions. This includes a review by a consultant within 14 hours of admission.

Priority 5

To reduce the incidence of category 3 pressure ulcers (full-thickness skin loss) and category 4 pressure ulcers (full-thickness tissue loss) developing in patients while they are receiving community care or hospital care

Targets

a. For the percentage of category 3 and category 4 pressure ulcers arising in patients receiving community care or hospital care to be less than 0.15 per cent.

b. For 90 per cent of category 3 and category 4 pressure ulcers, both already existing and developing while receiving community care to have healed or improved to category 1 (redness of intact skin, which does not fade when pressed) or category 2 (partial-thickness skin loss or blister) within three months.

"We continue to strive to reduce hospital acquired pressure ulcers by implementing and embedding the latest best practice guidelines and looking at new ways of working."

Jenni MacDonald
Lead Nurse, Harm Free Care and Tissue Viability

What we did in 2018/19

- We have revised and republished independent hospital and community policies
- We have embedded the European Pressure Ulcer Advisory Panel (EPUAP) 2014 guidelines, which include all six categories of pressure ulcers
- We have undertaken a prevalence and quality audit
- We held a 'pressure ulcer mock coroner's court', which staff observed
- We held a 'Stop the pressure' event (NHS Improvement campaign to improve the standards of safe care)
- We have introduced mini root cause analyses (RCAs), a method of identifying the root cause of a problem, for category 2 and deep tissue injury pressure ulcers
- We have introduced a new bedside tool 'ASSKING' (Assess risk, Skin inspection, Surface, Keep moving, Incontinence, Nutrition, Giving information) bundle, in collaboration with patient representatives
- An internal tissue viability champion role was launched with dedicated internal staff training
- A new pressure ulcer information leaflet for patients was published
- All staff received regular training in pressure ulcer management and we have introduced a competency for new staff to achieve
- A new Tissue Viability Nurse is in post to help and support staff, as well as assess and advise on grade 3 and 4 pressure ulcers.

How we performed in 2018/19

- We achieved our first target of less than 0.15 per cent of patients developing category 3 and category 4 pressure ulcers that were attributed to us while under the care of the hospital. We did not meet this target for patients under the care of community services. The hospital reported an overall percentage of 0.11 per cent and the community reported 0.29 per cent
- In the hospital, we had one category 4 and six category 3 pressure ulcers. This is slightly higher than last year and no trends have been identified. We have learnt from these incidents and made changes to tissue viability services, education and medical devices
- In the community we had one attributable category 4 pressure ulcer and 5 attributable category 3 pressure ulcers
- We achieved our target of 100 per cent of category 3 and category 4 pressure ulcers acquired by patients receiving care from community services reported to have healed within three months unless the underlying medical complexities made healing impossible, or where patients were receiving end-of-life care
- There has been an increased awareness of prevention, identification and treatment in the hospital, demonstrated in the 46 per cent increase in reporting of incidents on the Trust's electronic reporting system
- 94 per cent of attendees at the pressure ulcer mock coroner's court reported that the event positively changed their practice
- All category 3 and 4 pressure ulcers were discussed at pressure ulcer panels.

Actions to improve our performance

- We will implement an e-learning pressure ulcer module
- We will revise the hospital pressure ulcer policy in line with recent NHS Improvement guidelines and more ambitious key performance indicators (KPIs)
- Mini RCAs for all category 2 pressure ulcers will be undertaken
- Standard foam mattresses will be replaced with more advanced hybrid mattresses where required, and we will monitor the use of the equipment selection guide
- We will take part in the first national pressure ulcer and quality audit
- We will review the discharge documentation for patients with pressure ulcers with the aim of improving where required
- We are developing a new wound assessment chart that will be piloted with staff
- We will continue to monitor and follow up on actions as a result of RCAs.

How improvements are measured and monitored

- We will undertake an annual pressure ulcer prevalence and quality audit, which will build upon the previous year's audit, and will act upon any learning
- Monthly audits will continue, to ensure that the pressure ulcer bundles are being used appropriately
- We will continue to analyse pressure ulcer incidents to aid specific developments in identifying risk factors and preventive measures for patients with cancer. The use of the mini RCAs for category 2 pressure ulcers will be monitored to develop strategies to further reduce incidents
- We will continue to report on and monitor pressure ulcers in our monthly Quality Report.

As of 1 April 2019, The Royal Marsden is no longer commissioned to provide community care. However, recommendations have been communicated to the new service providers to include audits, mini RCAs and monitoring through monthly reporting.

Priority 6

To reduce harm from sepsis: a) to increase the number of patients screened for sepsis; b) to give antibiotics within one hour of patients being diagnosed with sepsis; c) to make sure patients receive an antibiotic review between 24 and 72 hours after commencement of antibiotics for sepsis

Applies to hospital inpatients going to the Clinical Assessment Unit (CAU).

Targets

a. For more than 90 per cent of patients who meet the local criteria for suspected sepsis to be screened for sepsis.

b. For more than 90 per cent of patients to be given antibiotics within one hour of sepsis being diagnosed.

c. For more than 90 per cent of patients to receive an antibiotic review between 24 and 72 hours after commencement of antibiotics for sepsis.

"Patients with cancer are at a higher risk of developing infections. This is especially true of those receiving systemic anti-cancer therapy, as well as those patients undergoing major surgery. We are pursuing Trust-wide efforts to prevent, rapidly identify and treat sepsis, whilst minimising unnecessary antimicrobial usage."

Vimal Grover
Consultant in Critical Care and Anaesthesia, and Sepsis Lead for The Royal Marsden

Patients with cancer are at risk of developing infections. Preventing sepsis, together with identifying and treating cases early, can improve outcomes for patients. Minimising harm associated with sepsis is one of our priorities, and we joined the national 'Sign up to Safety' programme in 2015 (see Appendix 5).

What we did in 2018/19

We have invested in a new sepsis lead nurse post to support the delivery of the CQUIN for 2018/19 and the wider sepsis and acute kidney injury (AKI) agenda. We have also invested in the pharmacy team and consultant lead to support the antimicrobial elements of the CQUIN. Please note the Trust has now agreed to recurrently fund the posts going forward.

As a result of the appointment of the sepsis nurse, significant progress has been made not only within the CQUIN but also the wider sepsis agenda, including;

- The drug chart is being amended to include antimicrobial review as a prompt
- Video and screenshot teaching is now available for junior doctors
- The sepsis nurses, antimicrobial pharmacists and consultant lead continue to promote carrying out reviews between 24 and 72 hours (including the critical care unit) to junior doctors and advanced nurse practitioners (ANPs)
- The sepsis policy has been updated and is going through the Antimicrobial Steering Committee and the Nursing, Radiography and Rehabilitation Committee (NRRAC) for ratification. Following this, it will be published on the intranet
- A Patient Group Direction for sepsis has been created. This allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber)
- The vascular access lead is investigating ultrasound technology for cannulation
- Sepsis trolleys (including everything needed to treat sepsis and neutropenic sepsis) are now in use in the outpatient departments at The Royal Marsden's hospitals in Chelsea and Sutton
- The Sepsis/Situation Background Assessment Recommendation (SBAR) tool has been rolled out across both sites, with daily teaching in all clinical areas. The four letters of SBAR indicate the Situation (problem being discussed), Background (the medical history of the patient and treatment to date), Assessment (of the patient) and Recommendation (of the person leading the discussion)
- The sepsis nurses have embedded the key sepsis and National Early Warning Score (NEWS) training into the Basic Life Support teaching session held at induction and mandatory training
- Nurse sepsis training was carried out across the Trust. There were seven workshops held with 80 successful attendees who can now give Patient Group Directions. Sepsis workshops were also arranged for senior nursing staff
- Discussions have been held with the paediatrics department regarding the sepsis screening tool and updating Paediatric Early Warning Score (PEWS). A paediatric sepsis meeting was also held on 31 October 2018, including the consultant sepsis lead, Matron, ward sisters, ANPs and practice educators
- Sepsis posters have been developed for all clinical areas to guide recognition and treatment
- The monthly sepsis CQUIN programme board continues to meet, with strong representation from medical, nursing, pharmacy and performance staff, and is now chaired by the sepsis nurses.

In addition to the above, ongoing work is taking place across the Trust to promote antimicrobial stewardship and good practice.

Antimicrobial stewardship ward rounds with a microbiology consultant, antimicrobial pharmacist and sepsis nurse have been taking place on all wards at both the Chelsea and Sutton sites, twice weekly. Every patient who is prescribed an antibiotic is reviewed during this ward round by the multidisciplinary team and the outcome of the review is fed back to the clinical teams and ward pharmacists.

The sepsis nurse role is now embedded within the antimicrobial stewardship ward round to clinically review patients, advise the team to address concerns, communicate advice to the patient and support nurses, as well as prescribe and de-prescribe medication.

The antimicrobial prescribing policy was discussed at the Clinical Advisory Committee (CAC) in January 2019 to promote stewardship to clinical staff and consultants. Additionally, as part of world antimicrobial awareness week, our lead antimicrobial pharmacist conducted a series of events across the Trust to promote good practice. These included:

- Hosting a stall at both the Chelsea and Sutton sites to promote awareness
- Attending junior doctor meetings to share learning and good practice techniques
- Conducting a ward tour at each site to observe and advise on current practice
- Distribution of posters, leaflets and other media promoting awareness of good practice.

How we performed in 2018/19

- A baseline audit was carried out in quarter 2, with the Trust's position against the three targets baselined and a trajectory proposed to commissioners
- We achieved all targets and the results are set in the following table.

Table 3: Sepsis performance for 2018/19

Indicator	Q2 % baseline	Target to be met in Q4	Q4 actual performance
% screened	100%	90%	97%
% intravenous (IV) antibiotics in one hour	72%	90%	100%
% patients in sample that received an antibiotic review within 24 and 72 hours	79.2%	90%	100%
% of antibiotic prescriptions submitted that had evidence of a review between 24 and 72 hours, PLUS were reviewed by an appropriate clinician, PLUS a documented IV rationale (or N/A if oral treatment chosen)	50%	75%	100%

Actions to improve our performance

- We will continue to undertake staff training programmes and review the drug charts
- We will encourage the use of the EPR sepsis and antimicrobial stewardship tools, as well as completion of the antibiotic review box on the drug chart
- The multidisciplinary antimicrobial stewardship ward rounds that are conducted twice weekly on both sites will continue
- We are considering further opportunities to embed sepsis training; for example an e-learning module
- As gaining venous access can be challenging, we will improve training for cannulation/venepuncture
- The sepsis nurse will continue to support the antimicrobial stewardship ward round including:
  - Supporting bed-side nurses with practical advice to improve patient care, for example, diagnostic stewardship, when to remove central lines and when to make chest physiotherapy referrals
  - We will continue to improve awareness of prescribing best practice, stop dates and indication for prescribing
  - As the sepsis nurse can prescribe, they can therefore change prescriptions at the time of the ward round and liaise with the nurse to avoid delay and misunderstandings.

How improvements will be measured and monitored

Quarterly audits will be carried out to measure compliance against the following two contractual KPIs during 2019/20, as agreed with commissioners:

- Percentage of patients who meet the local criteria for suspecting sepsis to be screened for sepsis
- Percentage of patients to be given antibiotics within one hour of sepsis being diagnosed
- The vascular access lead is investigating ultrasound technology for cannulation.

Priority 7a

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

Target

For our Friends and Family Test score for hospital inpatients to be more than 95 per cent.

"We are all committed to delivering excellent personalised cancer care. We continually review the feedback we receive with the aim of improving our services to ensure the optimal patient experience for everyone we treat and care for at The Royal Marsden."

Natalie Doyle
Nurse Consultant

The Friends and Family Test was introduced in May 2012. Under this test, all NHS patients are asked whether they would recommend a particular healthcare setting to their friends and family. The results of this test are used to improve the experience of patients and to highlight priority areas for action.

The question asked is: *"How likely are you to recommend this service to friends and family if they require similar care or treatment?"*

The patients then choose their answer from the following:

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

What we did in 2018/19

- We continued to display information boxes and posters about the Friends and Family Test around the Trust buildings, and there are collection boxes for responses outside all wards and in outpatient and day care areas
- We ask all patients to fill in the Friends and Family Test form and put it into a collection box. Once a week the forms are collected, and an external company processes the feedback and returns this to us
- Improvement lists based on poor responses were circulated to individual wards and departments for action
- We participated in the National Inpatient Survey
- An action plan was implemented and monitored in response to the National Inpatient Survey.

How we performed in 2018/19

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

- We achieved our target of maintaining 95 per cent of inpatients saying that they would recommend us. The average for the year was 95.15 per cent of patients recommending us for care or treatment
- The results of the National Inpatient Survey patient responses placed The Royal Marsden among the best performing trusts for the nine relevant sections (waiting list and admission; all types of admission; hospital and ward; doctors; nurses; care and treatment; operations and procedures; leaving hospital; and overall views of care and experience)
- In the section for 'overall views of care and services', the Trust was very highly rated and obtained the second highest score of 9.12 (out of ten) for this section, close behind the highest score of 9.16
- Where we received low scores, an action plan was developed and actions implemented monitored through the Patient Experience Strategy Group.

How improvements will be measured and monitored

- We will continue to use the Friends and Family Test to get feedback from patients on how we can improve our services
- We will review the questions on our survey and align them with our priorities around patient experience
- We will look at alternative methods to paper surveys to collect feedback and improve the response rate for the Friends and Family Test
- We will continue to monitor and implement actions following feedback received from the national surveys through our Patient Experience Strategy Group.

Priority 7b

To continue using the Friends and Family Test question for patients receiving community care

Target

For our Friends and Family Test score for community services to be more than 95 per cent.

"We are committed to delivering high quality care for all our patients in their home environment. We continually review the feedback we receive to improve our services and understand patients' needs to provide the very best experience of health care delivery."

Eamonn Sullivan
Chief Nurse

What we did in 2018/19

- We continued to routinely ask patients receiving community services the Friends and Family Test question as part of our patient experience surveys
- Since 1 April 2016, community services have used the same service provider as The Royal Marsden to gather feedback. This has streamlined the process of gathering, reviewing and acting on feedback
- We have gathered feedback through paper surveys (written and picture, and easy-read forms), online surveys and a mobile device app
- Patient champions in each service have shared monthly feedback with their teams and encouraged staff to ask patients for feedback throughout the year.

How we performed in 2018/19

We met the overall target set for 2018/19 in response to the question *"How likely are you to recommend this service to friends and family if they needed similar care or treatment?"*. During the year from April 2018 to March 2019, an average of 97 per cent would recommend our services to friends and family.

Some examples of patient feedback comments are:

Health visiting
"Every time I attend this clinic I feel valued. The service and information provided is personal and tailored to the baby and myself, thank you."

Musculoskeletal (MSK) Assess and Treat
"Good medical care, efficient service, professional and willing to go the extra mile."

Neurotherapy
"The activities and exercises were designed specifically for me. The flexibility of settings, e.g. coming to my home. The kindness and care given to me as an individual enabled me to grow in confidence and progress. Thank you very much."

Early Supported Discharge Team
"I appreciated the promptness that the support started when I came from hospital (I was contacted the day after being discharged) and the frequency that my physiotherapist and occupational therapist were able to visit me. I also appreciated that they came to see me at home, as it would have been difficult for me to travel to see my therapist at that frequency. Both therapists were kind, friendly and respectful, and thorough in making sure I had understood everything and asking whether I had any other concerns."

Actions to improve our performance

As of 1 April 2019, The Royal Marsden is no longer commissioned to provide community services. However, recommendations have been communicated to the new service providers to include monthly monitoring of comments and feedback received by the team leaders, as well as monthly reporting at divisional meetings.

Priority 8

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

Target

For more than 95 per cent of surveyed staff to say that they would recommend The Royal Marsden.

The quotes below are samples from the anonymous comments staff provided.

> *"Patients are priority and the highest standard of care I have witnessed is given here."*

> *"The patient care has been rated as outstanding by the CQC, which accurately reflects the service given here. People really matter, and this includes the staff as well as the patients."*

Each year during October to December we carry out the national Staff Survey, and this provides us with a wide range of information about what we do well and what we need to improve on. The survey asks staff how strongly they agree with the statement: *"If a friend or relative needed treatment, I would be happy with the standard of care provided by this trust."* In 2018/19, an average of 95 per cent of staff either agreed or strongly agreed with the statement.

What we did in 2018/19

Over the past 12 months, in response to the previous year's survey, we particularly focused on health and wellbeing, bullying and harassment, and staff working extra hours, with the particular actions below:

- We launched the Red Tape Challenge, which aims to reduce the amount of nursing documentation
- We launched a new network for staff with disabilities and health conditions
- We continued to build on our health and wellbeing programmes to support staff, with a particular focus on mental health leading up to World Mental Health Day on 10 October 2018, including events in Chelsea and Sutton to launch two free apps for support staff
- We launched the HALT (Hungry, Angry, Late, Tired) campaign, which will be rolled out across the Trust
- We reduced the Trust staff vacancy rate from 11 to nine per cent
- We recruited 250 nurses and reduced nursing vacancies from 15 to 11 per cent
- We launched the fourth and fifth cohorts of the Paired Learning Programme
- We expanded our leadership development programmes with the launch of the multi-professional Academic Health Science Centre (AHSC) Leadership Development Programme and two nurse leadership programmes
- We expanded our Career Mentoring Scheme to include staff in bands 1–7
- We held our first Excellence in Education conference in January 2018
- We introduced new career development opportunities through the Senior Healthcare Support Worker Apprenticeships
- We appointed Freedom To Speak Up Champions for each division to enable staff to discuss their concerns safely and confidentially
- We launched the Outstanding Care: Outstanding Culture sessions, which to date have been attended by over 200 staff to review our values and the behaviours that underpin positive staff experience.

How we performed in 2018/19

Friends and Family Test

Three times a year, we ask staff to respond to the Friends and Family Test question: *"How likely are you to recommend this organisation to friends and family if they needed care and treatment?"*.

In all three surveys, over 95 per cent of staff said that they would recommend us, meaning that this target has been met.

The number of staff responding to the Friends and Family Test during 2018/19 was similar to 2017/18. There were 503 responses during January to March 2019, compared with 553 responses during January to March 2018. This survey is not carried out in October to December as it coincides with the national NHS Staff Survey.

Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) requires all NHS organisations to demonstrate how they are dealing with race equality issues in staffing areas such as recruiting, and promoting staff to improve the experiences of Black, Asian and Minority Ethnic (BAME) staff.

The table below provides a breakdown of four of the WRES measures from the results of the yearly Staff Survey.

Table 4: Staff survey results (2018 WRES findings)

Indicator		2018	2017	Progress since 2015
1	% of staff in Agenda for Change bands and very senior manager levels	**Similar findings to 2017**	Similar findings to 2016	
2	Likelihood of white staff being appointed from shortlisting	**2.08 times more likely**	2.42 times more likely	
3	Likelihood of BAME staff entering formal disciplinary process	**2.01 times more likely**	2.25 times more likely	
4	Likelihood of white staff accessing non-mandatory training and continuing professional development (CPD)	**0.95 times more likely**	1.00 times more likely	
5	Experiencing harassment and bullying (patients, relatives or public)	**BME staff 14%**	BME staff 17%	
6	Experiencing harassment and bullying (staff)	**BME staff 24%**	BME staff 28%	
7	Believing Trust provides equal opportunities for career progression and promotion	**BME staff 78%**	BME staff 74%	
8	Experiencing discrimination from manager/team leader or other colleagues	**BME staff 9%**	BME staff 11%	
9	% difference between Board voting membership and overall % of BAME staff in the workforce	**-30.5%**	-28%	

Key Improvement Similar findings Deterioration

During this year, improvements were noted for 72 per cent of Staff Survey findings for BAME staff and there was a three per cent increase in BAME staff in the workforce to 32 per cent, which is the most significant increase in workforce composition in any one year over the last four years. There was increased participation and membership of the Joint Forum for BAME staff from 27 in 2016 to over 100 in 2018, with a diverse range of events organised including a seminar with Yvonne Coghill, Director of WRES in the NHS. The Trust won the 'Best UK employer of the year' award at the 2018 Nursing Times Workforce Summit Awards, and the judges commented on how the Trust's presentation addressed equality and diversity, and that there is a "genuine commitment to support staff across the organisation".

Actions to improve our performance

- To ensure the refreshed values of The Royal Marsden are embedded into workforce processes (including recruitment, appraisal and employee relations), with the aim of embedding positive behaviours throughout and improving WRES findings.
- To embed the Leadership Development programmes and Careers Advisory Service across the organisation, ensuring representative usage of these.
- To ensure recruitment panel chairs have undertaken equality and diversity training and to explore opportunities for Diversity Champions to be part of recruitment panels.
- To participate in the pan-London WRES indicator 3 project to reduce the number of BME staff who are disciplined compared to white staff across London.

How improvements will be measured and monitored

- Results from the Friends and Family Test and the annual Staff Survey will be analysed and reviewed by the Workforce and Education Committee, and a set of targeted actions will be agreed to support continuous improvement and increase the number of staff responding.
- Results from the starters and leavers survey, and progression data, will be analysed to identify areas for continuous improvement.
- All action plans will be regularly reviewed by the Workforce and Education Committee to chart progress.

Priority 9a

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

Target

For 90 per cent of patients to receive their chemotherapy on time.

"Reducing the time a patient waits for their chemotherapy will drastically improve the flow of patients in the day units and, more essentially, it will improve the overall experience for our patients. Often our patients are feeling unwell and travel some distance to attend for their treatment, and increasingly we have patients who are working or who have family commitments, and so keeping time spent in hospital to a minimum is a priority for them."

Emma Foreman
Consultant Pharmacist

To understand and improve chemotherapy waiting times, it is important to analyse the reasons behind delayed treatment times because many factors are involved.

It is evident that the demand for treatment has increased progressively. Although advances in drug development have enabled some treatments to be delivered on an outpatient basis, others have become more complex and time consuming to prepare and administer, which has meant that there has been a significant increase on the demands of the service.

The Day Care Improvement Programme was established following an external review of the Trust's day care provision and following the quality improvement project work carried out in 2017 by the pharmacy aseptic team.

What we did in 2018/19

- The new Day Care Improvement Programme was started in May 2018 and covered both private and NHS care
- An external quality consultant was brought in to review current pathways and support the identification of priorities and the development of work streams.
- Representatives from all the day units and all staff groups related to ambulatory care were invited to a preliminary workshop
- An initial work programme was developed based on the workshop and consultant feedback, covering the following work streams: who does what, workforce, bloods, scheduling/capacity, space and infrastructure, aseptics, and communication
- The content of the work programme was prioritised based on deliverability, improvement to care, staff experience and financial impact
- Leads for each work stream have been identified and are accountable to the Transformation Board, and work is in progress for each work stream.

How we performed in 2018/19

- This year there has been no change in the overall percentage of patients waiting more than 30 minutes (Chelsea: ~50 per cent; Sutton: ~67 per cent)
- Analysis has found a number of factors that contribute to delays, including late confirmation of prescribing chemotherapy, and unrealistic or late scheduling of appointment times
- However, improvements were seen for a group of 'gold patients' included in a pilot scheme (see below).

Batch chemotherapy pilot scheme (Medical Day Unit Sutton)

Patients on suitable chemotherapy regimens were identified and booked into the first appointment slots of the day (gold patients). A named pharmacy technician was responsible for identifying these patients and ensuring that their chemotherapy was dispensed on the afternoon before treatment was due and sent up to the Medical Day Unit (MDU) that evening.

For these gold patients, 92 per cent of chemotherapy was delivered to the MDU the evening before treatment or by 9am that day (compared to 85 per cent before the pilot), and the percentage of treatments delivered late reduced from 11 to two per cent.

The pilot has since been repeated in Chelsea and we plan to roll it out to include batch chemotherapy scheduled for any time of day and private patient day units at both sites.

Actions to improve our performance

Via the work streams identified above, the following are currently being addressed:

- A new blood bottle labellers and ID card printers have been procured for phlebotomy, to cut down the time taken labelling bottles and prevent rejected samples. The new system should be in place by the end of May 2019
- In the laboratories, biochemistry analyser replacement will allow faster turnaround times for blood test results, allowing for earlier confirmation of chemotherapy
- We are developing an electronic scheduling system to streamline the system, monitor capacity and use chair time more efficiently. The system will be ready for testing in July 2019, with a view to carrying out staff training and system roll out in October 2019. We have reviewed our policy on allocating patients to one-stop or to two-stop appointments to reduce variance and optimise the use of two-stop appointments
- A workforce and role review on all MDUs was undertaken
- We will review the aseptic unit workflow and optimisation of the use of pre-made (or 'batch') chemotherapy.

How improvements will be measured and monitored

- Metrics for each project are currently under review. Milestone reporting at intervals will assess and review progress
- Patient feedback/satisfaction will be monitored via a patient satisfaction survey and a series of patient focus groups.

Priority 9b

To reduce waiting times in outpatient clinics and improve patient experiences relating to waiting times

Target

For no more than five per cent of patients to have to wait more than one hour.

"We try to always keep our patients updated when clinic is running late, it's important to ensure that patients feel involved and up to date."

Alyson Long
Senior Staff Nurse for Outpatients Sutton

Within our outpatient departments we aim to have excellent communication with our patients to make sure that they have a positive experience, particularly at their first appointment.

What we did in 2018/19

- We reviewed the skill mix of nursing staff in Sutton to enhance appropriate cover in clinics
- A trial is underway for automated blood labelling rather than hand writing blood labels
- We successfully introduced outcome forms in our Rapid Diagnostic and Assessment Centre (RDAC) and outpatient clinics so that all patients have a clear next action in their pathway. This has led to an improvement in the levels of patients with clear outcomes after appointments
- We proactively review clinic templates that are under-utilised to ensure that the best use is made of space in the department to help patient flow
- We have undertaken analysis on capacity and demand for clinics in preparation for the new Oak Centre for Children and Young People in Sutton
- We have increased the numbers of coordinators in our clinics in Sutton and Chelsea to improve the flow of clinics
- We moved peripherally inserted central catheter (PICC) and port services in Sutton from the MDU into outpatients, to improve capacity and patient flow in the MDU.

How we performed in 2018/19

Table 5 shows that we achieved our target of less than five per cent of patients waiting more than one hour for treatment from April 2018 to March 2019. Across the year, the average was two per cent. The number of patients waiting for more than one hour has been consistently at two per cent or less since September 2017.

Table 5: Chelsea and Sutton waiting times from April 2018 to March 2019

Month	Waiting time			
	Less than 15 minutes	Less than 30 minutes	30 to 60 minutes	More than one hour
April 2018	75%	15%	7%	3%
May 2018	78%	14%	7%	2%
June 2018	78%	13%	7%	2%
July 2018	79%	13%	7%	1%
August 2018	75%	13%	9%	3%
September 2018	80%	12%	6%	2%
October 2018	79%	12%	7%	2%
November 2018	79%	12%	7%	2%
December 2018	78%	13%	7%	2%
January 2019	80%	12%	6%	2%
February 2019	77%	14%	7%	2%
March 2019	76%	14%	8%	2%

Actions to improve our performance

- A business case has been approved to expand space in phlebotomy services and incorporate haematology bloods
- An appointment reminder service is being implemented for March 2019. This will improve use of available capacity and support performance and waiting time targets
- An improved outcome process is being embedded in outpatients departments and the RDAC.
- We are undertaking testing of an online clinic room booking and monitoring system to support better utilisation and reporting
- We are considering further extension of coordination to improve patient flow and organisation of increasingly busy clinics.

How improvements will be measured and monitored

- We will review feedback, including through the Friends and Family Test results, regarding waiting times to assess the overall experience for blood rooms across the sites
- Improved utilisation figures across sites for the clinic
- We will undertake monthly KPI monitoring with the aim of improving ‘in-clinic’ waiting times despite an increase in referrals and attendances
- Improvement in the figures of patients with the outcomes of their appointments recorded as well as any follow-up actions.

Priority 10a

To reduce waiting times for patients who are referred to the podiatry service

Applies to patients of Sutton Community Healthcare Services

Target

Maintain a waiting time of 20 days or less for 80 per cent of patients.

"Our aim is to sustainably deliver a high quality, high value podiatric service for all of our patients."

Keisha Antonopoulos
MSK Service Manager

What we did in 2018/19

- In September 2018, we scoped the services with a view to redesigning a sustainable clinic to maintain the target of seeing 80 per cent of patients within 20 days. This involved liaising with the team to determine what the challenges were, collecting data on demand versus capacity, and liaising with the senior members of the team, administration and the medical records lead to determine a workable solution to achieve the target
- A new diary template was set up in November 2018. We also listened to the fact that patients wanted to see the same clinician for continuity of care, and this was factored into the new diary. Others factors that affected the demand were identified and a working solution will be implemented to address these
- The staff skill mix was also reviewed to identify if this was optimal for the demand, and was subsequently changed
- We successfully recruited one more staff member so we can meet service demands.

How we performed in 2018/19

Table 6 shows the percentage of average wait days and percentage of patients offered an appointment within 20 working days by the podiatry service in 2018/19.

Table 6: Waiting times for patients referred to the podiatry service

Month	Percentage of patients offered an appointment within 20 working days	Average number of wait days
April 2018	64.8%	16.78
May 2018	81%	15
June 2018	98%	11.93
July 2018	86%	14.83
August 2018	55%	19
September 2018	48%	21.7
October 2018	68%	16.66
November 2018	87.8%	13.54
December 2018	96.4%	10.35
January 2019	92%	9.25
February 2019	93.7%	9.32
March 2019	95.8%	11
Total	**80.54%**	**14.11**

- We achieved our target of maintaining a waiting time of 20 days or less for 80 per cent of patients
- In 2018/19 there was a significant improvement, with the percentage of patients offered an appointment within 20 working days increasing from 50 per cent in 2017/18 to 80.54 per cent, and the average wait days decreasing from 33.3 days in 2017/18 to 14.11 days
- A new model of working was introduced as a result. The performance for the first six months was variable, primarily due to the usual challenges that come with rolling out a new model
- From October 2018 there has been a steady rise in the number seen within 20 days, as the model is established, with a small decline in November of 5.6 per cent. From January to March, the KPI was within the target

- There was an expected drop during the Easter and summer holidays, which was due to staffing levels at this time
- Once further staff were recruited, we consistently achieved our target of over 80 per cent of patients being offered an appointment within 20 days
- A change in the type of patients referred, with more requiring biomechanical needs, has been noted. This is a change from previous trends where there has been greater demand on the general cases. To address this, diaries have been adjusted taking into account this change to ensure we work within the 80 per cent target
- There will be further challenges on the service with the recent acceptance of another GP practice in Sutton. It is anticipated that recruiting a further member of staff will assist with covering the expected rise in demand.

Actions to improve our performance

- A new clinic template with named clinicians will be introduced
- A review of the demand for follow-up appointments is underway
- The service is currently looking to recruit additional staff
- Regular staff supervision and training will be further established
- Guidelines will be created for complex patient clinics, continuing treatment and discharge, and escalation in supervision.

How improvements will be measured and monitored

As of 1 April 2019, The Royal Marsden is no longer commissioned to provide community care. However, recommendations have been communicated to the new service providers to include the above, and this target should be measured by regularly reviewing the 20-day access KPI.

Priority 10b

To reduce waiting times for patients who are referred to the musculoskeletal service

Applies to adult community services only

Target

Maintain a waiting time of 20 days or less for 80 per cent of patients.

"We appreciate the frustration that our patients experience in getting an appointment and in order to address this we have reviewed and redesigned our service. We have seen a significant improvement in waiting times for appointments and hope to maintain this as well as further develop the service in order to improve patient experience."

Anne Howers
Divisional Director for Community Services

What we did in 2018/19

- We re-designed our service to improve access for patients and to ensure that they see the right clinician at the right time
- The model is iterative and we are regularly reviewing it to ensure that we are meeting and maintaining the desired targets.

How we performed in 2018/19

Table 7 shows the average wait days and percentage of patients offered an appointment within 20 working days by the musculoskeletal service in 2018/19.

Table 7: Waiting times for musculoskeletal patients

Month	Percentage of patients offered an appointment within 20 working days	Average number of wait days
April 2018	98.8%	20
May 2018	97.1%	21
June 2018	57.0%	24
July 2018	37.6%	25
August 2018	56.6%	26
September 2018	93.2%	15
October 2018	99.0%	14
November 2018	99.7%	14
December 2018	99.7%	15
January 2019	98.7%	14
February 2019	98.3%	16
March 2019	98.6%	17

- We achieved our target of maintaining a waiting time of 20 days or less for 80 per cent of patients
- There was a slight decrease from 2017/18, when 91 per cent of patients were offered an appointment within 20 working days; to 86.19 per cent in 2018/19. There was an increase in the average wait days from 17.25 days in 2017/18; to 18.41 days in 2018/19
- There was an upward trend of waiting times from April 2018 for a combination of reasons, including the bank holidays falling on the day of assess and treat, and reduced capacity due to vacancies. While we managed this in April, the progressive increase in numbers and staff holidays in the June and July period proved more of a challenge
- In August we secured a locum and took advantage of an anticipated reduced demand on follow-ups. We moved more clinicians to assess and treat, and offered more new patient slots. We successfully recruited three new members of staff
- From September onwards, the KPI has improved to above 90 per cent.

Actions to improve our performance

- We will look at using short-term locums to cover vacancies, with the main aim being to recruit permanent staff
- We will secure additional capacity for assessment and treatment by off-setting with follow-ups in periods of low demand
- We will review the peak period trends and put measures in place to combat these
- We will increase clinic numbers on the days when clinics are scheduled around bank holidays.

How improvements will be measured and monitored

As of 1 April 2019, The Royal Marsden is no longer commissioned to provide community care. However, recommendations have been communicated to the new service providers to include the above, and this target should be measured by regularly reviewing the 20-day access KPI.

Reviewing progress of the quality improvements in 2018/19 and choosing the new priorities for 2019/20

In December 2018, NHS England published the 'Quality Accounts: Reporting Arrangements for 2019/20'. We chose to include the mandatory (must-do) set of quality indicators for 2019/20. Some of the indicators are not relevant to us (for example, ambulance response times), so we have not included them.

In December 2018, NHS Improvement issued 'Detailed requirements for Quality Reports 2019/20'. They also issued 'Detailed requirements for external assurance for Quality Reports for Foundation Trusts 2019/20', as from 2011/12, all acute trusts must have their Quality Reports checked by external auditors. We also felt it was important to consult with our members and Council of Governors to incorporate their views about 'quality' into the Quality Report.

The process for agreeing the quality priorities for 2019/20 was as follows.

August 2018

Held a Patient Experience and Quality Account meeting to review progress in quarter 1 (1 April 2018 to 30 June 2018) against our priorities for 2018/19.

October 2018

Sent out an online survey to Trust members to choose quality priorities for 2019/20.

November 2018

Held an event for Trust members on 10 November 2017 to carry out a survey and vote on quality priorities for 2019/20.

December 2018

Council of Governors considered and agreed priorities for 2019/20.

Held a Patient Experience and Quality Account meeting to review progress in quarter 2 (1 July 2018 to 31 September 2018) against our priorities for 2018/19. Advisory Committee considered which quality priority to select for 2019/20.

Held a Council of Governors meeting to review the results of previous surveys and voting on quality priorities for 2019/20. Council of Governors chose a quality priority for 2019/20.

February 2019

The Nursing, Radiography and Rehabilitation Advisory Committee considered which quality priority to select for 2019/20.

Held a Patient Experience and Quality Account meeting to review progress during quarter 3 (1 October 2018 to 31 December 2018) against our priorities for 2018/19.

March 2019

Drafted the final version of the Quality Report. External stakeholders were given the opportunity to review the draft over a 30-day period.

The Trust Board Committee reviewed and agreed the quality priorities for 2019/20.

The Nursing, Radiography and Rehabilitation Advisory Committee reviewed and agreed the content of the draft Quality Report.

April 2019

Stakeholders returned comments and statements are included in Appendix 1.

Held a Patient Experience and Quality Account meeting to review progress during quarter 4 (1 January 2018 to 31 March 2018) against our priorities for 2018/19.

The Quality Report was reviewed by the Integrated Governance and Risk Management Committee and circulated to the Non-Executive Directors for review and comment.

May 2019

Quality Report approved at the Finance and Audit Committee, as delegated by the Board. Final annual Quality Report included as part of the Trust's annual report and sent to NHS Improvement.

June 2019

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

Statements of assurance from the Board

Review of services

During 2018/19, we provided or subcontracted comprehensive cancer services and community services.

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

The income generated by the health services reviewed in 2018/19 is equal to the total income generated from providing relevant health services in 2018/19.

The information provided in Part 3 of this Quality Report covers the three aspects of quality: patient safety, clinical effectiveness and patient experience.

Seven-day services

During 2018/19, we have continued to make significant progress in putting into practice the sevenday clinical standards, building on the work undertaken in 2017/18.

Progress has been the result of a large programme of work, led by highly engaged clinicians, including:

- Development of the Trust's acute oncology service
- Introduction of a joint oncology consultant rota, providing onsite oncology consultant presence at both hospitals at weekends
- Implementation of a 14-hour electronic review template
- Review of handover arrangements and introducing electronic handover
- Introduction and development of the Macmillan hotline
- Implementation of ward-based senior house officers (SHOs) at the Sutton site
- Development of an out-of-hours standard operating procedure for specialist registrars (SpRs) and introduction of changes to the rota to support SHOs. This also includes further improvements to processes such as handover and improvements in night working
- Continuing with a programme of work relating to discharge, therapies support and patient flow, including the implementation of the SAFER patient flow bundle, which blends five elements of best practice: Senior review, All patients, Flow, Early Discharge, Review.

An audit was carried out in April 2018 (100 per cent sample of one week's non-elective admissions). Overall, for that period, the Trust achieved 96.4 per cent (weekdays) and 100 per cent (weekend), yielding a result of 96.8 per cent overall for the week, which is a significant improvement on previous audits and exceeds the 2020 target of 90 per cent of emergency admissions having a consultant review within 14 hours.

Learning from deaths

During 2018/19, we continued to review all deaths in the hospital each month. Table 8 shows the number of patients who died between April 2018 to March 2019.

During 2017/18, a policy was introduced that outlined how we would make sure that all deaths at the Trust would be reviewed and how we would share learning across the Trust. The policy was approved at the Trust's Board meeting and at the Integrated Governance and Risk Management Committee in September 2017.

Table 8: Number of patients who died and number of case record reviews and investigations

Time period	Number of patients who died at The Royal Marsden	Number of cases where a record review or an investigation was completed	Number of cases where a record review and an investigation was completed	Number of deaths due to a problem in care provided	Percentage of deaths due to a problem in care provided*
April to June 2018	62	62	11	0	0%
July to September 2018	61	61	7	0	0%
October to December 2018	52	52	9	0	0%
January to March 2019	54	54	7	0	0%
Total	**229**	**229**	**34**	**0**	**0%**

*Note: The percentages have been estimated using the Royal College of Physician's suggested framework 'Structured Judgement Review' (SJR) to carry out the investigation.

From April 2018 to March 2019, 229 case record reviews and 34 investigations were carried out in relation to all of the deaths shown in Table 8. We use the Royal College of Physician's suggested framework 'Structured Judgement Review' to carry out investigations.

In 34 cases, we carried out both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown in Table 8.

There were no patient deaths during April 2018 to March 2019 that were judged to be more likely than not due to problems in the care provided to the patient. This is shown for each quarter in Table 8.

There were no case record reviews or investigations that finished in the reporting period 2018/19 which related to deaths during the previous reporting period of 2017/18.

Actions and learning from case record reviews and investigations of deaths:

- Procedure-specific Trust consent forms should be used wherever possible and should be scanned contemporaneously onto the EPR
- For patients with known peritoneal metastases, bowel perforation should be considered if there is clinical deterioration and worsening abdominal pain
- For patients with indwelling invasive medical devices, reviews should be undertaken daily to see if they are still required and, if not, they should be removed
- Where there are any reasons to doubt a person's capacity to consent to a procedure, teams should complete a mental capacity assessment and best interest decision using the Trust's 'Record of Mental Capacity Assessment and Best interests decision' form
- Deprivation of Liberty Safeguards (DoLS) paperwork needs to be scanned onto the EPR and emailed to the Adult Safeguarding team
- A reminder that 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms need to be countersigned by the consultant themself within 24 hours of the form being completed. This section cannot be completed on behalf of a consultant
- The Principles of Care for Dying Patients documentation should be used on recognition of dying by the whole clinical team
- If a patient requires sedation, either for agitated distress or for acute confusion, the family (next of kin) should be informed as soon as possible
- When a patient lacks capacity to consent to treatment, a best interests meeting and/or discussion needs to occur and be documented as such on the EPR using the Trust template
- Paper consent forms need to be scanned onto the EPR in the consent form tab for all procedures undertaken
- On-site junior doctors and senior AHPs out of hours should have a low threshold to contact non-resident on call registrars for advice and attendance to site
- Consent forms for all procedures should be scanned onto the EPR contemporaneously under the consent tab
- Timely discussions regarding treatment escalations plans should occur, particularly regarding resuscitation status
- Patients who attend for investigations from other hospitals need to arrive with documentation regarding resuscitation status if this has been discussed previously
- Referral to palliative care should be considered for inpatients with malignant bowel obstruction
- All patients who have long hospital stays should have regular updates with their family/those closest to them and the clinical team
- All new hospital admissions require a consultant review documented on the EPR within 14 hours
- Documentation of performance status when prescribing inpatient chemotherapy.

Impact of the actions: We take seriously the learning provided from reviewing all patient deaths and, while it is too early this year, we hope to see an improvement in the next year once we have put the identified actions into practice.

Taking part in clinical audits

At The Royal Marsden we undertake many clinical audits for quality improvement. We participate in all the national cancer audits that apply to our organisation. This allows us to compare ourselves against other hospitals in England and sometimes across the world. We also have a comprehensive programme of local clinical audits which clinical staff, including consultants, junior doctors, nurses and allied health professionals, conduct regularly to improve local areas of care.

Between April 2018 and March 2019, 30 national clinical audits and two national confidential enquiries covered relevant health services that The Royal Marsden provides.

National clinical audit and confidential enquiries

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

Between April 2018 and March 2019, The Royal Marsden registered or took part in 30 (100 per cent) national clinical audits and all national confidential enquiries in which we were eligible to take part in (Table 9). We cannot carry out many of the national audits carried out by other hospitals because we only have patients with cancer.

The national clinical audits and national confidential enquiries that The Royal Marsden took part in, and which we collected data for (for the period April 2018 to March 2019), are listed below, including cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (Tables 9 and 10).

Table 9: National clinical audits we took part in during 2018/19

No	Name of national clinical audit or clinical outcome review programme	Cases submitted, expressed as a percentage of the number of registered cases required
1	National Oesophago-Gastric (OG) Cancer Audit	100%
2	National Bowel Cancer Audit (NBOCA)	100%
3	National Lung Cancer Audit (NCLA)	Data taken directly from the monthly Cancer Outcome Services Dataset (COSD) upload. Note: tertiary provider.
4	National Emergency Laparotomy Audit (NELA)	100% of cases identified
5	The Royal College of Surgeons of England National Prostate Cancer Audit (NPCA)	100%
6	Intensive Care National Audit & Research Centre (ICNARC): Case Mix Programme (CMP)	100%
7	National Cardiac Arrest Audit (NCAA)	100%
8	National Audit of Care at the End of Life (NACEL)	100%
9	National Comparative Audit of the use of fresh frozen plasma, cryoprecipitate and other blood components in neonates and children	Registered to participate. Project to be transferred to Sutton Health and Care on 1/4/19.
10	Sentinel Stroke National Audit Programme (SSNAP)	100%. Project to be transferred to Sutton Health and Care on 1/4/19.
11	The British Association of Urological Surgeons (BAUS) Nephrectomy Audit 2018	100%
12	BAUS Radical Prostatectomy Audit 2018	100%
13	BAUS Total Cystectomy Audit 2018	100%
14	Learning Disabilities Mortality Review (LeDeR) Programme	Continued to engage with Sutton LeDeR steering group and Trust mortality review group. Two staff trained as reviewers. One LeDeR review currently being completed and led by Dorset CCG for a patient known to the Trust.
15	National Audit of Breast Cancer in Older Patients (NABCOP)	Data from national organisations in England and Wales, including National Cancer Registration and Analysis Service (NCRAS) in England and Cancer Network Information System Cymru (CANISC) in Wales.
16	Seven Day Hospital Services April 2018	100%
17	National Audit of Intermediate Care 2018	Registered to participate. Project to be transferred to Sutton Health and Care on 1/4/19.
Other national audits		
18	National Health Service Cancer Screening Programme (NHSCSP) Audit of Invasive Cervical Cancer	100%
19	The Association of Breast Reconstruction Surgery (ABS) and NHS Screening Audit	100%
20	ABS Breast Cancer Clinical Outcome Measures (BCCOM) Project	100%
21	BAUS Retroperitoneal Lymph Node Dissection 2017	100%
22	Royal College of Radiologists (RCR) National Audit of the Use of Radiotherapy in the Treatment of Vulval Cancer	100%

No	Name of national clinical audit or clinical outcome review programme	Cases submitted, expressed as a percentage of the number of registered cases required
23	Bariatric Issues during General Anaesthesia relating to Airway (BIGAA): Pan-London Perioperative Audit & Research Network (PLAN) project	100%
24	The British Association of Head & Neck Oncologists (BAHNO) National Head and Neck Cancer Surveillance Audit	100%
25	NHS Improvement Learning Disability Improvement Standards Project (Patient and Staff Survey)	100%
26	Motor Neurone Disease (MND) Association Transforming Care Audit	Registered to participate. Project transferred to Sutton Health and Care on 1/4/19.
27	Phase II Breast Angiosarcoma Surveillance Study (BRASS): A National Audit of Management and Outcomes of Angiosarcoma of the Breast and Chest Wall (Reconstructive Surgery Trials Network)	100%
28	The iBRA-net – A national audit of Magseed© and wire localisation of breast lesions	Registered to participate. Project transferred to Sutton Health and Care on 1/4/19.
29	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Pulmonary Embolism	100%
30	NCEPOD Bowel Obstruction	100%

In 2018/19 we reviewed the reports of 16 national clinical audits. Where appropriate, we will take the following actions to improve the quality of healthcare we provide. Please see Table 10 for details of actions.

Table 10: National clinical audits reports published and actions taken

No	National Clinical Audit reports published in 2018/19	Description of actions
1	End of Life Care Audit – Dying in Hospital National report for England 2016	Mean scores above average across all domains except workforce (score calculated using specialist nursing provision 9–5, 7 days a week; The Royal Marsden has SpR/consultant out-of-hours support 24 hours a day). Report reviewed at Clinical Audit Committee and Palliative Care Unit Audit Meeting. Report shared with Executive/Non-Executive lead for end of life care. Registered for NACEL 2019.
2	Sentinel Stroke National Audit Programme (SSNAP)	Reports reviewed by community neuro-services team.
3	The Fourth National Emergency Laparotomy Audit (NELA) Patient Audit 2018 Report	Annual report reviewed at Clinical Audit Committee Meeting and Surgical Audit Group Meeting. National Clinical Audit Benchmarking (NCAB) snapshot audit data set reviewed at Senior Surgeons and Anaesthetists Committee (SSAC). Areas for improvement are monitored by our local Surgical and Anaesthetic NELA Leads.
4	National Audit of Breast Cancer in Older Patients (NABCOP) 2018 Annual Report	Annual Report reviewed at the Breast MDT. No action required.
5	The Learning Disabilities Mortality Review (LeDeR) Programme Annual Report December 2017	Recommendations reviewed by safeguarding team and Clinical Audit Committee.
6	Intensive Care National Audit and Research Centre (ICNARC) Intensive Care Audit Report	Regular reports reviewed by the Critical Care Unit Team. Within expected range.
7	National Cardiac Arrest Audit	Reports reviewed at Clinical Audit Committee.
8	BAUS Analysis of Nephrectomy audit data	Surgeons reflected on the findings. Within expected range.
9	BAUS Analysis of Radical Prostatectomy audit data	Surgeons reflected on the findings. Within expected range.
10	BAUS Analysis of Cystectomy audit data	Surgeons reflected on the findings. Within expected range.
11	National Prostate Cancer (NPCA)	Urologists reflected on the findings. Within expected range. NCAB snapshot audit dataset reviewed at SSAC.
12	National Bowel Cancer Audit Report 2018	Reports reviewed at Clinical Audit Committee. NCAB snapshot audit dataset reviewed at SSAC. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
13	National Bowel Cancer Audit: The feasibility of reporting Patient Reported Outcome Measures as part of the national colorectal cancer audit	Report disseminated to Clinical Audit Committee for information. No action required. Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery.
14	National Oesophago-Gastric Cancer Report 2018	Reports reviewed at Clinical Audit Committee and Surgical Audit Group.
15	National Comparative Audit of Blood Transfusion: Transfusion associated circulatory overload (TACO) Audit	Recommendations reviewed and discussed at Blood Transfusion Committee. A formal pre-transfusion risk assessment has been added to the prescription chart.
16	2017 Red Cell and Platelet Transfusion in Adult Haematology Patients (re-audit)	Recommendations reviewed and discussed at Blood Transfusion Committee.

The reports of 54 national confidential enquiries were reviewed by The Royal Marsden in 2018/19. The Royal Marsden intends to take the following actions to continue to improve the quality of healthcare provided. Please see Table 11 for details of actions.

Table 11: National confidential enquiry reports published and actions

No	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Description of actions (local) taken on receipt of report
1	Each and Every Need: Chronic Neurodisability	Report reviewed by community services teams.
2	Common Themes	Report reviewed at Clinical Audit Committee and Surgical Audit Group (SAG). CEO NCEPOD presentation to the SAG on 17 January 2019.
3	Failure to Function: Acute Heart Failure	Not applicable.
4	High and Lows: Perioperative Diabetes	Report disseminated to SAG.
5	On the Right Course: Cancer Care in Children, Teens, and Young Adults	Report disseminated to paediatric unit for review.

Between April 2018 and March 2019, the reports of 114 local clinical audits, quality improvement projects and local action plans were reviewed by The Royal Marsden's Clinical Audit Committee. Some examples of audits and quality improvement projects completed between April 2018 and March 2019, and the actions, are given below.

If more information about the local audits is required, please contact the Quality Assurance department on 020 7808 2702 or email qualityassurance@rmh.nhs.uk.

Table 12: Examples of local audits reviewed and examples of some of the actions we plan to take

Name of local audit	How did the clinical audit help patients and staff?
Prospective audit of radiographer cervical cancer soft-tissue review	Radiographers achieved excellent concordance with clinical oncologists in cervical cancer soft-tissue IGRT (Image Guided Radiotherapy). The results of this audit supported the implementation of daily cervical cancer soft-tissue IGRT as standard practice cross-site. Everyday application of this new image review process, by trained radiographers, improves confidence in attaining desired clinical target coverage and avoiding normal tissue. Greater advice and guidance on patient hydration recommended.
Annual intravenous (IV) audit	Annual audit results disseminated for staff awareness and understanding. Results highlighted at mandatory training and in IV newsletter. Development of a comprehensive documentation pack with relevant updated core care plans started. Extravasation policy in pack updated. Documentation related to care plans and fluid balance charts updated. To ensure all continuous administration sets are labelled. To ensure all central venous access device (CVAD) dressings are labelled. To improve the documentation of Patient Group Direction (PGD) codes.
Mental Capacity Act hospital audit	Audit report forwarded to safeguarding teams for review and comments. Continue providing Mental Capacity Act training for hospital staff and managers of services. Reported audit findings at safeguarding surgeries across ward areas. Include learning and themes from audit in The Royal Marsden safeguarding newsletter. Mental Capacity Act awareness hospital staff survey to be completed by March 2019. Ensure safeguarding adults aide memoir (including Mental Capacity Act) is visible to support staff in all clinical areas. Re-audit by March 2019 as a part of the safeguarding adults audit plan.
Documentation of multidisciplinary team (MDT) outcomes in sarcoma patients	Training of junior doctors regarding the EPR proforma improved. Update of existing EPR proforma to include easily accessible tick boxes to reflect information discussed. Consensus amongst consultants to ensure stage and grade documented for the patient discussed.
Reducing unnecessary blood tests for inpatients at The Royal Marsden	Redesign the request form to help reduce the number of blood tests ordered. Reorder the form so that glucose, urate and gamma-glutamyl transferase (GGT) are removed from the common 'tick box' area. Lactate dehydrogenase (LDH) will be moved to the tumour markers section.
Retrospective audit of terminal sedation in a tertiary referral cancer hospital	Results shared with the palliative care team across both sites to improve awareness and understanding. Teaching session arranged to refresh principles of care documentation. Share results with Horder Ward and discuss methods for ensuring nursing staff are involved in discussions and mandatory nursing training updates. Re-audit by September 2019.
Imaging referrers experience survey	Appoint interventional radiology consultant. Utilise additional CT capacity on the Sutton site. Additional CT and MRI capacity available from summer 2020 on Cavendish Square site. Implementation of CT extended days on Sutton site. Business case for either a mobile or a re-locatable MRI unit on the Chelsea site. Additional ultrasound sessions from newly appointed consultants. Replacement of PET/CT scanner on Chelsea site. Appointment of a second radioisotope supplier to reduce failure risk.
Protected Mealtimes	Kitchen boards placed on all wards. Results discussed at the Food and Drink Committee and disseminated Trust-wide. An audit of food service was undertaken in September 2018. Food and Nutrition Policy reviewed.
Care of patients in the last days of life audit	Dissemination of audit results to palliative care team on a quarterly basis. Reiterate need to use principles of care documentation at junior doctors' induction and nurse mandatory training. Bereavement lead and Patient Advice and Liaison Team (PALS) to ensure GP letters and paperwork completed after death. Findings to be reiterated to clinicians across the trust in Learning from Deaths email. Re-audit on rolling basis to ensure compliance and momentum.
Re-audit syringe pump	Results reviewed with ward sisters to remind about need for accurate documentation on syringe pump charts and dissemination to ward nurses. Palliative care clinical nurse specialists to use link wards as an opportunity for education at handover/catch-up time. Ward sisters reminded to return all syringe pumps to equipment library to allow for servicing. Mandatory training programme now includes syringe pumps training.

Name of local audit	How did the clinical audit help patients and staff?
Audit of Dementia Practices: use of 'This is Me' Hospital Passport	Discuss audit results in the Integrated Safeguarding Committee and the Safeguarding Children and Adults Board. Highlight audit results within appropriate management meetings. Highlight use of 'This Is me' hospital passport within the pre-assessment process and Frailty Team. Highlight use of 'This Is Me' hospital passport within unit/ward where patient has been identified with dementia or Alzheimer's disease. Promotional awareness of 'This is Me' hospital passport through Trust media, such as the weekly newsletter produced by marketing and communications. Incorporate the audit results within the Dementia Tier 1 awareness training and other relevant training as appropriate.
A multifaceted intervention to promote rational laboratory test ordering at The Royal Marsden in Sutton	Further education should be given to new SHOs, physician associates, advanced nurse practitioners, clinical nurse specialists, ward sisters and nurses to improve rational laboratory test ordering. Explore alternative option to handover bloods test for the next day.
5 harms community documentation audit (adults services)	Results discussed at monthly senior community nurse meetings and local nursing team meetings. To continue monthly audit involving ten records from Sutton and Cheam, five from Wallington, five from Carshalton, ten from Adult Specialist Services and five from the Night Nursing Team. A full audit was completed in quarter 1 2018/19.
End of life care community documentation audit (adult services)	Results discussed at monthly senior community nurse meetings and local nursing team meetings. To continue monthly audit.
Prescribing and Administration Practice of Lidocaine 5% patch	To establish a robust review reminder system from outpatient pharmacy to empower patients to ask for a review prior to their next outpatient appointment at week 4 of initiating Lidocaine 5% patch. Dissemination of the audit results to the relevant clinical areas to raise awareness (i.e. pain, palliative care, chief pharmacist, breast, sarcoma and gastrointestinal clinics). Re-audit 12 months post-implementation of review system to establish effectiveness. The next audit to involve the Sutton site, to gain a comprehensive insight to Lidocaine 5% medicated plaster usage across the Trust. Cost savings post any implementation to be monitored based on the previous year's average monthly spend (and reported).

Taking part in clinical research

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

From 1 April 2018 to 31 March 2019, we recruited 3,334 patients as part of 490 different clinical studies in research approved by a research ethics committee. Overall, there are 490 clinical studies that the Trust participated in during this period.

Table 13: Number of patients taking part in clinical research studies

Year	Number of patients	Number of clinical studies
2018/19	**3,334**	**490**
2017/18	3,983	548
2016/17	4,239	542

Revalidation of doctors

This year (April 2018 to March 2019), there were 63 doctors due for revalidation (the process of making sure that doctors, except trainees, can stay registered). We made 59 (94 per cent) positive recommendations for revalidation, and there were four (six per cent) deferrals. Three were valid deferrals, with two being due to the doctors having joined the trust less than six months prior to their revalidation date, and one was due to maternity leave. There was one non-valid deferral due to insufficient evidence, but after providing them with more time we have now been able to submit a positive recommendation this year.

At the end of March 2019, 97 per cent of eligible doctors (98 per cent of consultants) were recorded as having completed an appraisal in the last 12 months. An annual report on appraisal and revalidation was produced in September 2018, with a clear action plan to increase the number of doctors with a valid appraisal and reduce the number of deferrals to the General Medical Council (GMC).

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

Commissioning for Quality and Innovation

CQUIN is a mechanism for commissioners to reward quality by linking a proportion of our income (2–2.5 per cent in 2018/19) to our success in meeting quality improvement goals.

The provisional total payment if we achieve the quality improvement and innovation goals in 2018/19 is £3,244,186.

The total payment we received for the CQUIN in 2017/18 was £3,236,812.

CQUIN goals for 2018/19 have been agreed with commissioners in the following subject areas for cancer specialist services and for community services. Further details of the agreed goals for April 2018 to March 2019, and for the following 12-month period, are available on the website at www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/. Please note we worked with commissioners to tailor the CQUIN for the Trust so there may be some variation from the national targets specified.

NHS England Acute CQUIN schemes

From April 2018 to March 2019, we have agreed milestones for the following:

- Nationally standardised dose banding for adult intravenous systemic anti-cancer treatment
- Hospital medicines optimisation
- Enhanced supportive care access for advanced cancer patients
- Sustainability and transformation plan
- Stereotactic radiotherapy services dataset.

CCG CQUIN schemes

From April 2018 to March 2019, we have agreed milestones for the following:

- NHS staff health and wellbeing
- Reducing the impact of serious infections (antimicrobial resistance and sepsis)
- Preventing ill health by risky behaviours – alcohol and tobacco
- Sustainability and transformation plan.

Community Services CQUIN schemes

From April 2018 to March 2019, we have agreed milestones for the following:

- NHS staff health and wellbeing
- Children's special educational needs and disabilities (SEND)
- Oral medications administration.

Commissioner confirmation of achievement Acute NHS England (NHSE)

The Trust submitted its quarter 3 report on 31 January 2019, showing 100 per cent achievement. The Trust is in ongoing discussion with NHSE regarding confirmation of quarters 1 and 2.

Acute Clinical Commissioning Group (CCG)

Sutton CCG have agreed 100 per cent achievement for quarters 1 and 2 2018/19 milestones. The Trust submitted its quarter 3 report on 31 January 2019, showing 100 per cent achievement.

Community services

Sutton CCG has confirmed 100 per cent achievement for quarters 1 and 2 2018/19 milestones. The Trust submitted its quarter 3 report on 31 January 2019, showing 100 per cent achievement.

What others say about The Royal Marsden

Registration with the Care Quality Commission

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

The CQC has not taken enforcement action against the Trust during 2018/19.

The Royal Marsden has not been involved in any of the CQC's special reviews or investigations during 2018/19.

Care Quality Commission ratings

The CQC undertook an unannounced inspection of Sutton Community Services and The Royal Marsden Outpatients Department in May 2018. The well led inspection took place in July 2018. We received the report in October 2018 and the Trust received a rating of 'outstanding'.

We continue to improve the services that we deliver to patients and have developed an internal action plan to monitor our progress. The inspector also meets quarterly as part of this new inspection and monitoring plan. During these visits, the inspector will visit some clinical areas, meet with junior and senior staff in focus groups, and meet with senior managers in the Trust.

Quality of information

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

During 2018/19, the Trust sent all mandated commissioning datasets as required (these datasets are included in national databases which contain details of all admissions, outpatient appointments and Accident and Emergency (A&E) care at NHS hospitals in England). The percentage of the Trust's records published in the statistics, and which included the patient's valid NHS number, was 99.95 per cent for admissions, 99.95 per cent for outpatient appointments, and none for A&E care (The Royal Marsden does not have an A&E). The percentage of records that included the valid General Medical Practice Code for the patient's GP practice was 99.87 per cent for admissions, 99.81 per cent for outpatient appointments and none for A&E care. See Table 14 for more information.

Table 14: Percentage of complete records provided

Details included		Admissions – inpatient and day case	Outpatient appointments
Patient's NHS number	2015/16	99.9%	99.9%
	2016/17	99.94%	99.93%
	2017/18	99.95%	99.94%
	2018/19 – first quarter	99.98%	99.96%
	2018/19 – second quarter	99.96%	99.95%
	2018/19 – third quarter	99.99%	99.95%
	2018/19 – fourth quarter	99.94%	99.94%
	2018/19	**99.95%**	**99.95%**
Patient's GP practice	2015/16	99.8%	99.8%
	2016/17	99.7%	99.7%
	2017/18	99.80%	99.75%
	2018/19 – first quarter	99.85%	99.79%
	2018/19 – second quarter	99.79%	99.79%
	2018/19 – third quarter	99.93%	99.84%
	2018/19– fourth quarter	99.86%	99.78%
	2018/19	**99.87%**	**99.81%**

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

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

Data Security and Protection Toolkit (DSPT) attainment levels

The Information Governance Toolkit is a legal framework under which NHS organisations must assess themselves against Department of Health and Social Care policies and standards. However, this year's toolkit has undergone a complete re-design and has been renamed the 'Data Security and Protection Toolkit' (DSPT).

The requirements of the DSPT are designed to encompass the National Data Guardian (NDG) review and ten data security standards. The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR), identified in the NHS GDPR checklist document.

Compliance with the new toolkit is achieved by submitting evidence for all mandatory questions. The Trust has submitted evidence for all mandatory questions for the toolkit. The DSPT is available on NHS Digital's website (www.dsptoolkit.nhs.uk/).

Information governance incidents

Since the introduction of GDPR, which took effect on the 25 May 2018, and the Data Protection Act 2018, incident reporting requirements have changed. There are now three types of breaches reportable under the new regime: Confidentiality, Integrity and Availability. In addition, the UK is implementing the EU Directive on the security of Networks and Information Systems (the NIS Directive). The fines for a breach of the new data protection legislation have increased from £500,000 to a maximum €20,000,000, or four per cent of gross annual turnover. The Royal Marsden has reported two incidents in 2018/19. Neither met the requirements for reporting to the Information Commissioner's Office. To date, The Royal Marsden has not been levied a fine for breaching data protection legislation and regulatory requirements. The Royal Marsden NHS Foundation Trust's Information Governance Assessment Report overall score for the data security and protection toolkit was 100 per cent for all mandatory questions.

Payment by Results clinical coding error rate

Clinical coding is translating the medical terminology written by clinicians into a coded format for statistical, clinical and financial purposes. Clinical coding describes a patient's complaint, diagnosis, treatment and reason for getting medical attention. We were not subject to the Payment by Results clinical coding audit during 2018/19.

Table 15: Clinical coding

Coding accuracy	2016/17 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2017)	2017/18 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2018)	**2018/19 (figures taken from the Information Governance Clinical Coding Audit signed off in February 2019)**
Primary diagnosis code correct	90.5%	91.5%	**92.5%**
Primary procedure code correct	95.5%	96.0%	**96%**
Secondary diagnosis code correct	93.25%	95.8%	**94.6%**
Secondary procedure code correct	92.25%	93.2%	**94.7%**

Reporting against core indicators

Please see Appendix 3 for the quality indicators where national information is available from the Health and Social Care Information Centre.

Part 3

Other information

Please see Part 2 of this report for an overview of the quality of care offered by the Trust.

Review of quality performance (previous year's performance)

Table 16: National targets

Cancer waiting times targets	Performance 2017/18	National target – 2018/ 2019	Performance – quarter 1 2018/19	Performance – quarter 2 2018/19	Performance – quarter 3 2018/19	Performance – quarter 4 2018/19	**Overall performance 2018/19**
All urgent GP referrals seen within 14 days	96.0%	93%	84.0%	88.1%	75.9%	84.6%	**83.3%**
All referrals for breast symptoms seen within 14 days	94.5%	93%	85.9%	90.5%	77.9%	94.6%	**87.4%**
Treatment within 31 days of decision to go ahead for first treatment	97.6%	96%	97.8%	97.1%	96.6%	96.7%	**96.9%**
Subsequent surgical treatment started within 31 days of decision to go ahead with surgery	95.8%	94%	96.6%	95.2%	95.0%	92.8%	**95.0%**
Subsequent drug treatment started within 31 days of decision to go ahead with drug treatment	98.8%	98%	98.4%	98.3%	98.9%	98.5%	**98.6%**
Subsequent radiotherapy treatment started within 31 days of decision to go ahead with radiotherapy treatment	95.4%	94%	96.1%	94.4%	97.3%	95.7%	**95.8%**
Treatment started within 62 days of urgent GP referrals (reallocated position shown in brackets)	74.7% (85.7%)	85%	77.9% (84.7%)	75.0% (80.7%)	79.2% (85.2%)	76.7% (82.3%)	**77.2% (83.2%)**
Treatment started within 62 days of recall date for urgent screening centre referrals (reallocated position shown in brackets)	87.6% (87.1%)	90%	84.4% (81.7%)	86.4% (88.4%)	85.5% (86.2%)	73.6% (68.9%)	**82.9% (82.5%)**

Note: The reallocated position adjusts the Trust's figure for late referrals of patients to the Trust in accordance with updated national guidelines published in 2016.

Patients should start treatment within 18 weeks of referral. Complex rules and guidance apply to how performance against these targets are measured and reported. As a specialist provider, receiving referrals from other trusts, a key issue is reporting progression for patients who were first referred to other providers.

The 'incomplete pathways' measure in Table 17 is the proportion of patients at the end of the reporting period who are still waiting for treatment, and have waited for less than 18 weeks since their initial referral.

Table 17: Referral time to treatment

	Overall 2016/17	Overall 2017/18	Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19	Overall 2018/19	National target 2018/19
Referral time to treatment (RTT), incomplete pathways	96.3%	96.8%	98.2%	97.4%	97.7%	97.7%	**97.7%**	92%

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

In order to tackle the challenges above, we calculated a revised figure for the RTT standard. This was in order to assess the size of the changes that are made to the information during the 18-week pathway. The revised figure showed that the materiality was negligible (approximately 0.18 per cent).

Table 18: Access targets

	Percentage of operations cancelled by the Trust at the last minute	Percentage of cancelled operations not subsequently performed within one month
2016/17	0.4%	0%
2017/18	0.3%	0%
Quarter 1 of 2018/19	0.4%	0%
Quarter 2 of 2018/19	0.1%	0%
Quarter 3 of 2018/19	0.8%	0%
Quarter 4 of 2018/19	1.1%	0.05%
Overall for 2018/19	**0.6%**	**0.01%**

Outpatient waiting times

The number of outpatients attending appointments has increased by between two per cent and five per cent a year, over the past five years. See Table 19 for the numbers for the years from 1 April 2016 to 31 March 2019. Despite an increasing number of patients, the length of time patients wait has remained similar.

Table 19: Outpatient waiting times – number of patients seen and time waited

Period or quarter	Patients seen within 30 minutes	Patients seen after 30 minutes but within one hour	Patients seen after one hour	Grand total
Total 2016/17	139,224 (83.6%)	17,846 (10.7%)	9,390 (5.6%)	166,460
Total 2017/18	145,824 (85.3%)	16,658 (9.7%)	8,487 (5.0%)	170,969
Quarter 1 2018/19	39,137 (88.0%)	3,399 (7.6%)	1,959 (4.4%)	44,495
Quarter 2 2018/19	39,286 (88.9%)	3,249 (7.4%)	1,650 (3.7%)	44,185
Quarter 3 2018/19	40,223 (90.0%)	3,141 (7.0%)	1,331 (3.0%)	44,695
Quarter 4 2018/19	40,772 (89.2%)	3,277 (7.3%)	1,279 (2.8%)	45,328
Total 2018/19	**159,418 (89.2%)**	**13,066 (7.3%)**	**6,219 (3.5%)**	**178,703**

Freedom to Speak Up

In 2018, the Trust approved a Speak Up Strategy, which sets out our strategic ambition 'to cultivate an open, transparent and just culture where feedback is encouraged and staff feel confident and safe to raise concerns, and where we learn from our mistakes'.

The Trust recognises that effective speaking up arrangements help to protect patients and improve staff experience. The Francis Report highlighted the importance of developing a culture of openness and transparency within the NHS, and events at Gosport Hospital in 2018 reinforced the need to encourage staff to speak up and ensure that that there are mechanisms in place to respond to those concerns. At The Royal Marsden, we are working to further embed this approach and to ensure that staff feel safe, and aim to instil confidence in raising concerns throughout our organisation. There are mechanisms in place designed to enable staff to raise concerns and these include:

- Datix reporting – staff can report concerns via the incident reporting system known as Datix
- Line management – concerns can be raised via the staff member's line manager
- Trade Unions/HR Team – concerns can be raised directly with the HR Team or Trade Unions
- Trust Guardian and Freedom to Speak Up Champion – Professor Martin Elliott is the Non-Executive Lead for Raising Concerns. The Trust also recently appointed a new Trust Guardian, who is supported by a network of six divisional Freedom to Speak Up Champions. These champions work in tandem with the Trust's arrangements for whistleblowing, ensuring that the individual raising the concern has the correct information about Trust policies and procedures, and feels supported to raise staffing or patient safety concerns
- Guardian of Safe Working (for junior doctors) – Dr Andrew McLeod is the Guardian of Safe Working. This role is aimed at ensuring junior doctors work safely and that their schedule enables them to fulfil their education commitments. There is a formal mechanism for exceptions to agreed working patterns and educational commitments to be reported by junior doctors to the Guardian of Safe Working
- Whistleblowing – the Whistleblowing Non-Executive Director lead is Professor Martin Elliott and the Director of Workforce is the operational lead
- Anti-harassment advisers – we have listening service for staff who have concerns about harassment and bullying, which is run by trained staff volunteers.

Staff Survey results suggest that staff feel confident about raising concerns. The Trust achieved the highest score nationally for fairness and effectiveness of reporting procedures. These results reflect a strong patient safety culture.

Rota gaps and vacancies

The Trust, in partnership with the Guardian of Safe Working, regularly reviews Exception Reports to ensure safeguards are in place to maintain safe hours of work and service commitments do not comprise the educational experience of trainees.

A total of 73 exceptions were reported, of which none were highlighted as immediate safety concerns for 2018/19.

Of the 73 reports, 71 were due to hours/rest and two were based on unavoidable rota issues which were addressed immediately.

Work schedule reviews took place for 21 doctors across 15 rotas; 21 of these were resolved at the level 1 stage with either compensation, time off in lieu or no action required.

The latest information indicates that there are 13 vacant doctors in training posts as of March 2019.

Plain English Campaign's Crystal Mark does not apply to Appendix 1

Appendix 1

Statements from key stakeholders

Director of Quality, Sutton Clinical Commissioning Group
(received 2019)

The CCG has been working closely with the Trust during the year, gaining assurance of the delivery of safe and effective services. A range of indicators in relation to quality, safety and performance is presented and discussed at regular meetings between the Trust and CCG. The information presented within the quality accounts is consistent with information supplied to the commissioner throughout the year. We can confirm that we have no reason to believe this Quality Account is not an accurate representation of the performance of the organisation during 2018.

The Trust has actively worked to reduce the waiting times for children's therapies. The CCG notes the continued challenge associated with workforce requirements for community services and has sought assurance regarding the impact on specialist nursing services. Community Services has consistently received positive feedback from patients, carers and families regarding services provided. The Trust has supported the CCG and partners in the development of proactive model of care through the development of locality based multi-disciplinary team meeting.

The Trust has worked with the CCG to support the transition of community services to the new provider alliance Sutton Health and Care from 2019/20.

Agreed by Sutton Community Services CQRG Chair/Joint Clinical Director Karol Selvey

Overview and Scrutiny Committee (Chelsea)
(received April 2019)

We welcome the opportunity to respond to The Royal Marsden NHS Foundation Trust Quality Account.

We commend the Trust on its performance against the quality priorities for 2018/19. We welcome the commitment of the Trust to its quality priorities for 2019/20 and to its four corporate objectives of improving patient safety and clinical effectiveness; improving patient experience; delivering excellence in teaching and research and ensuring financial and environmental sustainability. We welcome the commitment of the Trust to reduce chemotherapy waiting times and the introduction of the new priorities for 2019/20 of earlier and faster diagnosis of cancer across Royal Marsden Partners; to develop an innovative mortality/palliative care metric and ensure a reduction in phlebotomy waiting times.

We congratulate The Royal Marsden NHS Foundation Trust on its Quality Account and its achievements in 2018/19. We look forward to continuing to work with The Trust in the coming year.

Robert Freeman, Chairman, Adult Social Care and Health Scrutiny Committee, Royal Borough of Kensington and Chelsea

Healthwatch Central West London Response to The Royal Marsden NHS Foundation Trust Quality Report
(received April 2019)

We welcome the opportunity to comment on The Royal Marsden Quality Accounts (QA), and to comment on the quality of the services commissioned locally to meet the health needs of local residents.

We are pleased to have worked with the Trust this year through the Patient Experience and Quality Accounts Steering group.

Our members commend The Royal Marsden for its achievements this year, including; healthcare infections prevention, maintain patient safety, reduction of emergency readmission, reducing waiting times, research excellence and treatment.

Our members commend The Royal Marsden for its achievements this year, including; research excellence, high standards of academic performance and receiving 'Outstanding' following the CQC inspection for Sutton Community Services and The Royal Marsden outpatient's department.

Comments on QA 2018/19

QA presentation and layout

Overall accessibility of QA
We commend the Trust on its 'What is a Quality Account overview' and 'Introduction to The Royal Marsden NHS Foundation Trust' which provide a good background to the Quality Accounts and a good introduction of the Five-Year Strategic Plan 2018/19 to 2023/24. We welcome the Trust's clear use of headings and sub-headings throughout the QA.

To make the QA more user-friendly the Trust should consider using a more accessible font i.e. Arial or Calibri with a minimum font size of 12 for the main body of the text.

Use of graphs and tables
Our members welcome the use of tables to highlight key information. We feel that the table used on pages 78 – 82 clearly presents the quality priorities and targets for the year 2018/19.

Our members are pleased to see that tables were used across the QA to make it clearer visual and understanding.

Our members are also very pleased to see actions to improve the performance where was relevant.

Quotes
We welcome the Trust's use of quotes in all relevant sections.

Patient engagement

Friends and Family Test
We commend The Royal Marsden for achieving 95 per cent of inpatients and 95 per cent of outpatients saying that they would recommend you as part of the Friends and Family test. We would recommend adding a table or graph of the results of the question "How likely are you to recommend this service to friends and family if they require similar care or treatment?".

Patient experience
Our members were pleased to hear about the public meetings which gives patients the opportunity to vote on their behalf about priorities. Our members would like to congratulate The Royal Marsden for adding the priorities on their own reflecting the needs of their patients.

Targets
Our members were pleased to find out about the new project to improve patient' experience in waiting times at chemotherapy appointments. Our members are looking forward to finding more about the performance rates and are pleased to see action taken.

Conclusion

Our members commend The Royal Marsden for its ongoing commitment to patient care and engagement.

We are pleased to hear of developments from the new transformation project group around the chemotherapy appointment waiting times, especially regarding patient feedback captured and how The Royal Marsden will endeavour to improve the patient experience.

Healthwatch and our members would like to congratulate The Royal Marsden for a such good and comprehensive documents which informs all levels of interest knowledge and enquiries.

We look forward to continuing to work with The Royal Marsden in improving the care and support of patients.

Carena Rogers

Statement from the Council of Governors on the Quality Account
(received May 2019)

Governors would like to acknowledge the impressive work so clearly and succinctly reported in the Quality Account for 2018/19. The Account summarises the performance and improvements staff at The Royal Marsden have made against the objectives within the three quality priority areas; safe care, effective care and patient experience.

Results highlighting the Trust's performance in these quality areas are reported by the Chief Nurse to the Council of Governor's meeting every quarter. A subset of governors, through their membership of the Trust's Patient Experience and Quality Account Group (PEQA) which meets six times a year, then have the opportunity to comment in greater depth on the ongoing data, review feedback from patients, including the frequent feedback surveys, and influence the questions used in these surveys to reflect patients' interests.

PEQA's other roles are to monitor improvements in the outcome of the patient experience and to work with staff on the content and presentation of the Quality Account so that it accurately reflects the outcomes of the set priorities. All governors, alongside members of the Trust and staff also take part in choosing the priorities for quality improvement for the following year.

Cancer patients are highly susceptible to hospital acquired bacterial infections and we are fully supportive of the collaborative research work now underway with the Christie and Clatterbridge cancer centres to reduce patient infection risks and implement the joint gram-negative bacterial infection Quality Improvement Project. The appointment of the Darzi fellow to work specifically in this area will also aid the development of enhanced control and prevention strategies for these infections. In addition, reducing harm from sepsis remains an extremely important priority for the Trust and measures are well established now to ensure that rapid, effective reviews and treatment are carried out.

These priorities will be carried over to the 2019/20 Quality Account. Governors are very pleased to note that all three quality priorities within the safe care and effective care categories met their targets in 2018/19 through the dedicated work of the staff caring for the Marsden patients.

The patient experience at outpatient clinics continues to improve with 80 per cent of patients now waiting 15 minutes or less for their appointment. For chemotherapy, where waiting times may be longer than 30 minutes for many patients, several initiatives are now underway to speed up the process of preparing and delivering the chemotherapy drugs to the relevant treatment clinics at both the Chelsea and Sutton sites. We acknowledge the tremendous hard work that is being done to contribute to patient satisfaction and the patient experience.

2018/19 is the last year that The Royal Marsden hospital Trust is responsible for Sutton Community Health Care Services. Governors are pleased that the priorities and targets that were set last year for patients requiring podiatry and musculoskeletal services were all achieved, and we wish the new providers of the community services all the very best for the future.

Finally, governors wholeheartedly endorse the continued improvements to the presentation and layout of the Quality Account, making it more interesting and easier to read by the general public and healthcare professionals alike. We congratulate the staff at The Royal Marsden for their tremendous efforts on behalf of patients to make their journey through cancer treatment as safe, effective and as pleasant as possible and fully support the new priorities outlined for 2019/20.

Council of Governors, 1 May 2019

Chair, Patient Carer and Advisory Group (received April 2019)

Members of the Patient and Carer Advisory Group ('PCAG') of The Royal Marsden NHS Foundation Trust ('the Trust') have considered and commented on successive drafts of the Trust's Annual Quality Account for the period 2018/19, working alongside governors and staff in the Patient Experience and Quality Account Group. We have been pleased to see clear evidence of the steps taken by the Trust to maintain, and improve further, both the quality of care it provides and the experience of its patients, their carers and its staff. We commend the Trust in closely monitoring its performance against its stated objectives for the year.

We are pleased to see that all the quality priorities and targets to ensure safe and effective care have been achieved, and note particularly the successes in keeping the number of hospital acquired infections, incidence of pressure ulcers and medication incidents at very low levels. We also welcome the steps taken over the year to reduce harm from sepsis and look forward to continued improvement.

Considering patient experience targets, PCAG applauds the continued reduction in waiting times for patients in the Trust's outpatient clinics: on average only three per cent of patients waited for more than an hour for treatment, with 80 per cent waiting for less than 15 minutes. We welcome the introduction of the new Day Care Improvement Programme to streamline chemotherapy pathways and the success of the batch chemotherapy pilot scheme. We look forward to seeing the full effects of these initiatives, as they are rolled out in both hospitals during the coming year, together with improvements in phlebotomy waiting times. The responses of patients to the Friends and Family Test again show overwhelming satisfaction with the treatment and care received with over 95 per cent stating that they would recommend the Trust to their friends and family, should they require treatment. PCAG looks forward to working with Trust staff to ensure that any free-text comments made as part of the Friends and Family Test are carefully considered and where appropriate acted upon.

Overall, PCAG congratulates the Trust on its Quality Account and its achievements over the year, in particular its well-deserved CQC 'outstanding' rating. We look forward to working with the Trust to help bring further improvements to the care and experience of the Trust's patients over the coming year.

Fiona Stewart, Chair of the Patient and Carer and Advisory Group at The Royal Marsden

Plain English Campaign's Crystal Mark does not apply to Appendix 2.

Appendix 2

Statement of Trust Directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

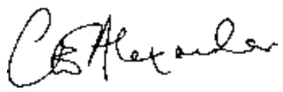
- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance Detailed requirements for Quality Reports 2018/19
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2018 to March 2019
  - papers relating to quality reported to the Board over the period April 2018 to March 2019
  - feedback from specialist commissioners dated April and May 2019
  - feedback from governors dated May 2019
  - feedback from local Healthwatch organisations dated April 2019
  - feedback from Overview and Scrutiny Committee dated April 2019
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019
  - the National Inpatient Survey 2017 published June 2018 and the National Cancer Patient Experience Survey 2017 published September 2018
  - the [latest] National Staff Survey dated March 2019
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 21 May 2019
  - CQC inspection report dated 18 September 2018
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Report has been prepared in accordance with NHS Improvement's Annual Reporting Manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.

Approval of the Quality Report:

Cally Palmer CBE
Chief Executive
23 May 2019



Charles Alexander
Chairman
23 May 2019

Plain English Campaign's Crystal Mark does not apply to Appendix 3.

Appendix 3

Quality indicators where national data is available from NHS Digital

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

The Royal Marsden NHS Foundation Trust considers that these data are as described, as taken from the nationally defined data sources.

The Trust has taken actions to improve the percentage and so the quality of its services (see priorities for each indicator in Part 2 of this Quality Report for further information).

Not all of the core indicators are relevant to The Royal Marsden, for example those relating to the ambulance response times (as there is no A&E at the Trust). The tables that follow show those core indicators that are relevant and how the Trust compares against other trusts. The tables show the highest and lowest national scores. The information is the latest that is made available nationally by NHS Digital. All information provided by the Trust is validated and checked before it is reported.

The Royal Marsden considers that these data are as described, as taken from NHS Digital.

Trust quality priority 1 (please see page 83 for more information)

Core indicator 24. The data made available to The Royal Marsden NHS Foundation Trust by the HSCIC with regard to the attributable cases of C. difficile infection reported within the Trust amongst patients aged two or over during the reporting period. The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged two or over during the reporting period.

Indicator 24: Rate of C. difficile infection

January 2017 to March 2017: Number of apportioned C. difficile infections	October 2016 to December 2016: Number of apportioned C. difficile infections	January 2016 to March 2016: National average apportioned C. difficile infections per provider	Comparator group	Comparator – Highest apportioned C. difficile infection rate (January 2017 to March 2017)	Comparator – Lowest apportioned C. difficile infection rate (January 2017 to March 2017)
12	10	7	All acute trusts	75	0

Although not yet published by NHS Digital during 2018/19, the Trust has reported 42 cases of C. difficile infection.

Trust quality priority 2 (please see page 85 for more information)

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

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

Indicator	April 2018 to September 2018	October 2017 to March 2018	National average (April 2018 to September 2018)	Comparator group	Comparator – Highest (April 2018 to September 2018)	Comparator – Lowest (April 2018 to September 2018)
25a	0	0	1.4	Acute specialist	6	0
25b	0%	0%	0.1%	Acute specialist	0.4%	0%

Trust quality priority 3 (please see page 87 for more information)

Core indicator 23. The data made available to The Royal Marsden NHS Foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk-assessed for VTE during the reporting period.

Indicator 23: Patients admitted to hospital who were ri**sk**-assessed for VTE

Quarter 3 2018/19	Quarter 2 2018/19	National average (Quarter 3 2018/19)	Comparator group	Comparator – Highest (Quarter 3 2018/19)	Comparator – Lowest (Quarter 3 2018/19)
95.53%	95.77%	95.60%	Acute trusts	100%	54.86%

Trust quality priority 4 (please see page 89 for more information)
(more recent data not available from NHS Digital)

Core indicator 19. The data made available to The Royal Marsden NHS Foundation Trust by NHS England with regard to the percentage of patients aged i) 0–14; and ii) 15 or over, readmitted to a hospital that forms part of the Trust within 28 days of being discharged from a hospital that forms part of the Trust during the reporting period.

Indicator 19a: Patients readmitted to a hospital within 28 days of being discharged (aged 0 to 14 years old)

Indicator 19b: Patients readmitted to a hospital within 28 days of being discharged (aged 15 or over)

Indicator	April 2011 to March 2012	April 2010 to March 2011	National average April 2011 to March 2012	Comparator group	Comparator – Highest April 2011 to March 2012	Comparator – Lowest April 2011 to March 2012
19a	Data not published nationally as small numbers may allow identification of an individual					
19b	9.47%	7.61%	11.45%	Acute specialist	14.09%	0%

Trust quality priority 7a (please see page 98 for more information)

Core indicator 20. The data made available to The Royal Marsden NHS Foundation Trust by NHS England with regards to the Trust's responsiveness to the personal needs of its patients during the reporting period.

Indicator 20: Responsiveness to the experience of care

Adult Inpatient Survey 2017/18	Adult Inpatient Survey 2016/17	National average April 2017/18	Comparator group	Comparator – Highest April 2017/18	Comparator – Lowest April 2017/18
85.0%	85.2%	68.6%	All trusts	85.0%	60.5%

Trust quality priority 7b (please see page 100 for more information)

Core indicator 21.1. Friends and Family Test – Patient. The data made available to The Royal Marsden NHS Foundation Trust by NHS England for all acute providers of adult NHS-funded care, covering services for inpatients and patients discharged from A&E (types 1 and 2). The Trust's score from a single question survey, which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

Indicator 21.1: Patient Friends and Family Test: Inpatient

NHS Staff Survey 2018	NHS Staff Survey 2017	National average 2018	Comparator group	Comparator – Highest (2008)	Comparator – Lowest (2008)
94%	92%	89%	Acute specialist trusts	95%	77%

Trust quality priority 8 (please see page 102 for more information)

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

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

NHS Staff Survey Q2 2017/18	NHS Staff Survey Q1 2017/18	National average (Q2 2017/18)	Comparator group	Comparator – Highest (Q2 2017/18)	Comparator – Lowest (Q2 2017/18)
100%	96%	80%	Acute specialist trusts	100%	46%

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

October 2016 to September 2017	October 2015 to September 2016	National average	Comparator group	Comparator – Highest	Comparator – Lowest
Trust data not published nationally for this indicator.					

Appendix 4

Our values

Our values updated

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

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

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

In 2018, the 'Outstanding Care; Outstanding Culture' programme, to refresh the current Trust values, was launched. This programme of work was designed to facilitate the development of a refreshed set of organisational values to support Trust's Five-Year Strategic Plan, through engagement with staff and patients.

Throughout 2018/19, more than 350 staff participated in workshops and surveys related to the refreshing of the values. As part of the workshops staff received valuable training in how to give feedback, and awareness was raised about the link between staff experience and patient experience. The new values will be rolled out in April 2019 and embedded into recruitment, induction, training and appraisals.

Appendix 5

Sign Up to Safety patient safety improvement plan

We joined the national Sign Up to Safety campaign in summer 2015. The campaign ran from 2015 until late 2018. Initially a patient safety improvement plan was set in June 2015. The priority areas were set and agreed with the aim of reducing avoidable harm in three distinct areas:

- Sepsis
- Medication errors
- Pressure ulcers.

In each area, a safety group was established. The following sections show the aims and outcomes relating to each area. The campaign has now ended and going forward is the Harm Free Care agenda which started in April 2019.

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

Aims:

- Raise awareness and educate staff, patients and carers
- Prevent and control infection
- Identify and treat patients with sepsis as early as possible
- Deliver the sepsis six care bundle
- Escalation and review.

Primary goals	Progress 2018/19
Raise awareness and educate staff, patients and carers	Annually we have held sepsis road shows at the Chelsea and Sutton sites to raise awareness. This has been achieved and continues.
Prevent and control infection	This includes effective management of the use of antibiotics. This concept is known as 'antimicrobial stewardship'. It balances the need to administer effective antimicrobial medications promptly when needed, with the need to reduce their use to prevent resistance to them from spreading (which will make them useless). This goal developed into a CQUIN presented later in the table.
Identify and treat patients with sepsis as early as possible	This includes sepsis screening to increase the numbers identified in the 'Golden Hour'. This is the period in which early recognition and treatment can reduce the risk of sepsis progressing and so improve outcomes. We also put into practice SBAR training. To help healthcare professionals get appropriate advice and action in good time, the SBAR tool has been introduced to provide a structure for communication between colleagues. The four letters of SBAR indicate the Situation (problem being discussed), Background (the medical history of the patient and treatment to date), Assessment (of the patient) and Recommendation (of the person leading the discussion). This goal developed into a CQUIN presented later in the table.

Primary goals	Progress 2018/19
Deliver the sepsis six care bundle	The 'sepsis six' is a group of interventions that may help treat patients with sepsis. The six interventions are providing oxygen, taking blood cultures (a sample of blood sent to the microbiology laboratory to identify organisms making the patient unwell), giving antibiotics early on to fight the infection, measuring lactate (as high levels in the blood may indicate a severe infection), fluid challenge (administering fluid) and measuring urine production (which generally falls as the patient becomes more unwell and increases when the patient improves). The sepsis-six has been introduced into the Trust in addition to the National Early Warning Score (NEWS2). In terms of antibiotics, we aim to give antibiotics within an hour of suspected sepsis. We have improved our success in meeting the target. Currently, all patients who are admitted to CCU with sepsis were already on antibiotics, or received them within an hour of sepsis being suspected. This goal developed into a CQUIN presented later in the table.
Escalation and review	This involves a senior review of the patient (by a registrar or a consultant). Escalation involves getting help from more senior members of the team, as well as increasing the amount of care for the patient, such as transferring them from the ward to the CCU. Overall, the audit of cases admitted to the CCU shows a gradual increase in the survival of patients with sepsis, with a higher proportion of patients surviving and going home from the CCU. In Q3 2016/17, CCU survival was 55%; this has increased to 90% in Q3 2018/19. In Q3 2016/17, survival to hospital discharge was 33%; this has increased to 80% in Q3 2018/19.
CQUIN 2018/19: 90% of patients who require screening for sepsis	Achieved 97% of patients received sepsis screening.
CQUIN 2018/19: 90%of patients treated with antibiotics within one hour of diagnosis	Achieved 100% of patients treated with antibiotics within one hour.
CQUIN 2018/19: 90% of patients who received an antimicrobial review within 72 hours	Achieved 100% received an antimicrobial review within 72 hours.
CQUIN 2018/19: 75% of patients who received an antimicrobial review within 72 hours PLUS reviewed by an appropriate clinician PLUS a documented IV rationale	Achieved 100% received an antimicrobial review within 72 hours, PLUS reviewed by an appropriate clinician, PLUS a documented IV rationale.

Patient safety improvement plans – reducing harm from medication errors

Aims:

- Improve the pharmacy-led medicines reconciliation rates on admission to 100 per cent by 2018
- Reduce the prevalence of chemotherapy prescriber errors by 20 per cent by 2018
- Ensure accurate allergies are documented in 100 per cent of patients on admission.

Primary goals	Progress 2018/19
Improve the pharmacy-led medicines reconciliation rates on admission to 100% by 2018	The medication safety thermometer was set up in 2016. Medicines reconciliation is the first step to ensure that patients take their medicines correctly by reducing harm through omitted doses, avoiding taking unnecessary medicines, reducing wastage of medicines, and ensuring that medicines are prescribed and taken safely to improve outcomes from medicines use. The ongoing audit is collected via a snapshot audit on one day every month for inpatients and shows that we are consistently achieving high rates of medicines reconciliation. The national average is 67% and we achieved 93% in Q3/4 in 2018/19. The monthly results are highlighted on ward dashboards and shared with nursing and pharmacy staff via a monthly newsletter.
Reduce the prevalence of chemotherapy prescriber errors by 20% by 2018	This aim was to review the benefits of implementation and utilisation of chemotherapy e-prescribing technology to reduce the opportunity for harm from prescribing errors. Chemotherapy e-prescribing was introduced into the Trust. An audit was carried out in January 2016 following the majority of an e-chemo roll out (excluding CTs). The audit showed a reduction in number of errors by 35% in comparison to the last audit in 2011 pre-e-chemo implementation. This is largely due to the large number of type of errors now obsolete following e-chemo implementation. The benefits of e-chemo are reduced errors, efficiencies on non-reliance on paper charts, and allowing multiple staff the ability to prescribe remotely and screen prescriptions with a clear audit trail.
Ensure accurate allergies are documented in 100% of patients on admission	This aim was to reduce the harm related to hypersensitivity and allergy reactions through consistent assessment and recording of patient medication patient allergy status at admission. Data are collected via the medicines safety thermometer monthly snapshot audit. We record consistently high rates of inpatient documentation of allergy status and achieved 98% in Q3/Q4 2018/19.

Patient safety improvement plans – reducing harm from pressure ulcers

Aims:

To reduce avoidable pressure ulcers by 50 per cent within hospitals and 50 per cent within the community by June 2018 through:

- Early identification and detection of at-risk patients
- Prevention of pressure ulcers
- Education and raising awareness
- Reporting and review.

Primary goals	Progress 2018/19
Early identification and detection of at-risk patients	We have introduced the nationally recognised European Pressure Ulcer Advisory Panel (EPUAP) 2014 guidelines for six categories (categories 1, 2, 3, 4, deep tissue injury and unstageable). The co-produced aSSKINg bundle was launched in April 2019. We have held the first national prevalence audit.
Prevention of pressure ulcers	We held 'Stop the Pressure/End PJ Paralysis' awareness days and recorded a 10-minute Q&A session on pressure ulcer prevention on Marsden Radio. We launched the medical device selection guide and upgraded all inpatient beds. We have prevented 100% of heel-related pressure ulcers in CCU and an overall reduction of 47% of pressure ulcers Trust-wide.
Education and raising awareness	We have held annual education events and designed quarterly training sessions for the new in-house champion network. The aSSKINg prevention video has been launched. We have held a mock coroner's court. We have also developed the Multi-professional Pressure Ulcer Collaborative Group, which has designed a pressure ulcer prevention e-learning module and new patient information leaflet.
Reporting and review	The tissue viability nurses review and confirm type of pressure ulcer within 72 hours. We have introduced mini root cause analysis for category 2 pressure ulcers and completed the monthly quality report with narrative and actions.

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

Appendix 6

Independent auditor's assurance report

Independent auditor's report to the council of governors of The Royal Marsden NHS Foundation Trust on the quality report

We have been engaged by the council of governors of The Royal Marsden NHS Foundation Trust to perform an independent assurance engagement in respect of The Royal Marsden NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'Quality Report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of The Royal Marsden NHS Foundation Trust as a body, to assist the council of governors in reporting The Royal Marsden NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and The Royal Marsden NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement (NHSI):

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with the 2016 National Cancer Breach Allocation Guidance; and
- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

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

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

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

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement 2018/19 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

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

We read the other information contained in the quality report and consider whether it is materially inconsistent with

- Board minutes for the period April 2018 to May 2019;
- papers relating to quality reported to the board over the period April 2018 to May 2019;
- feedback from the Commissioners dated 11 April 2019;
- feedback from the governors dated 8 May 2019;
- feedback from local Healthwatch organisations, dated 26 April 2019;
- feedback from Overview and Scrutiny Committee, dated 6 April 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2019;
- the latest National Patient Survey dated June 2018;
- the latest National Staff Survey dated 28 February 2019;
- Care Quality Commission inspection report dated 18 September 2018;
- the Head of Internal Audit's annual opinion over the trust's control environment dated 21 May 2019; and
- any other information included in our review.

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

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

Assurance work performed

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

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

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the NHS Improvement 2018/19 Detailed guidance for external assurance on quality reports; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Deloitte LLP
St Albans
24 May 2019

Appendix 7

Glossary

Bacteraemia Having bacteria in the blood.

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

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

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

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

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

CNS Clinical nurse specialist.

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

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

EPR Electronic patient record.

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

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

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

Healthcare-associated infection An infection arising in a patient during the course of their treatment and care.

Healthwatch The new independent consumer champion to gather and represent the views of the public at a national and local level. Healthwatch England works with local Healthwatch groups and has the power to recommend that the CQC take action where there are concerns about health and social care services.

Information governance A process that makes sure that organisations achieve good practice relating to data protection and confidentiality.

Key performance indicators (KPIs) Organisations use key performance indicators to evaluate their success or the success of a particular activity.

Multidisciplinary team A team made up of healthcare professionals from different fields who work together.

Methicillin-resistant staphylococcus aureus (MRSA) Bacteria that are a significant cause of infections arising in hospital.

NHS Improvement (NHSI) The independent regulator of NHS foundation trusts.

National Institute for Health and Care Excellence (NICE) NICE reviews medicines, treatments and tests. It makes clinical guidelines and public health recommendations.

National Early Warning Sign (NEWS) An early warning score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs.

Patient Advice and Liaison Service (PALS) Provides information, advice and support to help patients, families and their carers. Each NHS trust has a PALS service.

Patient and Carer Advisory Group (PCAG) Works to improve the experience of patients at The Royal Marsden. It is a self-managed group of patients, carers and members of the public who play a vital part in continually improving the care and services we provide.

Patient Group Directions (PGDs) PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

Pressure ulcers Bed sores or pressure sores.

Radiotherapy The use of high-energy rays to destroy cancer cells. It may be used to cure some cancers, to reduce the chance of cancer returning, or to control symptoms.

Root cause analysis (RCA) A method of identifying the root cause of a problem.

Sepsis Situation Background Assessment Recommendation (SBAR) The four letters of SBAR indicate the Situation (problem being discussed), Background (the medical history of the patient and treatment to date), Assessment (of the patient) and Recommendation (of the person leading the discussion).

Standardised mortality ratio An indicator of the quality of healthcare. It measures whether the death rate at a hospital is higher or lower than expected.

Venous thromboembolism (VTE) A blood clot, typically occurring in the leg but which can form in any blood vessel.

4. Annual Accounts for the year ended 31 March 2019

Foreword to the Accounts The Royal Marsden NHS Foundation Trust

These accounts for the year ended 31 March 2019 have been prepared by The Royal Marsden NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

Cally Palmer CBE
Chief Executive Officer
23 May 2019

Independent auditor's report to the Board of Governors and Board of Directors of The Royal Marsden NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of The Royal Marsden NHS Foundation Trust (the 'foundation trust'):

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers' Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 27

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matter	The key audit matter that we identified in the current year was NHS revenue recognition.
Materiality	The materiality that we used in the current year was £9.3m which was determined on the basis of 2% of the Trust's total revenue recognised in the 2018/19 financial year.
Scoping	Audit work was performed at the Trust's head offices in Chelsea directly by the audit engagement team, led by the senior statutory auditor.
Significant changes in our approach	There have been no significant changes in our approach to the audit in 2018/19 compared to 2017/18.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

– the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or

– the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

NHS revenue recognition

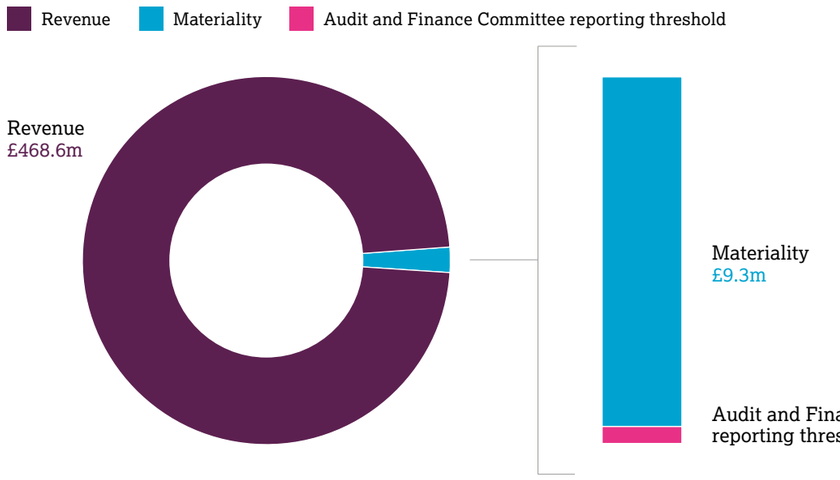
Key audit matter description	There are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to the judgemental nature of accounting for disputes, including in respect of outstanding overperformance income for quarters 3 and 4. Details of the Trust's income, including £213.9m (2017/18: £203.0m) of Commissioner Requested Services and £40.5m (2017/18: £18.7m) of Provider Sustainability Funding (PSF), are shown in note 3.1 and note 3.3 to the financial statements. NHS debtors of £17.1m (2017/18: £21.1m) are shown in note 13.1 to the financial statements. The majority of the foundation trust's income is commissioned by NHS England. The settlement of income with Clinical Commissioning Groups continues to present challenges, leading to disputes and delays in the agreement of year end positions.
How the scope of our audit responded to the key audit matter	We evaluated the design and implementation of controls over recognition of NHS income. We performed detailed substantive testing on a sample basis of the recoverability of unsettled revenue amounts, and evaluated the results of the agreement of balances exercise. We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners.
Key observations	We did not identify any material misstatements through our procedures in respect of this key audit matter, and we considered the estimates made by the Trust in respect to their recognition of NHS revenue to be within an acceptable range.

Our application of materiality

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

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£9.3m (2018: £8.6m)
Basis for determining materiality	2% of revenue (2018: 2% of revenue)
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit and Finance Committee that we would report to the Committee all audit differences in excess of £300k (2018: £300k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit and Finance Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed at the Trust's head offices in Chelsea directly by the audit engagement team, led by the audit partner. The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.

The Trust makes use of NHS Shared Service, a service organisation, for its financial processing activities. We have reviewed reports prepared by the service organisation and performed procedures on information available at the Trust.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in respect of these matters.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

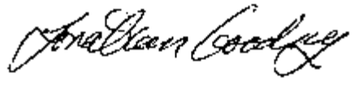
We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of The Royal Marsden NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Jonathan Gooding, FCA
Senior statutory auditor
For and on behalf of Deloitte LLP
Statutory Auditor
St Albans, United Kingdom
24 May 2019

Statement of comprehensive income for the year ended 31 March 2019

	Note	2018/19	2017/18
		£000	£000
Income from activities	3	**339,369**	312,855
Other operating income	3	**129,194**	115,449
Operating expenses	4	**(401,139)**	(389,358)
Operating surplus/(deficit)		**67,424**	38,946
Finance costs			
Finance income	7	**348**	75
Finance expense	8	**(191)**	(216)
Public Dividend Capital dividends payable		**(3,286)**	(3,644)
Net finance costs		**(3,130)**	(3,785)
Profit/(Loss) on disposal of plant, property and equipment	6	**-**	47
Share of profit in joint venture	11	**280**	331
Surplus/(Deficit) for the year		**64,574**	35,539
Other comprehensive (losses)/income			
Revaluation (losses) on land and buildings	10	**-**	-
Increase in the donated asset reserve due to receipt of donated assets		**-**	-
Reduction in the donated asset reserves in respect of depreciation, impairment and/ or disposal of donated assets		**-**	-
Total comprehensive income/(expense) for the year		**64,574**	35,539

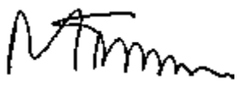
Surplus for the year pre impairment and adjustments relating to capital charitable donations	Note	2018/19	2017/18
		£000	£000
Surplus/(Deficit) for the year		**64,574**	35,539
Donated capital income	10	**(5,187)**	(8,367)
Depreciation on donated assets		**5,027**	4,630
Impairment	4	**1,204**	2,259
(Profit)/loss on disposal	6	**-**	(47)
Surplus for the year pre loss on disposal and adjustments relating to capital charitable donations		**65,618**	34,014

Statement of financial position as at 31 March 2019

	Note	31 March 2019	31 March 2018
		£000	£000
Non-current assets			
Intangible assets	9	**3,813**	2,669
Tangible assets	10	**179,964**	179,634
Investment in Joint Venture	11	**2,709**	2,428
Total non-current assets		**186,486**	184,731
Current assets			
Inventories	12	**5,966**	5,176
Trade and other receivables	13	**122,494**	92,401
Assets held for sale	14	**-**	29
Cash and cash equivalents	17	**78,164**	47,262
Total current assets		**206,624**	144,868
Current liabilities			
Trade Payables and Accruals	15	**(52,568)**	(59,235)
Provisions	16	**(493)**	(41)
Borrowings	16	**(2,497)**	(2,477)
Deferred income and other liabilities	15	**(28,945)**	(28,217)
Tax payable	15	**(5,164)**	(4,735)
Total current liabilities		**(89,667)**	(94,705)
Non-current liabilities			
Borrowings	16	**(13,478)**	(11,655)
Total non-current liabilities		**(13,478)**	(11,655)
Total assets employed		**289,965**	223,239
Financed by taxpayers' equity			
Public Dividend Capital	SoCTE	**107,133**	104,981
Revaluation reserve	SoCTE	**8,024**	8,024
Income and expenditure reserve	SoCTE	**174,808**	110,234
Total taxpayers' equity		**289,965**	223,239

The notes on pages 166 to 199 form part of these accounts. These financial statements have been approved by the board and authorised for issue on 23 May 2019 and signed on its behalf by:

Cally Palmer CBE
Chief Executive
23 May 2019



Marcus Thorman
Chief Financial Officer
23 May 2019

Statement of changes to taxpayers' equity for the year ended 31 March 2019

	Total taxpayers' equity	Public Dividend Capital	Revaluation reserve	Income and expenditure reserve
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017	**184,165**	**101,446**	**8,024**	**74,695**
Surplus for the year	35,539	-	-	35,539
Public Dividend Capital received	3,535	3,535	-	-
Taxpayers' equity at 31 March 2018	**223,239**	**104,981**	**8,024**	**110,234**
Taxpayers' equity at 1 April 2018	**223,239**	**104,981**	**8,024**	**110,234**
Surplus for the year	64,574	-	-	64,574
Public Dividend Capital received	2,152	2,152	-	-
Taxpayers' equity at 31 March 2019	**289,965**	**107,133**	**8,024**	**174,808**

Statement of cash flows for the year ended 31 March 2019

	2018/19	2017/18
	£000	£000
Cash flows from operating activities		
Total operating surplus	**67,424**	38,946
Non-cash income and expenses		
Depreciation and amortisation	**15,144**	15,120
Impairment	**1,204**	2,259
(Increase)/Decrease in inventories	**(790)**	(920)
(Increase)/Decrease in receivables	**(29,949)**	(16,311)
Increase/(Decrease) in trade and other payables	**(5,376)**	14,938
(Decrease)/Increase in deferred income	**(43)**	(9,903)
Increase /(Decrease) in other liabilities	**769**	1,031
Increase/(Decrease) in provisions	**452**	21
Net cash inflow/(outflow) from operating activities	**48,836**	45,181
Cash flows used in investing activities		
Interest received	**348**	75
Purchase of intangible assets	**(1,957)**	(1,732)
Purchase of property, plant and equipment	**(16,706)**	(14,952)
Proceeds from sale of property, plant and equipment	**29**	106
Net cash inflow/(outflow) from investing activities	**(18,286)**	(16,503)
Cash flow from financing activities		
Public Dividend Capital received	**2,152**	3,535
Loan received	**4,300**	500
Interest paid	**(192)**	(219)
Loan repaid	**(2,477)**	(2,477)
Public Dividend Capital dividends paid	**(3,431)**	(3,851)
Net cash inflow/(outflow) from financing activities	**352**	(2,512)
Increase/(Decrease) in cash and cash equivalents	**30,902**	26,166
Cash and cash equivalents at 1 April	**47,262**	21,096
Cash and cash equivalents at 31 March	**78,164**	47,262

Further information on the Statement of Cash Flows can be found in note 17.

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

Going concern

These accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

After making enquiries, the Board of Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. They have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

1.1 Consolidation

NHS charitable fund

The Trust is the corporate trustee to The Royal Marsden Hospital Charity (RMHC) NHS charitable fund (Charity no. 1050537). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. The assets and activities of RMHC, however, were transferred to The Royal Marsden Cancer Charity (RMCC) on 1 September 2011 and the Trust has determined not to consolidate RMHC on the grounds of materiality.

The RMCC (Charity no. 1095197) is a registered charity and a company limited by guarantee (Company no. 04615761) with a Board of individual trustee directors, which has a wholly owned subsidiary trading company. The RMCC is not an NHS linked charity and therefore does not fall within the definition of a subsidiary. As such, the RMCC has not been consolidated into the financial statements of the Trust.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, such as share dividends, are received by the Trust from the joint venture.

1.2 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office for National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for healthcare services. A performance obligation relating to delivery of a spell of healthcare is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

NHS contract revenue is recognised to the extent that collection of consideration is probable. The NHS Foundation Trust provides for expected price concessions based on the age and type of unpaid NHS contract debt. This method has been introduced during 2018/19 with percentages estimated based on historical recovery and credits notes raised. This allowance is charged to income from activities.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts and clinical trials

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.3 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Scheme (NEST pension scheme)

Employees of the Trust who are not eligible for the NHS Pension Scheme are automatically enrolled into NEST, a defined contribution pension scheme. The amounts charged to the income and expenditure account represent the contributions payable by the Trust during the year. Please refer to Note 5.

Defined contribution plans are post-employment benefit plans under which an entity pays fixed contributions into a separate entity (a fund) and will have no legal or constructive obligation to pay further contributions if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods. Under defined contribution plans the entity's legal or constructive obligation is limited to the amount that it agrees to contribute to the fund.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is not recognised in operating expenses where it results in the creation of non-current assets such as property, plant and equipment.

NHS Improvement's guidance states that there should be no netting off of income and expenditure. There are a number of employees of the Trust that perform work for other organisations, who in turn reimburse the Trust for this work. The accounts show the income and expense from these arrangements under the headings 'Other income' and 'Staff costs', respectively.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the assets and bringing them to the location and condition necessary for them to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either frontline services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

All land and buildings are revalued every five years with an interim valuation in the third year, or more frequently if it is felt that the market is subject to significant volatility. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out primarily on the basis of Modern Equivalent asset Value (MEV) for specialised operational property and fair value for non-specialised operational property. Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation upon completion. A full land and buildings valuation was last undertaken by Montagu Evans LLP as at 31 December 2016. The next full valuation is scheduled for the financial period ending 31 March 2022.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is derecognised. Other expenditure that does not generate future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position private finance initiative (PFI) contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Assets in the course of construction are not depreciated until the asset is brought into use. Buildings and dwellings are depreciated on their current value over the estimated remaining life of the asset as advised by the Trust's professional valuer (less than 1–60 years). Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on cost, including historic indexation, evenly over the estimated remaining life of the asset. These are estimated as follows:

Plant and machinery	5–15 years straight line
Transport equipment	7 years straight line
Information technology	5–10 years straight line
Furniture and fittings	10 years straight line

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'Other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of: (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are netted off operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale', and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is derecognised when scrapping or demolition occurs.

Donated, government grant and other grant-funded assets

Donated and grant-funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant-funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.8 Intangible fixed assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business, or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset, and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

Amortisation

Intangible assets are amortised over their expected useful life in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives is shown below:

Software licences	5 years straight line

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the NHS Foundation Trust is party to the contractual provisions of a financial instrument, and, as a result, has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs, except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements, and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract, are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive Income.

Impairment of financial assets

For all financial assets measured at amortised cost, including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust provides for expected credit losses based on the age and type of each debt. The percentages applied reflect an assessment of the recoverability of each class of debt. During 2018/19, the method was reviewed and the percentages amended based on historical recovery and write-off levels. Provisions are charged to operating expenditure.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risk and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.11 Cash and cash equivalents

Cash, bank and overdraft balances are recorded at the current values of these balances in the Trust's cash book. Overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, 'finance income' and 'finance expenses' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.12 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 16.1, but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims, are charged to operating expenses when the liability arises.

Other insurance

The Trust holds commercial insurance for a range of risks in excess of those covered by the non-clinical risk pooling scheme. This includes cover for property damage and increased costs of working.

1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control, or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise, or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for:

(i) donated assets (including lottery funded assets)

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and

(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Value added tax (VAT)

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation Tax

Health service bodies, including foundation trusts, are exempt from tax on their principal healthcare income.

The Trust has determined that there is no corporation tax liability due for 2018/19 (2017/18 Nil).

1.18 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note (note 24) to the accounts in accordance with the requirement of HM Treasury's Financial Reporting Manual.

1.20 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.21 Sources of estimation uncertainty

The key areas of estimation and judgement used in the preparation of the accounts have been disclosed within other sections of the accounting policy notes. These include provisions for impairment of receivables (note 1.10), estimates of partially complete patient episodes (note 1.2), provisions (note 1.13), valuation of land and buildings (note 1.7), and depreciation rates applied to property, plant and equipment (note 1.7).

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note (note 20.2) is compiled directly from the losses and compensations register, which reports on an accrual basis with the exception of provisions for future losses.

1.23 Early adoption of standards, amendments and interpretation

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

1.24 Accounting standards that have been issued but have not yet been adopted

The GAM does not require the following standards and interpretations to be applied in 2018/19. These standards are still subject to HM Treasury FReM adoption, with the government implementation date for IFRS 16 being 2020/21.

IFRS 14 Regulatory Deferral Accounts
Not yet EU-endorsed. Applies to first-time adopters of IFRS after 1 January 2016. Therefore not applicable to Department of Health and Social Care group bodies. The adoption of IFRS 14 is not considered material to the Trust.

IFRS 16 Leases
Application required for accounting periods beginning on or after 1 April 2020, but not yet adopted by the FReM: early adoption is not therefore permitted. Work is underway to assess the impact of IFRS 16 Leases.

IFRS 17 Insurance Contracts
Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted. The adoption of IFRS 17 Insurance Contracts is not considered material to the Trust.

IFRIC 23 Uncertainty over Income Tax Treatments
Application required for accounting periods beginning on or after 1 January 2019. The impact of IFRIC 23 is not considered material to the Trust.

2. Segmental analysis

	2018/19	2017/18
	£000	£000
Income	**468,563**	428,304
Operating surplus/(deficit)	**67,424**	38,946
Total assets employed	**289,965**	223,239

The Trust has only one segment of business, which is the provision of healthcare. The segment has been identified with reference to how the Trust is organised and the way in which the chief operating decision maker (determined to be the Board of Directors) runs the Trust.

The geographical and regulatory environment and the nature of services provided are consistent across the organisation and are therefore presented in one segment. The necessary information to develop detailed income and expenditure for each product and service provided by the Trust is currently not discretely available and the cost to develop this information would be excessive.

Significant amounts of income are received from transactions with the Department of Health and Social Care and other NHS bodies. Disclosure of all material transactions with related parties is included in note 22 to these financial statements. There are no other parties that account for more than 10 per cent of total income.

3. Operating income

3.1 Income from activities by source

	2018/19	2017/18
	£000	£000
Commissioner-requested services		
CCGs and NHS England	**210,406**	201,336
Department of Health and Social Care	**2,560**	44
Other NHS	**901**	1,601
Non-commissioner-requested services		
Local authority	**4,340**	5,543
Private care	**121,162**	104,331
	339,369	312,855

The above analysis classifies income from activities arising into commissioner-requested and non-commissioner-requested services, as set out in the Trust's New Provider Licence.

3.2 Analysis of income from activities by nature

	2018/19	2017/18
	£000	£000
Elective income	**56,125**	51,920
Non-elective income	**7,531**	8,294
First outpatient income	**3,691**	3,503
Follow-up outpatient income	**34,042**	30,368
High cost drugs income from commissioners (excluding pass-through costs)	**13,715**	13,818
Other types of activity income	**102,953**	100,621
Private patient income	**121,312**	104,331
	339,369	312,855

3.3 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Commercial trials income	**14,043**	12,533
Education and training	**5,571**	9,182
Non-patient care services to other bodies	**9,011**	7,951
Services provided to associated charities	**2,913**	2,773
Hosted IT services	**941**	2,181
Car parking	**647**	605
Catering	**1,548**	1,519
Salaries and wages recharged to other organisations	**4,455**	5,395
Provider sustainability/sustainability and transformation fund income (PSF/STF)	**40,460**	18,715
Other contract income	**8,172**	9,088
Other non-contract operating income:		
Research and development	**13,502**	14,084
Royal Marsden Partners	**10,552**	9,288
Charitable and other contributions to expenditure	**17,379**	22,135
	129,194	115,449

3.4 Analysis of income from activities by type

During 2018/19, income from overseas visitors where the patient is charged directly by the Trust was £150,050 (2017/18: £116,489). Cash payments received in year relating to invoices raised in the current and prior years totalled £82,631 (2017/18: £9,495). Amount added to the provision for impairment of receivables was £47,086 (2017/18: £100,367). Amount written off in year was £141,559 (2017/18: £132,347).

3.5 Transaction price allocated to remaining performance obligations

	31 March 2019
	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	**5,333**
Total revenue allocated to remaining performance obligations	**5,333**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

4. Operating expenses

4.1 Analysis of operating expenses

	2018/19	2017/18
	£000	£000
Staff costs	**225,096**	213,555
Executive Directors' costs	**956**	918
Non-Executive Directors' costs	**153**	152
Drug costs	**76,307**	69,792
Supplies and services – clinical	**32,839**	31,358
Supplies and services – general	**8,270**	7,827
Establishment	**3,439**	3,574
Transport	**2,247**	3,526
Premises	**17,259**	16,961
Bad debts	**(1,354)**	296
Depreciation and amortisation	**15,144**	15,120
Property, plant and equipment impairment	**1,204**	2,259
Consultancy	**903**	1,204
Audit services – statutory audit	**76**	53
Other services: audit-related assurance services	**18**	24
Internal audit and Local Counter Fraud Service	**94**	94
Clinical negligence	**1,240**	821
Training, courses and conferences	**1,594**	1,268
Patient travel	**958**	797
Purchase of healthcare from non-NHS bodies	**3,229**	5,035
Other services from NHS foundation trusts	**4,137**	3,216
Other services from NHS trusts	**2,911**	2,030
Other services from other NHS bodies	**54**	626
Other operating expenses	**4,365**	8,852
	401,139	389,358

Limitation on auditor's liability for external audit work carried out for the financial year 2018/19 is £500,000.

4.2 Operating leases

Operating lease rentals include:

	2018/19	2017/18
	£000	£000
Plant and machinery	**481**	234
Buildings	**2,610**	2,583
	3,091	2,817

Operating lease commitments include:

Minimum lease payments		2018/19	2017/18
		£000	£000
Total commitments on leases expiring			
Not later than one year	Buildings	**-**	2,307
	Other	**228**	123
Between one and five years	Buildings	**906**	920
	Other	**-**	96
After more than five years	Buildings	**-**	-
	Other	**-**	-
		1,134	3,446

4.3 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	**1,204**	2,259
Total net impairments charged to operating surplus/deficit	**1,204**	2,259
Impairments charged to the revaluation reserve	**-**	-
Total net impairments	**1,204**	2,259

5. Employee expenses and numbers

5.1 Employee expenses

	Permanently employed	Temporary and contract staff	2018/19 total	2017/18 total
	£000	£000	£000	£000
Salaries and wages	170,527	9,726	**180,253**	170,340
Social security costs	17,703	884	**18,587**	17,590
Employer contributions to NHS Pensions Agency and NEST	20,508	705	**21,213**	20,143
Agency staff	-	5,999	**5,999**	6,400
	208,738	**17,314**	**226,052**	214,473

5.2 Average number of persons employed (full time equivalent)

	Permanently employed number	Temporary and contract staff number	2018/19 total number	2017/18 total number
Medical and dental staff	410	22	**432**	420
Administration and estates	1,120	84	**1,204**	1,201
Healthcare assistants and other support staff	400	52	**452**	435
Nursing, midwifery and health visiting staff	1,110	131	**1,241**	1,123
Nursing, midwifery and health visiting learners	30	-	**30**	-
Scientific, therapeutic and technical staff	587	23	**610**	704
Healthcare science	287	9	**296**	201
	3,944	**321**	**4,265**	4,084

5.3 Median pay

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in the Trust and the median remuneration of the Trust's workforce. The mid-point of the banded remuneration of the highest-paid director in the Trust in the financial year 2018/19 was £267,500 (2017/18: £257,500). This was 7.16 (2017/18: 7.0) times the median remuneration of the workforce, which was £37,345 (2017/18: £36,793). The median has been calculated to include inner London weighting, as the highest paid director is London-based.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

5.4 Retirement due to ill health

During 2018/19 there was one early retirement from the Trust agreed on the grounds of ill health (2017/18: three). The estimated additional pension liability of this ill health retirement will be £37,972 (2017/18: £293,669). The cost of ill health retirements is borne by the NHS Pensions Agency.

6. Profit/(Loss) on disposal of plant, property and equipment

	2018/19	2017/18
	£000	£000
Gain/(Loss) on disposal of plant and equipment	-	47
	-	47

7. Financing income

	2018/19	2017/18
	£000	£000
Interest receivable	348	75
	348	75

8. Finance expense

	2018/19	2017/18
	£000	£000
On loans from the Independent Trust Financing Facility	(191)	(216)
	(191)	(216)

9. Intangible assets

	Software licences
	£000
Cost at 1 April 2018	3,858
Additions purchased	1,956
Reclassifications	-
Disposals	-
Cost at 31 March 2019	5,814
Accumulated depreciation at 1 April 2018	(1,189)
Provided during the year	(812)
Reclassifications	-
Disposals	-
Depreciation at 31 March 2019	(2,001)
Purchased	3,727
Donated	86
Net book value at 31 March 2019	3,813
Cost at 1 April 2017	2,126
Additions purchased	1,732
Disposals	-
Cost at 31 March 2018	3,858
Accumulated depreciation at 1 April 2017	(597)
Provided during the year	(592)
Disposals	-
Depreciation at 31 March 2018	(1,189)
Purchased	2,527
Donated	142
Net book value at 31 March 2018	2,669

10. Property, plant and equipment

10.1 Property, plant and equipment at the balance sheet date comprise the following element:

	Land	Buildings and dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	**£000**
Cost at 1 April 2018	13,365	125,914	12,303	70,119	18,572	2,229	**242,502**
Additions purchased	-	-	10,679	-	-	-	**10,679**
Additions donated	-	-	5,187	-	-	-	**5,187**
Reclassifications	-	7,283	(15,978)	7,670	791	233	**0**
Disposals	-	-	-	(56)	(299)	-	**(355)**
Cost at 31 March 2019	**13,365**	**133,197**	**12,191**	**77,733**	**19,064**	**2,462**	**258,012**
Depreciation at 1 April 2018	-	(10,525)	-	(37,728)	(13,126)	(1,488)	**(62,867)**
Provided during the year	-	(6,802)	-	(5,447)	(1,881)	(202)	**(14,332)**
Impairment	-	(1,204)	-	-	-	-	**(1,204)**
Disposals	-	-	-	56	299	-	**355**
Depreciation at 31 March 2019	**-**	**(18,531)**	**-**	**(43,119)**	**(14,708)**	**(1,690)**	**(78,048)**
Net book value at 31 March 2019	**13,365**	**114,666**	**12,191**	**34,614**	**4,356**	**772**	**179,964**
Cost at 1 April 2017	13,365	122,938	5,515	68,552	17,920	2,209	**230,499**
Additions purchased	-	-	6,616	-	-	-	**6,616**
Additions donated	-	-	8,367	-	-	-	**8,367**
Reclassifications	-	2,976	(8,195)	4,547	652	20	**0**
Transfers to assets held for sale	-	-	-	(1,581)	-	-	**(1,581)**
Disposals	-	-	-	(1,399)	-	-	**(1,399)**
Cost at 31 March 2018	**13,365**	**125,914**	**12,303**	**70,119**	**18,572**	**2,229**	**242,502**
Depreciation at 1 April 2017	-	(2,389)	-	(34,669)	(10,648)	(1,270)	**(48,977)**
Provided during the year	-	(6,704)	-	(5,125)	(2,482)	(218)	**(14,528)**
Reclassifications	-	-	-	(4)	4	0	**(0)**
Impairment	-	(1,432)	-	-	-	-	**(1,432)**
Transfers to assets held for sale	-	-	-	725	-	-	**725**
Disposals	-	-	-	1,343	-	-	**1,343**
Depreciation at 31 March 2018	**-**	**(10,525)**	**-**	**(37,729)**	**(13,126)**	**(1,488)**	**(62,868)**
Net book value at 31 March 2018	**13,365**	**115,389**	**12,303**	**32,390**	**5,446**	**741**	**179,634**

None of the land or buildings were held under finance leases or hire purchase contracts at either 31 March 2019 or 31 March 2018.

10.2 Property, plant and equipment by funding source

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	**£000**
Purchased	13,365	68,665	8,779	19,632	4,299	409	**115,151**
Donated	-	46,001	3,412	14,982	57	363	**64,814**
Net book value at 31 March 2019	**13,365**	**114,666**	**12,191**	**34,614**	**4,356**	**772**	**179,965**
Purchased	13,365	69,612	8,257	17,961	5,375	296	**114,867**
Donated	-	45,776	4,046	14,428	71	445	**64,767**
Net book value at 31 March 2018	**13,365**	**115,389**	**12,303**	**32,390**	**5,446**	**741**	**179,634**

10.3 The net book value of land and buildings comprises:

	31 March 2019	31 March 2018
	£000	£000
Freehold	**128,031**	128,754
	128,031	128,754

11. Investments in joint ventures

	2018/19	2017/18
	£000	£000
Value at 1 April 2018	**2,428**	2,097
Acquisitions in year	**-**	-
Share of profit	**281**	331
Value at 31 March 2019	**2,709**	2,428

During the year 2015/16, the Trust undertook the joint venture arrangement 'Systems Powering Healthcare Limited' with Chelsea and Westminster NHS Foundation Trust, which manages the IT service provision for both Trusts. Each Trust owns 50 per cent and the company is incorporated in the UK.

12. Inventories

	2018/19	2017/18
	£000	£000
Raw materials and consumables	5,966	5,176
	5,966	5,176

13. Trade receivables and other receivables

13.1 Current

	2018/19	2017/18
	£000	£000
NHS contract receivables*	**17,076**	21,078
Non-NHS contract receivables*	**45,793**	-
Allowance for impaired receivables*	**(113)**	(62)
Allowance for impaired contract receivables/ assets*	**(4,607)**	(6,752)
Prepayments	**6,193**	5,167
Accrued income*	**1,377**	29,893
Contract assets*	**52,675**	-
Other receivables*	**4,101**	43,076
	122,494	92,401

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement, therefore the comparative analysis of receivables has not been restated under IFRS 15.

13.2 Allowances for credit losses – 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
At 1 April 2018	**6,752**	**62**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	**(1,377)**	**-**
Changes in existing allowances	**(29)**	**52**
Utilisation of allowances (write offs)	**(738)**	**-**
At 31 March 2019	**4,607**	**113**

13.3 Allowances for credit losses – 2017/18

	2017/18
	£000
At 1 April 2017	7,404
Changes in existing allowances	296
Utilisation of allowances (write offs)	(887)
At 31 March 2018	6,813

IFRS 9 and IFRS 15 are adopted without restatement, therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result, 2017/18 allowances for credit losses differ in format to the 2018/19 disclosure.

13.4 Analysis of impaired trade and other receivables

	2018/19	2017/18
	£000	£000
Ageing of impaired receivables		
Up to three months	**1,776**	745
In three to six months	**870**	1,320
Over six months	**2,075**	4,748
	4,721	6,813
Ageing of non-impaired receivables past their due date		
Up to three months	**19,887**	21,048
In three to six months	**8,067**	6,886
Over six months	**7,564**	11,275
	35,518	39,209

14. Non-current asset held for sale

	2018/19	2017/18
	£000	£000
Net book value 1 April 2018	**29**	-
Asset reclassified as available for sale	**-**	856
Revaluation	**-**	-
Impairment	**-**	(827)
Disposals	**(29)**	-
Net book value at 31 March 2019	**-**	29

15. Current liabilities

	2018/19	2017/18
	£000	£000
NHS payables	**7,061**	8,456
Trade and other payables	**17,490**	17,490
Provisions	**493**	41
Accruals	**28,017**	33,289
Borrowings	**2,497**	2,477
Tax payable	**5,164**	4,735
Deferred income: contract liabilities	**5,333**	5,065
Other deferred income	**13,037**	13,346
Other liabilities	**10,575**	9,806
	89,667	94,705

16. Non-current liabilities

16.1 Provisions for liabilities and charges

	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000
At 1 April 2017	(5)	-	(15)	(20)
Arising during the year	(20)	-	(1)	(21)
Utilised during the year	-	-	-	-
Reversed unused	-	-	-	-
At 31 March 2018	(26)	-	(15)	(41)

	Legal claims	Redundancy	Other	**Total**
	£000	£000	£000	**£000**
At 1 April 2018	(26)	-	(15)	**(41)**
Arising during the year	(13)	(440)	-	**(452)**
At 31 March 2019	(38)	(440)	(15)	**(493)**
Expected timing of cash flows:				
– not later than one year	(38)	(440)	(15)	**(493)**
Total	**(38)**	**(440)**	**(15)**	**(493)**

Legal claims are estimates from NHS Resolution on employer and public liability claims. The risks are limited to the policy excesses with NHS Resolution. Redundancy provisions are calculated using Agenda for Change guidelines. The timing of cash flows on redundancy is dependent on the outcome of consultations. Other provisions consist solely of dilapidations. No reimbursement is expected for any of these provisions.

£2,485,647 is included in the provisions of NHS Resolution at 31 March 2019 in respect of clinical negligence liabilities of the Trust (31 March 2018: £2,100,748).

16.2 Borrowings

Current	**2018/19**	2017/18
	£000	£000
Loans from the Independent Trust Financing Facility	**2,497**	2,477
	2,497	2,477

Non-current	**2018/19**	2017/18
	£000	£000
Loans from the Independent Trust Financing Facility	**13,478**	11,655
	13,478	11,655

The Trust has a fully drawn down loan facility of £21 million from the Independent Trust Financing Facility. The principal is repayable in 17 equal instalments. This began in August 2015 and will end in August 2023. Interest is payable at a fixed rate of 1.42 per cent for the duration of the loan.

The Trust has an additional loan facility of £15 million from the Independent Trust Financing Facility, of which £4.8 million has been drawn down. The principal is repayable in 15 equal instalments commencing February 2021 and ending February 2028. Interest is payable at a fixed rate of 0.86 per cent for the duration of the loan.

17. Notes to the cash flow statement

17.1 Reconciliation of net cash flow to movement in net funds

	2018/19	2017/18
	£000	£000
Increase/(Decrease) in cash in the period	**30,902**	26,166
Net funds at 1 April	**47,262**	21,096
Net funds at 31 March	**78,164**	47,262

17.2 Analysis of changes in net funds/(debt)

	At 31 March 2019	Changes in cash in year	At 1 April 2018
	£000	£000	£000
Government Banking Service cash at bank	**77,854**	31,534	46,320
Commercial cash at bank and in hand	**310**	(632)	942
Cash and cash equivalents	**78,164**	30,902	47,262

18. Capital commitments

Commitments under capital expenditure contracts at the balance sheet date were £13,812,463 (2017/18: £1,460,175). There is £3,141,364 (2017/18 £1,047,575) in capital expenditure committed to be funded by The Royal Marsden Cancer Charity. All capital commitments relate to property, plant, equipment and IT.

19. Contingencies

There are no contingent assets or liabilities at the balance sheet date (2017/18: Nil).

20. Financial performance targets

20.1 Public dividend capital (PDC)

The Trust is required to demonstrate that the PDC dividend paid is in line with the actual rate of 3.5 per cent of average relevant net assets. The actual dividend rate is the dividend payable figure in the Statement of Comprehensive Income, £3,286,424 (2017/18: £3,643,644), divided by the average of relevant opening and closing net assets, £93,897,828 (2017/18: £104,134,059), expressed as a percentage. This gives an actual dividend rate for 2018/19 of 3.5 per cent (2017/18: 3.5 per cent).

20.2 Losses and special payments

There were 607 cases of losses and special payments (2017/18: 378) totalling £738,162 (2017/18: £886,145). Losses and special payments are reported on an accrual basis. Provisions for future losses are reported in note 16 and are excluded from this disclosure.

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment exceeded £300,000 (2017/18: £nil).

	2018/19	**2018/19**	2017/18	2017/18
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Losses of cash due to:				
Salary overpayments	**33**	**25**	13	9
Bad debts and claims abandoned in relation to private patients	**536**	**538**	308	740
Bad debts and claims abandoned in relation to overseas visitors	**4**	**142**	11	132
Bad debts and claims abandoned in relation to other	**34**	**33**	46	5
	607	**738**	378	886
Special payments:				
Special severance payments	**-**	**-**	-	-
Other	**-**	**-**	-	-
	-	**-**	-	-
Total losses and special payments	**607**	**738**	378	886
Of which, cases of £250,000 or more:	**-**	**-**	-	-

21. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at: www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that 'the period between formal valuations shall be four years, with approximate assessments in intervening years'. An outline of these follows:

a. Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019 is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b. Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care has recently laid scheme regulations confirming that the employer contribution rate will increase to 20.6 per cent of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018, the government announced a pause to that part of the valuation process, pending conclusion of the continuing legal process.

22. Related party transactions

The Trust is a public benefit corporation and has been authorised pursuant to Section 6 of the Health and Social Care (Community Health and Standards) Act 2003. The Department of Health and Social Care is the Trust's parent department.

During the year none of the Board Members or members of the senior management team or parties related to them has undertaken any material transactions with the Trust.

During the year the Trust has had a significant number of material transactions with the following NHS bodies:

- NHS England
- NHS clinical commissioning groups
- NHS foundation trusts
- NHS trusts
- Department of Health and Social Care
- Community Health Partnership
- Health Education England
- NHS Pension Scheme
- NHS Property Services
- NHS Blood and Transplant.

The Trust has also had a number of transactions with government departments and other central and local government bodies. These include transactions with the Royal Borough of Kensington and Chelsea, and the London Borough of Sutton, relating to business rates. In addition, the Trust had transactions with the Royal Marsden Cancer Charity, which is an independent registered charity (Charity no 1095197) and a company limited by guarantee. Up to four Board members of the Trust, including the Chairman and the Chief Executive, are Trustees of The Royal Marsden Cancer Charity. The Trust has also had transactions with its joint venture, Systems Powering Healthcare Limited.

The Trust has entered into the following material transactions with related parties:

Income	2018/19
	£000
NHS England	188,335
NHS Sutton CCG	32,474
Royal Marsden Cancer Charity	21,523
Department of Health and Social Care	15,327
Health Education England	6,833
NHS Surrey Downs CCG	5,734
NHS Croydon CCG	4,485
Sutton London Borough Council	4,302
Guy's and St Thomas' NHS Foundation Trust	2,331
NHS Wandsworth CCG	2,314
NHS Lambeth CCG	2,296
NHS Kingston CCG	2,221
NHS Merton CCG	2,131
NHS Richmond CCG	2,079
Epsom and St Helier University Hospitals NHS Trust	1,733
NHS West London CCG	1,666
NHS Central London CCG	1,161
NHS East Surrey CCG	1,120
NHS Hammersmith and Fulham CCG	1,109
	299,174

Income	2017/18
	£000
NHS England	161,666
NHS Sutton CCG	31,802
Royal Marsden Cancer Charity	20,855
Department of Health and Social Care	12,315
Health Education England	6,573
NHS Surrey Downs CCG	5,819
Sutton London Borough Council	5,380
NHS Croydon CCG	4,851
NHS Trafford CCG	2,684
NHS Lambeth CCG	2,413
NHS Wandsworth CCG	2,232
NHS Kingston CCG	2,075
Guy's and St Thomas' NHS Foundation Trust	2,475
NHS Richmond CCG	1,739
NHS West London CCG	1,735
NHS Merton CCG	1,850
NHS East Surrey CCG	1,306
St George's University Hospitals NHS Foundation Trust	1,087
NHS Central London CCG	1,074
	269,931

Expenditure	**2018/19**
	£000
NHS Pension Scheme	**21,082**
HM Revenue & Customs	**19,336**
Systems Powering Healthcare Limited	**4,589**
NHS Blood and Transplant	**2,326**
Chelsea and Westminster NHS Foundation Trust	**1,579**
Kingston Hospital NHS Foundation Trust	**1,514**
Royal Brompton and Harefield NHS Foundation Trust	**1,504**
Epsom and St Helier University Hospitals NHS Trust	**1,276**
NHS Resolution (formerly NHS Litigation Authority)	**1,240**
St George's University Hospitals NHS Foundation Trust	**1,221**
Imperial College Healthcare NHS Trust	**1,046**
	56,713

Expenditure	2017/18
	£000
NHS Pension Scheme	20,143
HM Revenue & Customs	18,401
Systems Powering Healthcare Limited	5,431
Chelsea and Westminster NHS Foundation Trust	2,424
Kingston Hospital NHS Foundation Trust	1,602
Epsom and St Helier University Hospitals NHS Trust	1,193
NHS Central London (Westminster) CCG	1,298
St George's University Hospitals NHS Foundation Trust	1,258
NHS Property Services	1,135
	52,885

Receivables	2018/19
	£000
NHS England	**51,561**
Systems Powering Healthcare Limited	**1,401**
Epsom and St Helier University Hospitals NHS Trust	**1,324**
St George's University Hospitals NHS Foundation Trust	**1,140**
	55,426

Receivables	2017/18
	£000
NHS England	33,502
NHS Sutton CCG	1,480
St George's University Hospitals NHS Foundation Trust	1,204
Chelsea and Westminster NHS Foundation Trust	1,156
NHS Croydon CCG	1,008
	38,350

Payables	2018/19
	£000
HM Revenue & Customs	**5,164**
NHS Pension Scheme	**3,179**
St George's University Hospitals NHS Foundation Trust	**1,008**
	9,352

Payables	2017/18
	£000
HM Revenue & Customs	4,735
NHS Pension Scheme	2,938
	7,673

23. Financial instruments

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with NHS England and CCGs, and the way that NHS England and CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities.

Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Trust has limited powers to borrow or invest surplus funds, and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's financial instruments comprise loans, finance lease obligations, provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors, that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Trust's operations.

23.1 Categories of financial instruments

	2018/19	2017/18
	£000	£000
Financial assets		
Loans and receivables (including cash)	**194,466**	134,496
Financial liabilities		
Other financial liabilities (amortised cost)	**84,282**	87,908

23.2 Fair values

	31 March 2019	31 March 2019	31 March 2018	31 March 2018
	Book value	Fair value	Book value	Fair value
	£000	£000	£000	£000
Financial liabilities				
Provision under contract	**(493)**	**(493)**	(41)	(41)

As allowed by IFRS 7, short-term trade debtors and creditors measured at amortised cost may be excluded from the above disclosure as their book values reasonably approximate their fair values.

23.3 Liquidity and interest risk tables

	Weighted average interest rate %	Less than 1 year	Total
		£000	£000
Financial assets			
Non-interest bearing		116,301	116,301
Variable interest rate instrument	0.25%	78,164	78,164
Gross financial assets at 31 March 2019		**194,465**	**194,465**
Non-interest bearing		87,234	87,234
Variable interest rate instrument	0.25%	47,262	47,262
Gross financial assets at 31 March 2018		134,496	134,496

23.4 Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note. Trade and other receivables outstanding not past due are considered recoverable and are not impaired.

24. Third party assets

The Trust held nil cash at bank and negligible cash in hand at 31 March 2019 (31 March 2018: nil) which relates to monies held by the Trust on behalf of patients.

25. Events after the reporting period

There have been no material events after the reporting period.

26. Initial application of IFRS 9

IFRS 9 Financial Instruments, as interpreted and adapted by the GAM, has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018, borrowings increased by £21,483, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in no change in the carrying value of receivables.

27. Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers, as interpreted and adapted by the GAM, has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

The initial application of IFRS had no material impact for the Trust.

Life demands excellence

At The Royal Marsden, we deal with cancer every day so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best.

That's why the pursuit of excellence lies at the heart of everything we do. No matter what we achieve, we're always striving to do more. No matter how much we exceed expectations, we believe we can exceed them still further.

We will never stop looking for ways to improve the lives of people affected by cancer. This attitude defines us all, and is an inseparable part of the way we work. It's The Royal Marsden way.

You can visit, write to or call The Royal Marsden using the following details:

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Sutton, Surrey

The Royal Marsden
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www.royalmarsden.nhs.uk

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