

Information Pack

March 2020



Information Pack Contents

1. M10 2019/20 Finance Report
2. Key Performance Indicators Q3



SUMMARY SHEET

| | |
|---|---|
| Title of Document: | |
| Month 10 2019/20 Finance Report | |
| 1. Purpose: | |
| <i>Relates to:</i> | |
| <i>Operational Performance</i> | ✓ |
| 2. Summary | |
| <p>For the month of January the key headlines are as follows:</p> <ul style="list-style-type: none"> • Operating surplus in month of £2.8m which is £1.3m favourable to plan (Year to date [YTD] £9.0m favourable). The in-month position was primarily driven by NHS income whilst the YTD position is also driven by over-performance against plan on private care income; • Retained surplus in month of £1.6m, £0.8m favourable to plan (YTD £0.4m adverse) driven by below plan donated asset income linked to below plan capital spend; • Agency expenditure of £0.4m in month, a favourable variance against the cap of £0.2m; and • Cash in bank of £114.6m, a favourable variance of £16.9m to plan. <p>The Trust reforecast the full year position after Quarter 3. The current forecast is to exceed planned retained surplus by £6.7m, driven by above plan income and below plan costs. The potential range around this reforecast has been assessed as c.£2m downside risk (mainly reduced private patient income) and c.£2m upside risk (mainly unutilised central reserves).</p> <p>The Trust submitted a revised capital forecast to NHS Improvement in January 2020, which has reduced the forecast to £36.0m spend, of which £22.8m is internally funded.</p> | |

1. Introduction

The paper provides a summary of the financial position at 31 January 2020.

Prior year comparator figures and run rates have been adjusted to exclude Sutton Community Services which transferred to Sutton Health and Care Provider Alliance on 1 April 2019.

2. Summary Financial Position

Key headlines

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

- Operating surplus in month of £2.8m which is £1.3m **favourable** to plan (**Year to date [YTD] £9.0m favourable**). The in-month position was primarily driven by NHS income whilst the YTD position is also driven by over-performance against plan on private care income;
- Retained surplus in month of £1.6m, £0.8m **favourable** to plan (YTD £0.4m adverse) driven by below plan donated asset income linked to below plan capital spend;
- Agency expenditure of £0.4m in month, a **favourable** variance against the cap of £0.2m; and
- Cash in bank of £114.6m, a **favourable** variance of £16.9m to plan.

The Trust reforecast the full year position after Quarter 3 and this is shown below. The current forecast is to exceed planned retained surplus by £6.7m, driven by above plan income and below plan costs. The potential range around this reforecast has been assessed as c.£2m downside risk (mainly reduced private patient income) and c.£2m upside risk (mainly unutilised central reserves).

| | In Month | | | Year to Date | | | Prior Year to Date | | 2019/20 | | |
|----------------------------------|-----------------|-----------------|--------------|-----------------|-----------------|--------------|--------------------|--------------|-----------------|-------------------|------------------|
| | Budget £'000 | Actual £'000 | Var £'000 | Budget £'000 | Actual £'000 | Var £'000 | Actual £'000 | Var £'000 | Budget £'000 | Forecast £'000 | F/C Var £'000 |
| Income | | | | | | | | | | | |
| NHS Clinical Income | (18,037) | (19,665) | (1,628) | (173,850) | (180,291) | (6,442) | (163,396) | (16,896) | (208,278) | (216,507) | (8,229) |
| Non NHS Clinical Income | (12,291) | (11,376) | 916 | (108,146) | (110,789) | (2,643) | (100,506) | (10,282) | (130,663) | (134,625) | (3,962) |
| NHS Non Clinical Income | (5,066) | (4,387) | 679 | (46,100) | (44,325) | 1,774 | (62,611) | 18,285 | (54,934) | (53,360) | 1,574 |
| Non NHS Non Clinical Income | (2,257) | (2,629) | (372) | (22,920) | (22,058) | 861 | (20,962) | (1,097) | (27,393) | (25,880) | 1,513 |
| | (37,651) | (38,056) | (405) | (351,015) | (357,464) | (6,449) | (347,474) | (9,990) | (421,268) | (430,371) | (9,103) |
| Expenditure | | | | | | | | | | | |
| Pay | 20,259 | 18,645 | (1,614) | 187,277 | 183,479 | (3,798) | 172,956 | 10,523 | 227,785 | 221,354 | (6,431) |
| Non Pay | 15,919 | 16,615 | 696 | 141,908 | 143,140 | 1,232 | 130,137 | 13,003 | 171,640 | 172,237 | 597 |
| | 36,178 | 35,260 | (919) | 329,185 | 326,619 | (2,566) | 303,094 | 23,526 | 399,425 | 393,591 | (5,833) |
| Operating Surplus | (1,473) | (2,797) | (1,324) | (21,830) | (30,845) | (9,015) | (44,381) | 13,536 | (21,843) | (36,780) | (14,937) |
| PDC, Interest, JV | 315 | 357 | 42 | 2,994 | 2,905 | (89) | 2,924 | (18) | 3,636 | 3,462 | (175) |
| Donated Asset Income | (1,054) | (464) | 590 | (17,328) | (7,823) | 9,505 | (4,904) | (2,919) | (20,489) | (13,201) | 7,288 |
| Depreciation | 1,436 | 1,328 | (108) | 13,541 | 13,284 | (256) | 12,520 | 764 | 16,488 | 16,082 | (406) |
| Loss on Disposal Fixed Assets | - | - | - | - | 256 | 256 | - | 256 | - | 256 | 256 |
| Impairment | - | - | - | - | - | - | - | - | - | 1,250 | 1,250 |
| Retained Surplus | (775) | (1,576) | (800) | (22,624) | (22,223) | 401 | (33,841) | 11,618 | (22,209) | (28,932) | (6,723) |
| Control Total (excl. PSF) | 526 | (1,423) | (1,949) | (4,371) | (17,883) | (13,512) | (18,262) | 379 | (500) | (21,119) | (20,619) |

The Trust reports the percentage of income for the provision of goods and services for the purpose of the health service as set out within the NHS Act 2006 and amended by the Health and Social Care Act 2012.

As a ratio the Trust is required to have more income as NHS than non-NHS and for month 10 YTD the position was 63% of income was from NHS sources.

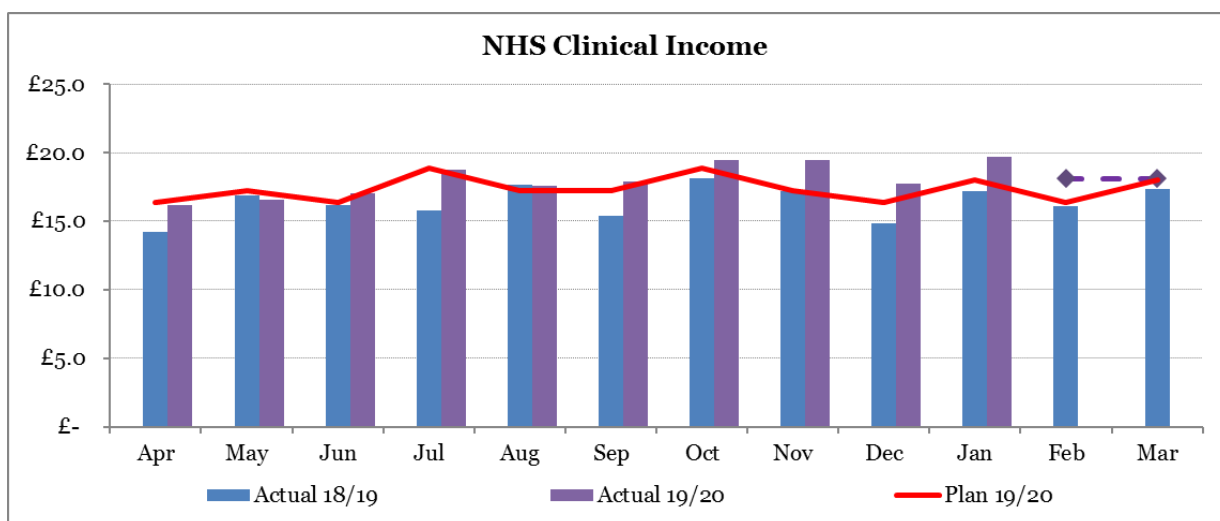
3. Income and Expenditure

Income – The income position was £0.4m favourable in month, with the YTD position £6.4m favourable.

NHS Clinical Income was £1.6m favourable to plan in month driven by above plan drugs (£0.9m) and activity in most areas, including outpatient attendances (£0.2m), unbundled imaging (£0.1m), chemotherapy delivery (£0.1m) and daycase admissions (£0.1m). The YTD position is £6.4m favourable, driven primarily by above plan drugs income (£4.8m), with activity income now also ahead of plan.

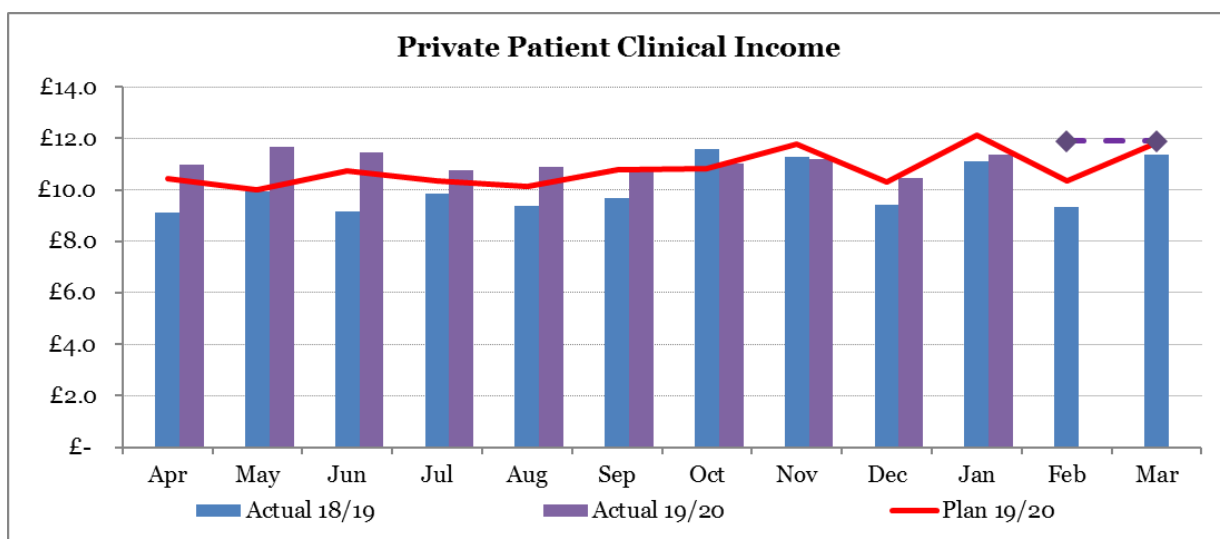
NHS Non-Clinical Income was £0.7 adverse in month (£1.8m adverse YTD). The position is driven primarily by below plan grant income, offset by lower expenditure.

Non-NHS Non-Clinical income was £0.4m favourable in month but remains £0.8m behind plan YTD, due to below plan commercial income (£0.4m) and other operating income (£0.6m).



Private Care income was £0.9m below plan in month although remains £2.6m ahead of plan YTD. The in-month position was driven by below plan critical care and theatres activity.

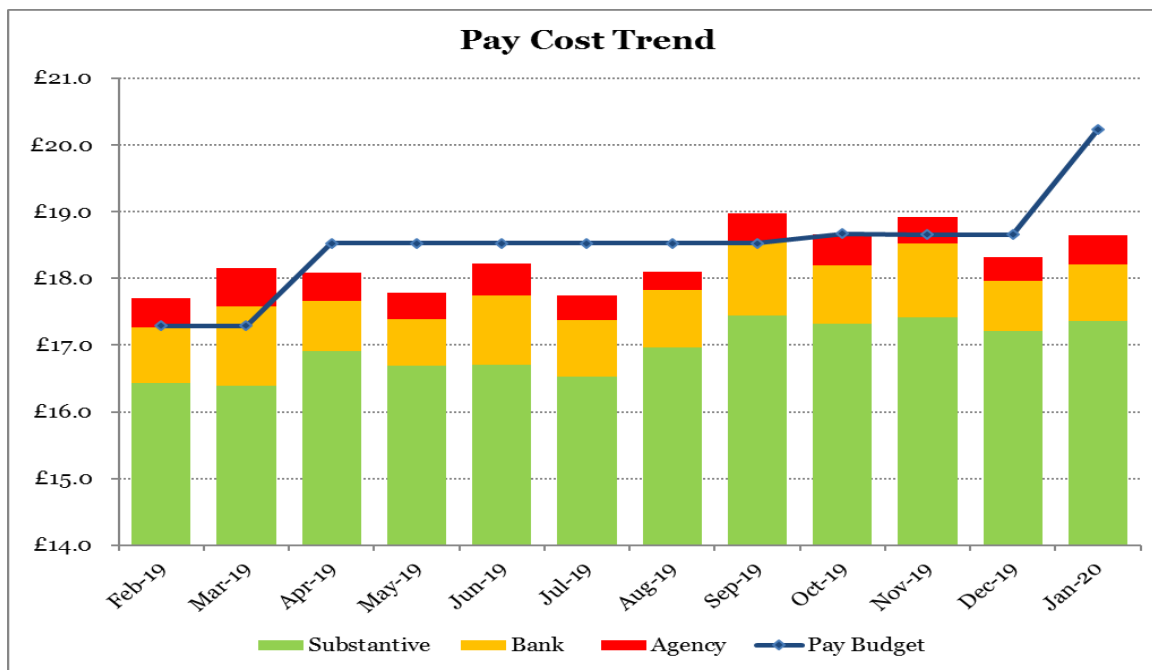
The current forecast is based on delivering budget across quarter four, with an increase in activity planned. Performance in month 10 suggests there is some risk attached to this, as reflected in the potential range of the Trust’s overall forecast.



Pay expenditure – was £1.6m favourable to budget in month, although Medical Junior spend was £0.1m over budget, due to bank and agency usage to cover vacancy, sickness and maternity leave.

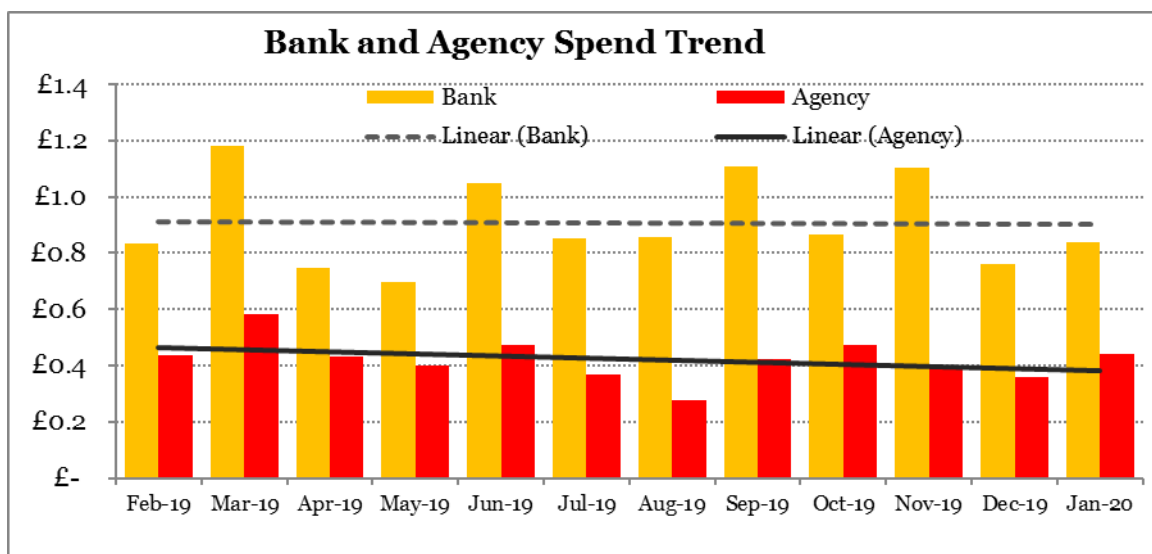
Additional controls remain in place, particularly around temporary staffing (bank, agency and overtime). The temporary staff group meets monthly with deep dive sessions held with divisions with high temporary staffing use.

Pay spend is forecast to be £6.4m underspent at year end primarily due to unutilised business case reserves.



NHS Improvement has not changed the agency expenditure cap for the Trust from £6.9m for the year, or £573k per month, despite the loss of the Community Services contract although, lower internal caps have been set to help manage this spend down further. Overall the Trust is below the NHS Improvement agency expenditure cap by £0.2m in month (£1.7m YTD).

The Trust reports breaches of the agency price caps to NHS Improvement on a weekly basis. In the four-week period to 2 February 2020 the Trust reported 275 shift breaches for medical staff and 55 breaches for admin & clerical staff. This compares to 166 and 30 respectively in the preceding four-week period (which included the festive period, with reduced activity).



Non-pay expenditure – was £0.7m adverse to plan in month and is £1.2m adverse YTD. The position is driven by an overspend on drugs (offset by income), offset by underspends in several areas, notably clinical supplies, premises costs and other expenditure (release of bad debt provision).

Non-pay expenditure is currently forecast to be £0.6m adverse by year end. The adverse forecast is primarily driven by overspends on drugs (offset by income) offset by below plan spend on clinical supplies and unutilised business case reserves.

Non-operating items – donated asset income is £9.5m behind plan year to date due to delayed capital spend.

4. Capital Expenditure

Capital expenditure is £20.1m year to date compared to a plan of £38.4m. This is primarily due to some slippage on Cavendish Square, Oak Cancer Centre and medical equipment spend.

A revised capital plan was submitted to NHS Improvement on 15 July for £47.7m capital expenditure, compared to the original plan for £53.8m.

The Trust submitted a revised capital forecast to NHS Improvement in January 2020, which has reduced the forecast to £36.0m spend, of which £22.8m is internally funded (internally funded spend to month 10 is £12.3m). Delivering this forecast is a key area of focus between now and year end.

5. Cash and Debt

Cash – The Trust had £114.6m in cash at the end of January, £16.9m favourable to plan. This is driven by the receipt of £12m 2018/19 bonus Provider Sustainability Funding not included in the original plan and below plan capital spend.

Debt – Overall trade receivables have reduced by c.£2.7m year to date, to £59.2m as at 31 January 2020, although both NHS debtors (by £5.3m) and Private Care debtors (by £5.2m) have increased since quarter two. The rise in NHS debtors is linked to delays in payment from NHS England. The Private Care increase is linked to a positive reduction in the billing lag from 27 to 19 days.

6. Conclusion and Recommendation

Operating surplus in month is £1.3m favourable to plan (YTD £9.0m favourable). The in-month position was primarily driven by NHS income while the YTD position also includes over-performance against plan on private patient income.

The cash position remains strong. The Trust is currently forecasting to exceed its planned retained surplus by £6.7m.

The Committee is requested to note the financial position for month 10, including the NHS Improvement 'Use of Resources' rating of 1.

Appendix 1: Income and Expenditure

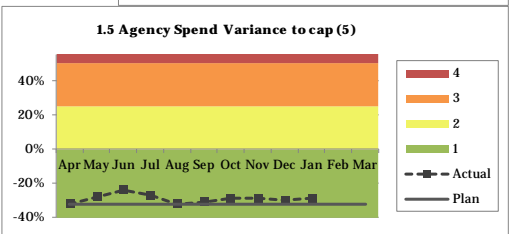
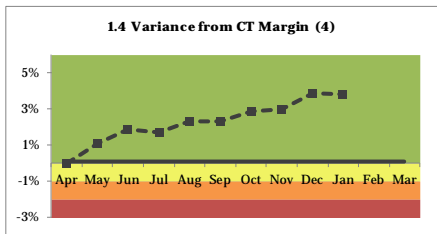
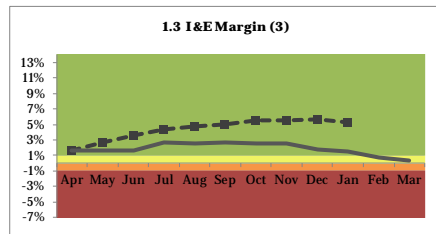
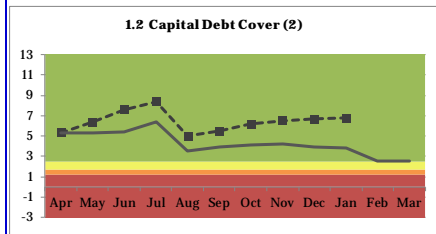
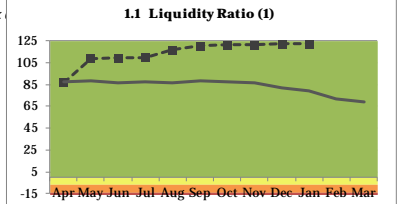
| | In Month | | | Year to Date | | | Prior Year to Date | | 2019/20 | | | Average Monthly Run Rates | | | |
|----------------------------------|----------|----------|---------|--------------|-----------|----------|--------------------|----------|-----------|-----------|----------|---------------------------|---------------|---------------|---------------|
| | Budget | Actual | Var | Budget | Actual | Var | Actual | Var | Budget | Forecast | F/C Var | 1819 Q4 | 1920 Q1 | 1920 Q2 | 1920 Q3 |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Income | | | | | | | | | | | | <i>Actual</i> | <i>Actual</i> | <i>Actual</i> | <i>Actual</i> |
| NHS Clinical Income | (18,037) | (19,665) | (1,628) | (173,850) | (180,291) | (6,442) | (163,396) | (16,896) | (208,278) | (216,507) | (8,229) | (16,856) | (16,607) | (18,038) | (18,897) |
| Non NHS Clinical Income | (12,291) | (11,376) | 916 | (108,146) | (110,789) | (2,643) | (100,506) | (10,282) | (130,663) | (134,625) | (3,962) | (10,650) | (11,380) | (10,866) | (10,893) |
| NHS Non Clinical Income | (5,066) | (4,387) | 679 | (46,100) | (44,325) | 1,774 | (62,611) | 18,285 | (54,934) | (53,360) | 1,574 | (14,347) | (4,085) | (4,355) | (4,880) |
| Non NHS Non Clinical Income | (2,257) | (2,629) | (372) | (22,920) | (22,058) | 861 | (20,962) | (1,097) | (27,393) | (25,880) | 1,513 | (2,066) | (1,843) | (2,073) | (2,561) |
| | (37,651) | (38,056) | (405) | (351,015) | (357,464) | (6,449) | (347,474) | (9,990) | (421,268) | (430,371) | (9,103) | (43,918) | (33,915) | (35,331) | (37,230) |
| Expenditure | | | | | | | | | | | | | | | |
| Pay | 20,259 | 18,645 | (1,614) | 187,277 | 183,479 | (3,798) | 172,956 | 10,523 | 227,785 | 221,354 | (6,431) | 17,779 | 18,033 | 18,276 | 18,636 |
| Non Pay | 15,919 | 16,615 | 696 | 141,908 | 143,140 | 1,232 | 130,137 | 13,003 | 171,640 | 172,237 | 597 | 13,113 | 13,410 | 13,677 | 15,087 |
| | 36,178 | 35,260 | (919) | 329,185 | 326,619 | (2,566) | 303,094 | 23,526 | 399,425 | 393,591 | (5,833) | 30,893 | 31,444 | 31,953 | 33,723 |
| Operating Surplus | (1,473) | (2,797) | (1,324) | (21,830) | (30,845) | (9,015) | (44,381) | 13,536 | (21,843) | (36,780) | (14,937) | (13,026) | (2,471) | (3,378) | (3,507) |
| PDC, Interest, JV | 315 | 357 | 42 | 2,994 | 2,905 | (89) | 2,924 | (18) | 3,636 | 3,462 | (175) | 155 | 288 | 289 | 272 |
| Donated Asset Income | (1,054) | (464) | 590 | (17,328) | (7,823) | 9,505 | (4,904) | (2,919) | (20,489) | (13,201) | 7,288 | (677) | (560) | (1,394) | (500) |
| Depreciation | 1,436 | 1,328 | (108) | 13,541 | 13,284 | (256) | 12,520 | 764 | 16,488 | 16,082 | (406) | 1,307 | 1,315 | 1,327 | 1,344 |
| Loss on Disposal Fixed Assets | - | - | - | - | 256 | 256 | - | 256 | - | 256 | 256 | - | 85 | - | - |
| Impairment | - | - | - | - | - | - | - | - | - | 1,250 | 1,250 | 401 | - | - | - |
| Retained Surplus | (775) | (1,576) | (800) | (22,624) | (22,223) | 401 | (33,841) | 11,618 | (22,209) | (28,932) | (6,723) | (11,839) | (1,342) | (3,156) | (2,391) |
| Control Total (excl. PSF) | 526 | (1,423) | (1,949) | (4,371) | (17,883) | (13,512) | (18,262) | 379 | (500) | (21,119) | (20,619) | | | | |

Use of Resources Rating

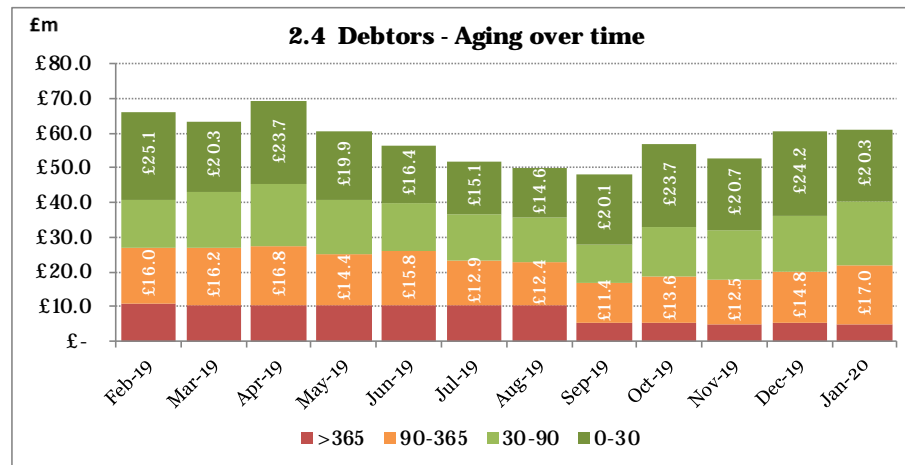
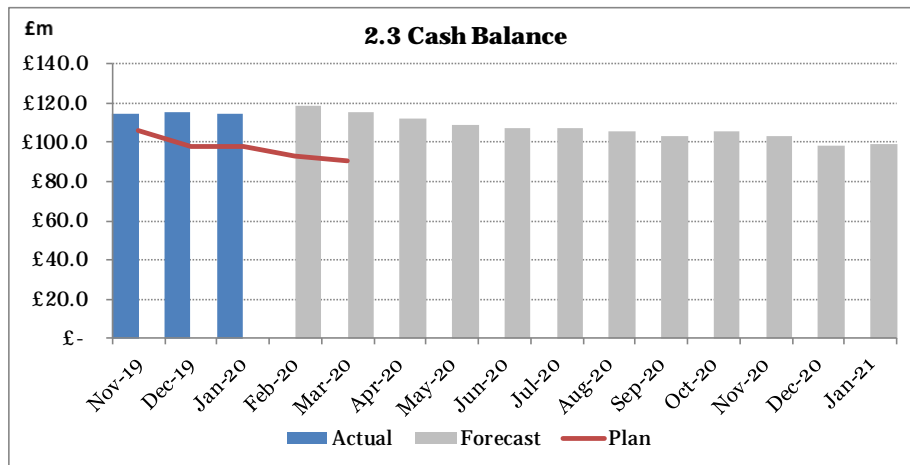
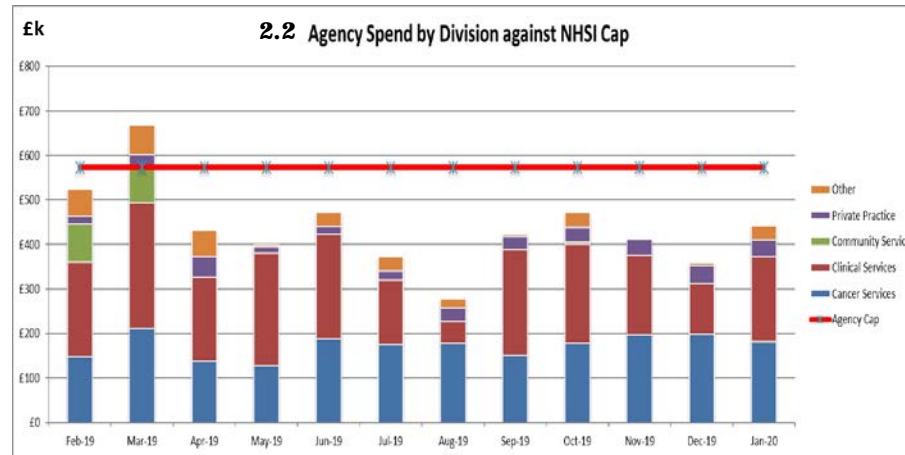
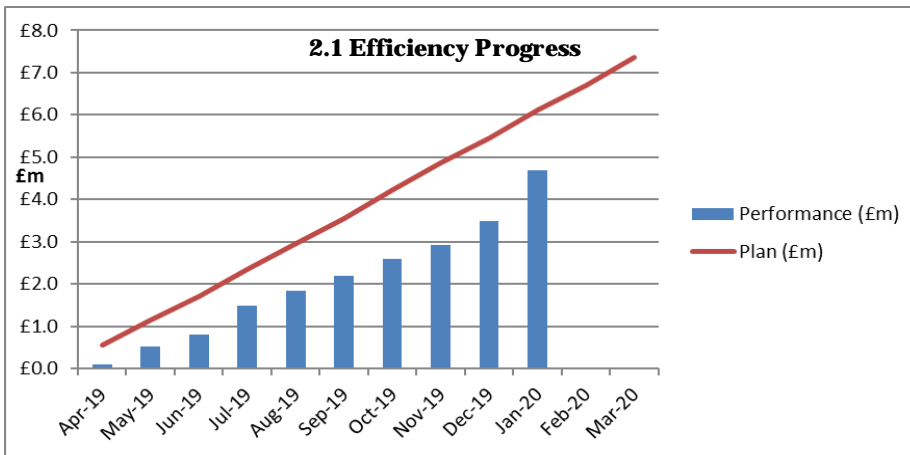
| | Plan YTD | Actual YTD |
|--------------------------|----------|------------|
| Liquidity | 1 | 1 |
| Capital Debt Cover Ratio | 1 | 1 |
| I&E Margin | 1 | 1 |
| Variance From CT Margin | 1 | 1 |
| Agency Spend | 1 | 1 |
| Use of Resources Rating | 1 | 1 |

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

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



Appendix 2: CIPs, Agency, Cash and Debt



SUMMARY SHEET

| | |
|--|-------------|
| Title of Document: Key Performance Indicators Q3 | |
| 1. <u>Purpose:</u> | |
| <i>Relates to:</i> | |
| <i>Operational Performance</i> | <i>KPIs</i> |
| 2. <u>Summary</u> The report includes a refreshed Trust balanced scorecard for 19/20 and a commentary on the red-rated indicators in the quarter 3 report including actions underway to improve performance. | |

KEY PERFORMANCE INDICATORS

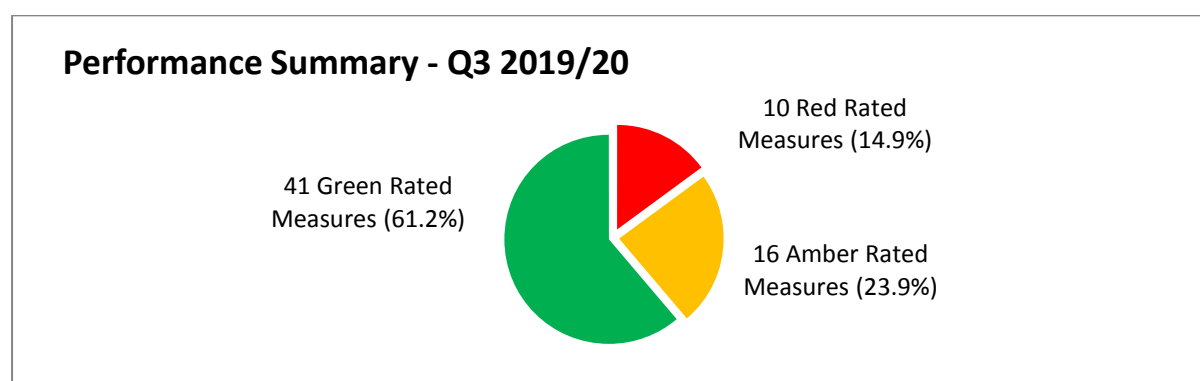
QUARTER 3 2019/20

1. Purpose

This paper provides the Board with an update on the Trust’s performance for quarter 3 2019/20. The scorecard and narrative is also submitted to the Council of Governors.

This report refers to the balanced scorecard for the Trust and provides a commentary on the red-rated indicators identified in quarter 3 reporting, including actions underway to improve performance.

2. Performance for Quarter 3 19/20



Of the 67 RAG-rated metrics, 41 were rated green in Quarter 3 with 10 metrics rated red. Of the Red rated indicators, 3 areas represent a continuation of longer term issues:

1. 62 Day Referral to Treatment (GP Urgent referrals)
2. Research – Accrual to target
3. Chemotherapy waiting times

However, this quarter two areas that were previously noted for their long-term under-performance shifted from red to green, these were the Two Week Rule targets and the 62 Day screening target.

The following section of the report provides a commentary on the red-rated indicators identified in quarter 3 reporting, including actions underway to improve performance.

3.1 Safe Care: Healthcare Acquired Infections

| Q3 19/20 | MRSA Positive Cultures (Cumulative) | | |
|----------|-------------------------------------|-----------|-----------------|
| | Actual: 1 | Target: 0 | Forecast: Green |

The Trust reported an attributable MRSA culture in Oct 2019.

The MRSA bacteraemia was identified on Wiltshaw Ward and was associated with a portacath that had been in situ for an extended period. The source of the infection could not

clearly be established but the infection was considered attributable to the Trust by PHE criteria.

On identification of the infection, the patient was isolated to prevent cross contamination and received IV and oral antibiotics which resolved the infection.

The incident was subsequently reviewed at panel on the 13th December and the report from that investigation was reviewed and approved at the Trust's IGRM meeting in February 2020. The key actions from that investigation are:

- The Trust's 'Big Four' internal bulletin will be used to promote MRSA awareness and best practice, including Trust screening requirements and guidance on using decolonisation.
- Antimicrobial rounds and infection control ward rounds will be updated to include monitoring of MRSA screening status as standard
- Inpatient and procedural documentation will be updated to allow structured capture of MRSA screening status
- Routine reviews of private patients experiencing a delay to their discharge will be introduced to assess and respond to any risks posed by extended lengths of stay.

As evidenced by the time elapsed since the previous attributable MRSA case reported in July 2016, the rate of attributable MRSA infections at RMH is extremely low. The recent incident has identified areas in which the Trust can build on existing processes to further improve infection prevention and to safeguard patients from MRSA infection.

Incidences of MRSA will continue to be closely monitored through the Trust's Quality account and uploaded to PHE, following review by the IPC team, on a monthly basis.

3.2 Safe Care: 100 Day Stem Cell Transplant Mortality (All Deaths)

| | | | |
|-----------------|---|--------------------|------------------------|
| Q3 19/20 | 100 Day SCT Mortality (All Deaths) | | |
| | Actual: 11.48% | Target: ≤5% | Forecast: Green |

There has been an increase in the 100 day mortality rate for patients undergoing stem cell transplantation this quarter, with seven deaths observed from 61 transplants in the associated period. Performance against this measure can fluctuate in view of the small denominator, but this is the highest observed mortality ratio observed in the scorecard since the measure was introduced in 2013/14.

Of the 7 deaths observed in Q3, 5 were considered to be a direct result of the SCT, whilst 2 were considered attributable to other causes. SCT-related mortality at 100 days is thus calculated at 8.20% for Q3 which is in line with the UK 100 day transplant related mortality risk, which is cited at circa 8-9%. Additionally, it is relevant to note that the patient cohort at RMH will be higher risk than the national average, as SCT is only offered at the Trust in a malignant setting which carries a higher mortality risk than SCT offered for non-malignant conditions.

Review of the deaths in Q3 suggest that the mortality spike is likely the result of a cluster of high risk transplants taking place across the quarter where the patients involved had aggressive disease or existing comorbidity which meant a higher than average risk of transplant related mortality at outset.

All SCT related deaths are reviewed at the Trust haematology morbidity and mortality meeting and the Trust JACIE quality meeting. No concerns have been raised about deaths in Q3.

Transplant mortality will continue to be monitored closely both internally and through national benchmarking analysis via the specialised services dashboards (published quarterly).

3.3 Safe Care: Medicines Management

| | | | |
|-----------------|--|------------------|------------------------|
| Q3 19/20 | Unintended Omitted Critical Medicines (Quarterly Ratio) | | |
| | Actual: 6.7 | Target: 0 | Forecast: Amber |

RMH sets a zero tolerance target on unintended omissions of critical medicines to reflect their association with increased length of hospital stay, the risk of sepsis and mortality.

There were 20 unintended omitted critical medicines identified through the Q3 audit, giving a ratio of 6.7 per month in Q3. The majority of which were patient led with 13/20 (65%) due to patients refusing to take medication or being physically absent. There were no identifiable themes in the remaining omissions but, importantly, no patients came to harm or had a prolonged admission as a result of any omitted medicines in Q3. All omissions continue to be reported through Datix and investigated to determine learning points. Clear policies are also in place to guide staff on the course of best action in incidences where a critical medicine has been unintentionally omitted.

As a result of this figure an audit has been undertaken to provide a more detailed understanding of the factors influencing omissions, this will report in April. From this work the Trust can put in place effective strategies to reduce the rate of their occurrence and ensure that effective mitigations are in place for when they do.

3.4 Effective Care: National Waiting times

| | | | |
|-----------------|---|--------------------|------------------------|
| Q3 19/20 | 62 day wait for first treatment – GP referral to treatment (post reallocation) | | |
| | Actual: 82.56% | Target: 85% | Forecast: Green |
| | <i>62 day wait for first treatment – GP referral to treatment (before reallocation)</i> | | |
| | <i>Actual: 75.52%</i> | <i>Target: 85%</i> | <i>Forecast: Red</i> |

The Trust did not meet the 62 day standard for quarter 3 2019/20 with reallocated performance at 82.56% against a target of 85%. Late referrals, patient fitness and complexity of pathways continue to impact performance at the Trust.

Through the work initiated by the Trust's Acute Performance Group, the two-week-rule part of the cancer pathway has now recovered to a compliant position. This alone has not been enough to impact 62-day compliance and a further review of operational factors contributing to avoidable breaches has been undertaken. This identified consistency of surgical capacity and outpatient capacity, especially around holiday periods, and delays relating to scheduling, booking and administrative processes. Following on from this, work streams have been set up to focus on improving timely access to outpatient clinics & diagnostics, operational resilience & planning to minimise periods of reduced capacity, and transforming administrative services.

In quarter 3, there were 42.0 accountable breaches following reallocation.

- 11.0 (26%) were GP breaches,
- 12.0 (29%) were referred early (defined as by day 38) but not treated within 62 days.
- 19.0 (45%) were referred late (defined as after day 38) and not treated within 24 days.

Review of quarter 3 breaches indicates that 18.0 of the 42.0 accountable breaches (43%) were unavoidable, resulting from patient initiated delay, patient fitness and complex pathways.

Accountable breaches occurred for the following reasons:

| | | GP Breach | Early referral (not treated within 62 days) | Late referral (not treated within 24 days) |
|--|----------------------------------|-----------|---|--|
| Unavoidable breaches | Patient initiated | 3.0 | | 0.5 |
| | Patient fitness | | 3.0 | 3.5 |
| | Complex pathway | 3.0 | | 4.0 |
| | Delay for fertility treatment | | | 0.5 |
| | Other | | | 0.5 |
| Total unavoidable breaches = 18.0 | | | | |
| Avoidable breaches | Outpatient capacity | 4.0 | 6.0 | 6.0 |
| | Elective capacity | 1.0 | | 2.0 |
| | Pathway Management | | 1.0 | |
| | Admin | | | 2.0 |
| | Delay to diagnostic testing | | 1.0 | |
| | Equipment breakdown | | 1.0 | |
| Total avoidable breaches = 24.0 | | | | |

In quarter 3, Trust internal compliance (GP referrals direct to the Trust) was measured at 91%. In addition, 46 patients were referred late but treated within 24 days and the breaches were therefore reallocated to the referring organisation.

3.5 Effective Care: Finance, Productivity and Efficiency

| Q3 19/20 | Achievement of Efficiency Programme (YTD) | | |
|----------|---|-------------------------------------|------------------------|
| | Actual: 64% | Target: >100% of the plan | Forecast: Amber |

The efficiency programme has improved slightly on the Q2 position but remains under plan. Divisional plans are behind in a number of areas but the variance is primarily driven by a £1.4m assumed year to date NHS contribution growth (of which only £0.3m has been delivered); and £427k behind plan contribution from a private patient prostate business case, which is behind plan having commenced later than expected. The finance division have held discussions with relevant teams to identify potential corrective actions for underperforming schemes and progress continues to be reviewed in performance meetings. The efficiency programme is expected to continue improving in Q4 but is not expected to fully deliver in year.

| | | | |
|-----------------|--|-------------------------------------|------------------------|
| Q3 19/20 | Capital Expenditure Variance YTD (£000) | | |
| | Actual: -20,114 | Target: ≥85% - ≤115% of Plan | Forecast: Amber |

The current underspend is primarily due to some slippage on the Cavendish Square and Oak Cancer Centre projects (monitored by their respective programme boards) and underspend against medical equipment. No identified clinical risk is associated with the underspend/re-profiling of any of these projects. The latest capital forecast is for the trust to spend £35.0m by year end, compared to an original plan of £53.3m.

3.6 Effective Care: Clinical and Research Strategy

| | | | |
|-----------------|--|----------------------|----------------------|
| Q2 19/20 | Accrual to Target – National Definition | | |
| | Actual: 72.1% | Target: 67.6% | Forecast: Red |

In terms of in quarter performance, RMH submitted 43 eligible trials to the NIHR in Q2 of which 12 studies failed to recruit to target in the prescribed timescales. Of these 12 studies, 11 (91.7%) also failed to recruit to target nationally, suggesting poor study design was the driving factor.

One trial failed to recruit to target as a result of slow study set up but, in this incidence, although the recruitment target was not met within timescale, the study itself proved a success at RMH, vastly exceeding the recruitment quota by study end.

Internally, the Trust has a strong process for managing accrual targets with regular clinical research meetings and quarterly performance meetings held to ensure that progress against targets is actively monitored. The division's performance manager also routinely monitors study timelines and proactively contacts teams that are below the agreed target recruitment threshold within 6 months of recruitment deadline so that negotiations on recruitment targets can take place with sponsors at the earliest opportunity.

Although red rated, RMH performance improved in Q2, increasing to 72.1% from 67.6% in Q1. Furthermore, it is important to note for context that Trust performance far outstripped the national mean of 60.1% for this measure and that the Royal Marsden was nationally rated joint 1st by the NIHR for research studies meeting accrual targets in Q2. This, coupled with strong performance against indicators measuring the percentage of commercial interventional trials opened, and the number of first Global, European and British trial participants recruited serves to re-emphasise the Royal Marsden's continued role as a national and global leader for healthcare research.

3.7 Caring: Patient Satisfaction

| | | | |
|-----------------|---|---------------------|------------------------|
| Q3 19/20 | Percentage of Chemotherapy patients seen within 3 hours of arrival | | |
| | Actual: 79.4% | Target: ≥85% | Forecast: Amber |
| | Percentage of Chemotherapy patients seen within 1 hour of appointment time | | |
| | Actual: 78.1% | Target: ≥85% | Forecast: Amber |

Quarter 3 performance against chemotherapy targets represents a similar picture to quarters 1 & 2. The Trust launched a day care improvement programme in 18/19 to improve processes and procedures and resolve the issues affecting the efficiency of day care pathways. The programme aims to deliver sustainable embedded enhancements throughout the chemotherapy pathway providing an overall improved patient experience.

The scope of the programme is significant and despite improvements in a number of aspects of the pathway, some slippage on Aseptics improvements and the introduction of the new electronic scheduling solution has meant that the expected improvements have yet to materialise. Project timelines have now been recast and it is anticipated that improvements to waiting times will be seen during the summer.

The key developments in Q3 were:

- The Bud Flanagan and Sutton outpatients' phlebotomy service have now merged with the intention of relieving pressure on Bud Flanagan clinical staff and waiting areas. The new merged phlebotomy area allows bloods to be taken more quickly, allowing quicker reporting of results and reduced waits for clinics and treatment.
- The roll out of blood bottle labelling and patient ID cards has been extended to the PP and Haematology units in Q3 to facilitate electronic printing of blood bottle labels, reducing delays in processing bloods, improving patient flow and reducing the incidence and risk of transcription errors.
- New day care documentation has been tested throughout Q3 with the aim of reducing the administrative burden on nursing staff and standardising paperwork across the Trust's 14 day areas, improving both efficiency and patient safety. The paperwork is in the final phase of testing for adult areas with an approved version anticipated to be agreed for roll out in Q4. In paediatric areas the revised paperwork has now been approved and will become standard practice

In terms of ongoing actions, the key focus for Q4 is the implementation of the eScheduling solution which is now being rolled out across the Trust. This will rationalise booking processes, allow for more accurate planning of treatment times and ensure optimum use is made of available capacity.

The day care improvement programme continues to report directly to the Day Care Board and the Quality Assurance Review group but is primarily supported and monitored through the Trust's Transformation Board. Further developments will continue to be closely tracked and supported through these forums.

4.0 Conclusion

The Board are asked to note the Trust's balanced scorecard and commentary for quarter 3 2019/20 and are invited to discuss the position.

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2019/20

Denotes different targets applied for 2018/19 performance

NHSI Denotes NHS Improvement standard

| 1. Safe Care | | | | | | | |
|--|--|--------------------|----------------------------|----------------------------|----------------------------|--------------------------|--------------------------|
| Patient Safety, Quality & Experience | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr- Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| Single Oversight Framework: level of support segment | | 1 | 1 | 1 | 1 | 1 | 1 |
| Quality Account indicators | MRSA positive cultures (cumulative) | 0 | 1 | 0 | 0 | 0 | 0 |
| | Total number of E-Coli Bacterium | ≤65 per annum | 23 | 22 | 11 | 8 | 27 |
| | C Diff - Number of Reportable Cases (COHA/HOHA) | ≤67 per annum | 14 | 16 | 16 | New Measure for 2019/20 | |
| | VTE risk assessment | ≥95% | 96.9% | 96.1% | 96.5% | 94.4% | 95.5% |
| Serious incidents (Including Level 4 Pressure Ulcers) | | ≤7 /year | 1 | 1 | 2 | 1 | 2 |
| Mortality | | | | | | | |
| Hospital Standardised Mortality Ratio (rolling 12 month - qtr in arrears - NHS & Private patients) | | ≤80 | 91.73 | 85.47 | 91.49 | 86.37 | 81.91 |
| Mortality audit | | G | G | A | G | G | G |
| 30 day mortality post surgery | | ≤0.8% | 0.59% | 0.66% | 0.43% | 0.61% | 0.93% |
| 30 day mortality post chemotherapy | | ≤2.2% | 1.70% | 1.85% | 1.40% | 1.66% | 1.67% |
| 100 day SCT mortality (Deaths related to SCT) | | ≤5% | 8.20% | 4.00% | 4.08% | 6.25% | 2.90% |
| 100 day SCT mortality (All deaths) | | ≤5% | 11.48% | 6.00% | 4.08% | 8.33% | 4.30% |
| Medicines Management | | | | | | | |
| % Medicines reconciliation on admission | | ≥90% | 90% | 99% | 94% | 97% | 90% |
| Unintended omitted critical medicines (Quarterly ratio) | | 0 | 6.7 | 2.7 | 1.0 | 2.0 | 2.7 |
| Cancer staging | | | | | | | |
| Staging data completeness sent to Thames Cancer Registry (1 qtr in arrears) | | ≥70% | 68.9% | 69.3% | 73.7% | 75.6% | 71.08% |
| 2. Effective Care | | | | | | | |
| National waiting times targets | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr- Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| 2 wk wait from referral to date first seen: | All Cancers | ≥93% | 93.06% | 88.50% | 82.10% | 84.60% | 75.90% |
| | Symptomatic Breast Patients | ≥93% | 95.40% | 94.60% | 90.30% | 94.60% | 77.90% |
| 31 day wait from diagnosis to first treatment | All Treatments | ≥96% | 97.73% | 97.40% | 98.10% | 96.70% | 96.60% |
| 31 day wait for subsequent treatment: | Surgery | ≥94% | 98.36% | 94.50% | 94.80% | 92.80% | 95.00% |
| | Drug treatment | ≥98% | 99.80% | 99.30% | 98.70% | 98.50% | 98.90% |
| | Radiotherapy | ≥94% | 97.20% | 95.10% | 96.70% | 95.70% | 97.30% |
| 62 day wait for first treatment: | GP referral to treatment (Reallocated) | ≥85% | 82.56% | 80.60% | 81.50% | 82.40% | 85.20% |
| | GP referral to treatment (Pre-reallocation) | ≥85% | 75.52% | 74.40% | 75.20% | 76.80% | 79.20% |
| | Screening referral to treatment (Reallocated) | ≥90% | 95.92% | 94.40% | 82.30% | 68.90% | 86.20% |
| | Screening referral to treatment (Pre-reallocation) | ≥90% | 94.37% | 84.80% | 86.20% | 73.60% | 85.50% |
| 18 wks from Referral to Treatment | Incomplete Pathways under 18 weeks | ≥92% | 95.87% | 95.90% | 95.90% | 97.70% | 97.80% |
| 18 wks pathways - patients waiting > 52 wks. (distinct patients across the quarter) | ≤6 a quarter | | 1 | 2 | 1 | 2 | 0 |
| Finance, Productivity & Efficiency | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr- Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| NHSi Use of Resources risk rating | | 1 | 1 | 1 | 1 | 1 | 1 |
| %age variance from Agency Spend Cap | | On/Below Cap | -32% | -31% | -24% | -13% | -14% |
| Cash (£m) | | Over plan | 113.7m | 124.6m | 79.3m | 78.2 | 76.9 |
| NHS activity Income Variance YTD (£000) | | B/even or > plan | 387 | 604 | -188 | 2,118 | 1197 |
| PP activity Income Variance YTD (£000) | | B/even or > plan | 4,197 | 4,312 | 2,975 | 9,311 | 6,102 |
| PP Aged debt at >6months | | ≤25% | 15% | 21% | 21% | 22% | 25% |
| Non-PP Debtors over 90 days (% of total non PP-debtors) | | ≤25% | 32% | 26% | 40% | 39% | 48% |
| Achievement of Efficiency Programme YTD (%) | | >100% of the plan | 64% | 62% | 43% | 162% | 137% |
| Capital Expenditure Variance YTD (£000) | | 85% - 115% of Plan | -20,114 | -10,656 | -4,707 | -12,680 | -6,712 |
| Contract performance (QUARTER IN ARREARS) | | Target in 2019/20 | Q2 (Jul - Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan - Mar 18/19) | Q3 (Oct-Dec 18/19) | Q2 (Jul-Sep 18/19) |
| Contractual Sanctions incurred (£000) | | Trust | 0 | 0 | 0 | 0 | 0 |
| CQUIN %age achievement | | Acute NHSE | 100% | 100% | 98% | 100% | 100% |
| CQUIN %age achievement | | Acute CCG | 100% | 100% | 100% | 100% | 100% |
| Productivity & Asset Utilisation | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| Bed occupancy - Chelsea | | ≥85% ≤90% | 81.7% | 83.5% | 79.9% | 84.1% | 86.5% |
| Bed occupancy - Sutton | | ≥85% ≤90% | 82.7% | 84.3% | 81.0% | 81.7% | 82.1% |
| Care Hours per Patient Day Total Ratio | | ≥11.7 | 12.4 | 12.3 | 12.3 | 11.9 | 12.0 |
| Theatre utilisation - Chelsea | | ≥80% | 80.0% | 82.3% | 80.7% | 80.3% | 81.6% |
| Theatre utilisation - Sutton | | ≥60% | 58.8% | 55.1% | 55.7% | 53.0% | 53.1% |
| MDU Patients per Chair | | ≥1.5 | 1.47 | 1.44 | 1.48 | 1.50 | 1.46 |

The Royal Marsden NHS Foundation Trust
Balanced Scorecard 2019/20

NHS **Denotes different targets applied for 2018/19 performance**
Denotes NHS Improvement standard

| Clinical and Research Strategy | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
|--|--|-------------------|----------------------------|----------------------------|----------------------------|--------------------------|--------------------------|
| Total NHS Referrals | | ≥5711 ≤6071 | 5971 | 6060 | 6013 | 6081 | 5776 |
| Total PP Referrals | | ≥1393 ≤1507 | 1574 | 1541 | 1480 | 1451 | 1348 |
| Efficient Clinical Models | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| NHS Non-Elective Admissions | | ≥20% ≤27% | 26.29% | 28.08% | 30.06% | 29.08% | 27.25% |
| Research (1 QUARTER IN ARREARS) | | Target in 2019/20 | Q2 (Jul - Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan - Mar 18/19) | Q3 (Oct-Dec 18/19) | Q2 (Jul-Sep 18/19) |
| Date site selected to first participant recruited | Mean number of days between date site selected and date of first participant recruited | ≤90 days | 95.8 | 96.1 | 89.7 | 76.9 | 88.7 |
| Accrual to target (1Q arrears) - National definition | % of closed commercial interventional trials meeting contracted recruitment target (excluding trials that had no set target) | ≥85% | 72.1% | 67.6% | 58.8% | 63.6% | 65.2% |
| No. of 1st patients recruited in previous 12 months | No. of 1st UK patients | 1 | 13 | 11 | 8 | 6 | 4 |
| | No. of 1st European patients | 1 | 1 | 2 | 2 | 1 | 1 |
| | No. of 1st Global patients | 1 | 5 | 7 | 3 | 4 | 2 |
| Trials led by RMH | As percentage of commercial interventional trials with RMH involvement which opened in the last 12 months | ≥20% | 44.1% | 47.6% | 48.8% | 50.0% | 56.5% |

3. Caring

| Patient Satisfaction | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
|--|--|-------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Friends and Family Test (Inpatient and Day Care) | | ≥95% | 98.6% | 97.0% | 96.5% | 95.9% | 96.5% |
| Friends and Family Test (Outpatients) | | ≥95% | 96.1% | 96.6% | 95.7% | 94.6% | 94.4% |
| Percentage of Chemotherapy patients seen within 3 hours of arrival | | ≥85% | 79.4% | 79.5% | 78.1% | 77.3% | 76.2% |
| Percentage of Chemotherapy patients seen within 1 hour of appointment time | | ≥85% | 78.1% | 77.1% | 77.5% | 77.1% | 78.0% |
| Mixed sex accommodation breaches | | 0 | 0 | 0 | 0 | 0 | 0 |

4. Responsive

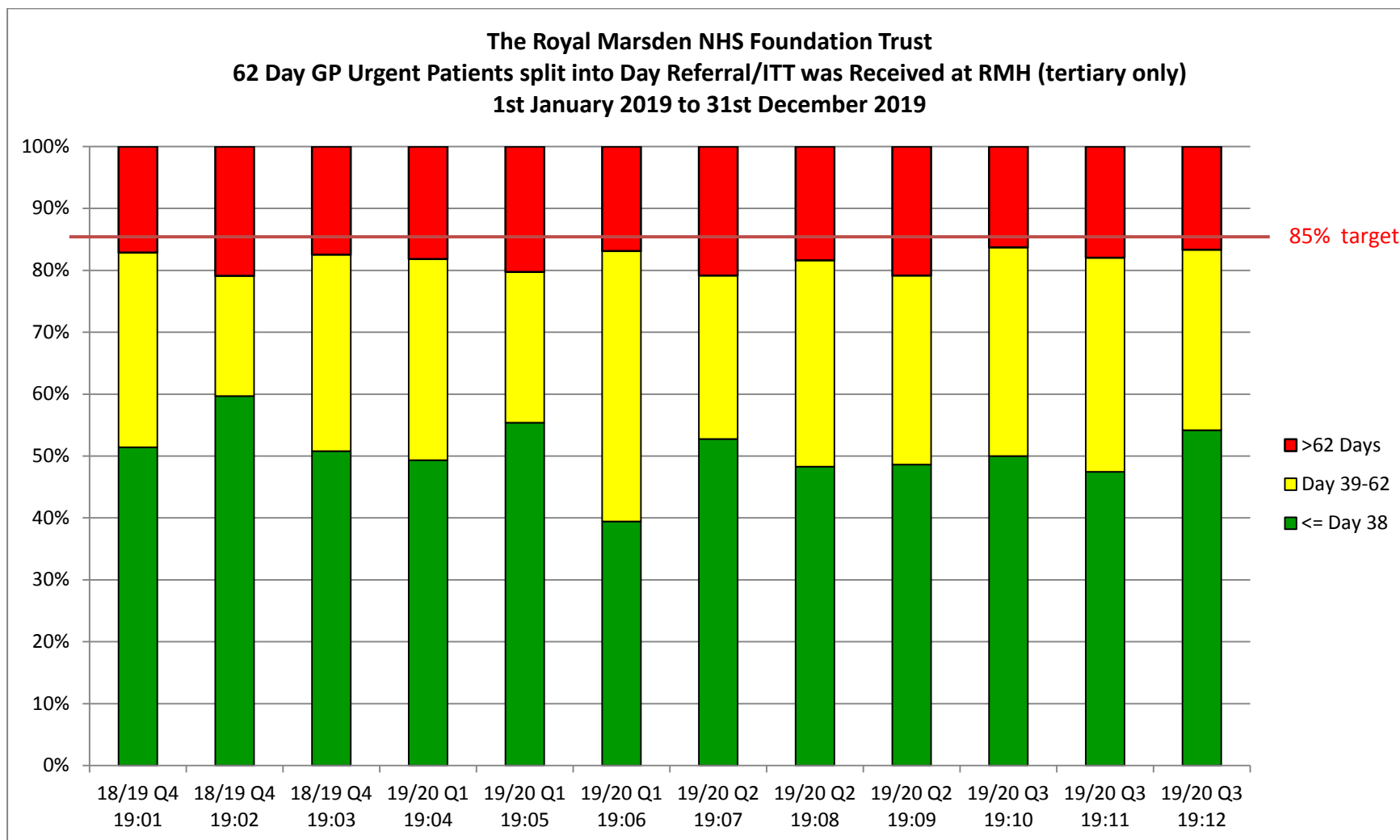
| Experience | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
|---|--|-------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Complaints per 1000 patient attendances | | ≤0.20 | 0.12 | 0.18 | 0.29 | New Measure for 2019/20 | |
| Staff Friends and Family Test: Recommend – Care | | ≥96% | N/A | 97% | 96% | 96% | N/A |
| Staff Friends and Family Test: Not recommend – Care | | ≤1% | N/A | 2% | 2% | 2% | N/A |

5. Well Led

| Workforce productivity | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
|--|--|-------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Vacancy rate | | ≤7% | 11.8% | 10.8% | 9.1% | 8.1% | 8.4% |
| Voluntary staff turnover rate | | ≤12% | 14.2% | 13.8% | 13.6% | 12.7% | 12.9% |
| Sickness rate | | ≤3% | 3.7% | 3.3% | 3.2% | 3.8% | 3.9% |
| Quality and Development | | Target in 2019/20 | Q3 (Oct-Dec 19/20) | Q2 (Jul-Sep 19/20) | Q1 (Apr - Jun 19/20) | Q4 (Jan-Mar 18/19) | Q3 (Oct-Dec 18/19) |
| Consultant appraisal (number with current appraisal) | | ≥95% | 97.2% | 97.0% | 97.6% | 97.4% | 96.0% |
| Appraisal & PDP rate | | ≥90% | 89.7% | 88.5% | 86.1% | 87.0% | 84.9% |
| Completed induction | | ≥85% | 81.9% | 86.5% | 80.8% | 78.2% | 72.2% |
| Statutory and Mandatory Staff Training | | ≥90% | 90.7% | 91.0% | 89.8% | 89.8% | 88.7% |

APPENDIX B

62 Day GP Urgent Referrals by Category



APPENDIX C

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

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

| Tumour site | Q3 19/20 | |
|--|-------------|----------------------|
| | OE position | Reallocated position |
| 85% target | | |
| Breast | 96.07% | 96.72% |
| Gynaecological | 65.79% | 76.74% |
| Haematological (excl. Acute Leukaemia) | 63.64% | 72.73% |
| Head & Neck | 28.00% | 38.89% |
| Lower GI | 55.00% | 57.89% |
| Lung | 56.10% | 78.95% |
| Sarcoma | 65.12% | 78.38% |
| Skin | 92.86% | 92.86% |
| Upper GI | 57.14% | 65.22% |
| Urological | 68.66% | 74.63% |
| Unknown Primary / Other diagnosis | 88.24% | 88.89% |
| All 62 day Patients | 75.37% | 82.59% |