

The ROYAL MARSDEN
NHS Foundation Trust

Quality Account 2010/11



NHS

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



Life demands excellence

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Quality Report

What is a Quality Account?

All NHS hospitals or trusts have always had to publish their annual financial accounts. Since 2009 as part of the movement across the NHS to be open and transparent about the quality of services provided to the public, all NHS hospitals must publish a Quality Account (QA) (Health Act 2009). Staff at the hospital can use the QA to assess the quality of their care. The public and patients can also view quality across NHS organisations by viewing the Quality Accounts on the NHS Choices website: www.nhs.uk

How are patients, the public and staff involved in designing a Quality Account?

It is essential that patients, carers, the public and frontline staff as well as the Board of a Trust are involved in determining the content of the QA.

For frontline staff (doctors, nurses, physiotherapists, dietitians, radiographers, porters and catering staff) it is important that they can use the QA to present their services and compare or benchmark their care with other trusts or, if comparable information doesn't exist, with their own performance over time. Frontline staff who are delivering care can also use the information in the QA to help improve their service.

For the Board, which is accountable for the quality of the service provided by the trust, the QA is an important document that can be used in the scrutiny and leadership of the trust.

Finally, for patients, carers and the public the QA should be a document that is easy to read and understand, and represents key areas of safety and effective care delivered in a caring and empathetic way. It should also show how a trust is concentrating on continuously improving its care. As the public get used to reading the QA it may also help patients with choice. To make it easier to compare hospitals across the NHS all QAs will be set out in the same way with some comparable content. It is important to remember that some parts of the QA are compulsory and can be difficult to read – they are about important areas such as the time it has taken to get from an appointment with a GP to first receiving treatment generally they are presented as numbers in a table at the end of this QA. If there are any areas of the QA that are difficult to read or understand or you would like any help with the content please contact us via our Patient Advisory and Liaison Service (PALS) on 020 8661 3560 or online at www.royalmarsden.nhs.uk

The QA is divided into three distinct areas:

1. A statement on quality from the Chief Executive Officer (CEO)
2. Priorities for improvement (in regulations) and statements relating to quality of NHS services provided (in regulations)
3. Report of previous year's quality performance, an explanation of who the Trust has involved in determining the priorities, and any statements from commissioning Primary Care Trusts (PCTs), Local Involvement Networks (LINKs), and Overview and Scrutiny Committees (OSCs).

The dual functions of a Quality Account are to reflect on the past year and then highlight improvement for the future as depicted in the picture below:



Introduction to The Royal Marsden NHS Foundation Trust

The Royal Marsden NHS Foundation Trust is a world leader in cancer care, research and education. We have two hospitals: one in Chelsea, London, and one in Sutton, Surrey. We also have a Medical Day Unit for chemotherapy called the Sir William Rous Unit which we run in partnership with Kingston Hospital and Macmillan. Finally, although our work is international, we are very proud of our local population and are delighted that in April 2011 we were able to add Sutton and Merton Community Services to our Foundation Trust. This most recent partnership means that we can increase the continuity of care for patients leaving hospital and can further integrate community and hospital care.

The Royal Marsden works closely with The Institute of Cancer Research (ICR) and together we are the only National Institute of Health Research (NIHR) Biomedical Research Centre specialising in cancer in the UK. We work together to undertake ground-breaking research into new cancer medicines, radiotherapy and other treatments. The partnership between The Royal Marsden and the ICR makes us the largest comprehensive cancer centre in Europe with a combined staff of 3,500.

In 2010 The Royal Marsden and the ICR entered into a new academic partnership with Mount Vernon Cancer Centre. Throughout 2010/11 this partnership has flourished and will increase the major contribution to improvements in translational cancer research both nationally and internationally.

Finally The Royal Marsden is one of only two hospitals in the UK to have its own School of Nursing. Every year the School of Nursing and Rehabilitation trains over 700 nurses and therapists from across the UK in post-graduate cancer care.

How have Royal Marsden patients, carers, frontline staff, the Board and the public been involved in the preparation of the QA?

Patients, carers and members of the public

As a Foundation Trust, The Royal Marsden has a committee called the Council of Governors. The majority of the members of this Council are elected from across England because they are a patient or the carer of a patient. They are elected to represent a group or constituency of people near where they live or people who they feel best represent their particular needs and interests. We have, for example, an adolescent member who represents young people and members who represent local areas such as Sutton and Merton. An important part of the role of the Governors is to regularly look at the services and the care The Royal Marsden provides and to provide the challenge and support to constantly improve services.

The QA is one of the ways the Governors do this. In early 2010 during one of the open days the Governors discussed the areas that they would like to recommend should be included in the QA. In addition, because it was seen as so important, they also requested a seminar on the different ways a hospital assesses quality of care, these measurements are often called metrics. This seminar took place on 13 July 2010. At every Council of Governors meeting the Governors are able to ask questions and comment on the monthly QA and the other hospital documents relating to quality including the Quarterly Integrated Governance Report.

The Royal Marsden also has a group of patients and carers who advise on and support its work: PCAG (Patient and Carers Advisory Group). PCAG has 30 members who are current or past patients and carers and they too have been involved in the development of the QA.

Finally, on 22 March 2011 members of both the Council of Governors, PCAG, and Sutton and Kensington and Chelsea LINKs were invited to attend a half-day seminar on the QA particularly concentrating on the areas for improvement in 2011 to 2012. This event was also open to the public and supported by the Sutton (LINK) who were in attendance. We have also been grateful for the support and advice we have received from the Kensington and Chelsea LINK whose members we have met on a number of occasions throughout the year. We received very important feedback from Kensington and Chelsea LINK about our QA last year particularly that we needed to make it more readable and we have tried to learn from this.

Frontline staff

Throughout 2009/10 and then 2010/11 the staff of The Royal Marsden have chosen the measurements or metrics that are used to assess care. From ward sisters, matrons, doctors and radiographers to the teams who provide patients' food, all staff have been involved in deciding on relevant metrics and the methods for improving care in the chosen areas. Staff engagement and involvement has taken place during the following regular meetings:

- Nursing, Rehabilitation, Radiology Advisory Committee (NRRAC)
- Medical Advisory Committee (MAC)
- Heads of Rehabilitation Committee
- Matrons' meetings
- Sisters' meetings
- Trust Consultative Committee (TCC members of staff and unions that represent staff).

The Board

In 2009/10 and 2010/11 The Board of The Royal Marsden and the Management Executive (ME), who are the operational leaders of the hospital led by the Chief Executive Officer (CEO), review the monthly QA each month and advise on three key areas of care: safety, effective care and ensuring that care is personal and compassionate with every patient treated as an individual.

It is important to note that although this annual QA is a summary of the whole year, members of the hospital staff from the frontline to the Board are all involved in assessing and improving care every month throughout the year. In designing this QA The Royal Marsden has used the Quality Accounts toolkit 2010/11 published by the Department of Health (DH), the NHS Foundation Trust Annual Reporting Manual 2010/ 11 (Monitor), and the advisory letter sent from Professor Sir Bruce Keogh (the NHS Medical Director) and David Bennett (Chief Executive of Monitor, regulator of all Foundation Trusts).

From June 2011 the QA can be accessed on The Royal Marsden website, www.royalmarsden.nhs.uk. For any patient/public access needs or to have the QA translated or provided in Braille or audio tape format please contact the Head of Quality via our hospital switchboard on 020 8642 6011 or email helen.mills@rmh.nhs.uk.

Part one

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

The quality of patient and family care is at the centre of everything we do at The Royal Marsden. The Royal Marsden NHS Foundation Trust is the largest comprehensive cancer centre in Europe and together with its academic partner the Institute of Cancer Research (ICR) is responsible for the largest research programme in cancer in the UK.

The Royal Marsden is therefore a hospital that specialises totally in cancer and works in partnership with an academic institute that also only focuses on cancer. This concentration on cancer together with a very large research and educational programme means that we are able to attract leading staff from across the world and the United Kingdom. Cancer doctors, scientists, nurses and rehabilitation professionals (physiotherapists, dietitians, occupational therapists, radiographers and speech and language therapists) are attracted to come to The Royal Marsden and to work together to ensure the highest quality of cancer care, research and education.

This year has been another excellent year for the Trust as we have continued to achieve the highest ratings from our two major external regulators, Monitor and the Care Quality Commission (CQC). We have also achieved high scores in many other important areas that directly affect patients and their families as shown below:

National Patient Safety Agency Annual Patient Environment Action Team (PEAT)

The Royal Marsden was delighted to be awarded a score of “Excellent” at both its Chelsea and Sutton hospitals in February 2011 for the fourth year running. The inspection, which was performed at both sites and included external inspectors and patients, looked at the following areas: cleanliness of the patient environment (wards, rooms, waiting and reception areas), infection prevention and control, safety and security, hospital food, and the privacy and dignity afforded to patients.

The annual Picker Inpatient survey

479 Royal Marsden patients answered a total of 86 questions, and in 74 of these The Royal Marsden was rated as above average for England. The Royal Marsden again achieved some of the highest scores in England, particularly in the following areas:

- Overall: rating of care was good/excellent (96%)
- Overall: doctors and nurses worked well together (97%)
- Doctors: always had confidence and trust (90%)
- Hospital: room or ward was very/fairly clean (96%)
- Hospital: toilets and bathrooms were very/fairly clean (95%)
- Hospital: hand-wash gels visible and available for patients and visitors to use (94%)
- Care: always enough privacy when being examined or treated (93%).

Customer Service Excellence Award

The Customer Service Excellence (CSE) award replaced the Charter Mark in 2007 and is a standard awarded to public services that are

“efficient, effective, excellent, equitable and empowering – with the citizen always and everywhere at the heart of public services provision” (CSE 2007).

The CSE tests in depth those areas that research has indicated are a priority for customers, with particular focus on delivery, timeliness, information, professionalism and staff attitude. Emphasis is also placed on developing customer insight, understanding the user’s experience and robust (reliable) measures of service satisfaction.

The Royal Marsden was the first hospital to be awarded with the Customer Service Excellence Award in 2007. To maintain the award the Trust needs to be assessed regularly and received its last assessment on 15 December 2010. The Trust was found to be compliant and therefore retains the award.

The NHS Litigation Authority (Safety Scheme)

A major focus for the Trust is patient safety. The Trust was awarded NHSLA level 2 in 2009 and is currently working towards achieving NHSLA level 3 (the highest award) which shows the significant work that the hospital is undertaking to ensure that we achieve the safest environment for our patients/families and the staff working in the Trust.

Reducing the risk from healthcare associated infections

We achieved a reduction in healthcare associated infections during the year and have one of the lowest rates for an acute trust in the country.

Same-sex accommodation

In March 2010 we were able to declare compliance and that we have met all the standards set by the Government to provide accommodation for patients that is not shared with the opposite sex.

A modern healthcare environment

Finally, 2010 has seen the completion of several phases of a substantial capital building programme which is ensuring that patients and their families experience care in the most appropriate, modern and technically sophisticated environment.

During 2010 at Chelsea we were delighted to see the opening of eight new operating theatres and 19-bed Critical Care Unit. At Sutton work is nearing completion on the new Centre for Children and Young People, the largest of its kind dedicated to children and young people with cancer in Europe. The first stage was opened in 2010 and the remainder will open in summer 2011.

In 2011 work has also started on building the first centre for molecular biology dedicated to cancer in the NHS. This is a very exciting development as it will bring together scientists and doctors in the same environment working to develop new medicines and treatments that will be targeted to the unique genetic codes of each individual human being. These new targeted medicines and treatments will ensure that cancer patients all over the world benefit more rapidly from accurate cancer treatments.

This is the second year that we have published a Quality Account and we are very grateful for the feedback we received on last year's QA from patients, carers, the public through Local Involvement Networks (LINKs) and our commissioners. We have tried to use this feedback to improve our QA this year. As you will see from this Quality Account, 2010 has been another busy year for The Royal Marsden NHS Foundation Trust. The Trust has continued to improve its services for patients and families, achieving key targets despite the economic challenges to the NHS. The quality of care in a hospital is very much influenced by the quality of its staff and we saw in the National Staff Survey in 2010 that The Royal Marsden came in the top 20% of staff satisfaction scores in the NHS, Staff said they

were proud of The Royal Marsden and would recommend it if their families needed care. We are also committed to doing everything we can to improve the environment and care in 2011 to 2012. I would like to thank all patients, carers, staff, LINKs and commissioners who have contributed to this QA for 2010.

I can confirm on behalf of the Board of The Royal Marsden NHS Foundation Trust that to the best of my knowledge the information presented in this Quality Account is accurate and fairly represents the range of services we provide.

I hope you enjoy reading this Quality Account and if you would like to be involved in the design of next years Quality Account please contact us through our website, www.royalmarsden.nhs.uk



Cally Palmer CBE
Chief Executive Officer

Part two

Priorities for improvement and statements of assurance from the Board

In 2009/10 and 2010/11 we consulted with patients and carers from the Council of Governors, Patient and Carers Advisory Group, the Board and frontline clinical staff to choose from a long list of national and local priorities on ten quality priorities for improvement over 2010/11. In setting these priorities we have aimed to reflect national and international priorities that are a measure of the quality of patient care and have endeavoured throughout to set stretching targets.

For each area of care if the performance was measured in 2009/10 this will be compared with performance in 2010/11. For new measurements (metrics) only the 2010/11 results will be shown. Finally, new priorities for improvement in 2011/12 are also described.

Important: In many of the following sections information or data is provided as numbers, or graphs or both to illustrate or explain. Information at The Royal Marsden is treated very seriously as it is important that all stakeholders (patients, carers, staff and the Government) can trust and rely on our information. We also use this information every day to measure our care over time. Because we take information so seriously we have an information team which is trained and educated in specifically health information and statistics. Our data/information quality is externally checked and audited (information about this can be found towards the end of the QA). If there is anything that we can make clearer or if you have any questions regarding our information please contact our Head of Quality via the hospital switchboard 020 8642 6011 or via our website, www.royalmarsden.nhs.uk

Priorities for improvement 2010 /11:

No.	Category	Priority
1.	Safe care	Reduction of health associated infections (HCAI)
2.	Safe care	Reduction in falls
3.	Safe care	Reduction in medication incidents
4.	Safe care	Reduction in Venous Thrombo Embolism (VTE or blood clots)
1.	Effective care	Reduced length of stay
2.	Effective care	Reduction in the hospital standardised mortality ratio
3.	Effective care	Reduction in the incidence of hospital acquired pressure ulcers
1.	Patient experience	To be in the top 20% of trusts for key areas of inpatient survey
2.	Patient experience	To be in the top 20% of trusts for key areas of outpatient survey
3.	Patient experience	Roll out of the real-time patient feedback throughout the trust

Safety

Safety priority 1:

To reduce the incidence of healthcare associated infections (HCAI)

Rationale (reason) for choosing this priority

Patients with cancer are more vulnerable to infection and having sustained an infection are more likely to develop serious complications from it. We therefore see reducing the incidence of HCAs as an essential safety and quality priority. This priority was selected in 2009/10 and remains an important priority in 2011/12.

The graphs below show the incidence of two important HCAs: methicillin resistant *Staphylococcus aureus* bacteraemia (MRSAb) and *Clostridium difficile* (CDI). In 2011/12 another HCAI will also be monitored: methicillin sensitive *Staphylococcus aureus* (MSSA). These infections are monitored nationally through the Health Protection Agency (HPA) with all hospitals submitting their information to the HPA website monthly.

What is MRSAb?

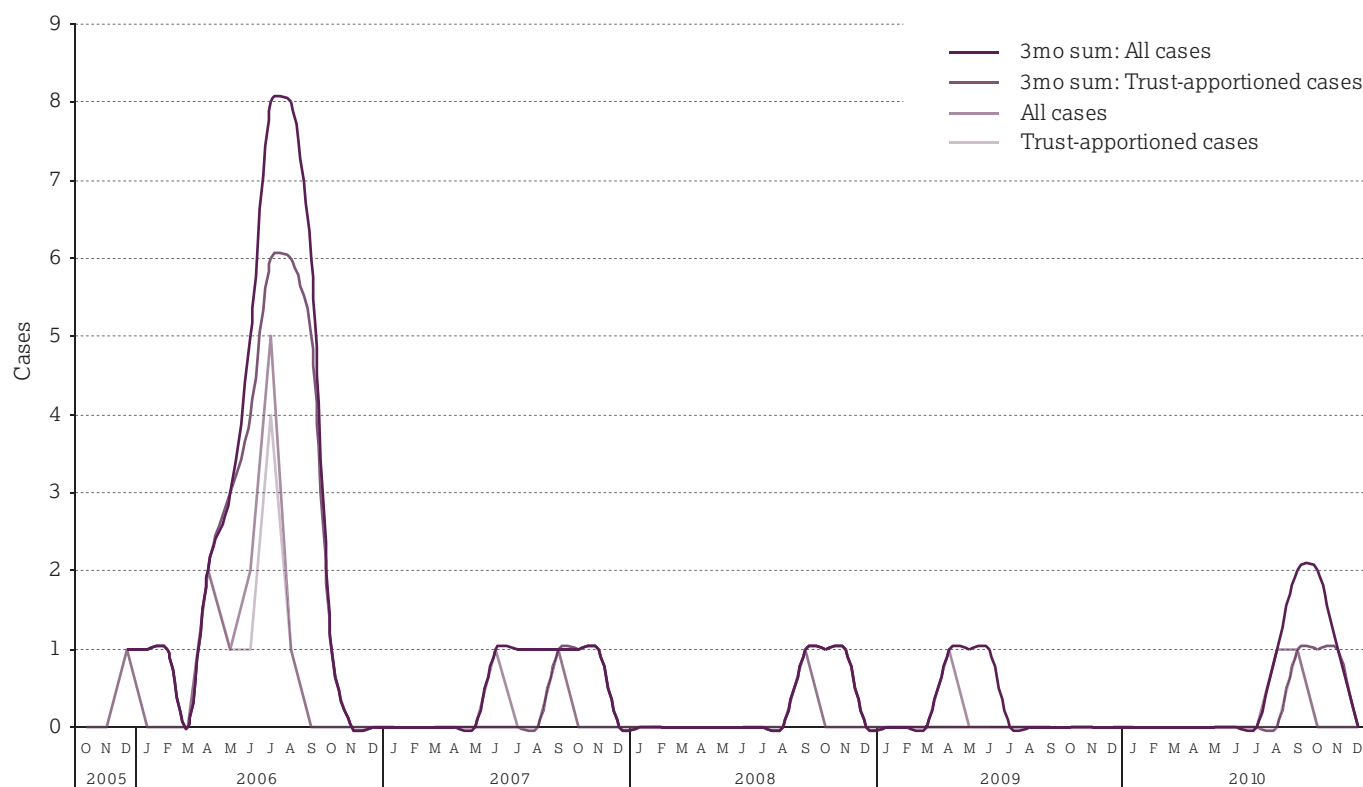
Staphylococcus aureus is a common bacterium (germ) which lives harmlessly on the skin or in the nose of 20-40% of people. These germs sometimes cause skin infections such as boils, abscesses and spots. Methicillin is an antibiotic. MRSA means that the *Staphylococcus aureus* has become resistant to treatment with this antibiotic, and usually several others as well. Consequently there are a limited number of antibiotics which can be used to treat MRSA infections. MRSAb is when the germ has got into the blood stream and is then called an MRSA bacteraemia.

What is Clostridium difficile (CDI)?

CDI infection is the most important cause of hospital-acquired diarrhoea. CDI is an anaerobic (lives without oxygen) germ that is present in the gut of up to 3% of healthy adults and 66% of infants. However, CDI rarely causes problems in children or healthy adults as it is kept in check by the normal bacterial population of the intestine. When certain antibiotics disturb the balance of bacteria in the gut, CDI can multiply rapidly and produce toxins (poisons) which cause illness. CDI infection ranges from mild to severe diarrhoea to, more unusually, severe inflammation (swelling) of the bowel (known as pseudomembranous colitis). People who have been treated with broad spectrum antibiotics (those that affect a wide range of bacteria), people with serious underlying illnesses and the elderly are at greatest risk – over 80% of CDI infections reported are in people aged over 65 years.

In 2009/10 there was one patient who had MRSAb, in 2010/11 there were two patients who had MRSAb (with one patient having two episodes). If a patient is admitted with MRSAb this is not attributed to the Trust. In 2011/12 we will work to maintain our very low numbers of MRSAb. It should be noted that the target for MRSAb for 2010/11 and 2011/12 is 0 with a de minimus threshold from Monitor of 6.

MRSA bacteraemia (in the blood) 2006 to December 2011



In 2009/10 there were 39 cases of CDI that were attributable to the Trust (some patients come into hospital with CDI and these are called non-attributable).

In 2010/11 this number decreased to 34 patients with CDI that were attributable to the Trust.

In 2011/12 our target is to reduce the number of CDI to 20 or less.

CDI incidence from 2008 to March 2011



In 2011/12 we are taking the following actions to reduce HCAs:

1. Improvements to the built environment including an increase in isolation rooms
2. Continued weekly matrons' cleanliness audits
3. From March 2010 all nurses across the Trust from the frontline nurses on the wards to the Chief Nurse have immediate direct access to a live web-based patient database called Synbiotix
4. Daily hydrogen peroxide fogging (decontamination) of clinical areas across both hospitals
5. Increased teaching for all clinical staff (doctors, nurses and rehabilitation therapists) on the importance of optimal infection prevention and control practices
6. Clinical link nurses for infection prevention and control on every ward and unit acting as clinical champions
7. Matrons weekly audits, hand hygiene audits and high impact intervention 7 (DH 2009) on every ward/unit with weekly performance indicators reflected on the Synbiotix database
8. A national study day hosted at The Royal Marsden on combating HCAs, particularly CDI
9. Possible participation in a national probiotic research study (prophylaxis against developing CDI)
10. Possible participation in a national CDI vaccine research study.

2011/12 target: In 2011/12 the Trust aims to maintain a very low incidence of MRSA and reduce the incidence of CDI further, and has introduced new technology to increase the decontamination of wards and units.

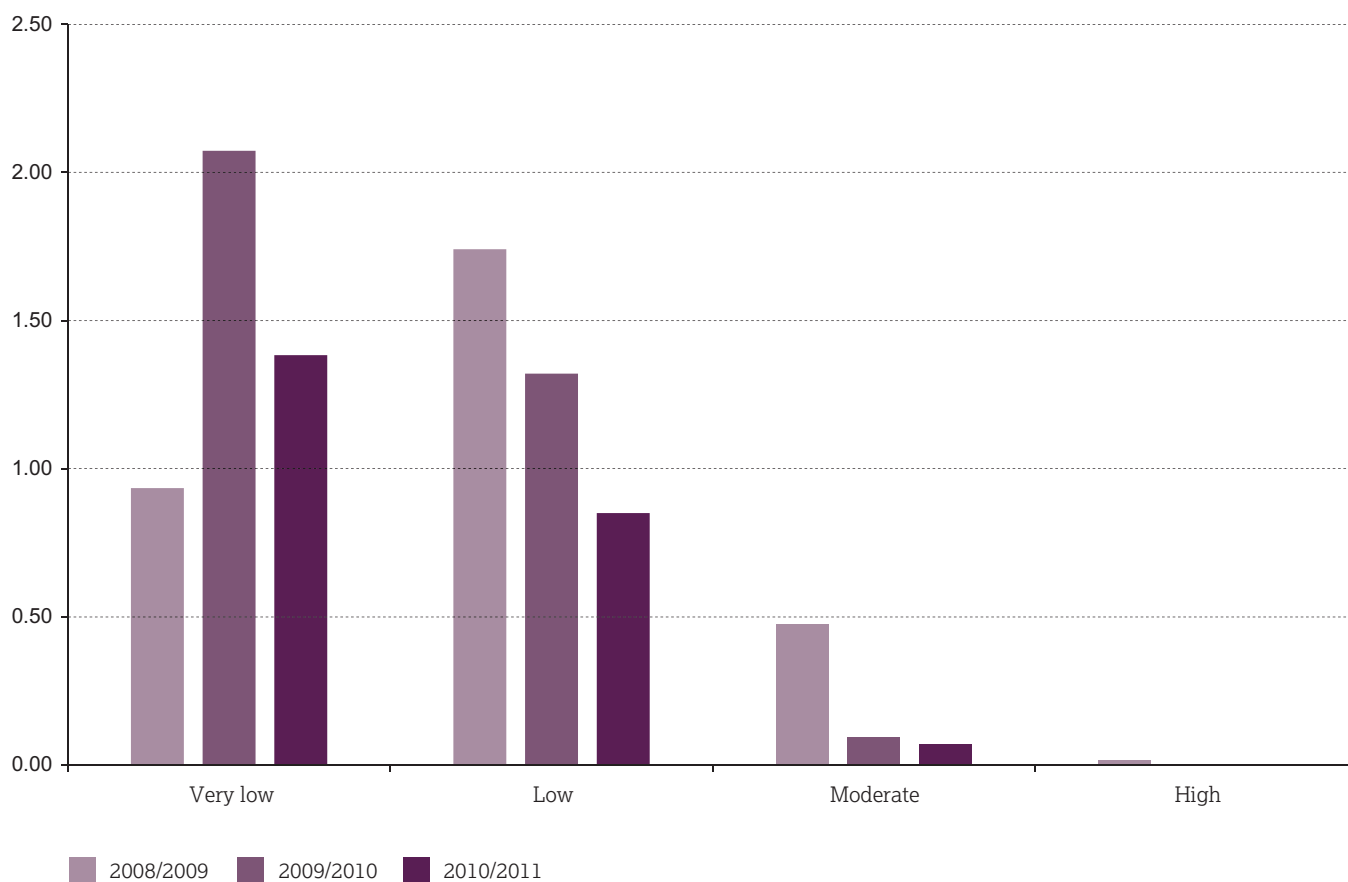
Safety priority 2:
Reducing patient harm from falls

Rationale (reason) for choosing this priority

The National Patient Safety Agency (NPSA) found that in an average 800-bed acute hospital trust there will be around 24 falls every week and over 1,260 falls every year representing the highest volume patient safety incident reported in hospital trusts in England (NPSA; 2007). Although the rate of falls at The Royal Marsden is low compared with the average for acute trusts (national average: 4.8 per 1,000 hospital days, Royal Marsden average is 3.15 per 1,000 hospital days) the prevention of falls is a key priority for the Trust. Patients with cancer are vulnerable to the spread of cancer into the bones and therefore a fall can result in a broken bone.

As can be seen from the graph below the incidence of falls has fallen in 2010/11:

Patient falls per 1,000 bed days



During 2011/12 we are taking the following actions to reduce the incidence and severity of falls:

1. A new Executive-led falls steering group is to be set up to raise awareness of falls across the Trust
2. The falls coordinator from Sutton and Merton Community Services to be asked to advise on the latest mechanical aids to reduce falls
3. All new capital builds to include falls prevention aids (grab rails) in bathrooms and toilets
4. The Trust to liaise with GE Healthcare and trial their experimental 'smart room' technology to prevent falls from beds
5. Use the Patient Safety First Guide on reducing harm from falls (2010) to raise awareness and improve care across the Trust.

2011/12 target: To reduce falls further (moderate falls < 0.7 per 1000 bed days) by improving the built environment and using the new Patient Safety First Campaign 'How to' Guide for reducing harm from falls (PSF 2010).

Safety priority 3: Reduction of medication incidents

Rationale for choosing this priority

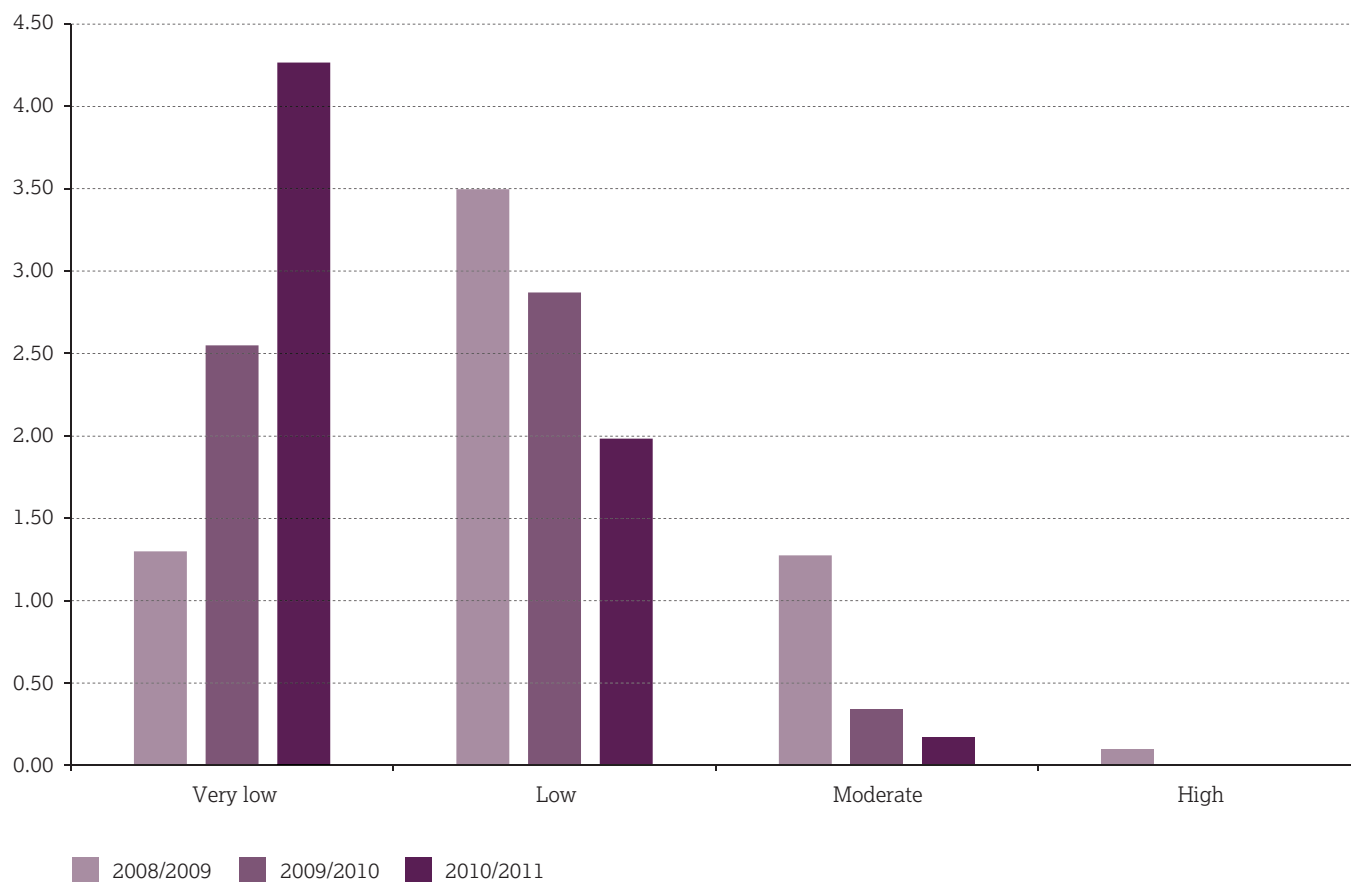
One of the most common adverse events that affects patients in hospitals is medication errors. In cancer care a major part of treatment is based on medications and therefore safety in this area is very important. Since 2009 the Chief Nurse has chaired an Executive Medications Incident group with representatives from doctors, ward and senior nurses, and pharmacy.

During 2011/12 we are taking the following actions to reduce the incidence and severity of medication incidents:

1. A new mandatory computer simulation training system purchased to test the critical reasoning of all nurses in their preparation and administration of medications; in 2011/12 this will be mandatory (compulsory) for all new nurses recruited to the Trust – the pass mark is 100%
2. Increased mandatory training for junior doctors on safe prescribing of medicines
3. Nurse-consultant-led awareness raising on all wards/units about reporting near misses to be able to identify patient safety themes; in 2011/12 the nurse consultants are conducting monthly drug safety ward rounds to support junior colleagues and highlight good practice or areas for improvement
4. The development of a mandatory template for the prescribing of high-risk medications for patients leaving hospital; in 2011/12 a new prescription booklet is being designed which includes the most common drugs already pre-prescribed
5. Enrollment of the Trust with the Patient Safety First and Institute for Healthcare Improvement's programme of reducing errors in high-risk medications
6. The employment of an anaesthetic specialist registrar as the patient safety fellow. In 2011/12 a new patient safety fellow has joined the Trust and will refresh the work previously conducted
7. In 2011/12 when nurses on the wards are administering high-risk medicines such as strong painkillers, they wear a red tabard which asks people not to interrupt them so that they can concentrate on the patient.

As can be seen from the graph below from 2008 to 2010/11 there has been an increase in the reporting of near-miss and low-risk incidents and a reduction in more serious moderate and high-risk errors.

Medication incidents per 1,000 bed days



2011/12 target: To see an increase in the reporting of near misses (very low) and a decrease in incidents that cause actual patient harm (low < 2 per 1,000 bed days and moderate < 0.17 per 1,000 bed days).

Safety priority 4:

Prevention and prophylaxis of venous thromboembolism (blood clots)

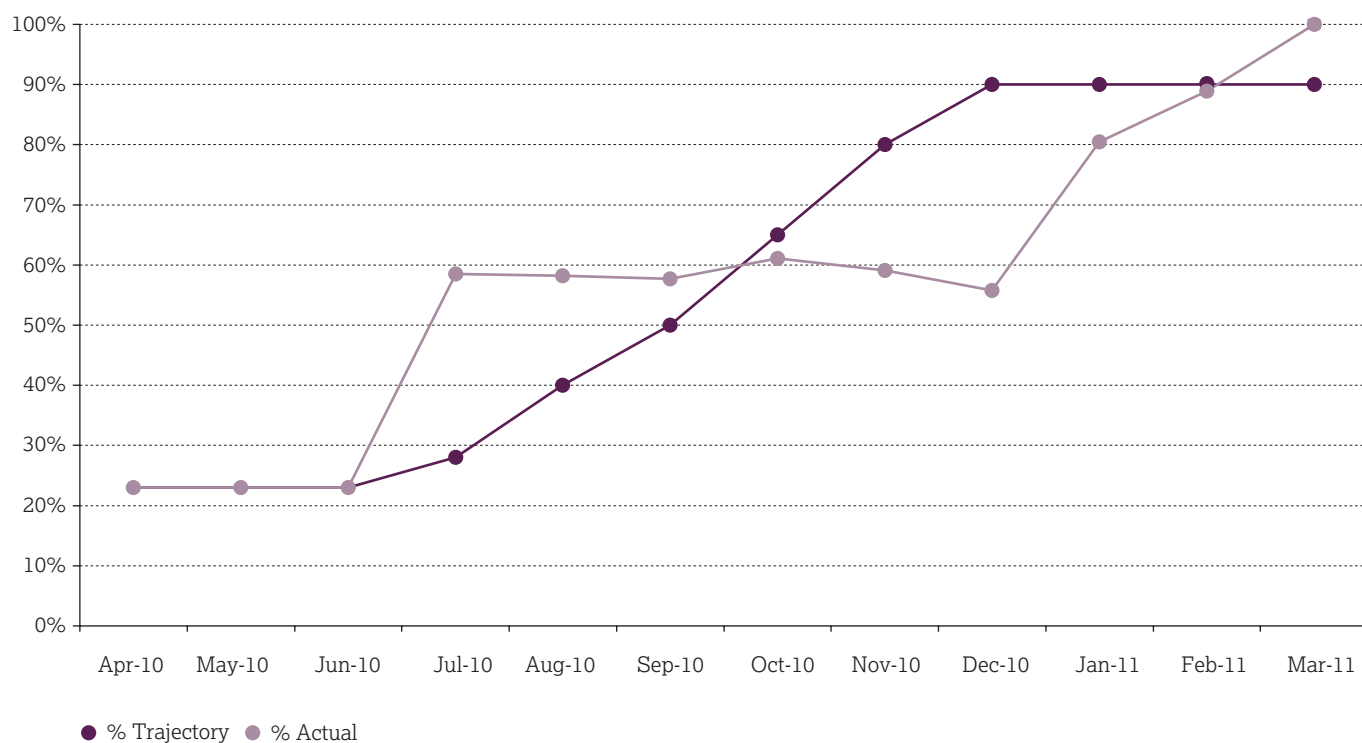
Rationale: for choosing this priority

Venous thromboembolism (VTE) is a blood clot that blocks the vein and then the delivery of blood to major organs (heart, lungs or kidneys); it is a significant cause of death, long-term disability and chronic ill health. The goal of the established National VTE Prevention Programme is to reduce avoidable death and long-term disability from VTE. It is thought that there are around 25,000 deaths from VTE each year in hospitals in England. There is strong evidence that many of these deaths are avoidable if a patient is assessed for the risk of VTE on admission to hospital, and appropriate prophylaxis (preventative treatment) is given based on national guidelines.

Patients with cancer are at greater risk of developing VTE and this is, therefore, an important patient safety issue. In October 2010 the VTE multiprofessional assessment and monitoring committee led by Dr Bishop (Divisional Director, Cancer Services) and Dr Parthipun (Darzi Fellow) launched the new Trust-wide patient assessment and monitoring system to ensure that all patients on admission are screened and receive appropriate prophylaxis to reduce the risk of VTE. As many cancer patients will need to continue prophylaxis post discharge the team have also published a patient/carer information leaflet to improve understanding and compliance. In January 2011 the Trust started to record its compliance nationally and the data is reflected in the monthly Quality Account. In 2011/12 the VTE committee, now chaired by Dr Tim Wigmore (Divisional Medical Director, Clinical Services and Consultant Intensivist), will oversee further work to ensure that all patients are receiving their assessment and prophylaxis on time and that any patients who do go to develop a VTE are given the best treatment based on national guidance.

The graph below illustrates the improvement in patient assessment for VTE over the last months, and that we achieved 100% of assessments by the end of March 2011:

VTE assessments – actual vs trajectory



2011/12 target: All appropriate patients will have a VTE assessment within 24 hours of admission and receive prophylaxis as per guidance from the National Institute for Clinical Excellence (NICE). A root cause analysis (RCA) will be undertaken on all confirmed VTE or pulmonary embolus (PE) to see if there are any learning points for improvements in care.

Effectiveness of care

Effective care priority 1:

Reduction of elective length of stay and increase in same-day admission surgery

Rationale for choosing this priority

People with cancer often have to face a lengthy and complex treatment pathway. It is therefore very important to reduce time spent in the hospital environment. There is also international evidence to show that planned protocolised care pathways for example using the Enhanced Recovery Programme (ERP), increase the quality of care and reduce the length of time spent unnecessarily in hospital. The ERP is a programmed pathway of care that starts before admission into hospital and increases the knowledge and confidence of the patient and their family to be more active in their care. Then post-operatively the patient follows a pathway of care that has been designed according to best national guidance that all nurses and doctors can follow to ensure that care is coordinated to ensure a quick and effective recovery for the patient.

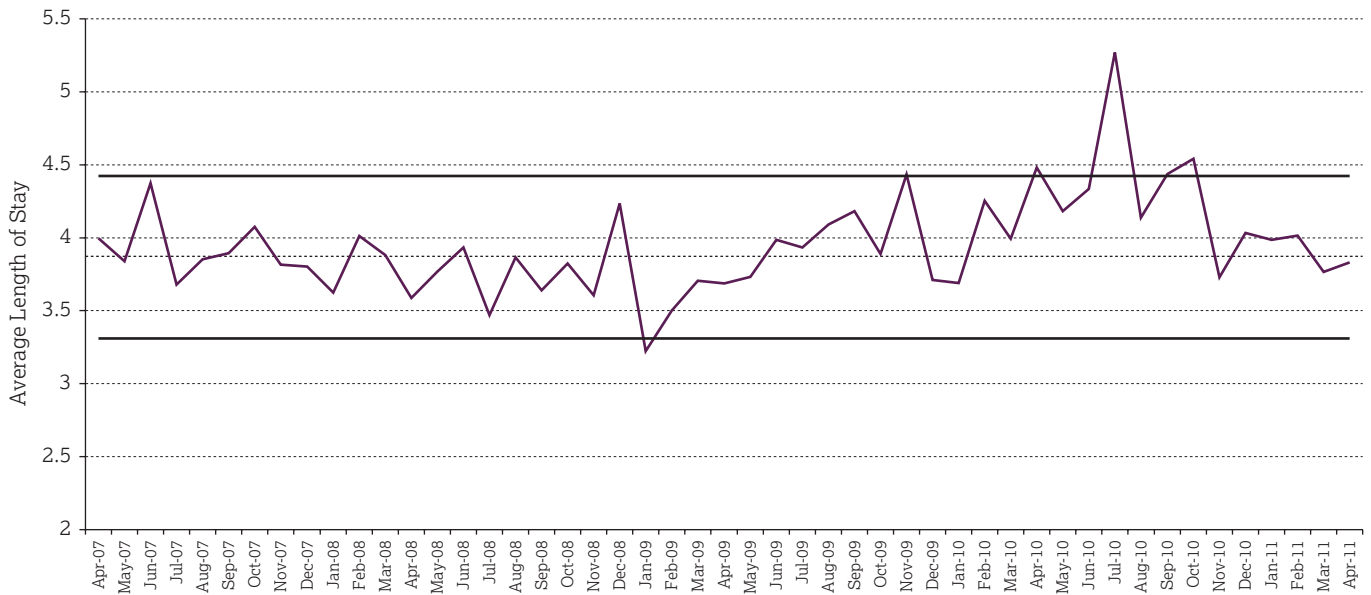
Over the last few years the Trust has increased the size and number of day units for chemotherapy and for surgical patients has worked hard to minimise the need for overnight admissions to hospital.

During 2010/11 although several initiatives have been successful in reducing areas of length of stay for example the Enhanced Recovery Programme in Upper Gastro-intestinal Cancer, and same-day surgical admissions the average LoS has remained static over the year and is higher than the average last year (2009/10: 3.5, 2010/11: 4.2) because there are still patients who stay for a very long time (greater than 100 days). The focus in 2011/12 will be to reduce these very long stays further.

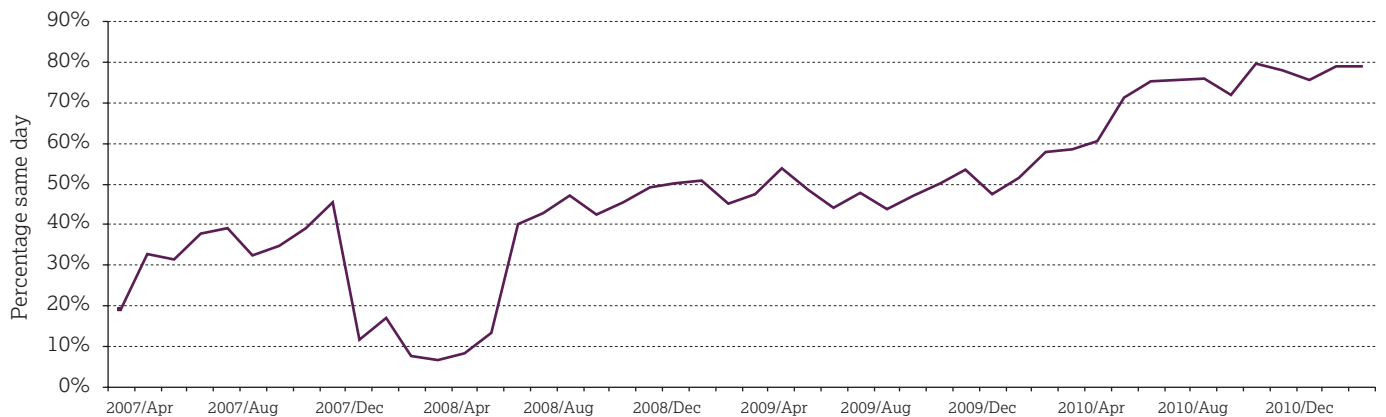
In 2011/12 we are taking the following actions to further reduce the elective length of stay:

1. The enhanced recovery programme has commenced in upper gastrointestinal surgery and urology. In 2011/12 the ERP will also commence in colorectal and gynaecological surgery
2. Specialist pharmacists accompany the discharge coordinator and site specialist nurse on a discharge ward round each day to ensure discharge medications can be coordinated
3. In 2010 /11 the team treating patients with cancer of the blood and marrow (leukaemia, lymphoma and myeloma) launched a new approach to blood and marrow transplantation where the patient needs to spend less time in hospital. The pilot phase of this work has progressed well and in 2011/12 will be increased to more patients
4. In 2010/11 a new initiative was to admit patients on the day of surgery where possible. As can be seen from the graphs below this initiative has been very successful and enabled the majority of patients to spend the night before their operation at home. This work has probably reached the maximum potential now and will be monitored during 2011/12
5. At the end of 2010/11 the breast surgery team has started to offer all elective breast surgery (without reconstruction) for patients who are otherwise healthy over a 23-hour stay period (that is just one overnight stay in hospital). In 2011/12 this will be rolled out across the Breast Unit following the best national guidance
6. In 2010 the Clinical Assessment Unit (CAU) was opened at the Chelsea site. This nurse-led unit is designed to see acutely ill patients as soon as they arrive at the hospital and either start their treatment quickly and then assist in transfer to their ward, or provide treatment as a day case so that admission can be avoided. In 2011/12 a CAU will also open in Sutton.

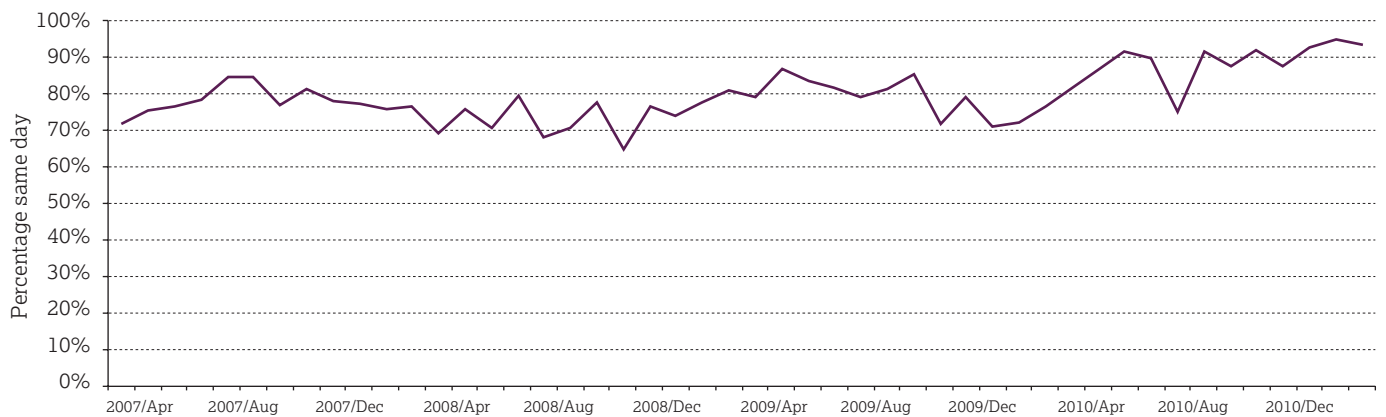
The following graph shows the elective length of stay across the hospital and that the average is 4.2 days.



Same-day admissions: Chelsea showing improvement since 2008



Same-day admissions: Sutton showing improvement since 2008



2011/12 target: To maintain or further reduce the elective LoS. To reduce the number and length of time spent in hospital by elective patients who stay a very long time (greater than four weeks). To reduce the LoS of those patients who are admitted as an emergency.

Effective care priority 2: Reduction in hospital standardised mortality ratio

Rationale for choosing this priority

The hospital standardised mortality ratio (HSMR) is an internationally recognised measure of quality of care. The ratio gives an indication of death rates for patients admitted to a hospital. Because the ratio is standardised rates of HSMR can be compared across different hospitals. The HSMR is a measure of overall mortality (deaths) but it should be used in conjunction with other measurements in the assessment of a hospital's overall quality of care. HSMRs compare the number of expected deaths with the number of actual deaths. If the HSMR for a hospital is higher than 100 there may be a need to investigate why.

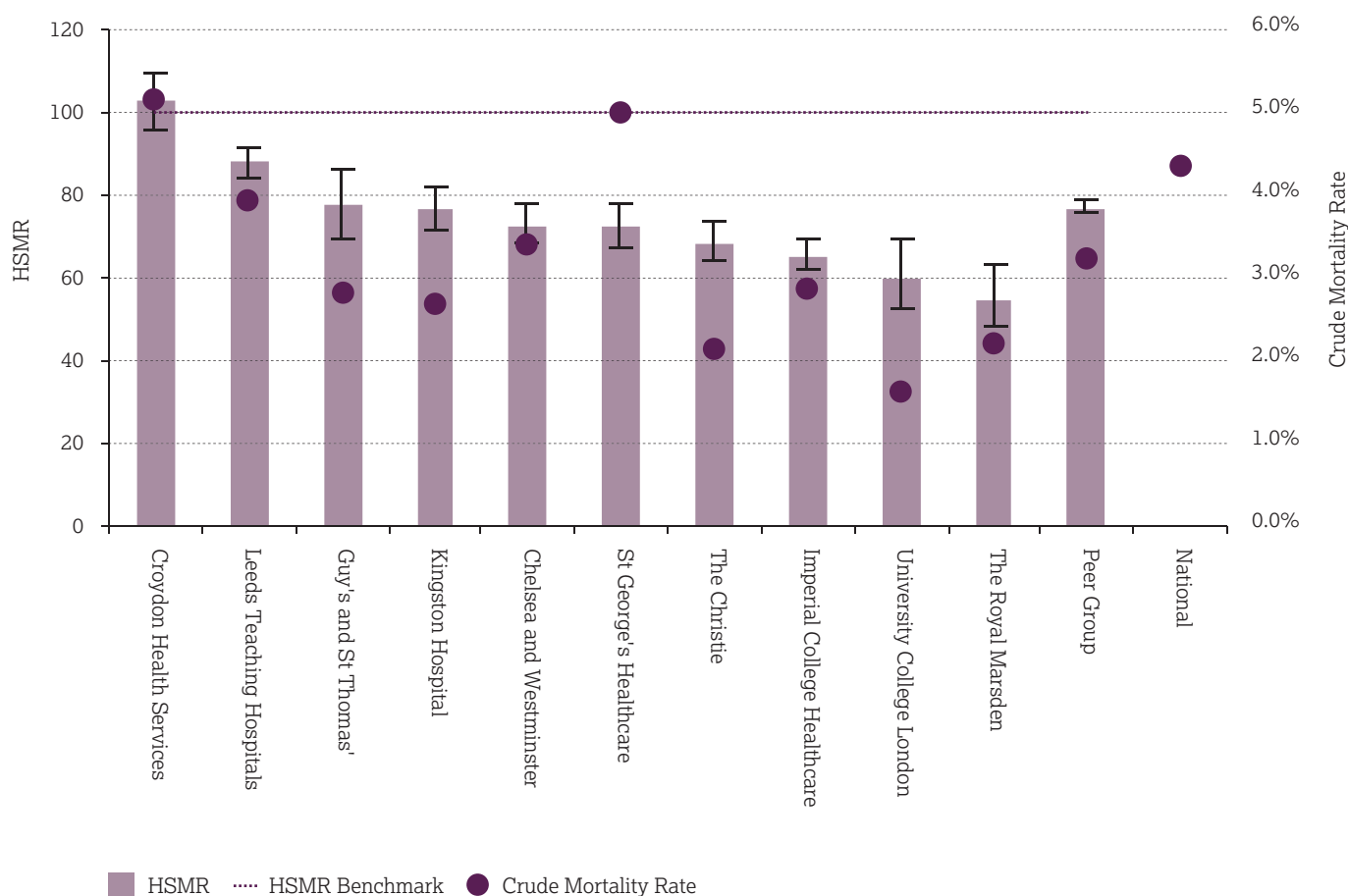
In 2009/10 The Royal Marsden HSMR was 75.4 which mean that the Trust has had fewer deaths than expected for the patient group it has treated. This figure is therefore good and means that the Trust is within the group of acute trusts with the lowest HSMR in London. In 2010/11 the HSMR data has only been finalised by Dr Foster to December 2010 – the Trust's HSMR is 60.3.

Hospital standardised mortality ratio (HSMR)

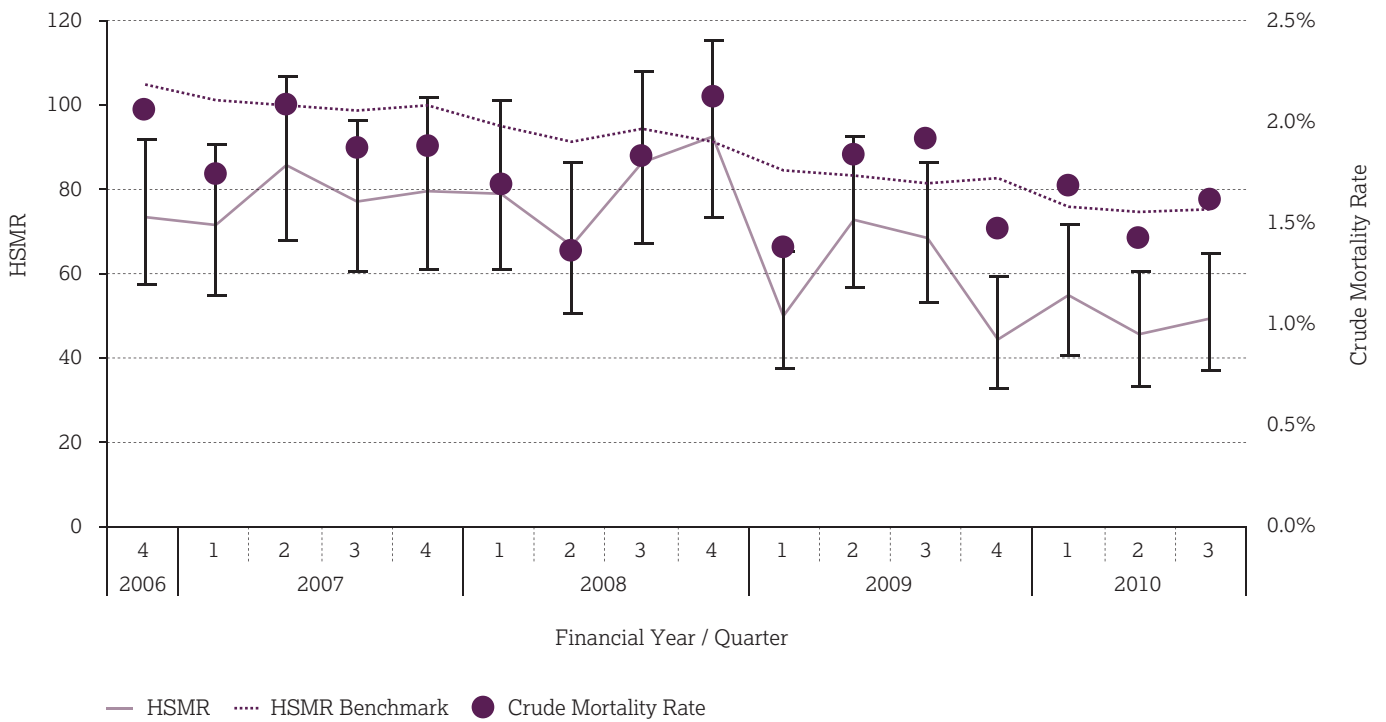
Calendar year*	2007	2008	2009	2010
Royal Marsden	73.5	83.1	75.4	60.3

*Full financial data is not available for 2010/11 at time of publication Source: Dr Foster Intelligence

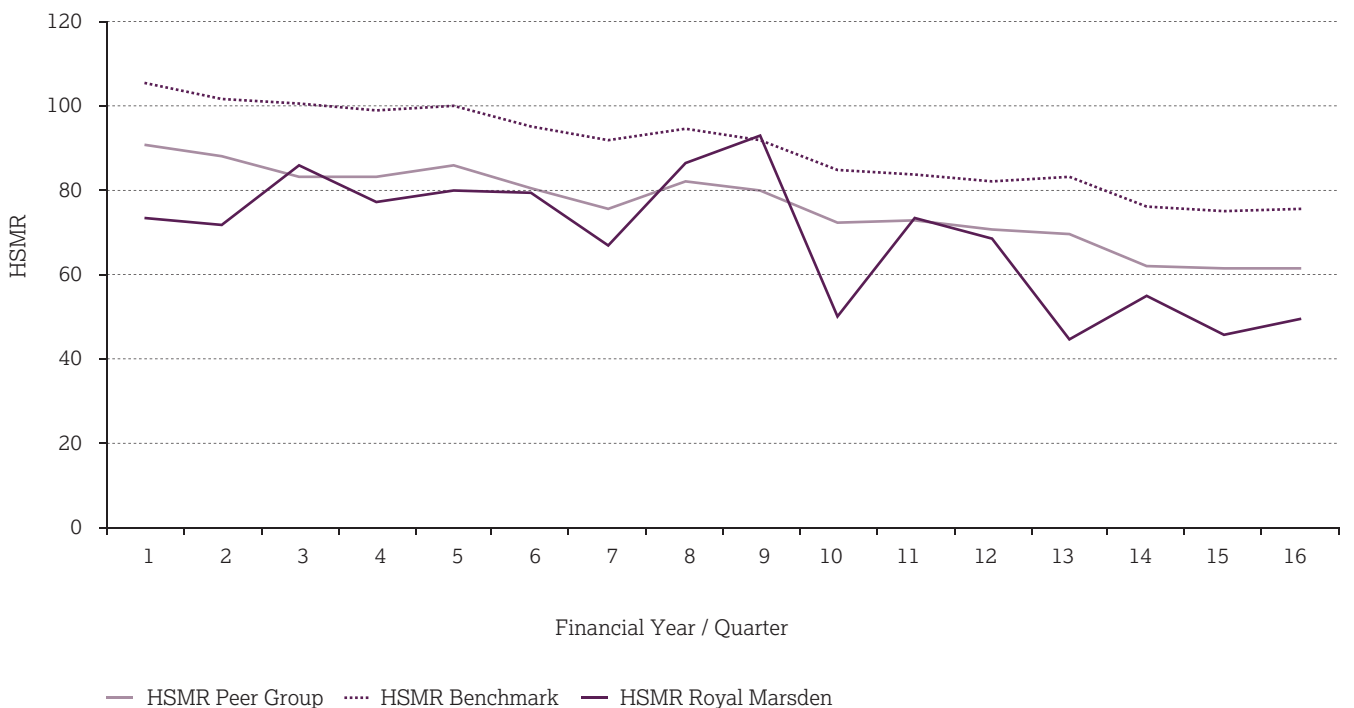
The graph below illustrates The Royal Marsden's HSMR compared with a group of other Trusts April 2010 – December 2010:



The graph below illustrates the decrease in HSMR over the last four years at The Royal Marsden.



Finally the third graph shows this trend data of The Royal Marsden plotted together with the trend data of other hospitals.



2011/12 target: To maintain the Trust’s low HSMR by concentrating on safety and effective care initiatives across the Trust.

Effective care priority 3: Reduction in hospital acquired pressure ulcers

Rationale for choosing this priority

Pressure ulcers are a major cause of sickness and reduced quality of life for patients and create significant difficulties for patients and their families. New pressure ulcers are estimated to occur in 4–10% of patients admitted to acute hospitals in the UK, with one study putting this as high as 20% (Clark M, Bours G, Defloor T; 2004). Some people with cancer are at a higher risk of developing pressure ulcers because they are immobile, have very fragile skin, have poor nutrition and some medicines can increase the risk. As we have such a vulnerable patient population an important part of our daily care is to do everything we can to prevent, diagnose early, monitor and treat effectively so that the burden for patients and families is reduced. A rising incidence of pressure ulcers across many patients can be an early indication of deteriorating care standards and must therefore be monitored closely. Although the incidence of pressure ulcers at the Trust is relatively low for an acute Trust it is important to note that the incidence has risen in 2010 as seen below:

Pressure Ulcers

	2009/10	2010/11
Total No. Pressure Ulcers	250	296
Total No. Pressure Ulcers/1,000 Bed Days	3.84	4.93

In 2011/12 the national reporting of pressure ulcers has changed with all serious pressure ulcers (grade 3 or 4) being reported as serious incidents.

In 2011/12 we are taking the following actions to increase vigilance around skilled care and to reduce further the incidence of pressure ulceration:

1. Sutton and Merton Community Services have three expert tissue viability nurses who will work with the Trust's ward nurses to raise awareness and ensure that the Trust is using best practice
2. The Trust's practice education nurses will work with nurses across the Trust to ensure that pressure ulcer scoring is robustly standardised across the Trust.

2011/12 target: To reduce further the incidence of hospital acquired pressure ulcers (< 4 per 1,000 bed days) and ensure that patients who are admitted with a pressure ulcer have expert assessment and care quickly to avoid further deterioration.

Patient experience of care

Patient experience of care priority 1:

To increase real-time feedback on care using the Picker handheld survey

Rationale for choosing this priority

Personalised medicine as described earlier is a major priority for The Royal Marsden. To understand how it feels for a patient when they are in our day units, outpatient departments or inpatient wards it is important to listen. In May 2009 we started using the Picker frequent feedback devices in our medical day units. The device is a small electronic handheld device (about the same size as a mobile phone) that the patient uses to answer a questionnaire about their experience of care. When they have completed the questionnaire they press send and the information is sent automatically to a confidential web-based system.

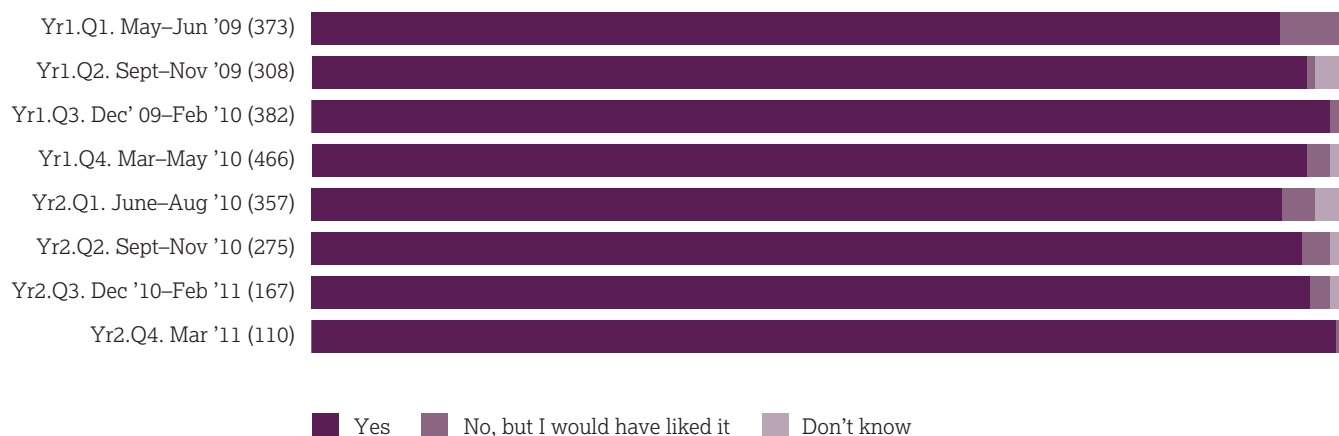
The clinical areas all then receive monthly feedback about their patient's experience of care (anonymised). The sister/charge nurse or matron will then design an action plan for improvement with their ward team. Over the last two years this approach has resulted in many improvements with patients receiving feedback on the difference they have made using feedback posters.

In the monthly QA Board members also receive the same information collected across the whole Trust. This approach means that from ward to Board all Trust staff can view the patient experience.

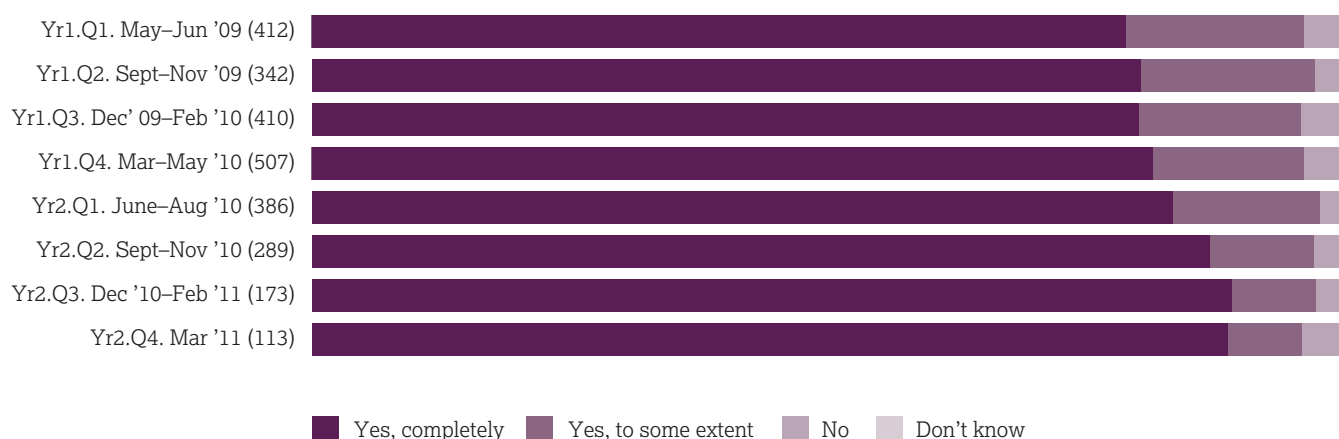
In November 2009 the Council of Governors formed a new expert patient/carer group to focus on improving the patient experience. The Governors have been instrumental in designing the inpatient questionnaires and challenging clinical staff to use information more effectively with patients.

Illustrated below are the feedback graphs used for the ward teams:

At the beginning of your treatment were you given any written or printed information about your treatment?



Before your visit to the unit today were you informed of what would happen in terms of any tests and treatments you might receive?



In 2011/12 we are rolling out the Picker handheld survey to all the inpatient wards, the Centre for Children and Young People and to families in the Critical Care Unit. The aim throughout the hospital is to ensure that clinical staff have a real dialogue with patients about their experience of care, and that this experience is then used to continuously improve care.

2011/12 target: To increase real-time dialogue with patients across the Trust to ensure care is tailored to patients' comments (to ensure that in 2011/12 the Picker frequent feedback devices are rolled out to every inpatient area).

Patient experience of care priority 2:
To remain in the top percentile of trusts in the annual national inpatient survey

Another way of listening to what patients think about their hospital care is by learning from the national surveys on patient care.

The Picker national inpatient survey is conducted annually and again in 2010 patients rated the Trust in the top 20% of hospitals in the country for their experience of inpatient care. 479 patients returned a completed questionnaire, giving a response rate of 60% (58% in 2009) which compares well to the average response rate of 47% for the 75 participating trusts.

The survey highlighted many positive aspects of the patient experience, with the majority of the Trusts' patients reporting that:

- Overall: rating of care was good/excellent (96%)
- Overall: doctors and nurses worked well together (97%)
- Doctors: always had confidence and trust (90%)
- Hospital: room or ward was very/fairly clean (96%)
- Hospital: toilets and bathrooms were very/fairly clean (95%)
- Hospital: hand-wash gels visible and available for patients and visitors to use (94%)
- Care: always enough privacy when being examined or treated (93%).

Patients were also asked whether there was anything particularly good about their hospital care. Comments included:

“All staff, from volunteers, reception staff, cleaners and caterers to nurses and doctors, treated me with kindness and respect”

“From admission to discharge I had excellent treatment. All my needs were catered for with kindness and support”

“The attitude of all staff is excellent making you feel confident and a warmth in and around the hospital”

“I thought the opportunities to meet the surgeon twice before surgery was wonderful and I could not have been better treated or have had kinder people looking after me”

“The overall care I received from all professionals involved was absolutely fantastic; the co-ordination between departments brilliant and the information I received about my illness and treatment was outstanding. I have total faith in the hospital staff and my long-term wellbeing I feel is greatly improved because of the excellent care I received”.

2011/12 target: For patients to continue to rate The Royal Marsden NHS Foundation Trust in the top 20% of hospitals in the country.

Patient experience of care priority 3: National Cancer Patient Experience Survey

This was a new survey across England in 2010, 2,665 questionnaires were sent out to Royal Marsden patients and 1,692 returned (66%) compared to the national return rate of 67%. There were eight areas of care where The Royal Marsden came in the top 20% of all hospitals as shown below:

1. Given easy-to-understand written information about diagnostic tests
2. Hospital doctors: patient's family definitely had time to speak to the doctor
3. Ward nurses: got understandable answers to important questions all or most of the time
4. Ward nurses: nurses did not talk in front of the patient as if they were not there
5. Ward nurses: always/nearly always enough nurses on duty.
6. Hospital staff did everything to help to control pain all of the time
7. Always treated with respect and dignity by staff
8. Staff told patient who to contact if worried at home.

There were however eight areas where the hospital scores were in the lowest 20% of Trusts, although four of these reflected care prior to the Trust (for example GP access and care) the Trust has taken the survey very seriously and is focusing on the key areas of improvement needed such as “telling patients about how to get free prescriptions” and “not changing the date for admission” which are systematic issues that the Trust will work hard to improve in 2011/12. The area that the Trust has found hardest to understand were the two questions that referred to patients discussions with their doctors about their diagnosis and treatment, as it seems to be at variance with the other patient surveys and the experience of frontline staff and the patient comments we receive and hear from patients and families everyday. It is a fact that most patients have already received their diagnosis of cancer before being transferred to The Royal Marsden and these comments may therefore refer again to care prior to the Trust, however we have taken this very seriously indeed. The Chief Nurse and Medical Director met with all the senior consultants in the Trust and we are engaged on a rapid and comprehensive action plan to ensure that the patient experience of these aspects of care is as good as those that were in the top 20% of hospitals. To close the loop and ensure we have made a difference the Trust will engage an external company in 2011/12 to conduct a survey particularly around the areas that needed improvement.

In 2011/12 any areas in the National Patient Experience Survey that were not in the top 20% of Trusts are being addressed across the whole Trust. In 2011/12 the Trust will ask an external company to repeat the survey to measure improvement.

2011/12 target: To audit key areas in 2011/12 to ensure that all areas not in the top 20% are improving.

Patient and public experience priority 4: New initiatives to improve the patient experience in 2011/12

Another important way that we learn as a hospital about our patients' experience of care is to carefully read any complaints. Although The Royal Marsden receives small numbers of complaints they are all important and are read by all relevant frontline staff up to the Chief Executive and the Board. The themes from these complaints and all the feedback from the stakeholder engagement events (explained in the beginning of the QA) have been fed into the new priorities for improvement in 2011/12. The Patient and Carer Advisory Group (PCAG) also regularly staff "listening posts" around the hospital to give patients and their families another route to air their views. The Chief Nurse also takes regular opportunities to share themes from complaints and praise with all the staff of the Trust from the wards through to the Board members. In 2011/12 The Trust is appointing another senior member to the complaints team to focus particularly on ensuring that patients and families know how to complain and that their views are sought proactively when an inpatient.

The most recent patient and public engagement (listening) event was on 22 March 2011 when the afternoon was dedicated to hearing from Governors, patients/carers, frontline staff and representatives from Sutton LINKs about what they would like to list as their priority improvements for 2011/12. The three main recommendations from over 60 people at the day were in agreement with themes that have been raised at Council of Governor, PCAG meetings and in complaints received:

1. Reduction in chemotherapy waiting times

In 2011/12 we are taking the following actions to reduce chemotherapy waiting times:

- Two stop clinics for chemotherapy will be rolled out to allow blood tests to be ready
- Pre-prescribing of all chemotherapy
- Nurse Led on treatment clinics to monitor and assess patients having chemotherapy
- Increase in Medical Day Unit chairs at Sutton.

2011/12 target: To reduce chemotherapy waiting times across the Trust: to reduce those waiting for more than 5 hours to zero; to reduce those waiting for more than 4 hours by 10%; to reduce those waiting for more than 3 hours by 10%.

2. Improvements in hospital transport

In 2011/12 we are taking the following actions to improve hospital transport:

- The transport company has been changed for 2011/12 and Governors were involved in the tendering and selection process
- A prospective audit of the patient experience with transport will be conducted, especially exploring areas of previous concerns highlighted by patients
- Any patient complaints that apply to transport will be fed up through the Divisional Director Clinical Services and are a key performance indicator for the contract monitoring.

2011/12 target: To improve the patient experience of hospital transport, to be assessed by a patient satisfaction questionnaire.

3. Giving information giving at every stage in a patient's journey

In 2011/12 we are taking the following actions to improve information provision at every stage of the patient's journey:

Roll out of the 'beacon' Information Prescription system which means that patients and their key worker (Clinical Nurse Specialist or Rehabilitation Professional) design individualised information packs. The Trust is working with a facilitator from the Department of Health as part of the information prescription beacon status to ensure that every point in the patients journey they can access relevant information in a timely way.

Key workers will be asked to document information provision at every stage of care on the new clinical documentation electronic system.

During 2011/12 the frequent feedback audit will explore key areas of information provision. Any gaps in provision will then be addressed proactively during the year.

2011/12 target: These three key improvement priorities will be the central focus for improving the patient's experience of care. Assessment of these priorities will be made using the Picker Frequent feedback tool and local dedicated audits.

Integration of community services with The Royal Marsden NHS Foundation Trust

On 1 April 2011 the Trust was delighted to complete the acquisition of Sutton and Merton Community Services (SMCS). No performance data have been included for the year 2010, however in 2011/12 the SMCS division of the Trust has chosen the following four improvement priorities:

1. a 15% increase in number of falls screens compared to 2010/11
2. reduction in pressure ulcers especially grades 3 and 4
3. safeguarding children priorities – compliance with national guidance/training
4. compliance with national health visiting targets: new birth visits.

In the first two months of 2011/12 The Royal Marsden NHS Foundation Trust is engaging with SMCS community stakeholders to ensure agreement with these improvement priorities and to agree the methodology for improvement.

Statements of assurance from the Board

Review of services

During 2010–11 The Royal Marsden NHS Foundation Trust provided and/or sub-contracted comprehensive cancer services.

The Royal Marsden NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these services.

The income generated by the NHS services reviewed in 2010-11 represents all of the total income generated from the provision of NHS services by The Royal Marsden NHS Foundation Trust for 2010-11.

The data reviewed in part two and three of this QA covers the three dimensions of patient care: safety, effectiveness and patient experience. In all areas the data has been available to review the service.

Participation in clinical audits

Participation in national clinical audits and national confidential enquiries

Audits are a tool that we use in hospitals to assess the quality of an area or a service comparing it against a set of rules, guidance or instructions. An example would be that we know all patients who are admitted for major surgery should be assessed for VTE risk and there is national guidance about this. A clinical auditor can then look back with the ward sister at all the patients on the ward and check that they had the correct assessment. If there is anything that should have been done and wasn't then we learn from that, put in education and support, and then audit again; this is sometimes known as the "audit cycle" and it is very important in improving patient care.

At The Royal Marsden we do many audits: we do all the national cancer audits which compare care across hospitals and sometimes across the world, but also much smaller audits that junior doctors and nurses conduct to improve local areas of care. A good example of a local audit would be those done by the dietitians and nurses to check that patients are receiving regular nutritious drinks especially when they find it difficult to help themselves.

During 2010/11 12 national clinical audits and three national confidential enquiries covered NHS services that The Royal Marsden provides.

National confidential enquiries

These are "inspections" that are carried out nationally to investigate areas of care where there may have been problems nationally 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.

During 2010/11 The Royal Marsden participated in 100% of national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate (Table 1 and 2). Many of the national audits undertaken by other hospitals cannot be undertaken at The Royal Marsden because we only have patients with cancer.

The national clinical audits and national confidential enquiries that The Royal Marsden participated in, and for which data collection was completed during 2010-11, are listed below alongside the number of 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 (Table 1 and 2).

Table 1: Blood transfusion national audits

No	Blood transfusion	Participated	% Cases submitted
1	O neg blood use (National Comparative Audit of Blood Transfusion)	Yes	100%
2	Platelet use (National Comparative Audit of Blood Transfusion)	Yes	100%

Table 2: National clinical audits The Royal Marsden participated in 2010-11

No	Other National Clinical Audits	Participated	% Cases submitted
	Royal College of Radiologists		
3	National audit of delays commencing and completing chemoradiotherapy and the implementation of image guided brachytherapy for cervix cancer in the UK in 2010/11	Yes	100%
4	RCR National Audit of Head and Neck Pathway 2010	Yes	100%
5	RCR National Audit of Pre-Operative Staging for Rectal Cancer 2010	Yes	100%
6	RCR National Audit of Pre-Operative Staging for Rectal Cancer 2009	Yes	100%
	Association of Breast Surgery at British Association of Surgical Oncology Report (ABS at BASO)		
7	An audit of screen detected breast cancers for the year of screening	Yes	100%
8	National audit: Breast Cancer Clinical Outcome Measures (BCCOM) Project	Yes	100%
9	British Society of Gastroenterology National Colonoscopy Audit 2010	Yes	100%

The reports of 6 national clinical audits were reviewed by The Royal Marsden in 2010-11 and The Royal Marsden will take the following actions to improve the quality of healthcare provided.

Table 3: National clinical audits published reports and actions taken in 2010-11

No	National Clinical Audit reports published in 2010-11	Description of actions
1 (44)	Lung cancer (National Lung Cancer Audit)	Report reviewed at the South West London Cancer Network Lung Tumour Working Group
2	The Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland [AUGIS] 2010 report	Referral arrangements for brachytherapy for upper gastrointestinal tract cancers to be added to local Cancer Network guidelines
3 (46)	National Head & Neck Cancer Audit (DAHNO) 2010	No change in local policy required
4	Mastectomy and Breast Reconstruction Audit 2010	Best practice confirmed
5	Substantial Improvement in UK Cervical Cancer Survival with Chemoradiotherapy: Results of a Royal College of Radiologists' Audit	Best practice confirmed
6	National Comparative Audit of the use of Red Cells in Neonates and Children 2010	Blood transfusion policy updated

Table 4: National confidential enquiries The Royal Marsden eligible to participate in

1.	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Participated	% Cases submitted
a.	Surgery in children study	Yes	100%
b.	Peri-operative care	Yes	100%
c.	Cardiac Arrest Procedures	Yes	100%
2.	Confidential Enquiry into Maternal and Child Health (CMACH)	Not applicable	
3.	Confidential Enquiry into Maternal and Child Health (CMACH)	Not applicable	

The reports of three national confidential enquiries report were reviewed by The Royal Marsden in 2010-11 and The Royal Marsden intends to take the following actions to improve the quality of healthcare provided.

Table 5: National Confidential Enquiries reports published in 2010-11 and actions

No	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies	Description of actions (local)
1	Elective & Emergency Surgery in the Elderly: An Age Old Problem (2010)	No change in practice
2	Cosmetic Surgery: On the face of it (2010)	Not relevant to the Trust
3	Parenteral Nutrition: A Mixed Bag (2010)	Adoption of self-assessment checklist under consideration. Audit of nutrition on the critical care unit underway

The reports of 66 local clinical audits were reviewed by The Royal Marsden in 2010-11 and The Royal Marsden intends to take the following actions to improve the quality of healthcare provided.

Table 6: Local clinical audits undertaken and reports received during 2010-11

No	Clinical Audit Title	Description of actions
1	An audit into the optimal use of ambisome as a treatment agent based on high-resolution computed tomography (HRCT) criteria in patients with acute leukaemia	Best practice confirmed.
2	Single-sex accommodation audit	If a breach occurred staff review the case to identify points of learning and escalate immediately
3	Comparison of Radiology reporting pre and post proforma introduction, GI 108	Confirmed value of using proformas. Proforma reporting to be adopted nationally.
4	Audit of accuracy of patient positioning for radical pelvis (colorectal) radiotherapy, GI 089	Patients should be lying on their back during treatment if and when the intensity modulated radiotherapy technique is to be implemented.
5	Audit of outcome following the introduction of the 2-week rule for lung cancer, LUN 066	Addition of performance status to electronic templates for producing clinical diagnosis and treatment letters to be explored.
6	K-ras genotyping and second line therapy for Non Small Cell Lung Cancer (NSCLC), LUN 078	Development of a bronchoscopy service for repeat biopsies.
7	Fractionated stereotactic radiotherapy (FSRT) in the treatment of vestibular schwannoma (acoustic neuroma): Predicting the risk of hydrocephalus, NEU 066	Treatment now starts when a lesion reaches 2 - 2.5 cm. The risk of developing hydrocephalus linked to the radiotherapy is to be highlighted to clinicians.

8	Audit of referrals to the Paediatric Play Specialist team for intervention for Radiotherapy treatments or Diagnostic Imaging investigations, PAE 063	Development of referral criteria for play specialist patient assessment. Introduction of a play specialist annotation template to help with Diagnostic Imaging Department referrals/ preparation for interventions. Named play specialist link staff are now responsible at each intervention site e.g. magnetic resonance imaging (MRI) and computed tomography (CT) to promote play specialist involvement and support timely referrals and visits to the intervention rooms. The need for an intervention room visit is now identified earlier.
9	The Royal Marsden School of Cancer Nursing and Rehabilitation teaching module quality assessment 2008-9, NAR 239	Guidelines for copyright and patient images are to be developed. More support for developing teaching materials.
10	Review of documented care of patients dying in the Critical Care Unit (CCU) following introduction of the Intensive Care Unit Liverpool Care of the Dying Patient Pathway (ITULCP), NAR237	ITULCP reviewed to make it more succinct and practical for use in the Critical Care Unit.
11	Snapshot audit of timeliness of diagnosis notification to General Practitioners (GPs) 2009, Sutton site, BRPR09-1	Results confirmed compliance to measure. Re-audit planned.
12	Snapshot audit of timeliness of diagnosis notification to General Practitioners (GPs) 2009, Chelsea site, BRPR09-5	Results confirmed compliance to measure. Re-audit planned.
13	Snapshot audit of operational policy for named key worker and a permanent record of their consultation: spot check of The Royal Marsden patient checklist in Electronic Patient Record (EPR), Sutton site, BRPR09-2a	Compliance to policy confirmed. Operational policy updated. Re-audit planned.
14	Snapshot audit of operational policy for named key worker and a permanent record of their consultation: spot check of The Royal Marsden patient checklist in Electronic Patient Records (EPR), Chelsea site, BRPR09-7	Compliance to policy confirmed. Re-audit planned.
15	Snapshot audit of operational policy for a named key worker and a permanent record of their consultation: spot check of The Royal Marsden patient checklist in Electronic Patient Record (EPR), Sutton, BRPR09-2b	Compliance to policy confirmed. Re-audit planned.

16	Snapshot audit of recording of treatment planning on multidisciplinary team (MDT) proforma: agree and record individual patient treatment plans on Electronic Patient Record (EPR), Sutton site, BRPR09-3	Results confirmed compliance to measure. Operational policy reviewed and updated. Re-audit planned.
17	Snapshot audit of recording of treatment planning on multidisciplinary team (MDT) proforma: agree and record individual patient treatment plans on Electronic Patient Record (EPR), Chelsea site, BRPR09-5	Results confirmed compliance to measure. Re-audit planned. Operational policy reviewed and updated. Repeat audit planned.
18	What proportion of women are tested for HER2 gene prior to commencement of drug treatment (if undergoing resectional surgery and receiving adjuvant or neo-adjuvant chemotherapy), BRCLE1	Results confirmed availability of HER2 receptor information at the time of treatment planning for all patients. Re-audit planned.
19	South West London Cancer Network (SWLCN) – Patient Survey 2009: The Royal Marsden NHS Foundation Trust, March 2009, SWLCNPS1	Local patient surveys identified and undertaken.
20	Complications associated with gastrostomy tube insertion in head and neck cancer patients, HAN7	Use of a proforma introduced.
21	Re-audit of effectiveness of aroma sticks for symptom management (REHAB7)	Clinic forms modified to improve data collection.
22	Snap-shot audit of compliance to The Royal Marsden Venous Thromboembolism (VTE) Prevention and Management Anti-embolic Stockings Policy (Adult Inpatient): Nursing documentation (NAR223b)	A VTE Working Group has been established to ensure implementation and monitoring of the Trust's comprehensive action plan to improve compliance to policy.
23	Implementation of Red Serviette initiative on the wards – red serviette audit (NAR240)	Successful implementation confirmed of the red serviette initiative which identifies patients requiring help with eating.
24	Protected Mealtimes (REHAB10)	Policy reviewed, pre-meal checklist for staff developed and the initiatives covered in induction training.
25	Repeat radiotherapy patient survey 2010 (RT17)	Areas prioritised for improvement.
26	Patient evaluation of breast radiotherapy information session (BRIS); repeat patient survey (REHAB05)	Improved referral of patients to the sessions, information sheet reviewed, further information provided and introduction of standardised information across the cancer network.

27	South-West London Cancer Network (SWLCN) wide audit of guidelines for the management of suspicious thyroid lumps (HAN19)	Guidelines updated. Re-audit planned
28	Enteral Feeding Tube Complication data, The Royal Marsden Experience (HAN20)	Educational programmes developed.
29	Snap-shot audit of timeliness of diagnosis notification to General Practitioners (GPs) – (Measure Topic 10-2I-110) 2009 (HNPR02a)	Cases awaiting confirmation of cancer diagnosis are now highlighted to the multidisciplinary team.
30	Snap-shot audit of operational policy for named key worker (measure 10-2I-111) (HNPR02), Chelsea & Sutton site, (HNPR02b)	Electronic record now shows whether the patient has been offered a key worker, the opportunity of a permanent record of their consultation and appropriate written information. Re-audit planned.
31	Snap-shot audit of permanent record of their consultation (Measure 10-2I-126), Chelsea & Sutton site (HNPR03a)	Electronic record now shows whether the patient has been offered a key worker, the opportunity of a permanent record of their consultation and appropriate written information. Re-audit planned.
32	Intravenous (IV) and Infection Control audit (NAR233)	Results highlighted at mandatory training and in a newsletter, care plans and fluid-balance charts documents revised and labelling of administration sets improved. Use of printed identification bands improved and doctors are now involved in reviewing hand hygiene.
33	Incidence of venous thromboembolism in patients receiving pelvic radiotherapy for rectal cancer, GI 099	Best practice confirmed.
34	Audit of timing of surgery after radiotherapy for rectal carcinoma, GI 106	A prospective randomised study is planned
35	Audit of South-West London Cancer Network referrals to the Upper GI specialist multidisciplinary team, Jan –Dec 2009, GI 092	Data collected by Trusts about referrals are to be standardised across the cancer network.
36	Peer review, Spring 2010, Colorectal and anal cancer : Multidisciplinary team/Documentation audit, QM 047	The Trust's discharge summaries are now sent electronically to GPs. Introduction of the copying of GP fax back forms to the electronic patient record is being assessed. An electronic checklist about the patient's key worker is to be piloted.
37	Peer review, Spring 2010 Oesophago-gastric multidisciplinary team/ Documentation audit, QM 047	An electronic checklist about the patient's key worker is to be piloted. A 'missed' multidisciplinary team discussion prior to treatment for one patient is to be investigated.

38	Peer review: Hepato-biliary and Pancreas (Upper Gastro Intestinal) Multidisciplinary team/Documentation audit , QM 047	Electronic key worker templates to be piloted. Unless the patient consent form is available the default setting on the electronic system will record that hospital letters sent to the patient's GP have not been copied to the patient.
39	Audit of clinical trial recruitment in the Lung Unit, LUN 096	Discrepancies corrected between records in the electronic patient record and lung unit database, improved recording of reasons for non-recruitment to clinical trials and update of the lung unit database.
40	Mortality in the 30 days following systemic anti-cancer therapy (Oct 09- Mar 10), LUN 092d	All Lung Unit clinic letters now include a record of lung performance status.
41	Retrospective review of all patients with thymoma treated over the last 33 years at The Royal Marsden, LUN 068	International collaboration with other groups continues, to improve treatment of this rare tumour type.
42	Audit of the use of Granulocyte Colony Stimulating factor (GCSF) in patients treated with Adriamycin, Bleomycin, Vinblastine and Dacarbazine (ABVD) chemotherapy for Hodgkin's Lymphoma, LYM 047	GCSF to be used as primary prophylaxis in all patients with Hodgkin's Lymphoma treated with ABVD. Guidelines to be updated to reflect national guidelines about the risk of patients of developing febrile neutropenia.
43	School of Cancer Nursing & Rehabilitation (SCaNaR) Module Quality Assessment 2008-9, NAR 239	Guidelines for copyright and using patient images are to be developed for speakers.
44	Trustwide audit of falls incidents from bed, prior to and following policy change regarding use of bedrails 1 April – 30th June 2007 vs. 1st April – 30th June 2009, QM 045b	Best practice is confirmed.
45	Re-audit of Pain Management in recovery ANAES77	Results confirmed compliance to standards.
46	The efficacy of lumbar epidural steroid injections in cancer patients: an audit ANAES058	All patients that receive a chronic pain procedure are to be logged on the Hospital Information System. New guidelines developed. Re-audit planned.
47	Peri-operative Deep Vein Thrombosis (DVT) prophylaxis at The Royal Marsden ANAES82	Policy updated and formal risk assessment process implemented according to NICE guideline (92). Re-audit planned
48	Review of the use of the revised Liverpool Care of the Dying Patient Pathway (LCP) Version 12 in practice NAR246	Confirmed full introduction of LCP across The Royal Marsden has been achieved.

49	Re-audit of number of patients who did not attend (DNA) their computed tomography (CT) appointments 1 January– 31 March 2010	Both Sutton and Chelsea DNA rates have now met the local standard. No additional actions required.
50	Audit of recorded radiation incidents 1 January 2006–31 August 2010	None as a result of this audit, as actions had already been taken in response to incidents.
51	Efficacy and tolerability of capecitabine in patients over 70 with metastatic breast cancer (MBC) BR	No change to local policy required.
52	Prolonged myelosuppression in patients with stage III or IV follicular lymphoma following treatment with fludarabine, cyclophosphamide and rituximab (FCR)	No change to local policy required.
53	Snapshot of patients' views about their first visit to the Rapid Diagnostic and Assessment Centre (RDAC)	Work underway to improve waiting times.
54	Incidence of Taxol hypersensitivity reactions (HSR) MAG1	New protocols for the management of hypersensitivity reactions to taxanes developed.
55	Music therapy patient survey REHAB14	More patients are to be encouraged to use the music therapy service.
56	Deaths in the 30 days following date of last anti-cancer therapy prescription at The Royal Marsden and reported to The Royal Marsden between October 2009 and March 2010	Documentation of performance status improved. Case reviews undertaken in detail with the learning points disseminated.
57	Deaths in the 100 days following stem cell transplantation at The Royal Marsden and reported to The Royal Marsden between October 2009 and March 2010	Cases reviewed at monthly mortality and morbidity meeting.
58	Deaths during, or in the 30 days following surgery or anaesthesia (all surgery and procedures in operating theatres) at The Royal Marsden and reported to The Royal Marsden between October 2009 and March 2010	Deficiencies in clinical management and appropriateness of decision to operate reviewed and discussed with peers.
59	Deaths in the 30 days following date of last anti-cancer therapy prescription at The Royal Marsden and reported to The Royal Marsden	Establishment of a chemotherapy mortality and morbidity meeting to provide a forum for discussion and education.
60	Deaths in the 100 days following stem cell transplantation at The Royal Marsden and reported to The Royal Marsden between April 2010 and September 2010	Cases reviewed at monthly mortality and morbidity meeting.

61	Deaths during, or in the 30 days following surgery or anaesthesia (all surgery and procedures in operating theatres) at The Royal Marsden and reported to The Royal Marsden between April 2010 and September 2010	Deficiencies in clinical management and appropriateness of decision to operate reviewed and discussed with peers.
62	Assessment of haemorrhage during major hepatobiliary and pancreatic resection surgery- an audit of two methods, ANAES 79	Blood loss during surgery now assessed by a new method.
63	Audit to Establish Nutritional Supplement Prescribing Practice at The Royal Marsden NHS Foundation Trust, REHAB17	Work is underway to improve implementation of the nutritional supplement prescribing guidelines.
64	Re-audit of post operative nausea and vomiting (PONV) in recovery	Confirmed improved post operative nausea and vomiting assessment scoring in 2010.
65	Audit of Patient experience in the Drug Development Unit, Autumn 2009- Spring 2010.	Provision of trial information to patients will be improved and standardised. The appointment system has been improved and waiting list management will be updated to include a flagging system for patients who have been on the list for 3 weeks.
66	Comprehensive electronic patient record (CEPR): audit of benefits realisation for Theatres (Anaesthetists)	Further training has been offered and simplifications made to the system to help with high turnover/short cases.

Participation in clinical research

The Royal Marsden and Institute of Cancer Research and now Mount Vernon Cancer Centre form the largest centre for cancer research in Europe. This is important because it means that our patients, and also our staff, are always aware of the latest research in treatments, medicines and therapies that make such a major difference to outcomes and the experience of care. If you would like to find out more about our research work please go on to our website on www.royalmarsden.nhs.uk

The number of patients receiving NHS services provided or subcontracted by The Royal Marsden in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 4167 patients into 568 different trials.

Use of the CQUIN payment framework

The Clinical Quality and Innovation (CQUIN) payment framework is a method that the NHS introduced in 2009/10 to reward hospitals and other NHS services for taking quality and innovative patient care initiatives seriously. If hospitals do not achieve their CQUIN targets then in 2009/10 0.5% of a hospital's income was removed and in 2010/11 1.5%. In challenging financial times for the NHS it is important that quality initiatives are linked to a financial lever to ensure that the front line staff and the Board are able to prioritise quality care. For a list of the CQUIN targets for 2010/11 and then 2011/12 please go on to the CQUIN page on our website via www.royalmarsden.nhs.uk or contact us via the Head of Quality on 0208 642 6011 and we can post details out to you.

A proportion of The Royal Marsden NHS Foundation Trust income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between The Royal Marsden NHS Foundation Trust and any person or commissioning PCT they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

In 2010/11 The Royal Marsden achieved 93% of its CQUIN target which is £1.6 million.

Further details of agreed goals for 2010/11 and for the following 12 month period are available electronically via http://www.institute.nhs.uk/world_classcommissioning/pctportal/cquin.html or using The Royal Marsden website: www.royalmarsden.nhs.uk.

What others say about the provider

Statements from the Care Quality Commission (CQC)

The Royal Marsden NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered with no conditions".

The Care Quality Commission has not taken enforcement action against The Royal Marsden NHS Foundation Trust during 2010/11.

The Royal Marsden NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period, 2010/11.

Data quality

Good quality information is very important in underpinning the effective delivery of the best patient care. In section 2 we highlighted the importance of data or information quality at The Royal Marsden and the results below show in 99% of inpatients and 98.9% of outpatients in 2010/11 our data was complete for two key patient data items.

The Royal Marsden NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: which included the patient's valid NHS number was 98.6% for admitted patient care; 98.6% for outpatient care; and none for accident and emergency care (specialist cancer Trust without an Accident and Emergency).

Which included the patient's valid General Practitioner Registration Code was: 99.0% for admitted patient care; 98.9% for outpatient care and none for A&E.

Data Quality - England and Wales

	% Completeness					
	NHS Number			GP Practice		
	2008/09	2009/10	2010/11	2008/09	2009/10	2010/11
Inpatient & Daycases	97.8%	97.6%	98.6%	97.8%	97.9%	99.0%
Outpatients	98.1%	98.1%	98.6%	97.9%	98.0%	98.9%

Although Data Quality at The Royal Marsden is very good the Trust strives for continual improvement and therefore The Royal Marsden NHS Foundation Trust will be taking the following actions to improve data quality:

1. In 2010 there was a feature in the Trust Magazine (RM Magazine) promoting the importance of accurate information and data collection centrally for all Trust staff.
2. In 2011/12 a Trust wide communication plan will be rolled out which will include key reminders to staff about the various methods for collecting information centrally and to encourage staff to avoid using local databases.
3. Trust wide audits of data quality involving key information points will be conducted in 2011/12.

Information Governance Toolkit attainment levels

The Royal Marsden score for 2010/11 for Information Quality and Records Management assessed using the Information Governance Toolkit was 82%. This marks an improvement on the interim submission score in October 2010 of 71%. Furthermore, the Trust scored a minimum of Level 2 on all 45 requirements. Our final position is: satisfactory (Green). The Information Governance Toolkit is available on the Connecting for Health website (www.igt.connectingforhealth.nhs.uk).

Clinical coding error rate

The Royal Marsden NHS Foundation Trust was not to subject the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Clinical Coding

Coding Errors	2008/09	2009/10	2010/11*
HRG Errors	28.5%	8.0%	2.0%
Primary Diagnosis Errors	37.5%	5.0%	2.5%
Primary Procedure Code Errors	32.7%	35.7%	2.1%
Secondary Diagnosis Errors	74.3%	7.2%	1.9%
Second Procedure Code Errors	39.7%	12.8%	8.4%

*The Trust was not eligible for an Audit Commission Clinical Coding Audit in 2010/11, these figures are therefore based on an audit commissioned by RMH conducted by 3Ms in November 2010.

Part three

Review of quality performance (previous years performance)

National Targets

Target/ Priority	National Target	2009/10 % achieved	2010/11 % achieved	National Target 2011/12
Referral to treatment times				
All urgent GP referrals seen within 14 days	93%	95.2%	98.8%	93%
All referrals for breast symptoms seen within 14 days**	93%		96.9%	93%
Treatment within 31 days of decision to treat for first treatment	96%	99.3%	99.6%	96%
Subsequent surgical treatment started within 31 days of decision to treat	94%	94.2%	97.0%	94%
Subsequent drug treatment started within 31 days of decision to treat	98%	99.8%	99.9%	98%
Subsequent radiotherapy treatment started within 31 days of decision to treat*	94%		99.4%	94%
Treatment started within 62 days of urgent GP referrals	85%	95%	87.4%	85%
Treatment started within 62 days of recall date for urgent screening centre referrals	90%	100.0%	93.1%	90%

*Only a national target since December 2010 ** Only a national target since January 2010.

NHS 18 week targets

Target/ Priority	National Target	2009/10 % achieved	2010/11 % achieved	National Target 2011/12
Patients requiring admission who waited <18 weeks from referral to treatment (not national targets since 2010)	90%	94.4%	94.90%	90%
Patients not requiring admission who waited <18 weeks from referral to treatment (not national targets since 2010)	95%	98.0%	98.40%	95%

Access Targets

Target/ Priority	National Target	2009/10 % achieved	2010/11 % achieved	National Target 2011/12
Operations cancelled by the Trust at the last minute	<5%	0.6%	0.3%	<5%
Last minute cancelled operations not subsequently performed within one month	0.0%	0.0%	0%	0%

The Royal Marsden NHS Foundation Trust met all key performance waiting times and access targets in 2009/10 and 2010/11.

Local priority indicators

Priority improvement	2009/10	2010/11	2011/12 Target
Safe Care			
MRSAb (attributable cases)	1 (target 4)	2 (target 0, de minimus 6)	Monitor de minimus 6
CDI (attributable cases)	38 (target 39)	34 (target 35)	20
Reduction in moderate to severe falls (no. per 1000 bed days)	0.09	0.07	< 0.07
Reduction in serious medication errors (no. per 1000 bed days)	0.34	0.17	< 0.17
Assessment of patients at risk of VTE*	n/a	100%	100%
Effective Care			
Elective Length of Stay	3.69 days	4.2 days	<4 days
Hospital Standardised Mortality Ratio	75.4	60.3	<85
Reduction in hospital acquired pressure ulcers (no. per 1000 bed days)	3.84	4.93	<4.93
Patient experience			
Picker Frequent Feedback survey: improvement in indicators for medications advice and information		Increase dialogue and demonstrate continuous improvement	Increase dialogue and demonstrate continuous improvement in inpatient areas.
National Inpatient Survey		Top 20%	To remain in top 20%
National Outpatient Survey		Not performed in 2010	Top 20% of trusts
National Cancer Patient Experience survey (no. of questions in the highest 20% of Trusts)**	n/a	8	> 10

* Formal Trust wide assessment of VTE only commenced in 2010 ** Only conducted in 2010 < means less than > means more than

Statement from the Patient and Carer Advisory Group

Response to the Quality Account 2010/11 of The Royal Marsden NHS Foundation Trust

The Patient and Carer Advisory Group of The Royal Marsden NHS Foundation Trust reviewed the Trust's draft Quality Account 2010/11 at its meeting on 19 May 2011.

The Group found the report to be very well put together. The account presents information from a great range of governance arrangements. The Group feels that the Trust has strong and comprehensive monitoring systems in place to measure the quality of its services and maintain the safety and care of its patients.

The group congratulates the Trust on its annual Quality Account.

Mandie Adams McGuire

Chairman

Patient and Carer Advisory Group

24 May 2011

Statement from the Council of Governors on the Quality Accounts

The Council of Governors has routinely reviewed Quality Accounts information and discussed priority quality issues at each of the Council of Governors meetings.

A sub group of the Council of Governors, the Patient Experience Feedback Group, has also reviewed feedback from patients, including from the frequent feedback surveys, and influenced the questions used in these surveys, to reflect patients' interests.

Governors have met with patient, carer and public members including at the Members Event in March and discussed their feedback on areas related to patient safety, clinical effectiveness and patient experience.

The governors have reviewed the draft Quality Accounts for 2011/12 and with their input have found it well-presented, readable, with a wealth of important information regarding quality. Based on their involvement and the feedback they have received from members and other patients and carers, they endorse the key priorities for improvement as set out in the Quality Accounts.

Statements from Local Involvement Networks (LINKs)

Response to The Royal Marsden NHS Foundation Trust Quality Accounts 2010/11

Kensington and Chelsea Local Involvement (K&C LINK) welcomes the opportunity to comment on The Royal Marsden NHS Foundation Trust's Quality Account (QA) 2010/2011.

The improvements in the accessibility and readability of the document are to be commended. However, we are concerned that, in contrast to the statutory guidance of thirty days, the Trust expects a full response from local residents, patients and representatives within one week of circulation. The LINK has found it a challenge to make a meaningful response within the time available.

The K&C LINK is pleased to note that the Trust continues to achieve excellent ratings with the Care Quality Commission (CQC) and Monitor. Performance in the Patient Environment Action Team (PEAT) and inpatient and outpatient surveys are noted. The K&C LINK is also delighted that the Trust has now achieved compliance with government standards for same sex accommodation as this is a key area of concern for our Dignity Champions locally.

The K&C LINK has raised points for clarification separately on targets for medication incidents and the collation of inpatient views and complaints which we understand are now being included in the final draft. Other issues raised include:

1. Royal Marsden plans to improve the punctuality of appointment times for outpatients
2. The current rate for emergency readmissions within 14 days
3. The Trust plans to improve performance in the areas identified in the independent National Cancer Patient Experience survey.

We were very concerned to note the results of the independent National Cancer Patient Experience survey and are pleased the Trust is now taking action to move the hospital out of the bottom 20% in up to eight areas. We would welcome further information on any cause(s) identified by the Trust for the discrepancy in performance between the independent survey and the other patient surveys reported on.

K&C LINK has identified hospital discharge as a priority area for 2011/2. We are pleased to note the Trust is improving the discharge process through coordinated medicine rounds and a new information leaflet. We look forward to learning from this practice through a comparative analysis of local hospitals in the coming months.

We welcome greater local engagement in the coming year, including involvement in the Patient and Carers Advisory Group and in reviewing the priorities outlined in the Quality Account over the course of 2011/12.

Ms Verite Reilly Collins & Mr Anthony Sykes

K&C LINK Representatives
18 May 2011

Statement from the Commissioner

Response to The Royal Marsden NHS Foundation Trust Quality Accounts 2010/11

NHS South West London, as lead commissioner for The Royal Marsden NHS Foundation Trust, believes the Quality Accounts provide an accurate reflection of the quality work being undertaken by the Trust and is fully supportive of the Trust's approach to quality and its areas identified for improvement in 2011/12.

Commissioners are keen to highlight exceptional elements of performance and areas for improvement in 2011/12.

There are a number of areas of performance which should be commended:

- The Royal Marsden NHS Foundation Trust continues to progress as a world leader in cancer care and in the provision of high quality care for all cancer patients
- The Trust has maintained its excellent performance in the National Patient Experience inpatient and outpatient survey placing The Royal Marsden among the top 4 trusts in England
- The Trust continues to achieve all national mandatory cancer waits targets
- Commissioners are keen to acknowledge the level of commitment shown by the Trust in taking an organisational approach to achieving Venous Thromboembolism assessment within 24 hours

- The Trust has committed significant capital investments to modify the design of wards reflecting the Trust's commitment to eliminating mixed sex accommodation. Frontline staff, particularly in the day care unit have embraced new ways of working enabling the trust to declare full compliance
- The Trust has worked exceptionally hard to reduce the risk of HealthCare Acquired Infection and has achieved the Department of Health & Monitors targets for C-difficile. Commissioners have recognised that the Department Target of 0 for MRSA, which was based on this level of performance in a prior year, requires some tolerance. Commissioners are confident that the trust has robust systems in place to minimise the risk of all HCAI particularly MRSA
- Commitment to continuous quality improvement has been demonstrated through the Trust's achievement in excess of 95% of the Clinical Quality INnovation Scheme, a level which compares favourably to other trusts in South West London.

In addition to the number of excellent areas referred to above, there are however a few areas where the Trust is currently developing their plans to improve quality further:

Cancer specific survey

Although the Trust performed so well in the Inpatient and Outpatient surveys, this was not fully reinforced by the Cancer Specific Survey.

Commissioners are keen to see improvement in the areas where the trust performed least well. The Trust is focusing on the two questions where performance might be enhanced. These two questions related to firstly, the challenging area of ensuring patients fully understand the explanation of what went wrong and secondly, informing patients of the availability of free prescriptions.

Reducing lengths of patient stay

The Trust has developed excellent plans for taking forward the Enhanced Recovery Programme, and these are now at the stage where accelerated performance against these plans is anticipated.

The Trust has taken steps to benchmark length of stay with comparable trusts to take forward lessons learnt to enable appropriate reductions in length of stay.

Further progression of the survivorship programme

It is recognised that the Trust has started to take forward work to support the survivorship model of care recognising the number of patients who live successfully following cancer treatment. Both the commissioners and Trust are keen to see the Trust progress the initiative of implementing carefully planned discharge of patients to open access follow up.

NHS South West London are satisfied that the Quality Account 2010/11 has provided assurance on the performance of The Royal Marsden Foundation Trust and that the accuracy of data is being validated through the external audit process.

Dr Tony Brzezicki

Chair of Clinical Quality Review Group

Statement from the London Borough of Sutton Overview and Scrutiny Committee

Response to The Royal Marsden NHS Foundation Trust Quality Accounts 2010/11

We welcome the receipt of the Annual Report and Accounts 2010/11 for The Royal Marsden NHS Foundation Trust. However, we would appreciate having more time to respond to such a large document. We would also value the opportunity for more ongoing engagement throughout the year rather than receive the report right at the end in final draft form. For example we would have welcomed the opportunity to attend your listening event on the 26th of March 2011.

General Feedback

The document provides a very useful introduction and context to help people understand the objectives, recent changes and challenges. However, an executive summary would be useful as it will allow people an overview of the report and enable them to identify areas of interest without having to immediately go through a 125 page document. The text is also small and may be difficult to read.

Finally, for a document aimed at the public (amongst others) the language could be clearer (e.g. use of medical terms) and graphs need full explanation.

Specific Feedback

P4 – no indication of total number of respondents is given with percentages this would improve our ability to engage and analyse. Similarly, where relevant, non-response rates by question would also be useful to help understand the data. It would

also be helpful (again where relevant) to see data in context of the national picture to demonstrate relative performance.

P6 – Priority by priority analysis. Whilst generally easy to engage with there is some use of jargon in this section which is not explained, this reduces the ability of the layman to engage with the report, (e.g. p14: ‘There is also international evidence to show that planned protocolised care pathways for example using the Enhanced Recovery Programme (ERP), increase the quality of care and reduce the length of time spent unnecessarily in hospital’).

P7 – In the sections on hospital acquired infections we welcome your commitment to meeting national targets but ultimately aiming to eliminate cases to nil.

P10 – The graph in this section and others gives figures for very low, low, moderate and high and does not provide sufficient explanation of what these categories mean or how they differ.

P19 – The report says that patient feedback is sought and acted upon through the Picker system. This information is then used to design and implement improvement plans. In addition to this it might be good where possible to involve patients in generating ideas for these improvement plans.

P21 – The free text comments are illuminating, however, it would also be useful to see some typical complaints as well as compliments.

P37 – The information on key metrics could be made easier to understand if the red, amber, green system was applied (although it is understood that this may not be possible due to national guidance).

In conclusion we are pleased to see the achievement of an ‘excellent’ in the National Patient Safety Agency Annual Patient Environment Action Team (PEAT) and also welcome the completion of the new Centre for Children and Young People.

Cllr Mary Burstow

Chair

Cllr Jennifer Campbell-Klombs

Vice Chair

Annex: Statement of Directors responsibilities in respect of the Quality Report

In preparing this Quality Report directors have taken steps to satisfy themselves of the following:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11.
- The quality of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated May 2011
 - Feedback from the Governors dated 27 May 2011
 - Feedback from LINKs dated 31 May 2011
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Regulations 2009, dated 16 April 2011
- The latest national patient survey dated August 2010
- The latest national staff survey dated October to December 2010
- The Head of Internal Audit's annual opinion over the trust's control environment dated 9 May 2011
- CQC quality and risk profiles throughout 2010
- The Quality Report presents a balanced picture of the NHS Foundations Trust's performance over 2010/11
- 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; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) published at www.monitor-nhsft.gov.uk/annual-reporting-manual as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreporting-manual).

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



Mr R. Ian Molson

Chairman
16 June 2011



Cally Palmer CBE

Chief Executive Officer
16 June 2011

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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