

**CUSTOMER
SERVICE
EXCELLENCE**



Assessment Report
Customer Service Excellence

The Royal Marsden NHS Foundation Trust

Successful
17 December 2020

Assessment Summary

Overview

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| Overall Self-assessment | Strong |
| Overall outcome | Successful |

Remote RP2 2020 The Royal Marsden is a world leading cancer centre, specialising in cancer diagnosis, treatment, research and education. It is a tertiary oncology specialist Trust receiving most of its patients from London and Surrey. The Trust also receives national referrals and has a significant private care service with both domestic and international patients. Treatments include most types of oncology surgery and systemic anti-cancer therapies including chemotherapy, immunotherapy and radiotherapy. Services are provided at two hospitals in Chelsea and Sutton, with a Medical Daycare Unit at Kingston Hospital. The assessment evidence submitted was well put together and covered services across the whole Trust.

This assessment was carried out remotely with evidence submitted online, via emails, telephone and video calls. The staff spoken to during the assessment were highly knowledgeable and professional, whilst also being approachable and friendly.

Since the last assessment, treatments have continued to develop at pace, with the introduction of 2 pioneering robotic surgeries. Advanced machines can now identify smaller tumours and use lasers to treat them. The Royal Marsden continues to have a large research portfolio, which is the 3rd largest centre in the world. It became the first centre in the UK to set up a Cancer Hub during the Covid-19 pandemic, which allowed cancer operations to continue based on clinical priorities. This resulted in the Trust being able to use 8 operating theatres simultaneously, with clinical teams from 8 other hospitals, all subject to the governance and monitoring procedures required. Its achievements over the past year have been remarkable.

The Trust were able to provide a plethora of evidence to support re-accreditation under Rolling Programme 2.

The Partial Compliance at 1.3.4 is now classed as Compliant and additional Compliance Plus ratings have been achieved at 2.1.2 and 5.2.1. A former Compliance Plus at 2.2.2 has reverted to Compliant.

1: Customer Insight

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| Criterion 1 self-assessment | Strong |
| Criterion 1 outcome | Successful |

Remote RP2 2020 This Criteria focuses on Customer Insight. It is clear that the Trust has a strong focus on developing insight to better understand its customer groups. Examples included the Patient Experience Programme and the appointment of a new Nurse Director for Patient Experience. Consultation with customers is an integral part of the culture within the Trust, and feedback has resulted in changes to policy and processes. The Trust monitors satisfaction with the 'patient experience' closely across all areas of business. Criterion 1.3.4 is now fully Compliant as challenging targets cover all aspects of customer satisfaction and levels have improved. Positive changes have been made to customer journeys, including the introduction of Telemedicine for patient consultations.

Compliance Plus is retained at 1.1.2, 1.2.1 and 1.3.5.

This Criterion is fully Compliant.

2: The Culture of the Organisation

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| Criterion 2 self-assessment | Strong |
| Criterion 2 outcome | Successful |

Remote RP2 2020 This relates to the Culture of the organisation. A new Compliance Plus has been added at 2.1.2 as the evidence showed a high level of customer involvement was included in the formation of new policies across the board. Patients and ex-patients are influential in every aspect of the service, with tangible improvements as a result. Patient confidentiality and privacy is respected in face to face interactions and in the storage of data. Criterion 2.2.2 has reverted to Compliance from Compliance Plus, although it was demonstrated that the majority of staff remain polite and friendly, with an in depth understanding of their patients' needs. All staff spoken to said that they felt valued by their managers and this also applied to the work carried out by volunteers and governors for the Trust. Criterion 2.2.5 therefore remains

Compliance Plus as does 2.1.1.

This Criterion is fully Compliant.

3: Information and Access

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| Criterion 3 self-assessment | Strong |
| Criterion 3 outcome | Successful |

Remote RP2 2020 This relates to Information and Access. The Trust publishes a lot of information on its web pages and in printed documentation. The costs of any services are set out for patients, where applicable. Reasonable steps are taken to ensure patients receive and understand relevant information. A Patient Information Editor oversees and advises on all patient focussed literature. The Trust monitors how patients access their services and continuously looks to make improvements. These have included telephone video clinics and the delivery of medications by courier throughout the pandemic. Excellent co-ordinated working arrangements allowed the Cancer Hub to treat significantly more patients from across London than would otherwise have been possible. Compliance Plus remains in place at 3.2.3, 3.3.1, 3.3.3, 3.4.1 and 3.4.3.

This Criterion is fully Compliant.

4: Delivery

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| Criterion 4 self-assessment | Strong |
| Criterion 4 outcome | Successful |

Remote RP2 2020 This relates to Service Delivery. The Trust has strict standards in place at local and national levels which must be adhered to. The Care Quality Commission carries out audits against the inspection framework, and classed the Trust as 'outstanding' in 2019. Patient surveys showed that the outcomes in respect of the services provided are positive and individual patients confirmed that they received the service promised at the outset. The Complaints Process is clear with full details published for patients.

Priority has been given to anyone complaining about the imposition of new measures under the Covid-19 restrictions, to help allay anxieties. Examples were given as to how the processes have been reviewed and improved following patient feedback. Compliance Plus is retained at 4.2.1.

This Criterion is fully Compliant.

5: Timeliness and Quality of Service

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| Criterion 5 self-assessment | Strong |
| Criterion 5 outcome | Successful |

Remote RP2 2020 This refers to Timeliness and Quality of Service. A new Compliance Plus has been achieved at 5.2.1. Evidence here shows that the Trust is transparent in the way it publishes its promises on timeliness and quality. All standards are made available via the website and published materials, and patients know the quality of service they can expect to receive, as well as the time it should take to receive a response. Evidence shows that staff respond quickly to initial enquiries and this was confirmed by the results of surveys. The Trust closely monitors its performance against standards to ensure that it maintains high levels of compliance. Results are published on the website and on the public noticeboards within the hospital.

This Criterion is fully Compliant.

1: Customer Insight

1.1: Customer Identification

1.1.1: We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

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| 1901: Equality information | Assessor Acceptance: | Yes |
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Shows the Trust's patient population broken down by a series of characteristics including age, ethnicity and gender against the clinical units (cancer types) that provide the patients' care.

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| 1903: Records management strategy | Assessor Acceptance: | Yes |
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Includes the Trust's quality principles and processes to improve records quality to make sure that analysis of the characteristics of patient population is based on up-to-date and reliable information.

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| 1904: Equality monitoring form - complaints | Assessor Acceptance: | Yes |
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Recognizing that the completion rate of the form used to collect equality data about people who make a complaint needs to be improved the form has been revised to include an explanation about why the data is collected. It is hoped that this will reassure people and encourage them to fill in the form

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| 1905: Nursing admission assessment (Children's Unit) | Assessor Acceptance: | Yes |
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Lists a series of young patient characteristics to assess when they are admitted as inpatients. Categories include stress and coping, sense of self and values/beliefs.

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| 1906: A multifaceted intervention to promote rational laboratory test ordering | Assessor Acceptance: | Yes |
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As part of this quality improvement project 'The patient demographic, including speciality team, admission reason and length of stay will be analysed' (p2; data collection, point 2).

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| 1907: Patient pre-registration form | Assessor Acceptance: | Yes |
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Patients are asked to complete this form so that 'we maintain your medical record accurately'. Characteristics covered include gender, religion, ethnicity, age and number of dependents.

1.1.1.1: We have an in-depth understanding of the characteristics of our current

RP1 2019: Your understanding of the current patient group is based upon information derived from patient registration procedures and equality monitoring.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.1.1.2: and potential customer groups

RP1 2019: Your unique relationship with The Institute of Cancer Research aids the development of new treatments and brings benefits to patients quickly and you have a specialist research centre with the largest drugs trial unit in Europe.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.1.1.3: based on recent and reliable information.

RP1 2019: Your knowledge and understanding of both current and potential patient groups is based on comprehensive historical data informed by on-going research to ensure it is up-to-date and fully reliable. This is demonstrated through your records management strategy and a current quality improvement project looking at the patient demographic.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.1.2: We have developed customer insight about our customer groups to better understand their needs and preferences.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

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| 2001: Day care patient survey | Assessor Acceptance: | Yes |
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The Trust is carrying out work to improve day care services. It has collected the views of patients in a number of ways including by survey to identify their preferences as it develops its plans eg Q9 which asks the patient to order a series of factors in order of importance.

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| 2002: Admin improvement patient survey | Assessor Acceptance: | Yes |
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Patients have been surveyed as the Trust starts a project to improve administration processes. Patients are asked how they would prefer to receive information from the Trust about their care (Q10).

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| 2003: Patient referrals breakdown | Assessor Acceptance: | Yes |
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Patients referred to the Trust classified by age, gender, cancer type and referring district. This information is essential to planning services.

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| 2006: Integrated Governance Monitoring Report, April-September 2019 | Assessor Acceptance: | Yes |
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Members of the the Patient and Carer Advisory Group (PCAG) spoke with patients to gain an understanding of their needs and preferences to inform the planning of the Oak Cancer Centre to be built in Sutton (p47; 4.4.8.).

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| 2074: Evaluation of tele-consent and videos to assist informed consent for trials in era of Covid-19 | Assessor Acceptance: | Yes |
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Two focus groups of patients were used to understand the key concepts that patients need to know when considering joining a clinical trial (p1, paras 3). Remote consultations and the use of electronic information aids will as a result be better tailored to patients (p2, para 1).

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| 2091: Free prescriptions promotion | Assessor Acceptance: | Yes |
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The National Cancer Patient Experience Survey 2018 showed that some patients were not aware that they are eligible for free prescriptions. The Trust acted on this insight with a multi-pronged promotional campaign to increase the awareness of patients.

1.1.2.1: We have developed customer insight about our customer groups

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020 The Trust retains Compliance Plus for this element, demonstrating a thorough understanding of the needs of its customers. Several examples were given of how customer insight is gained through the Patient Experience Programme which includes interviews with focus groups, online surveys and patient questionnaires. There are various ongoing surveys which capture customer information, including the Day Care patient survey and the Admin Improvement patient survey.

Evidence Value: Fully Met

1.1.2.2: to better understand their needs and preferences.

Remote RP2 2020 The Trust constantly strives to improve their understanding of customers' needs, and is effective in implementing improvements as a direct result of the feedback they receive. Although it may take time to fully implement some changes, mechanisms are in place to enable this to happen. The results of the National Cancer Patient Experience survey resulted in an action plan, roadshow and publicity for advertising the availability of free prescriptions for certain types of patients.

Measures introduced during the pandemic were based upon a clear understanding of patient priorities, with options for remote consultations, if preferred.

This merits retention of Compliance Plus.

Evidence Value: Fully Met

1.1.3: We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

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| 1801: RM Magazine spring 2017 | Assessor Acceptance: | Yes |
| The UK's first young adult programme to support cancer patients aged 25-39 is being set up. Cancer is uncommon at this age and the impacts are different to other age groups including often a feeling of loneliness. Focus groups including patients have been used to plan the service (p22). | | |
| 1802: Redesign of perioperative care pathway for patients with frailty undergoing major surgery | Assessor Acceptance: | Yes |
| Frail patients have poorer outcomes following major surgery. The perioperative care pathway has been redesigned for patients with frailty having major surgery to reduce time spent in hospital, reduce delays to clinical progress and optimise social support. See also RM Magazine (evid. 1801, p20-21). | | |
| 1803: Children and young people survey questionnaire 2016 | Assessor Acceptance: | Yes |
| Specially designed child friendly questionnaires are used in collecting the views of young patients (p9-11). | | |
| 1804: Document control paperwork | Assessor Acceptance: | Yes |
| An Equality Impact Assessment is carried out for policies and services before they are confirmed to check that the changes to be made do not exclude or affect differentially certain groups of people (p2). | | |
| 1807: Learning disabilities buddies study day | Assessor Acceptance: | Yes |
| To fully meet the previously unmet needs of people with learning disabilities learning disability 'buddies' have been recruited, staff trained and tools (slides 71 & 72) introduced to support communication with people with learning disabilities through their treatment at the Trust. | | |
| 1890: Weekly staff e-mail bulletin, 23 August 2017 | Assessor Acceptance: | Yes |
| Training has been developed as needs have been identified as unmet. Including to help staff communicate with groups of patients who were previously disadvantaged and rarely heard including people with autism, dementia and without capacity. The UN Day and Black History Month are also celebrated. | | |

1.1.3.1: We make particular efforts to identify hard to reach

RP3 2018: Evidence 1803 & 1804 demonstrate how you use impact assessment and specially designed questionnaires to identify hard to reach groups.
 RP1 2019: This element is not included in the RP1 programme and was not assessed.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.1.3.2: and disadvantaged groups and individuals

RP3 2018: Evidence 1804 & 1807 cover your efforts to identify disadvantaged groups such as those with learning disabilities.
 RP1 2019: This element is not included in the RP1 programme and was not assessed.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.1.3.3: and have developed our services in response to their specific needs.

RP3 2018: Evidence 1801,1802 &1890 provide examples of the specific services that you have developed to meets the needs of younger patients, frail patients and those with autism, dementia and without capacity.
 RP1 2019: This element is not included in the RP1 programme and was not assessed.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.2: Engagement and Consultation

1.2.1: We have a strategy for engaging and involving customers using a range of methods appropriate to the needs of identified customer groups.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

Active Evidence

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| 1908: Patient and Public Involvement and Engagement Lead job description | Assessor Acceptance: | Yes |
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A post of Patient and Public Involvement and Engagement Lead has been created. The post-holder has responsibility for leadership across the whole Trust for engaging, consulting and involving customer groups.

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| 1909: Listening Post Oak Centre consultation | Assessor Acceptance: | Yes |
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Members of PCAG spoke face to face with patients to hear what they would like to see in a new care building under development. A verbal approach makes it easy and quick for patients to feedback their views. PCAG members are patients and carers which may also encourage patients to respond.

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| 1910: Integrated Governance Monitoring Report, July-September 2018 | Assessor Acceptance: | Yes |
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A series of different ways the views of patients are collected and range of tools used are reported here: PCAG (p16); Friends and Family Test (p16-18); catering survey (p30-31); clinical audit eg evaluation of radiotherapy information (p69); complaints (p93-95); and letters of praise (p98).

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| 1911: Patient surveys and diaries policy and procedures 2018 | Assessor Acceptance: | Yes |
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Describes Trust expectations for undertaking patient surveys and the use of patient diaries to understand patient needs.

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| 1912: Clinical audit policy 2018 | Assessor Acceptance: | Yes |
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The Trust is committed to involving patients/carers in the clinical audit process both indirectly and directly (section 6; p8). Audit proposals and results are reviewed by patients. Engagement with patients and carers is encouraged at all stages of clinical audit design, including topic selection.

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| 1993: Patient Experience Strategy Group | Assessor Acceptance: | Yes |
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The Trust has established the Patient Experience Strategy Group to oversee engaging and involving patients to improve patient experience in the Trust.

1.2.1.1: We have a strategy for engaging and involving customers

RP1 2019: For many years, The Trust has seen the benefits of engaging and involving patients and carers. This is now codified in your patient surveys and diaries policy and procedures and your clinical audit policy. The strategy has been strengthened through the creation of a post of Patient and Public Involvement and Engagement Lead.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.2.1.2: using a range of methods

RP1 2019: You continue to use a wide range of user feedback, meetings and focus groups as well as your Listening Post Sessions. You also make full use of patient surveys and diaries in order to collect feedback from patients and their carers. You also support the Patient and Carer Advisory Group (PCAG) which acts as a sounding board for changes in service and encourages views on further improvements. The Integrated Governance Monitoring Report sets out the range of methods that you use. This wide range of methods continues to demonstrate good practice warranting continuance of Compliance Plus

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.2.1.3: appropriate to the needs of identified customer groups.

RP1 2019: You have established the Patient Experience Strategy Group to ensure the methods you use are appropriate to the needs of individual patients and to improve patient experience. This new initiative will bring overview and co-ordination to ensure that successful one-offs can become policy and practice. This initiative plus the wide range of methods continues to demonstrate good practice warranting continuance of Compliance Plus.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.2.2: We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2005: PCAG consultation way of working Assessor Acceptance: Yes

PCAG members were consulted about how they would prefer to work when Covid-19 restrictions put a stop to physical meetings. As a result 2-hour-long business meetings were moved to an online video format split into two 1 hour sessions, amongst other measures.

2006: Integrated Governance Monitoring Report, April-September 2019 Assessor Acceptance: Yes

This publicly available report notes engagement activities and resultant improvements. These include the outcomes of patient surveys reviewing radiotherapy (p37) and food (p41). Examples of consultations of patients/carers through PCAG are summarised (p47).

2010: Admin improvement - findings and recommendations Assessor Acceptance: Yes

Describes findings and analysis of engagement activity and demonstrates that projects are shaped by the consultation and involvement of patients.

2011: Patient and Carer Advisory Group meeting notes June 2020 Assessor Acceptance: Yes

Note 18/20 describes admin improvements identified by patients including flexibility with appointments and coordination across departments and highlights that the expectations of patients from abroad are also being incorporated in the improvement plans. The notes are published on the Trust's website

2039: Day care programme patient involvement results Assessor Acceptance: Yes

Patients were consulted about improving SACT admin. Improvements were identified and ranked including text reminders and waiting times. Progress is shown in evidence 2040 including text reminders (slide 4) and 2/3 sites hitting the target of 85% patients starting chemo within an hour (slide 8).

2092: Complaints, compliments and feedback - Trust website Assessor Acceptance: Yes

Complaints and comments are published on the Trust's website with changes made in response to each described. Also published on the website are the notes of PCAG meetings (Evidence 2094). The notes include reports from staff about how the views of patients and carers have led to changes.

1.2.2.1: We have made the consultation of customers integral to continually improving our service

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Members of the Patient and Carer Advisory Group (PCAG) set their own agenda and make decisions as to how they wish to proceed. During the Covid -19 restrictions they decided to move to online video meetings, which may continue for the foreseeable future. Some patients opted for online consultations, as their preferred method of treatment.

Evidence Value: Fully Met

1.2.2.2: and we advise customers of the results and action taken.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 The Trust operates a policy of transparency across all areas and publishes many reports on its' website, detailing the outcomes of consultations. Results from the patient surveys are included, along with resultant actions and improvements. Governance Boards are located across wards and public areas to inform patients of changes and improvements made to services. This was evidenced at the assessment by photographs of Quality Boards from 2 different areas.

Evidence Value: Fully Met

1.2.3: We regularly review our strategies and opportunities for consulting and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1806: Clinical audit policy 2017 Assessor Acceptance: Yes

The Clinical Audit Committee reviews clinical audit proposals including surveys for appropriateness, timeliness, equality and diversity issues and involvement of all relevant stakeholders, including patients (p5). The policy is reviewed annually to ensure the latest best practice is included.

1808: Patient Advice & Liaison Service (PALS) experience survey 2016-17 Assessor Acceptance: Yes

PALS is a key way that patients and carers are engaged with. This survey shows that in most cases the PALS team provide a good service, it is easy to find, it listens to visitors, responds in a timely manner, provides a good experience that is respectful and courteous and users would recommend it.

1809: Radiology patient experience survey re-audit Assessor Acceptance: Yes

Lack of assessment of the experience of patients seen by the radiology service led to a survey and its re-run. A change to collect more in-depth information regarding delays in future surveys and discussion to ensure that information is relevant to each area were recommendations of the survey (p6).

1810: National inpatient survey webinar Assessor Acceptance: Yes

Changes are made to the annual national inpatient survey based on emerging issues; of the four additional questions two are about continuing care outside the hospital (slide 3). Slide 4 describes cognitive testing and slide 5 the increase survey size to 1250 to improve the reliability of the data.

1811: 5 senses survey pro-forma Assessor Acceptance: Yes

The 5 senses approach to surveying the hospital environment was brought to the Royal Marsden by a Deputy Chief Nurse recruited from NE England and is adapted from a methodology of Lancashire and South Cumbria Cancer Services Network. This is an example of learning from best practice.

1812: Patient and staff experience group Assessor Acceptance: Yes

A new group to review patient and staff experience is being set up. Functions will include reviewing the effectiveness of engagement and involvement and guiding the Trust's patient experience programme.

1.2.3.1: We regularly review our strategies and opportunities for consulting

RP3 2018: Evidence 1806 & 1812 demonstrates that you regularly your strategy for consulting and engaging with your customers and also that you have established a new staff- patient experience group.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.2.3.2: and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.

RP3 2018: Evidence 1808, 1809, 1810 & 1811 demonstrate the range of methods that you use to ensure that customer feedback is effective and useable. These methods are supported by the "comment, like share" feature on the back page of the RM Magazine.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.3: Customer Satisfaction

1.3.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

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| 1913: National inpatient survey 2017 | Assessor Acceptance: | Yes |
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In 2017 the national inpatient was sent out to 1235 patients carefully drawn by the Trust's information team. An estimate of the level of confidence in the results is given by the use of confidence limits and the Z-test is used to gauge if results are statistically significant (p13).

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| 1914: Ambulatory inpatients care survey audit proposal | Assessor Acceptance: | Yes |
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Proposals for clinical audits are considered at the Clinical Audit Committee. CAC has a multidisciplinary membership to ensure audits are carried out reliably. Proposed methodology, including sample size is presented on the proposal form as is a request for statistical support when needed.

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| 1915: Clinical audit annual report 2017/18 and summary forward plan 2018/19 | Assessor Acceptance: | Yes |
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Shows how clinical audits, including those measuring customer satisfaction, are planned and then re-audited on an annual basis.

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| 1916: National inpatient survey 2018 sampling instructions | Assessor Acceptance: | Yes |
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Provides detailed guidance about how to draw the patient sample for the national inpatient survey 2018.

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| 1917: Patient and Public Involvement (PPI) report June 2018 | Assessor Acceptance: | Yes |
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Lists a range of methods to survey and collect the feedback of patients and carers.

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| 1994: Bereavement survey | Assessor Acceptance: | Yes |
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The Patient and Carer Advisory Group provided advice about the design of the survey including the suitability of the survey questions (p1).

1.3.1.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

RP1 2019: You continue to collect information about customer satisfaction using the National Inpatient Survey and you have developed a Bereavement Survey based upon advice from the Patient and Carer Advisory Group. The merits of all clinical audit proposals including those measuring customer satisfaction are considered by a Clinical Audit Committee and the procedures are reported in an annual report. The Patient and Public Involvement Report lists the range of survey methods that you use.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.3.2: We analyse and publicise satisfaction levels for the full range of customers for all main areas of our service and we have improved services as a result.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2012: Patient surveys - Trust website Assessor Acceptance: Yes

The national patient survey reports are posted on the Trust's website. Complaints and comments across all services and units with the actions taken in response to improve services are also published on the website (2092).

2013: Integrated Governance Monitoring Report, October-March 2016/20 Assessor Acceptance: Yes

This publicly available report presents complaints with actions taken in response (p57-59), Friends and Family Test results (p52) and nutrition survey (p42-43). The latter survey shows that food is rated higher in Sutton compared to Chelsea. The reports are published on the website (2093).

2014: National inpatient survey 2019 report Assessor Acceptance: Yes

All patient groups (inpatients/outpatients/young patients) are surveyed. The results from 1250 inpatients across all clinical units are published on the Trust's website with action plan. The results can be broken down by site, specialty and characteristics of the respondee.

2016: Day unit patient survey and focus groups Assessor Acceptance: Yes

A focus group checked whether patients are benefiting from improvement projects and to ensure that priorities are in line with their concerns. The feedback was used to prioritise the next round of projects. Progress of projects is shared with PCAG whose notes are published online (2094).

2017: Outpatient performance notice Assessor Acceptance: Yes

Quality and safety boards on public display show how the unit or ward has listened and responded to patient feedback. Here pagers and clerical support have been introduced to improve the experience of patients waiting for clinics in the outpatient department.

2015: National inpatient survey 2018 Sutton site report Assessor Acceptance: Yes

The national inpatient survey results are broken down and analysed by site and clinical speciality allowing differences between sites and specialities to be identified and actioned. This report shows the results for the Sutton site compared to the Trust average.

1.3.2.1: We analyse and publicise satisfaction levels for the full range of customers

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 The Trust analyses and publishes levels of satisfaction with the customer experience across the full range of customers. This includes Day patients, Outpatients and the services of the Children and Young Patients Unit. Information is posted on the website and on the Quality and Safety Boards around the hospital. Results received from 1250 inpatients across all clinical units are published

Evidence Value: Fully Met

1.3.2.2: for all main areas of our service

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Various different surveys include all main areas of service and additional questions under the 'Friends and Family Test' are being incorporated into each survey.

Evidence Value: Fully Met

1.3.2.3: and we have improved services as a result.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 The Trust have made improvements to services including the introduction of pagers and additional admin support to patients using the outpatient department. Progress is shared with the PCAG who publish their minutes (showing the results of any improved processes) on the website.

Evidence Value: Fully Met

1.3.3: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service, as well as specific questions which are informed by customer insight.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1813: National inpatient survey 2016 Assessor Acceptance: Yes

The national inpatient survey asks about access (eg questions 38, 53), information (egs 25, 28 & 37), delivery (egs 59 & 73), timeliness (egs 44+ & 55) and customer service (egs 4, 24, 41 & 72). The survey is sent to 1250 patients across all tumour types.

1814: Chemotherapy patient survey Assessor Acceptance: Yes

Question 2 asks about timeliness and question 3 asks patients to feedback about their views about the possibility of using video or telephone calls instead of physical appointments.

1815: Mobile chemotherapy unit patient questionnaire Assessor Acceptance: Yes

Includes questions on comfort (question 2), waiting time (3), privacy (5) and the time saved by attending the mobile unit rather than the hospital (9). The mobile chemotherapy unit was introduced in response to patients wishing to receive chemotherapy closer to home to save time.

1816: Patient and Carer Advisory Group June 2017 meeting notes Assessor Acceptance: Yes

Members of the Patient and Carer Advisory Group identified issues from the national inpatient survey 2016 that they feel have a big impact on patient experience and that required action by the Trust (23/17).

1817: Patient and Carer Advisory Group October 2017 meeting notes Assessor Acceptance: Yes

Privacy at registration was identified by PCAG members as particularly important as it is the first visit for many patients. Suggestions to improve privacy were suggested. The feedback was passed to the relevant Service Manager and matrons for consideration.

1891: Council of Governors minutes, September 2017 Assessor Acceptance: Yes

Members of the public (MoPs) and patients are Governors of the Trust; they highlight patient priorities and local drivers of satisfaction. Under the patient experience report on page 3 a Members' Event to agree the quality priorities for next year was noted. Members are patients, carers and MoPs.

1.3.3.1: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service,

RP3 2018: Evidence 1813 & 1814 covers the key questions required by the standard.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.3.3.2: as well as specific questions which are informed by customer insight.

RP3 2018: Evidence 1814, 1815, 1816, 1817 & 1891 detail the specific questions relating to the needs of identified customer groups.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

1.3.4: We set challenging and stretching targets for customer satisfaction and our levels are improving.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

New Evidence

2018: Monthly quality account, April 2020 Assessor Acceptance: Yes

Shows that the Trust improved its score for percentage of patients willing to recommend the Trust to friends and family from 2018/19 (96.2%) to 2019/20 (97.4%). Both years exceeded the target of 95% of patients willing to make the recommendation (p3; Caring; friends and family test).

2040: Systemic anti-cancer therapy improvement programme update Assessor Acceptance: Yes

Following consultation with patients (2039) about how to improve their experience of SACT the target for number of patients starting chemotherapy within an hour was increased to 85%. The new target was met by Chelsea and Kingston sites (slide 8). Areas for improvement were identified for Sutton.

2059: National Cancer Patient Survey 2019 Assessor Acceptance: Yes

Patients' average rating of care has increased from 8.8 out of 10 in 2015 to 9.0 out of 10 in 2019 (p28, Q61).

2076: Patient and Carer Advisory Group meeting notes, October 2020 Assessor Acceptance: Yes

PCAG identified a target for the Friends and Family Test question asking patients to rate their experience of the Trust's service. This question is asked across all areas of the Trust and is to be used as the overall target for 'customer satisfaction' (note 54/20). It will be annually reviewed.

2077: Annual quality account, 2019/20 (draft) Assessor Acceptance: Yes

Shows performance vs 2019/20 quality priorities and those identified for 2020/21 including patient experience egs. The priority to ensure that inpatients' personal needs were responded to was met (p10, priority 7). A new priority aims to improve the experience of patients with additional needs (p11)

2078: Children and young people's patient experience survey 2018 Assessor Acceptance: Yes

These results, reported in 2019, show that the experience of young patients had improved overall since the previous survey in 2016 (slide 13). How far the results for individual questions had improved since the previous survey are shown in slide 110. The results are broken down in slides 112-120.

1.3.4.1: We set challenging and stretching targets for customer satisfaction

RP1 2019: You continue to work to a range of performance targets that all contribute to achieving high levels of customer satisfaction. The Trust now prefers to use the expression "customer experience" due to the nature of the services that you provide and the customer groups that you serve. You measure many aspects of the customer experience against pre-set targets. However, this practice is not yet fully rolled out across all aspects of service delivery and further development work is proceeding to agree a more corporate approach to all areas of the service. For this reason, this element is scored as partial compliance.

Remote RP2 2020 The Trust has challenging targets in place for customer satisfaction across all areas of business and has a set standard under the Family and Friends Test which has been incorporated into every measurement of satisfaction in relation to the customer experience. This is now fully compliant.

Evidence Value: Fully Met

1.3.4.2: and our levels are improving.

RP1 2019: Results from National Inpatient Survey 2017 demonstrate that overall levels of customer satisfaction continue to improve. Other surveys and reports presented as evidence show further improvements in clinical performance and in the corresponding patient experience.

Remote RP2 2020 Evidence from the Monthly Quality Account (April 2020) and the National Cancer Patient Survey 2019 demonstrates that levels of satisfaction are continuing to rise.

Evidence Value: Fully Met

1.3.5: We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

2019: Cancer Hub governance Assessor Acceptance: Yes

Describes the new arrangements to ensure that surgery for patients in west and south west London continued after the coronavirus pandemic affected the health service. The pathways and processes for patients to access the Cancer Hub are described. A survey of Cancer Hub patients is underway.

2020: Day care programme update Assessor Acceptance: Yes

Customer experience, monitored through surveys, is used to drive positive changes to the patient journey through day care. The changes underway to reduce waiting times for patients along the pathway are described.

2021: Patient and Carer Advisory Group meeting notes August 2020 Assessor Acceptance: Yes

The Deputy Chief Nurse responded to issues flagged by PCAG about service changes made in response to Covid-19 (p4; note 42/20). These included a commitment to refine the use of a health questionnaire to reduce the number of times patients are asked to complete it during a single visit.

2022: National inpatient and cancer patient action plan (2017 results) Assessor Acceptance: Yes

A series of positive changes made in response to national inpatient and cancer patient surveys are described. They include an increase in the number of patients discharged with copy of their discharge summary (Q58) .

2079: Telemedicine during the Covid-19 pandemic: impact on care for rare cancers Assessor Acceptance: Yes

An evaluation of the impact of telemedicine on patients, clinicians and care delivery at the Trust during the Covid-19 pandemic. Patient experience was positive with a desire for telemedicine to continue as part of their future care, citing reduced cost and travel time (p1; Results and Conclusion).

2080: Trust Covid-19 update to the Patient and Carer Advisory Group Assessor Acceptance: Yes

A new role of volunteer pharmacy delivery driver developed in response to the effect of the Covid-19 pandemic on the patient journey supports patient experience, saves money on couriers and ensures patients receive their supplies (p1-2, Volunteer services, bullet 3).

1.3.5.1: We have made positive changes to services as a result of analysing customer experience,

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020 The Trust use a number of alternative ways to capture and analyse the customer experience, and this applies to everyone who uses their services at any level. The Pathways process was a major positive change which meant that the Cancer Hub was set up to enable cancer operations to continue throughout the pandemic. This was a life saving initiative which provided care for patients from hospitals in and around London, not just from The Royal Marsden.

Compliance Plus is retained for this element.

Evidence Value: Fully Met

1.3.5.2: including improved customer journeys.

RP1 2019: This element is not included in the RP1 programme and was not assessed.

Remote RP2 2020 During the pandemic, an improved service was introduced to enable patients who expressed a desire for telephone consultations to be given that facility. Feedback from patients led to an increase in 'Telemedicine' care, with requests being made for this to continue as an option moving forward.

This has improved the experience for many patients by reducing costs and travel time, but also in some cases, enabling them to deal with unfavourable outcomes in the comfort of their homes, with their loved ones around them.

This remains Compliance Plus.

Evidence Value: Fully Met

2: The Culture of the Organisation

2.1: Leadership, Policy and Culture

2.1.1: There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

Active Evidence

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| 1908: Patient and Public Involvement and Engagement Lead job description | Assessor Acceptance: | Yes |
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The Chief Nurse, endorsed by the Board, has created the new post of Patient and Public Involvement and Engagement Lead at the Royal Marsden. The post-holder will be responsible for embedding patient involvement and engagement throughout the Trust.

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| 1919: Board minutes June 2018 | Assessor Acceptance: | Yes |
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The Chief Nurse briefs the Board about patient and public involvement. Patient and public involvement is described as an important part of the Trust's Five Year Strategy (6/18).

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| 1920: Customer service policy and standards 2019 | Assessor Acceptance: | Yes |
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Ratified at a committee with the Chief Nurse, Medical Director and COO as members, 'The Royal Marsden aims to offer a service that is efficient, effective, excellent, equitable and empowering with the patient and their family, friends and carers always at the heart of service provision'.

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| 1921: RM Magazine summer 2018 | Assessor Acceptance: | Yes |
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The Director of Clinical Research, Professor David Cunningham, describes how important it is to involve patients in supporting research (p23; paragraphs 2-4).

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| 1922: Patient and Carer Advisory Group meeting notes, July 2018 | Assessor Acceptance: | Yes |
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The Trust's Chief Executive Officer and NHS England National Cancer Director, presented to a PCAG meeting the Trust's 5 year plan which had been refreshed after its priorities had been identified in collaboration with patients. The plan sets out the Trust's values and what it wishes to achieve.

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| 1990: Quality Account and quality priorities | Assessor Acceptance: | Yes |
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Quotes the Chief Executive: "The quality of care patients and their families receive, and their experiences, are central to all that we do".

2.1.1.1: There is corporate commitment to putting the customer at the heart of service delivery

RP1 2019: Your Customer service policy and standards provides the commitment to continue to place patients, their families, friends and carers at the very heart of service provision. The Patient and Carer Advisory Group demonstrates how this commitment is put into practice.

Remote RP2 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.1.2: and leaders in our organisation actively support this and advocate for customers.

RP1 2019: Your Quality Account and Qualities Priorities quote your Chief Executive on the importance placed upon the quality of care provided to patients and their families. This message is also made by the Director of Clinical Research in a recent edition of the RM Magazine. It was evident during the visit that the management teams devote considerable energy in supporting and encouraging this commitment, thereby demonstrating good practice warranting continued Compliance Plus for this Element.

Remote RP2 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.2: We use customer insight to inform policy and strategy and to prioritise service improvement activity.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

2010: Admin improvement - findings and recommendations Assessor Acceptance: Yes

Patients co-designed the vision for the future of the Trust's administration services with staff. Recommendations have been identified for service improvement activity (p40-47).

2081: Board minutes, September 2019 Assessor Acceptance: Yes

Item 6/19 describes how a review of social media/web forums in the UK to better understand what patients and public think about the Royal Marsden is informing the development of the Trust's Patient Experience Strategy. Survey results and complaints are also informing the strategy.

2082: Membership report, July 2020 Assessor Acceptance: Yes

Members were surveyed about the Quality Priorities for 2020/21. The results aided the Governors in selecting the quality indicator that the Trust should achieve during 2020/21 (p2, Surveys and focus groups).

2083: Integrated Governance and Risk Management Committee, minutes January 2020 Assessor Acceptance: Yes

Patient and carer reps are members of the main patient safety committee which reviews and ratifies new and revised Trust policies (5/20). Policies are discussed and amended in other forums with patients and carers including PCAG meetings eg item 52/19 (evidence 2086).

2084: Council of Governors, July 2019 minutes Assessor Acceptance: Yes

Governors of the Trust including patients, carers & members of the public, discuss policy, strategy and service improvement at their Council meetings. Here Governors discuss the plans for car parking connected to a unit being developed. Thanks were also given to patients/carers involved (item 5).

2085: Request form to recruit Patient and Carer Group members to Trust projects Assessor Acceptance: Yes

As well as running their own improvement activities members of PCAG are recruited to Trust projects that inform policies, strategy and service improvement. Here members are recruited to design the new Trust Patient and Public Involvement and Engagement (PPIE) Strategy.

2.1.2.1: We use customer insight to inform policy and strategy

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 The Trust were able to provide excellent examples of how and when customer insight was incorporated into policy decisions. The Transformation Policy is developed with patient consultation and is looking to improve all admin functions relating to patient care. Former patients and carers sit on the Board of Governors and are able to influence decision making in relation to patient care. This was confirmed when speaking to Governors who are independent volunteers, providing a patients' perspective to the governance process. The Physical Activity Strategy includes insight from former patients. This is now Compliance Plus.

Evidence Value: Fully Met

2.1.2.2: and to prioritise service improvement activity.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Service Improvement is key to the ethos which exists within the Trust. Members of the PCAG are included in all strategic developments as well as defining their own independent priorities. Members talk anonymously to patients and feedback information to managers via the 'Listening Posts'. This has resulted in improvements in many areas, including better information on blood test results. This is now Compliance Plus.

Evidence Value: Fully Met

2.1.3: We have policies and procedures which support the right of all customers to expect excellent levels of service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

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| 1818: Customer service policy and standards 2018 | Assessor Acceptance: | Yes |
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This document describes the principles, standards and practice of customer service that the Royal Marsden expects staff to provide for all customers.

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| 1819: Your guide to the Royal Marsden | Assessor Acceptance: | Yes |
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All patients receive this handbook. It includes 'Our promise to you' which pledges that all patients will receive excellent service (p6), disabled facilities information (p38-39) and states that 'Our staff provide care in an atmosphere of respect, non-judgement and empowerment' (p43).

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| 1820: Dementia strategy 2016/18 | Assessor Acceptance: | Yes |
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The Trust's vision stated in this strategy is 'to provide excellence in dementia care for people we care for every day' (p5).

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| 1821: Equality and diversity policy 2017 | Assessor Acceptance: | Yes |
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Two of the Trust's aims (p1) are to provide the best possible healthcare services we can that are accessible and are delivered in a way that respects the differing needs of the individual and embed our equality and diversity values into our policies and procedures and our everyday practice.

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| 1822: Interpreting and translation services policy | Assessor Acceptance: | Yes |
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'To provide interpreting and translation services to patients whose first or preferred language is not English and patients with hearing or visual difficulties who require communication support. The service should be culturally appropriate, to enable them to receive optimum treatment and care' (p1).

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| 1823: Our promise to you | Assessor Acceptance: | Yes |
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Lists a series of pledges the Trust makes about excellent service and care for all of its patients. The pledge is available in a number of publications including 'Your guide to the Royal Marsden' and here on the Trust's website.

2.1.3.1: We have policies and procedures which support the right of all customers to expect excellent levels of service.

RP3 2018: The evidence presented demonstrates that the promise of excellent levels of service is both comprehensive and targeted at specific patient groups. Additional evidence is also to be found in the Annual Report 2016/2017 (1852) which lists some of the reasons for the Trust's well earned reputation.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.1.4: We ensure that all customers and customer groups are treated fairly and this is confirmed by feedback and the measurement of customer experience.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

1913: National inpatient survey 2017 Assessor Acceptance: Yes

94.8% of patients reported always being treated with respect and dignity. No patients felt they had not been treated with respect and dignity (Q17; p116). The patients exhibit a wide range of characteristics including ethnicity, age and other long-term health conditions (Q72-80; p120-125).

1924: Equality and diversity policy 2018 Assessor Acceptance: Yes

The Trust is committed to eliminating all forms of discrimination ... in the provision of its services and in recruitment and employment to ensure an environment that is characterised by dignity and respect which is free from harassment, bullying and victimisation (para 1.3; p2).

1925: Complaints report, October-December 2018 Assessor Acceptance: Yes

As part of the process to ensure that all users of the Trust are able to access the Complaints Service, the Trust collects ethnicity data for complainants (p4). Together with other data, it helps the service to understand who is using the complaints process and if any groups are being excluded.

1927: National inpatient survey 2017 results by age Assessor Acceptance: Yes

The results of the national inpatient survey are broken down against a series of characteristics: sexual orientation, long-standing health conditions, ethnicity, gender and, as shown here, age. These can be monitored with actions taken to make sure all groups are being fairly treated.

1928: Equality impact assessment Assessor Acceptance: Yes

Enables unintended consequences of decisions on different groups of people to be addressed and to therefore make them more effective by treating people fairly and respectfully. Predicts the implications of a policy or service on a wide range of people with different needs.

1991: National inpatient survey 2017 results by gender Assessor Acceptance: Yes

Men and women gave similar results when asked if they felt they were treated with respect and dignity while in hospital; respectively, 96.7 and 94.3% feeling they were always were (Q67, p31).

2.1.4.1: We ensure that all customers and customer groups are treated fairly

RP1 2019: You have an Equality and Diversity policy and appropriate staff training schemes in place.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.1.4.2: and this is confirmed by feedback and the measurement of customer experience.

RP1 2019: Your national survey results and equality impact assessments demonstrate that all customer groups report that they are treated with respect and dignity. Analysis of the survey results focused at specific patient groups also confirm this.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.1.5: We protect customers' privacy both in face-to-face discussions and in the transfer and storage of customer information.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

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| 2017: National inpatient survey 2019 contractor report | Assessor Acceptance: | Yes |
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97% of inpatients surveyed stated they had enough privacy when discussing their condition or treatment. This compares to an average of 94% for other organisations (slide 22; Q 39).

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| 2023: Information governance policy and procedure 2020 | Assessor Acceptance: | Yes |
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This policy ensures high standards of data protection and confidentiality to safeguard personal and other sensitive information.

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| 2024: Data access and information sharing policy 2019 | Assessor Acceptance: | Yes |
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Ensures that all information that is stored or processed is available in a clear and transparent manner with confidentiality protected.

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| 2025: Data protection policy 2020 | Assessor Acceptance: | Yes |
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The Trust's policy for the management of confidential information.

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| 2026: IT security policy 2020 | Assessor Acceptance: | Yes |
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Sets out the Trust's policy for the protection of the confidentiality, integrity and availability of its digital information assets, such that they are available when required, can be accessed only by authorised users, contain accurate information and are able to withstand security threats.

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| 2027: Patient privacy and dignity policy (2019) | Assessor Acceptance: | Yes |
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Staff must be aware of being overheard, so that the patient, relatives or carers do not hear potentially confidential conversations/sensitive information. It is not acceptable to discuss clinical information in public areas (p4).

2.1.5.1: We protect customers' privacy both in face-to-face discussions

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 There are policies in place to support the protection of privacy and data, which are reviewed at least annually. Surveys confirm that inpatients felt they had enough privacy in face to face consultations, and this was confirmed when speaking to patients by phone. One gentleman expressed his appreciation of the private and dignified manner in which he had always been treated during his radiotherapy sessions. He confirmed that the service he received had been 1st class, notwithstanding the sensitive nature of his treatment.

Evidence Value: Fully Met

2.1.5.2: and in the transfer and storage of customer information.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 Policies are in place which protect the data of all patients to ensure confidentiality. Information is stored securely in line with the requirements and is subject to strict governance.

Evidence Value: Fully Met

2.1.6: We empower and encourage all employees to actively promote and participate in the customer focused culture of our organisation.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

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| 1812: Patient and staff experience group | Assessor Acceptance: | Yes |
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This group under development will bring patients, carers and staff together to review experience data and work together to make improvements to the experience of both patients and staff.

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| 1818: Customer service policy and standards 2018 | Assessor Acceptance: | Yes |
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Describes the principles, standards and practice of customer service that the Trust expects staff to provide for all customers. Staff are strongly advised to attend customer service and communication skills training by the policy.

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| 1826: Metastatic breast cancer module | Assessor Acceptance: | Yes |
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Courses taught at The Royal Marsden School are co-designed and co-delivered by patients. Includes testimony from patients about their involvement.

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| 1827: Chief Nurse induction slides | Assessor Acceptance: | Yes |
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Session delivered by Chief Nurse at the Trust's induction encourages employees to actively focus on patient experience and delivering quality for patients.

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| 1828: Induction: The Royal Marsden culture and values | Assessor Acceptance: | Yes |
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The Trust induction focuses on empowering staff to 'live' the Trust values in their interactions with patients, visitors and staff. Attached is the welcome note from the CEO which focuses on the organisational values which includes 'Compassionate'.

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| 1830: Staff open meetings | Assessor Acceptance: | Yes |
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Led by the CEO and executive members the staff open meetings provide an opportunity for staff to hear about the Trust priorities and give their feedback and input. The CEO always includes feedback received by letter or email from patients about their experience.

2.1.6.1: We empower and encourage all employees to actively promote

RP3 2018: Evidence 1818 & 1828 show that the staff role in delivering customer service is well defined and fully supported.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.1.6.2: and participate in the customer focused culture of our organisation.

RP3 2018: Evidence 1830, 1812, 1827 & 1826 detail examples of the training, support and opportunities available to staff. The presented evidence was validated in the assessor's conversations with staff and patients.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2: Staff Professionalism and Attitude

2.2.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment, training and development policies for staff.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
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| 1908: Patient and Public Involvement and Engagement Lead job description | Assessor Acceptance: | Yes |
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All job descriptions have a statement: 'All staff are required to support the Trust's commitment to developing and delivering excellent customer-focused service by treating patients, their families, friends, carers and staff with professionalism, respect and dignity' (p7).

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| 1929: Customer service apprenticeship | Assessor Acceptance: | Yes |
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The Trust provides training and development courses with a focus on customer service.

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| 1930: Performance appraisal and development review policy 2018 | Assessor Acceptance: | Yes |
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Annual appraisals identify where staff need to develop with objectives linked to 'Quality services' as a key area (para 3.2; p3). The appraisal is based on the Trust's values which are patient focussed. The Trust's induction for all new staff is also patient centred.

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| 1931: Medical appraisal policy 2018 | Assessor Acceptance: | Yes |
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Doctors are required to obtain 360 degree feedback from patients as well as colleagues as part of their revalidation process (para 6.6; p6). This reinforces the importance of delivering patient focussed services.

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| 1932: Mandatory training policy 2018 | Assessor Acceptance: | Yes |
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All staff are required to undertake equality and diversity training (para 7.4; p9).

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| 1933: Development training | Assessor Acceptance: | Yes |
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The Trust offers a range of opportunities for staff to develop further including training courses, shadowing, degrees and secondments.

2.2.1.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment,

RP1 2019: All your job descriptions require applicants to be able to demonstrate their ability to deliver excellent customer focussed services. You provide customer service apprenticeships.
Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2.1.2: training and development policies for staff.

RP1 2019: You recognise that investing in staff training and development is crucial to providing an excellent standard of care for patients. All staff both clinical and non-clinical are able to develop their roles and maximise their talents and skills through development training and performance appraisals. Your investment in training and development remains an example of good practice and is now fully embedded in the service, therefore the Compliance Plus for this Element reverts to Compliant.
Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2.2: Our staff are polite and friendly to customers and have an understanding of customer needs.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2017: National inpatient survey 2019 contractor report Assessor Acceptance: Yes

All patients who responded in national inpatient survey said they had been treated with respect or dignity (slide 26, Q 67) and 99% of patients responding said they were well looked after by non-clinical staff (slide 26, Q 72+).

2028: Customer service policy and standards 2020 Assessor Acceptance: Yes

Describes the principles, standards and practice of customer service that the Royal Marsden expects staff to provide for all customers. The policy is reviewed and republished each year.

2029: Cancer Services Quality & Safety Meeting Report December 2019 - January 2020 Assessor Acceptance: Yes

Two examples of praise by patients are given (p3). One patient talks of named staff being 'amazingly helpful, understanding and supportive' and the other speaks of their gratitude for the 'kindness, compassion and high level of medical expertise' of the staff caring for them.

2030: Staff comment about service Assessor Acceptance: Yes

A member of staff new to the Trust gives feedback on the service provided on a ward by individual members of staff supported by patient comments.

2031: Telephone monitoring audit including face to face contact between staff and customers 2020 Assessor Acceptance: Yes

Staff in all 84 face-to-face contacts with customers that were observed in January 2020 at reception desks were courteous and respectful to the customer (page 7, row 5 of table).

2039: Day care programme patient involvement results Assessor Acceptance: Yes

Slide 9 shows that almost all patients surveyed found the knowledge and attitude of staff and the welcome at reception to be good or very good when they attended for systemic anti-cancer therapy (SACT).

2.2.2.1: Our staff are polite and friendly to customers

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020 Evidence from surveys demonstrated that the majority of patients believe that staff were courteous and respectful. This was supported when speaking to patients by phone who were effusive in their praise for how they had been treated; most confirmed that staff were polite and friendly at all times. This was also supported with additional evidence from partners, governors and staff. However, in one instance, a patient spoken to confirmed that her experience fell below the usual very high standard of service in this area. This element has therefore reverted from Compliance Plus to Compliant for this year.

Evidence Value: Fully Met

2.2.2.2: and have an understanding of customer needs.

Remote RP2 2020 The evidence provided, along with several interviews with members of staff and patients confirmed that there is a clear focus on understanding customers' needs. A poignant interview with a very sick patient provided evidence to show that ward staff have a clear understanding of what their patients need. After finding out today that she cannot go home for Christmas, the lady concerned stated that at least the staff felt like a second family to her. The ward sister mentioned several times in interview that she recognised that many patients were feeling lonely due to the lack of visitors and volunteers on the wards, and was doing everything possible to alleviate this.

Evidence Value: Fully Met

2.2.3: We prioritise customer focus at all levels of our organisation and evaluate individual and team commitment through the performance management system.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|--------------------------------------|----------------------|-----|
| 1801: RM Magazine spring 2017 | Assessor Acceptance: | Yes |
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Amongst the annual staff award winners was Dr Alison Tree for her commitment 'to delivering the best outcomes and experience for patients' (p11).

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| 1829: Appraisal form | Assessor Acceptance: | Yes |
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The Trust's staff appraisal form confirms that customer focus is evaluated through the performance management system with the Trust's values assessed against which include the value 'compassionate'.

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| 1831: Going Above and Beyond Award | Assessor Acceptance: | Yes |
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The recently launched Above and Beyond staff reward scheme recognises 'great feedback from patients or other service users' as a class of nomination for the award.

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| 1832: Medical appraisal policy 2017 | Assessor Acceptance: | Yes |
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360° doctor appraisals include patient feedback (section 6.8, p6). At least 20 responses from patients are required.

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| 1833: Ward patient-facing dashboard | Assessor Acceptance: | Yes |
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Slide 3 of this poster describes how patient feedback is used to improve the performance of the ward team and is presented for review to the Board.

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| 1834: The performance appraisal and development review policy 2017 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The Trust 'believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of cancer health services and as an employer. These principles will be followed when applying this policy and procedure' (1.7, p2).

2.2.3.1: We prioritise customer focus at all levels of our organisation

RP3 2018: Evidence 1834, 1831 & 1801 show that you prioritise customer focus through your policies, staff awards and publicity.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2.3.2: and evaluate individual and team commitment through the performance management system.

RP3 2018: Evidence 1832, 1839 & 1833 show how you evaluate individual and team performance.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2.4: We can demonstrate how customer-facing staffs’ insight and experience is incorporated into internal processes, policy development and service planning.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1934: Mobile chemotherapy unit - staff experience and feedback Assessor Acceptance: Yes

Medical Day Unit staff were surveyed following the launch of the mobile chemotherapy unit for their insight. Changes were made based on their feedback, including to training.

1935: Day care improvement programme Assessor Acceptance: Yes

A day care improvement staff workshop identified improvement ideas that will be implemented.

1936: 62 day patient pathway alert Assessor Acceptance: Yes

Notification of a new electronic alert set up in response to feedback by patient-facing staff.

1937: Can a ward-based system for SHOs improve time to clerking of elective admissions Assessor Acceptance: Yes

Following feedback from doctors, junior doctors have switched to a ward-based system of working. This study assesses whether this method of working improves, including the speed of, the clerking of elective patients, potentially preventing delays to admissions and reducing length of stay.

1938: Document control of Trust policies and arrangements for other documents 2018 Assessor Acceptance: Yes

Describes how new and reviews of existing policies must include consultation with staff affected by the policy (p2). Also described is the requirement to sign off policies at two committees where staff from across the Trust will have the opportunity to influence the policy further (p3).

1939: Seven days project - doctor feedback Assessor Acceptance: Yes

Following the launch of a new joint weekend on-call consultant rota all consultants and SpRs were given feedback sheets. The feedback is used to direct the continuous improvement of the new service.

2.2.4.1: We can demonstrate how customer-facing staffs’ insight and experience is incorporated into internal processes, policy development and service planning.

RP1 2019: You provide staff with the opportunity to reflect their insight and experience in revising Trust policies. These include workshops, surveys and feedback sheets. The presented evidence includes examples covering the mobile chemotherapy unit, day care improvement, patient pathway alerts and the ward-based system of working.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

2.2.5: We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

2017: National inpatient survey 2019 contractor report Assessor Acceptance: Yes

727 patients completed this survey with all those answering the question saying they were treated with respect or dignity (slide 26). As inpatients they had contact with junior nurses, ward managers, pharmacists, porters, junior doctors, ward clerks, receptionists and consultant doctors and others.

2028: Customer service policy and standards 2020 Assessor Acceptance: Yes

This Trust policy requires 'throughout all contact with customers, staff should aim to meet their needs through professional, courteous and efficient service' (section 3, p2). The policy is ratified by a committee including the Medical Director, Chief Nurse and Chief Operating Officer.

2030: Staff comment about service Assessor Acceptance: Yes

The Divisional Nurse Director recognises and values the contribution of a Ward Sister to the focus on the patients on her ward. The note was presented at a meeting attended by Board members and other senior staff.

2032: RM Magazine spring 2019 Assessor Acceptance: Yes

The annual staff achievement awards are presented by members of the Board at a ceremony. Frontline staff are recognised for their contributions to improving services. One category, Above and Beyond Clinical, cited patients and families considering the staff member an 'angel'. (p11).

2033: Your guide to the Royal Marsden Assessor Acceptance: Yes

'Our promise to you' which commits staff to customer-focused services' is presented near the start of the guide to reflect the importance the organisation places on it (p6).

2034: Update from the Chief Executive - Outstanding CQC result Assessor Acceptance: Yes

Patients believe that staff go above and beyond their expectations and demonstrate compassion and empathy in their roles. The CEO congratulates staff for the exceptional quality of care they deliver for patients. Staff are to be given a £50 voucher as thanks for their exceptional contribution (2095)

2.2.5.1: We value the contribution our staff make to delivering customer focused services,

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020 All of the staff spoken to at the assessment stated that they felt valued for the work they do. Policies and surveys support this. The RM magazine in 2019 focussed on staff achievements and published patients' comments and thanks. Throughout the pandemic, staff felt supported and valued and received ongoing communications. Staff were regularly tested for Covid-19 and received the results on the same day.

This retains Compliance Plus.

Evidence Value: Fully Met

2.2.5.2: and leaders, managers and staff demonstrate these behaviours.

Remote RP2 2020 The leaders and managers spoken to were highly professional and knowledgeable, and had a clear mandate to improve the customer experience. It is clear that this is the main priority across all levels of business. The Chief Executive of the Trust supports this culture and has congratulated all members of staff this month, awarding a £50 voucher to each individual for their exceptional contribution to providing the very highest level of treatment and care over the past year.

This retains Compliance Plus.

Evidence Value: Fully Met

3: Information and Access

3.1: Range of Information

3.1.1: We make information about the full range of services we provide available to our customers and potential customers, including how and when people can contact us, how our services are run and who is in charge.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|--|----------------------|-----|
| 1923: Your guide to The Royal Marsden | Assessor Acceptance: | Yes |
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A guide available on the website with contact details and information about services including chemotherapy, surgery, inpatient stays, facilities and pharmacy. Information about who to call if feeling unwell at home is given (p25).

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|-----------------------------------|----------------------|-----|
| 1940: Website - contact us | Assessor Acceptance: | Yes |
|-----------------------------------|----------------------|-----|

Gives contact details for the Trust.

| | | |
|--|----------------------|-----|
| 1941: The Royal Marsden Help Centre | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Help Centres in the Trust offer support, information, signposting to services, internet access and a library of information materials. Booklets and leaflets are available. Staff can also assist in communication between patients and their medical team.

| | | |
|---|----------------------|-----|
| 1942: Consultants, units and wards | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Gives information about the clinical units, services, consultants in charge and how to contact the units and services.

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| 1943: RM Magazine winter 2018 | Assessor Acceptance: | Yes |
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Articles featuring directors in charge of the Trust appear in RM Magazine: Chief Executive, p3; new Chief Operating Officer, p9; Medical Director, p23; and Director of Clinical Research, p 25. Ways to contact the Trust are given on p31.

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| 1944: Central venous access devices. A guide for patients receiving intravenous therapies | Assessor Acceptance: | Yes |
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Patient information leaflets about services are provided as either paper copies or electronically. Gives the details of the Macmillan Hotline and its availability (24 hours, 7 days a week) should patients be feeling unwell or are worried (p24). There is a form to write in ward contact details (p25)

3.1.1.1: We make information about the full range of services we provide available to our customers and potential customers,

RP1 2019: Your guide to The Royal Marsden provides general information for all your services and is available in a booklet and on-line. You also provide information through the Royal Marsden Help Centre and RM Magazine. A range of patient information leaflets are also available.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.1.1.2: including how and when people can contact us,

RP1 2019: Contact information is included in your information sources.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.1.1.3: how our services are run and who is in charge.

RP1 2019: Your information sources also detail how services are run and who is in charge. The RM Magazine, winter 2018 edition, contained articles featuring the senior directors in charge of the Trust.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.1.2: Where there is a charge for services, we tell our customers how much they will have to pay.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

| | | |
|--|----------------------|-----|
| 2033: Your guide to the Royal Marsden | Assessor Acceptance: | Yes |
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The administration fee a patient has to pay to gain access to their medical records and associated copying charges are shown here (p48). The contact details of the department are given.

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|--|----------------------|-----|
| 2035: Venue hire - Conference Centre, Chelsea | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Gives the hire fees for a series of meeting and conference rooms.

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|---|----------------------|-----|
| 2036: Short courses and study days | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Gives the charges for study days including Bone marrow biopsy at £250. There is a tab - How to apply - that explains how and when to make payments.

| | | |
|---|----------------------|-----|
| 2037: Paying for private treatment | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Details of how and when customers can make payments for private care are given here.

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|--|----------------------|-----|
| 2041: Car parking charges information sheet | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Gives the charges for car parking permits as well as advising that there might be support for people on low incomes.

| | | |
|------------------------------|----------------------|-----|
| 2087: Vending machine | Assessor Acceptance: | Yes |
|------------------------------|----------------------|-----|

Vending machines clearly show the price of products.

3.1.2.1: Where there is a charge for services, we tell our customers how much they will have to pay.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Evidence was provided to demonstrate that patients are made aware of the costs involved in any treatments at the outset. This is relevant mostly to private patients but all costs are made public, from car parking to the cost of beverages.

Evidence Value: Fully Met

3.2: Quality of Information

3.2.1: We provide our customers with the information they need in ways which meet their needs and preferences, using a variety of appropriate channels.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1913: National inpatient survey 2017 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Among questions: 86.4% with questions received understandable answers from doctors when an inpatient (Q23; p87). 91.4% had the right amount of information given to them about their condition or treatment (Q36; p95). 89.4% received understandable explanation of medicines to take home (Q57+; p107).

| | | |
|--|----------------------|-----|
| 1941: The Royal Marsden Help Centre | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The Patient Advice and Liaison Service (PALS) has information about the help and support available to patients to live with cancer, accessible in different forms including leaflets, booklets, books, CDs, DVDs and the internet.

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| 1945: aSSKING bundle assessment | Assessor Acceptance: | Yes |
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This bedside tool to help staff and patients to monitor skin concerns and actively reduce the risks of developing a pressure ulcer has a box to be completed about how information has been given to the patient either verbally or as a leaflet (bottom of p1).

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|--|----------------------|-----|
| 1946: Information for patients – provision and production policy 2018 | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Guidance for staff when producing patient information. Includes information about an annual audit of the effectiveness of patient information resources (para 9.2; p7) and how to collect user feedback through piloting the information (para 4.2; p17).

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|--|----------------------|-----|
| 1947: Lung unit patient experience survey | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Assessed the usefulness of a new patient information pack and the accessibility of/level of support offered by the lung CNS to patients. The pack was reviewed favourably. As an action further sources of information are to be flagged to patients including websites, support groups and info by e-mail.

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|---|----------------------|-----|
| 1948: Patient information writing - staff training | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Training is provided for staff about how to write effective and clear patient information.

3.2.1.1: We provide our customers with the information they need in ways which meet their needs and preferences,

RP1 2019: You provide training and guidance for all staff on producing clear information that meets the needs of patients. You survey patients to assess the usefulness of your information provision.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.2.1.2: using a variety of appropriate channels.

RP1 2019: You provide customer information through a range of channels including your web site, emails, telephone help-lines, bedside tools and PALS. Medical staff speak with patients to ensure that they fully understand their treatment and care packages.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.2.2: We take reasonable steps to make sure our customers have received and understood the information we provide.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

| | | |
|---|----------------------|-----|
| 2017: National inpatient survey 2019 contractor report | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Asks a series of questions about provision and comprehension of information by inpatients. Egs Questions 23+ and 26+, 99% of patients said they got clear answers from doctors and nurses; Q36, 92% of patients had the right amount of information; Q45+, 100% had all questions answered before procedure

| | | |
|---|----------------------|-----|
| 2022: National inpatient and cancer patient action plan (2017 results) | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Shows how the feedback from patients via national surveys led to a review of the accessibility of information and a drive to digitise information (Q11). Information about support groups (Q20) and a project to improve information about free prescriptions (Q23) are also actioned.

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|--|----------------------|-----|
| 2038: Chemotherapy information wall | Assessor Acceptance: | Yes |
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To more clearly describe, compared to current literature, the stages in the chemotherapy journey a large wall graphic is being designed to show the various steps. It is hoped this will help patients understand why there might be a wait to receive chemotherapy.

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|--|----------------------|-----|
| 2042: Digitising Patient Information at the Royal Marsden | Assessor Acceptance: | Yes |
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Patients and carers are part of the group developing an online patient library. With the widespread use of electronic devices the Trust has responded by starting to make its patient information available online to meet demand.

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| 2043: Free prescriptions card | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

Free prescription information cards were made in response to patient survey findings (2022 above). The information was also provided in other new formats including a banner and posters which are distributed across the Trust and roadshows were held.

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|--|----------------------|-----|
| 2044: Breast surgery consent form | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Includes risks specific to the individual, a record of leaflets given to the patient (p4) and contact details (p5) if the patient wants more information later. The patient signs to agree to the procedure and that they have been told of any possible additional procedures (p6). A copy is offered.

3.2.2.1: We take reasonable steps to make sure our customers have received

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Patients spoken to confirmed that they received information prior to their treatments. The National Inpatient survey results provided evidence to show that 100% of patients had all their questions answered prior to surgery.

Evidence Value: Fully Met

3.2.2.2: and understood the information we provide.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 The Trust has appointed a Patient Information Editor who oversees all patient literature to ensure that it meets the needs of the recipients. Conversations with different clinical staff confirmed that as part of all patient interactions, checks are made to ensure that information given about processes and treatments are clearly understood.

Evidence Value: Fully Met

3.2.3: We have improved the range, content and quality of verbal, published and web based information we provide to ensure it is relevant and meets the needs of customers.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

Active Evidence

1820: Dementia strategy 2016/18 Assessor Acceptance: Yes

Feedback from carers and staff has led to the strategic priority to improve the communication between health care professionals, patients with dementia and their families (p7). This is to include provision of ward-accessible signage, orientation screens and patient dementia leaflet (p11).

1824: Patient and Carer Advisory Group November 2017 meeting notes Assessor Acceptance: Yes

In the past patients called the Clinical Nurse Specialists (CNSs) with clinical queries, but many of these calls did not get through. The missed calls affected patient experience. Feedback about a new hotline has been positive from patients who previously called their CNSs (46/17).

1825: Information for patients – provision and production policy 2017 Assessor Acceptance: Yes

Includes information on scheduling of patient literature reviews: 'all publications will be reviewed a minimum of every three years to ensure the information is up to date, accurate and meets patients' needs.' (paragraph 9.3).

1835: Step by step guide to drafting new patient information Assessor Acceptance: Yes

A guide for authors writing new patient information. At least 5 patients have to have seen, reviewed and commented on the draft literature before publication; this ensures the information is relevant and meets the needs of patients.

1836: Patient information order/access history e-mail Assessor Acceptance: Yes

The order/access history of all existing titles is examined ahead of review. If print orders/access has been low, this is discussed with the local team to confirm the information is still required. This ensures that that information is meeting the requirements of patients.

1840: Audit of breast surgery patients' contact with the MacMillan hotline Assessor Acceptance: Yes

This audit identifies the need to revise an information sheet to include more about post-operative swelling and also for the clinician to discuss more with the patient about what to expect after surgery when taking consent for the operation (p7).

3.2.3.1: We have improved the range, content and quality of verbal,

RP3 2018: Evidence 1824 details the new patient hotline. The Royal Marsden Help Centre was developed in partnership with Macmillan Cancer Support. This partnership initiative to improve the quality of information available to patients and their careers is worthy of continuance of the "Compliance Plus" rating.

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.2.3.2: published

RP3 2018: Evidence 1820, 1825, 1835, 1836 & 1840 cover the procedures and outcomes that you have in place to review and improve printed information.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.2.3.3: and web based information we provide to ensure it is relevant and meets the needs of customers.

RP3 2018: Evidence 1823 references the RM website that was redeveloped in 2015/2016 and includes a page rating invitation to all users. The assessor was able to validate many aspects of the presented evidence during his tour of the hospital.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.2.4: We can demonstrate that information we provide to our customers is accurate and complete, and that when this is not the case we advise customers when they will receive the information they requested.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1813: National inpatient survey 2016 | Assessor Acceptance: | Yes |
| Has many questions about information giving including explaining the purpose of medicines in an understandable way (Q62+: 89%) and how the patient could expect to feel after they had an operation (Q49). | | |
| 1818: Customer service policy and standards 2018 | Assessor Acceptance: | Yes |
| Describes service standards for responding to customers' enquiries including e-mails, telephone calls and letters. Cites the complaints policy, which states the complaint response is sent within 25 working days, however exceptionally this can be extended with the agreement of the complainant (p12). | | |
| 1838: Information Standard self-review gap analysis and assessor red/amber/green (RAG) report | Assessor Acceptance: | Yes |
| The Trust has achieved the Information Standard. The commitment to trustworthy health and care information and assurance of the quality of internal processes is audited by the Clinical Audit Team who are independent of the Patient Information Team. | | |
| 1839: Endoscopy suite patient experience survey | Assessor Acceptance: | Yes |
| The Trust surveys its patients. Here 97% of patients asked in this local survey felt they had received enough information from the nurse about their endoscopy (p4). | | |
| 1841: Parent and patient experience survey peer review | Assessor Acceptance: | Yes |
| 94% of the parents of young patients surveyed were very satisfied with the ability of staff to answer their questions adequately (p2; section 3). | | |
| 1842: Access to health records policy | Assessor Acceptance: | Yes |
| The Trust has many policies that describe the service standards for responding to customers' enquiries. This policy includes amongst its service standards the time limit to provide the requested information for the customer (paragraph 6.6.2.). | | |

3.2.4.1: We can demonstrate that information we provide to our customers is accurate and complete,

RP3 2018: Evidence 1813, 1839 & 1840 details customer feedback while evidence 1838 covers the RM information standard.
 RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.2.4.2: and that when this is not the case we advise customers when they will receive the information they requested.

RP3 2018: Evidence 1818 sets your service standard for the provision of information; evidence 1819 [RM Guide] provides additional information for patients and evidence 1842 details RM policy.
 RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

3.3: Access

3.3.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

Active Evidence

| | | |
|---|----------------------|-----|
| 1940: Website - contact us | Assessor Acceptance: | Yes |
| The Trust's website lists a series of ways to contact the Trust including e-mail, switchboard telephone, the 24 hour Macmillan Hotline and postal addresses. There are details of public transport, car parking and maps for each site. Emails can be sent via the website to the Trust. | | |
| 1949: Facilities for disabled patients and visitors | Assessor Acceptance: | Yes |
| Hearing loops and telephones to be used with hearing aids are provided by the Trust. The Trust has partnered with DisabledGo to create accessibility information for all of its departments, wards and services. | | |
| 1950: Hybrid mail initiative | Assessor Acceptance: | Yes |
| A new personalised approach to patient communication via letter, text, patient portal and email is being developed. | | |
| 1951: Patient Led Assessment of the Care Environment (PLACE) inspections 2018 | Assessor Acceptance: | Yes |
| The Trust scored above the national average across all areas for the inspection. Actions after the 2017 inspection improved the scores for 'disability' and 'dementia' significantly. Actions included standardizing floor colour to reduce disorientation of people with dementia and signage changes. | | |
| 1952: Adjuvant chemotherapy for colorectal cancer follow-up guidelines | Assessor Acceptance: | Yes |
| Under this new telephone follow up, routine outpatient appointments are replaced with an arrangement that allows the patient to contact the CNS/ANP if the patient has concerns about their bowel function, any new symptoms or questions about treatment or other related issues. | | |
| 1981: RM Magazine spring 2018 | Assessor Acceptance: | Yes |
| Blood cancer patients can now use 'chemo backpacks' to receive their treatment at home, only having to visit the hospital once a day to change their medication rather staying as an inpatient for a month at a time (p7). | | |

3.3.1.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

RP1 2019: You continue to make services easily accessible at all three locations using a range of alternative channels including by web site, telephone, email and 24-hour Macmillan hotline. Your Oak Centre for children and young people in Sutton specialises in childhood cancers. Recent innovations include your hybrid mail initiative and the use of "chemo backpacks" to enable patients to receive treatment at home. As this allows the patient to visit the hospital rather than being an inpatient, this continues to warrant Compliance Plus as a demonstration of good practice.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.3.2: We evaluate how customers interact with the organisation through access channels and we use this information to identify possible service improvements, and offer better choices

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

| | | |
|---|----------------------|-----|
| 2010: Admin improvement - findings and recommendations | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Consultation identified how patients interact with the Trust eg by telephone (p20) and what their access channel preferences are (p21). Providing patients with options for receiving appointment information (p45) and an online patient portal to manage bookings (p46) are identified as actions.

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|---|----------------------|-----|
| 2039: Day care programme patient involvement results | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Patients' views about access channels are reported including about the introduction of evening and weekend treatment (slide 8) and the scheduling system which often requires a follow up phone call to make the next appointment (slide 12).

| | | |
|--|----------------------|-----|
| 2040: Systemic anti-cancer therapy improvement programme update | Assessor Acceptance: | Yes |
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This programme (see 2039 above) has led to increased use of a mobile chemotherapy unit and provision of chemotherapy in patients homes as alternatives for patients to receiving chemotherapy in hospital.

| | | |
|---|----------------------|-----|
| 2045: E-mail response audit 2019 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Shows the different routes and how popular they are for NHS and private patients to contact the Patient Advice and Liaison Service (PALS; Tables 2 and 4).

| | | |
|--------------------------------------|----------------------|-----|
| 2046: RM Magazine autumn 2020 | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

The Trust responded to the pandemic by offering patients alternative ways to access its services including delivery of medication by courier to patients' homes, tablets on wards for patients to use to contact their families and virtual consultations by telephone or online video (p20-21).

| | | |
|-----------------------------|----------------------|-----|
| 2047: Patient portal | Assessor Acceptance: | Yes |
|-----------------------------|----------------------|-----|

Eighty per cent of registered patients trialling an electronic patient portal have indicated a preference for a paperless appointment process (slide 4).

3.3.2.1: We evaluate how customers interact with the organisation through access channels

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 Efforts are made to continually monitor interactions and improve patients' choice. Different groups focus on specific areas, including telephone access and email responses. Work is constantly ongoing to look at trends and digital advancements.

Evidence Value: Fully Met

3.3.2.2: and we use this information to identify possible service improvements,

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 The majority of Portal registered patients identified that they would prefer a paperless system and the Day Care programme has increased referrals with a preference for extended working hours and weekend availability. Changes were made to offer alternatives throughout the pandemic, for patients to receive medications via courier.

Evidence Value: Fully Met

3.3.2.3: and offer better choices

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 As a result of changes during the pandemic, patients have been offered better choices for consultations. Telemedicine has provided the opportunity for patients to interact with their clinicians remotely, saving travel costs and time, where appropriate. The Trust is intending to continue offering this facility as an option moving forwards.

Evidence Value: Fully Met

3.3.3: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

Active Evidence

| | | |
|--|----------------------|-----|
| 1813: National inpatient survey 2016 | Assessor Acceptance: | Yes |
| 88.6% of inpatients surveyed rated ward cleanliness as very clean (Q17; p73). | | |
| 1844: Patient Led Assessment of the Care Environment (PLACE) inspection 2017 | Assessor Acceptance: | Yes |
| The Trust scores higher than average for cleanliness in this annual national assessment (p2). | | |
| 1845: Integrated Governance Monitoring Report, January-March 2017 | Assessor Acceptance: | Yes |
| Includes examples of how the Trust works to make the hospital comfortable for patients. The Arts Forum improves the Trust's patient environment through art exhibitions, music and other initiatives (p18). There were no instances of patients of different sexes sharing sleeping accommodation (p34). | | |
| 1846: Medical day unit waiting area patient survey | Assessor Acceptance: | Yes |
| Patients are asked about their experience of the comfort of the hospital. This survey asks how calm a waiting room is, how comfortable the seats are and what the refreshment facilities are like. | | |
| 1849: 5 senses survey - night time on wards | Assessor Acceptance: | Yes |
| The Patient and Carer Advisory Group undertook a series of night time 5 senses surveys of wards to identify environmental issues affecting the comfort of patients. Issues requiring improvement were highlighted to staff including banging doors (paragraph 8.4). | | |
| 1851: Patient Led Assessment of the Care Environment (PLACE) action plan 2017, Chelsea | Assessor Acceptance: | Yes |
| Shows actions to address the findings of the PLACE assessment in Chelsea to improve the hospital environment for patients. | | |

3.3.3.1: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

RP3 2018: Evidence 1813, 1846 & 1849 give survey results; and evidence 1844 & 1851 cover inspection reports. Evidence 1845 shows how RM has sought to enhance the physical environment within the hospitals through the appointment of the Arts Office. The assessor was very impressed with the calm, comfortable and quality atmosphere of the hospital. This combination of factors are worthy of "Compliance Plus".

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise. It is noted however that significant additional measures have been put in place to comply with Covid-19 requirements.

Evidence Value: Fully Met

3.4: Co-operative working with other providers, partners and communities

3.4.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

Active Evidence

| | | |
|--|----------------------|-----|
| 1954: RM Magazine autumn 2018 | Assessor Acceptance: | Yes |
| A mobile chemotherapy unit brings chemotherapy closer to patients' homes (p11). The mobile unit is made possible by a partnership with The Royal Marsden Cancer Charity and Hope for Tomorrow as well as the host sites including Sainsbury's in Selhurst Park, Croydon. | | |
| 1955: RM Partners - the West London Cancer Alliance | Assessor Acceptance: | Yes |
| An alliance of a range of healthcare organisations, including The Royal Marsden and other NHS acute trusts, primary care services, commissioners, community services, public health, hospices and third sector and voluntary organisations to deliver world class cancer care the people of west London. | | |
| 1956: Integrated Governance and Risk Management Committee, July 2018 minutes | Assessor Acceptance: | Yes |
| Charing Cross Hospital and Chelsea and Westminster Hospital will provide the neurological cover to protect patients should they suffer a side effect when the Royal Marsden trials a novel cellular therapy (150/18). | | |
| 1957: Integrated Governance and Risk Management Committee, April 2017 minutes | Assessor Acceptance: | Yes |
| The joint out-of-hours interventional radiology service with the Chelsea & Westminster and Royal Brompton Hospitals is working well (91/17). | | |
| 1980: Maggie's Centre | Assessor Acceptance: | Yes |
| A Maggie's Centre, to open in 2019, will enhance patient care offered at The Royal Marsden, offering an evidence-based programme of support for people with cancer, their family and friends. The Centre is funded by the Maggie Charity. | | |
| 1981: RM Magazine spring 2018 | Assessor Acceptance: | Yes |
| The Friends of the Royal Marsden raise money for equipment and initiatives to improve the experience of patients and their families. They also volunteer to provide hospital shops and a tea trolley. Friends guide patients and manage hospital gardens (p12-13). | | |

3.4.1.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services,

RP1 2019: You have a wide range of partnerships with cancer charities and research organisations and you co-operate with a range of organisations as part of the West London Cancer Alliance. You work very closely with the Friends of the Royal Marsden.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.4.1.2: and these arrangements have demonstrable benefits for our customers

RP1 2019: Your partnerships all have very real benefits for patients and their families. The agreements cover a joint out-of-hours intervention radiology, the mobile chemotherapy unit and neurological cover services. The Friends of the Royal Marsden have made a very positive difference to the patient experience. These examples of good practice warrant continued Compliance Plus.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.4.2: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

| | | |
|--|----------------------|-----|
| 2008: Cancer Hub standard operating procedure | Assessor Acceptance: | Yes |
|--|----------------------|-----|

In collaboration with NHS England and NHS Improvement, the Trust with support by RM Partners, leads a dedicated Cancer Hub for cancer surgery to assist trusts across west London. The SOP lists the partners, organisational responsibilities and governance arrangements. See also 2048.

| | | |
|-------------------------------------|----------------------|-----|
| 2049: Adult support services | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

Information about services provided by partners of the Trust are given here including Maggie's Centre, support groups and language and interpreting services.

| | | |
|---|----------------------|-----|
| 2050: How to raise a concern or make a complaint | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Describes who to contact for help to make a complaint. The Trust's complaint team will either lead on a complaint about joint services or explain how to take forward the complaint.

| | | |
|--|----------------------|-----|
| 2051: RM Partners - West London Cancer Alliance | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Led by the Trust to achieve world-class cancer outcomes and improve survival and quality of life for a population of more than 4 million people. Works closely with acute Trusts, primary care services, commissioners, community services, public health and voluntary sector. Lists who is responsible

| | | |
|--|----------------------|-----|
| 2052: Integrated Governance and Risk Management Committee minutes, September 2020 | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Services are monitored. 153c/20 and g, respectively, show good multi-agency working and the Trust following up overdue actions by a partner. 156/20 refers to governance of Coordinate my Care, hosted by the Trust, which makes care plans available to organisations eg London Ambulance Service.

| | | |
|---|----------------------|-----|
| 2096: Discharge support team - Trust website | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Publicises the responsibilities of the discharge team in planning care with community services for patients discharged from hospital.

3.4.2.1: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 A dedicated Cancer Hub was set up this year to enable the Trust to work in partnership with several other hospitals to deliver cancer surgery to patients across the area, during the pandemic.

Governance arrangements were quickly instigated, which involved joint working arrangements to provide consistency of post operative care. This was incorporated into standard operating procedures with clear lines of accountability .

Evidence Value: Fully Met

3.4.3: We interact within wider communities and we can demonstrate the ways in which we support those communities.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

Active Evidence

| | | |
|--|----------------------|-----|
| 1847: Special leave policy and procedure 2018 | Assessor Acceptance: | Yes |
| The Trust supports staff who wish to volunteer for community work (section 2.11; p9). | | |
| 1848: Outreach work | Assessor Acceptance: | Yes |
| A staff member is the secretary of the organizing committee of the Schools Science Conference and also hosts the Reach Out For Healthcare Science event. | | |
| 1850: Work experience for young people | Assessor Acceptance: | Yes |
| Students are given the opportunity of work experience in the Trust. | | |
| 1852: RM Partners - Cancer Vanguard | Assessor Acceptance: | Yes |
| The Royal Marsden jointly leads the Cancer Vanguard which is developing new care models that will act as blueprints for the NHS in the future. One of its principals is that the work programme will be in the best interests of the cancer population of London not that of individual organisations. | | |
| 1859: RM Magazine winter 2017 | Assessor Acceptance: | Yes |
| A consultant from the Royal Marsden is training doctors in four African countries how to teach rural doctors about cancer prevention, diagnosis, treatment and care (p8). | | |
| 1892: Royal Marsden doctors confirm 200-year-old diagnosis | Assessor Acceptance: | Yes |
| Staff at the Trust analysed case notes and specimens to confirm a 200 year-old diagnosis on behalf of The Hunterian Museum. | | |

3.4.3.1: We interact within wider communities and we can demonstrate the ways in which we support those communities.

RP3 2018: All the evidence presented demonstrates the wide range of activities and excellent support that the Royal Marsden Hospital provides for the wider community. This level of commitment continues to warrant "Compliance Plus".

RP1 2019: Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

4: Delivery

4.1: Delivery standards

4.1.1: We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1910: Integrated Governance Monitoring Report, July-September 2018 | Assessor Acceptance: | Yes |
| National targets and standards are shown with the Trust's with the level of compliance (p11-12). | | |
| 1958: Annual report 2018 | Assessor Acceptance: | Yes |
| As well as performance against financial targets also gives standards, performance indicators and targets including progress against the carbon target (p22) and quality standards (p72-105). | | |
| 1959: Imaging Services Accreditation Scheme report | Assessor Acceptance: | Yes |
| The Trust's services are accredited against national and international standards. This accreditation report is for diagnostic radiology. | | |
| 1960: Director of Infection Prevention and Control annual report 2017/18 | Assessor Acceptance: | Yes |
| Describes performance against the 10 criteria of the Hygiene Code including how well the Trust met key healthcare-associated infection targets (p7). | | |
| 1961: Quality account, December 2018 | Assessor Acceptance: | Yes |
| Dashboards give performance against a series of standards including for falls, medication incidents, chemotherapy waits and vacancy rates (p3-7). | | |
| 1996: Sepsis prevention, assessment and management targets and CQUINs | Assessor Acceptance: | Yes |
| The sepsis Commissioning for Quality and Innovation (CQUIN) target was achieved fully for the first two quarters of 2018/19. This shows more challenging targets set for quarters 3 and 4. | | |

4.1.1.1: We have challenging standards for our main services,

RP1 2019: You operate within a range of very precise, measurable and challenging standards that are set out in the balanced scorecard. These are detailed in your Annual Report 2018 and the Integrated Governance Monitoring Report as well as in other sector specific reports.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.1.1.2: which take account of our responsibility for delivering national and statutory standards and targets.

RP1 2019: You are governed by The Care Quality Commission's fundamental standards that are intended to help providers of health and social care to comply with the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Your standards also take account of your responsibility for delivering national standards of excellence in cancer care and diagnostics including those of the CQUIN, NICE and the Hygiene Code.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.1.2: We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2053: Integrated Governance Monitoring Report, October 2019-March 2020 Assessor Acceptance: Yes

These reports are available in waiting areas (in non-pandemic times), by post and on the website. They describe performance against standards and targets including those for the mandatory training (p22-24), induction (p25), clinical audits (p32-38) and CQUINs (p65-66). Actions address shortfalls.

2054: Nursing metrics dashboard, Burdett Coutts Ward, March 2020 Assessor Acceptance: Yes

Compliance against standards and other governance metrics are given covering incidents, hospital acquired thrombosis, patient safety audits, complaints, workforce and infection control for a ward. The dashboard is displayed on the ward's quality noticeboard for review by patients and staff.

2055: Annual report, 2018/19 Assessor Acceptance: Yes

Among a wide range of governance data, shows performance against carbon footprint target (p20), the Workforce Race Equality Standard (p26) and annual priorities 2017-18. The report is published online including on the Trust's and NHS Improvement's websites.

2056: Clinical Audit Annual Report 2019-20 Assessor Acceptance: Yes

The Trust's clinical audit programme covers a range of methods and re-audit periods to monitor performance against guidelines, targets and standards. The audits carried out in 2019/20 are described along with a summary of those planned for the following financial year. Presented at IGRM.

2057: Integrated Governance and Risk Management Committee, reporting schedule 2020 Assessor Acceptance: Yes

The Integrated Governance and Risk Management Committee (IGRM) is the Trust's main patient safety committee with a focus on operational matters. The frequency of performance reporting about various aspects of patient safety is shown in the schedule. Patients and carers are members of IGRM.

2058: Care Quality Commission inspection 2019 Assessor Acceptance: Yes

The Care Quality Commission rated the Trust's services as "Outstanding" in both Chelsea and Sutton, as well as 'outstanding' in four of the five domains. The Trust has full accreditation for all its services meeting all national standards. Published on the Trust's website.

4.1.2.1: We monitor and meet our standards, key departmental and performance targets,

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 The Trust can demonstrate that they meet all of their standards and targets. Their Integrated Governance Monitoring Report is published bi-annually and covers waiting times amongst other areas, which include quality measurement. The Care Quality Commission measures all cancer services against inspection standards, with the Trust being classed as 'outstanding' for 2019-2020.

Evidence Value: Fully Met

4.1.2.2: and we tell our customers about our performance.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 The Trust is transparent in publishing the outcome of performance surveys and audits. These are published in full on the Royal Marsden website and are displayed on the hospital dashboards which are located on the wards and in public areas.

Evidence Value: Fully Met

4.1.3: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1845: Integrated Governance Monitoring Report, January-March 2017 Assessor Acceptance: Yes

The report is widely available including the Trust's website and in public waiting areas of the hospital. It gives performance against local standards and targets. Readers are invited to comment on the report (p128). The report is also reviewed by the Council of Governors and Board.

1853: Customer Service Excellence Steering Group notes, April 2017 Assessor Acceptance: Yes

Members of the Patient and Carer Advisory Group sitting on the Customer Service Excellence Steering Group decided the adjustment of the standard for the amount of telephone calls that are answered within three rings (item 3).

1854: Integrated Governance and Risk Management Committee minutes, February 2018 Assessor Acceptance: Yes

Two lay members were involved in the discussion and decision to keep the period for the review of Trust policies yearly.

1855: The Royal Marsden and Institute of Cancer Research Biomedical Research Centre Annual Assessor Acceptance: Yes

Patients and the public are involved in setting research priorities, building capacity and developing projects.

1856: Patient and Carer Advisory Group February 2018 meeting notes Assessor Acceptance: Yes

A number of Transformation Team projects where patients and carers have been consulted about changes to improve local standards and targets are described.

1898: Members event November 2017 programme Assessor Acceptance: Yes

The membership of the Trust made up of patients, carers and members of the public identify the Trust's annual quality priorities. This was done at an interactive session using voting buttons (4.45 on the programme). The selected priorities then went to be agreed by the Governors (attached minute).

4.1.3.1: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

RP3 2018: The evidence presented detail the opportunities and avenues that you provide for specific feedback and general comment and the procedures in place to use this information to inform your setting and reviewing of standards.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.2: Achieved Delivery and Outcomes

4.2.1: We agree with our customers at the outset what they can expect from the service we provide.

Applicant Self Assessment: Strong
Compliance to Standard: Compliance Plus

Active Evidence

| | | |
|---|----------------------|-----|
| 1913: National inpatient survey 2017 | Assessor Acceptance: | Yes |
| 91.1% of patients with questions before an operation/procedure received answers that they could understand (Q45+, p101). | | |
| 1923: Your guide to The Royal Marsden | Assessor Acceptance: | Yes |
| Includes a promise to patients (p6). The Trust will offer care that supports the patient's physical, emotional, spiritual and cultural needs; staff will listen; and explain things in a way that is easy to understand. | | |
| 1963: Obtaining and documenting tissues for future research consent | Assessor Acceptance: | Yes |
| Describes how staff should discuss with patients as part of the registration process what they wish to happen to excess tissue taken during routine procedures. Would they like to store it for as yet unknown future research or discard it. | | |
| 1964: Pressure ulcer assessment, prevention and management booklet | Assessor Acceptance: | Yes |
| Patients at risk of pressure ulcers are assessed when admitted to a ward. A discussion is held with the patient to explain how they can protect their skin. Anticipated outcomes for different scenarios are stated (p5). | | |
| 1976: Discharge policy and procedure for adult cancer related lymphoedema outpatients 2018 | Assessor Acceptance: | Yes |
| Discharge planning is discussed and agreed with lymphoedema outpatients as part of the goal-setting process (para 7.1, p4). | | |
| 1997: Sentinel lymph node biopsy, intraoperative assessment, axillary lymph node dissection | Assessor Acceptance: | Yes |
| At the outset, individualized treatment options are discussed with the patient by the clinician. The completed consent form outlines the benefits and risks of the chosen treatment. The form is signed by the patient and clinician and a copy is given to the patient as a record of what was agreed. | | |

4.2.1.1: We agree with our customers at the outset what they can expect from the service we provide.

RP1 2019: The Guide to the Royal Marsden provides general information for all users of the hospital's services. You agree with each patient at the very outset what they should expect from your service including good communications, prior to and after each stage of treatment. Completed consent forms detail the agreed treatments, and the use of tissue for research is discussed and patient wishes documented. Patients and their families seen during the assessment praised this aspect of your service and it merits the retention of Compliance Plus.

Remote RP2 2020. Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

4.2.2: We can demonstrate that we deliver the service we promised to individual customers and that outcomes are positive for the majority of our customers.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

New Evidence

2017: National inpatient survey 2019 contractor report Assessor Acceptance: Yes

100% of patients answering the question stated that they were treated with respect or dignity as an inpatient (slide 26; Q67). 96% rated their overall experience of being an inpatient as 7 out of 10 or higher (Q68+). 1250 patients were sent the questionnaire.

2053: Integrated Governance Monitoring Report, October 2019-March 2020 Assessor Acceptance: Yes

97% of inpatients and 96% of outpatients would recommend the Trust to their friends & family (p52, section 5.5). 406 letters of praise were received (p60-61) compared to only 27 complaints (p53, 6.1.5) in the period covered by the report suggesting outcomes are positive for the majority of patients.

2054: Nursing metrics dashboard, Burdett Coutts Ward, March 2020 Assessor Acceptance: Yes

Shows that all patients responding were treated with respect and dignity and found the ward clean. Other metrics such as very low numbers of Patient Advice and Liaison Service (PALS) concerns and complaints show that outcomes are positive for patients (slide 3).

2059: National Cancer Patient Survey 2019 Assessor Acceptance: Yes

Shows that outcomes are positive for the majority of patients. The average rating of care out of 10 was 9.1 (p9, Q61). 93% of patients felt they were treated with respect and dignity while an inpatient (p11, Q39).

2060: Our promise to you Assessor Acceptance: Yes

The pledges are shown to have been met in the results in the inpatient survey (2017) above. Egs 92% of patients received right amount of information (Q36); 95% enough emotional support provided (Q38+); 99% had privacy when examined (Q40); and 91% had expected care/support when discharged (Q66+)

2088: Bereavement audit Assessor Acceptance: Yes

The majority of relatives and friends responded positively to the survey questions (p4-6; Summary of results). The audit looked at whether bereaved families and friends felt their needs were met and identified areas requiring improvement. Further quotes support a positive outcome (2097).

4.2.2.1: We can demonstrate that we deliver the service we promised to individual customers

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 All of the patients interviewed confirmed that they had individually received the treatments and support that had been promised following their initial consultations. As you would expect, sometimes changes have to be made during the course of the treatment process, but overall patients were able to confirm that their initial expectations had been met.

Evidence Value: Fully Met

4.2.2.2: and that outcomes are positive for the majority of our customers.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 The results of the National Cancer Patient Survey 2019 show that high levels of patients have a positive experience in their interactions with the Trust. 91% of patients received their expected level of care and support following discharge from the hospital. Staff within the Trust constantly strive to improve the experience for all customers under their 'Promise to You' pledge.

Evidence Value: Fully Met

4.2.3: We can demonstrate that we benchmark our performance against that of similar or complementary organisations and have used that information to improve our service.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1816: Patient and Carer Advisory Group June 2017 meeting notes | Assessor Acceptance: | Yes |
| The national inpatient results report, including a national comparison between trusts, was discussed by the Patient and Carer Advisory Group (PCAG). PCAG reviewed the Trust's proposed areas to improve via an action plan and made its own suggestions (23/17). | | |
| 1844: Patient Led Assessment of the Care Environment (PLACE) inspection 2017 | Assessor Acceptance: | Yes |
| The Trust scored above the general average for trusts nationally in most domains of this assessment. | | |
| 1858: Complaints quarter three 2017/18 report | Assessor Acceptance: | Yes |
| The Royal Marsden's complaints performance is benchmarked against three other similar organisations (p13-17). | | |
| 1860: Royal Marsden Critical Care Peer Review | Assessor Acceptance: | Yes |
| A peer review of the critical care service at the Trust by a multidisciplinary team conducted on behalf of North West London Critical Care Network. | | |
| 1861: Care Quality Commission Royal Marsden Chelsea quality report | Assessor Acceptance: | Yes |
| A team made up of reviewers from other NHS organisations undertook the recent Care Quality Commission (CQC) inspection of the Royal Marsden. The findings were published on the CQC's website where they can be compared with those of other organisations. | | |
| 1893: Integrated Governance and Risk Management Committee, minutes February 2017 | Assessor Acceptance: | Yes |
| The Trust seeks to confirm that it is basing its care on best practice by comparing itself against other organisations. Here (30/17) published benchmark data was unavailable, instead it was agreed to contact another hospital to ask for unpublished complication rate data that they might share. | | |

4.2.3.1: We can demonstrate that we benchmark our performance against that of similar or complementary organisations

RP3 2018: Evidence 1844, 1858 1860 1861 & 1893 detail extensive and comprehensive benchmarking covering overall performance and specific activities.
 RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.2.3.2: and have used that information to improve our service.

RP3 2018: Evidence 1816 and The RM Annual Report show have benchmarking is used to improve service delivery.
 RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.2.4: We have developed and learned from best practice identified within and outside our organisation, and we publish our examples externally where appropriate.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
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| 1801: RM Magazine spring 2017 | Assessor Acceptance: | Yes |
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Staff attend national and international conferences and seminars to share best practice and the latest knowledge. For example the Global Conference on Perioperative Medicine - Care of the Cancer Patient (p8) and the San Antonio Breast Cancer Symposium (p10).

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| 1811: 5 senses survey pro-forma | Assessor Acceptance: | Yes |
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The Trust will adopt practices from elsewhere, for example this proforma and associated methodology was adopted from Lancashire and South Cumbria Cancer Services Network via the North of England Cancer Network.

| | | |
|--------------------------------------|----------------------|-----|
| 1859: RM Magazine winter 2017 | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

The Royal Marsden Manual of Clinical Nursing Procedures is used by nurses to ensure their practice is evidence based. It is written by experienced Trust nurses based on current best practice (p7). Staff presented at ESMO Congress and published in the New England Journal of Medicine (p9).

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|------------------------------|----------------------|-----|
| 1862: The Grand Round | Assessor Acceptance: | Yes |
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Grand Round sessions are a Trustwide education event that enable healthcare professionals to keep up-to-date with evolving areas which may be outside of their core practice. This example looks at what young adults, 25-39 years at diagnosis, with cancer needs.

| | | |
|---|----------------------|-----|
| 1863: Clinical audit competition | Assessor Acceptance: | Yes |
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An annual competition highlights best practice in clinical audit in the Trust. The results are publicised through staff bulletins and other communications (14th item in bulletin).

| | | |
|--------------------------------------|----------------------|-----|
| 1864: RM Magazine autumn 2017 | Assessor Acceptance: | Yes |
|--------------------------------------|----------------------|-----|

This article describes a series of research partnerships (p16-20). Prof Cunningham, Director of Clinical Research at the Trust states "This is the best way to tackle the complexities of cancer; through sharing data, expertise and experience for the benefit of all cancer patients" (p16 para 4).

4.2.4.1: We have developed and learned from best practice identified within

RP3 2018: Evidence 1859, 1862, 1863 & 1864 cover RM best practice.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.2.4.2: and outside our organisation,

RP3 2018: Evidence 1801 & 1811 cover best practice identified within other organisations.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.2.4.3: and we publish our examples externally where appropriate.

RP3 2018: Evidence 1959, 1863 & 1864 shows how best practice is published.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3: Deal effectively with problems

4.3.1: We identify any dips in performance against our standards and explain these to customers, together with action we are taking to put things right and prevent further recurrence.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|--|----------------------|-----|
| 1910: Integrated Governance Monitoring Report, July-September 2018 | Assessor Acceptance: | Yes |
| Actions to address dips in performance and missed targets are shown for: electricity consumption (p52); attendance at safeguarding training (p61); variance from clinical guidance (p65-69); complaints (p93-95); and incidents (p100-102). This is a publicly available report. | | |
| 1965: Being open monitoring report, July 2018 | Assessor Acceptance: | Yes |
| Patients are told and given an apology when they have been involved in a patient safety incident. Compliance is audited and presented to the IGRM committee which includes patients and carers as members. | | |
| 1966: Major incident plan 2018 | Assessor Acceptance: | Yes |
| Provides details about the public helpline to be established should an emergency be declared (para 13.10, p22) and how to communicate with non-English speaking casualties/relatives (para 13.11, p22). | | |
| 1967: Website notices | Assessor Acceptance: | Yes |
| Notices can be placed on the Trust's website to inform patients and their friends, families and supporters of incidents and in this case a cancellation. | | |
| 1968: Comments received and actions taken | Assessor Acceptance: | Yes |
| Actions in response to complaints and comments are reported on the Trust's website. The annual Quality Account and quarterly Integrated Governance Monitoring Reports which include performance monitoring data are also found on the website. | | |
| 1969: Incident investigation report | Assessor Acceptance: | Yes |
| Patient safety incidents are fully investigated with remedial actions agreed. The patient involved is notified. In this case the patient requested a copy of the investigation report (p1). The investigation reports are discussed at the IGRM committee which includes patients and carers as members. | | |

4.3.1.1: We identify any dips in performance against our standards

RP1 2019: You have appropriate procedures in place to monitor your performance in great detail and identify any dips in performance across a wide range of targets and standards. You produce a quarterly Integrated Governance Monitoring Report which identifies any performance issues.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.1.2: and explain these to customers,

RP1 2019: You display your performance on web site notices and your quarterly monitoring reports are publicly available. Your quarterly magazine which is freely available throughout the hospital also contains articles about your performance. Patients are given details if they are involved in a patient safety incident.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.1.3: together with action we are taking to put things right and prevent further recurrence.

RP1 2019: You develop action plans to correct any performance issues and have a Major Incident Plan in place. All patient safety incidents are fully investigated and remedial action taken. The presented evidence fully meets the high requirements of the standard and previous Compliance Plus score now reverts to Compliance.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.2: We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within a reasonable time limit.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2033: Your guide to the Royal Marsden Assessor Acceptance: Yes

This patient information booklet has a section that outlines the complaints procedure (p49).

2061: Concerns and complaints procedure - website Assessor Acceptance: Yes

The complaints procedure with contact details is described. The commitment that staff will do everything they can to help resolve complaints is made. If the person making the complaint is unhappy with the initial response they are told that 'we will listen to you and endeavour to put things right'.

2062: Managing concerns and complaints policy and procedure 2020 Assessor Acceptance: Yes

Includes the statements: "Thorough investigation and timely resolution is essential" (para. 12.4) and "It is best practice and Trust policy that the final response is sent to the complainant within 25 working days of receipt of the complaint..." (para. 12.7). The policy is available on request.

2063: How to raise a concern or make a complaint – the process Assessor Acceptance: Yes

A leaflet that describes the complaints procedure for patients. The leaflet states that 'We will do everything we can to help resolve your concern or complaint as soon as possible'. The complainant will be told how long to expect for a response and the complaint will be dealt with efficiently.

2064: Complaints Newsletter August 2019 Assessor Acceptance: Yes

A newsletter helps staff with the complaints policy (2062). Under 'Lessons learned/reminders' staff are reminded that if there is going to be a delay in producing the draft complaint response to let the complaints team know so they can contact the complainant to minimise frustration.

Active Evidence

1361: Viewpoint Assessor Acceptance: Yes

Throughout the Trust Viewpoint stations are mounted on the wall in prominent places. Each station has a stock of cards upon which patients and their friends and families are encouraged to write their complaints or comments which can then be posted in a box on the station for action.

4.3.2.1: We have an easy to use complaints procedure,

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 Full details of the complaints process are published on the website, with simple instructions as to how to make a complaint and links to the Ombudsman if customers remain dissatisfied. Notwithstanding this, survey data shows that some patients complain directly to the Chief Executive and are rerouted through the appropriate channels. Patient leaflets are also made available which confirm the Trusts' commitment to dealing with any complaints made.

Evidence Value: Fully Met

4.3.2.2: which includes a commitment to deal with problems fully

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 The policy promises that staff will do everything they can to resolve complaints. Complainants are told that they will be listened to and that staff will endeavour to put things right. It was confirmed by the Nurse Director for the Cancer Hub that all patients are contacted by the Matrons following discharge, so that any problems can be quickly addressed.

Evidence Value: Fully Met

4.3.2.3: and solve them wherever possible within a reasonable time limit.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 Set time limits are in place, but complaints are treated as individual concerns, and it is recognised that more complex issues regarding medical treatments will take longer to investigate. Final responses are subject to a 25 working day target. Complaints received regarding Covid-19 issues are dealt with expeditiously, to help allay patients' fears. The Patient Advice Liaison Service is linked to the process and provides support.

Evidence Value: Fully Met

4.3.3: We give staff training and guidance to handle complaints and to investigate them objectively, and we can demonstrate that we empower staff to put things right.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1865: Managing concerns and complaints policy and procedure 2017 Assessor Acceptance: Yes

Guidance for staff about handling complaints objectively.

1866: Complaints training presentation Assessor Acceptance: Yes

Presentation to support training for staff in handling complaints. The slides emphasise the no-blame culture of the Trust.

1867: How to produce an action plan following a complaint Assessor Acceptance: Yes

Guidance provided for staff who have to produce an action plan following a complaint.

1868: Saying sorry leaflet Assessor Acceptance: Yes

Staff are provided with a leaflet about saying sorry at complaint training and also when involved with a complaint.

1869: Learning from complaints newsletter, December 2017 Assessor Acceptance: Yes

The objective when responding to a complaint: 'to allow the situation to be understood, so that we can learn from it and give the complainant assurance that we are implementing solutions to prevent negative experiences'. Also noted is learning and training including bespoke 1-to-1 sessions.

1870: Being open and duty of candour policy 2017 Assessor Acceptance: Yes

Here it states 'The Trust Board is committed to an honest and fair culture where the overall approach expected within the organisation is one of help and support rather than blame and recrimination' (para 1.4).

4.3.3.1: We give staff training and guidance to handle complaints

RP3 2018: Evidence 1865, 1866 & 1867 cover staff training and guidance.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.3.2: and to investigate them objectively,

RP3 2018: Evidence 1869 & 1870 shows how the culture to investigate complaints objectively has been developed.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.3.3: and we can demonstrate that we empower staff to put things right.

RP3 2018: Evidence 1868 covers the empowerment given to staff.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.4: We learn from any mistakes we make by identifying patterns in formal and informal complaints and comments from customers and use this information to improve services and publicise action taken.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|-------------------------------------|----------------------|-----|
| 1571: DATIX reporting system | Assessor Acceptance: | Yes |
|-------------------------------------|----------------------|-----|

The Datix system is a powerful tool to identify patterns in complaints through a flexible function to produce tailored reports.

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|---|----------------------|-----|
| 1910: Integrated Governance Monitoring Report, July-September 2018 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This report, available in waiting areas, on demand and via the website, reports complaints (p89-98). Themes over time (p92), remedial actions (p93-95) and learning (p97-98) are described.

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| 1925: Complaints report, October-December 2018 | Assessor Acceptance: | Yes |
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Complaint numbers are plotted over time with trends/themes identified when they occur (p1-2). Actions (p8-10) and learning are reported (p15). The report is presented at the IGRM committee which includes patients and carers as members.

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| 1968: Comments received and actions taken | Assessor Acceptance: | Yes |
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The actions taken to remedy mistakes highlighted by patient and public feedback is published on the Trust's website.

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|-------------------------------------|----------------------|-----|
| 1970: Ward quality dashboard | Assessor Acceptance: | Yes |
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Local complaints and Friends and Family Test comments data is presented as part of ward quality dashboards. The dashboard is on public display in the relevant ward.

| | | |
|--|----------------------|-----|
| 1971: Concerns and complaints management audit, June 2018 | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Audit of complaints handling reported to the Incident, Complaints and Claims Review Group which oversees systematic analysis of complaints with the identification of trends, areas of risk and issues requiring action to be highlighted to divisional managers.

4.3.4.1: We learn from any mistakes we make by identifying patterns in formal

RP1 2019: You record all complaints, plot any trends and report upon them. You present an Integrated Governance Monitoring Report to The Trust each quarter containing details of complaints with themes, trends and actions taken in response. An audit of complaint handling is reported to the Incident, Complaints and Claims Review Group.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.4.2: and informal complaints and comments from customers

RP1 2019: Informal complaints and comments are recorded through your local complaints and Friends and Family Test comments procedures.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.4.3: and use this information to improve services and publicise action taken.

RP1 2019: The Trust uses the results to improve services wherever possible. You publicise the actions on your web site and in the quarterly magazine. A ward quality dashboard is on display in each ward.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

4.3.5: We regularly review and improve our complaints procedure, taking account of the views of customers, complainants and staff.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2017: National inpatient survey 2019 contractor report Assessor Acceptance: Yes

Patients are asked about receiving information about complaints in the yearly national inpatient survey. Forty-three per cent of inpatients surveyed reported they received information explaining how to complain which is significantly higher than the average of 19% for other trusts (slide 26; Q71+).

2061: Concerns and complaints procedure - website Assessor Acceptance: Yes

In response to the findings of the survey below (2065), additional information has been added to the website letting people know they can request a copy of the complaints policy and making it clearer that complaints can be made verbally. The rest of the actions have been addressed too.

2065: Effectiveness of Complaints Handling at The Royal Marsden NHS Foundation Trust Assessor Acceptance: Yes

Each year users of the complaints service are surveyed. Q2: 19/26 found it very easy or fairly easy to find the information about how to make a complaint. Q7: 18/26 once they had contacted the complaints manager found the process easy. Comment 15a states the process was professional.

2066: Complaints: peer review and consultations Assessor Acceptance: Yes

The Trust has the facility to review the handling of a complaint through peer review. Staff suggestions for improvements are identified at training sessions, when supporting staff, at Divisional meetings, through the response to monthly newsletters and in general contact with teams across the Trust

2067: Patient Advice and Liaison Service report, Q2 & 3, 2019/20 Assessor Acceptance: Yes

The Patient Advice and Liaison Service reviews concerns it has received from patients and their families quarterly. As a result, a review of the categorisation of concerns is underway to improve the usefulness of the information passed to clinical teams to improve their service (p3; first bullet).

2068: Care Quality Commission inspection report 2019 Assessor Acceptance: Yes

On review: 'It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint' (p6; bullet point 8).

4.3.5.1: We regularly review and improve our complaints procedure,

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 An annual review of the Complaints Policy takes place, as a minimum, but trends and issues highlighted are dealt with as and when they become apparent. The various groups work collaboratively to share information and improve processes. Although The Royal Marsden compares favourably against other Trusts in terms of providing information on complaints, there is a strong desire to 'do better' to improve survey results.

Evidence Value: Fully Met

4.3.5.2: taking account of the views of customers, complainants and staff.

RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
Remote RP2 2020 The views of patients and staff are fed into the complaints process and improvements are made as a direct result. Additional information has been added to the website to make it clearer to complainants that they can discuss any concerns OR put their complaint in writing, and also that a copy of the policy can be emailed to them if required.

Evidence Value: Fully Met

4.3.6: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

| | | |
|--|----------------------|-----|
| 1865: Managing concerns and complaints policy and procedure 2017 | Assessor Acceptance: | Yes |
| This policy states that it 'aims to ensure that concerns and complaints are handled thoroughly without delay and with the aim of satisfying the complainant whilst being fair and open with all those involved' (p2). Describes procedures for staff and the support available to them (p14). | | |
| 1869: Learning from complaints newsletter, December 2017 | Assessor Acceptance: | Yes |
| Includes feedback about learning for staff (p2). | | |
| 1871: Survey of people who have made a complaint 2016/7 | Assessor Acceptance: | Yes |
| People who have made a formal complaint to the Trust are asked about the outcome of their complaint and their experience of the complaints process. An action plan follows up the results so that people making complaints in the future have a better experience. | | |
| 1872: Complaint response letter excerpt | Assessor Acceptance: | Yes |
| Response letters to complaints finish by inviting the complainant to contact the Trust again if they have further questions or feel that not all of their concerns have been responded to. The letter also provides the contact details for the Parliamentary and Health Service Ombudsman. | | |
| 1873: Quality, Assurance and Risk Committee, June & November 2017 | Assessor Acceptance: | Yes |
| The Chief Nurse states he will visit patients in their homes to ensure that their concerns are understood and addressed. Non-Executive Directors particularly focus on the experience and outcome being satisfactory for the person making the complaint when reviewing complaint examples (agenda 9.2). | | |
| 1894: Response from the Parliamentary and Health Service Ombudsman | Assessor Acceptance: | Yes |
| The Parliamentary and Health Service Ombudsman makes the final decision on complaints that have not been resolved, making sure/confirming that the Trust fully investigates complaints. | | |

4.3.6.1: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.

RP3 2018: The presented evidence set out the policies and procedures that are in place to ensure that all complainants obtain a satisfactory outcome.
 RP1 2019: This element is not included in the RP1 programme and has not been assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5: Timeliness and Quality of Service

5.1: Standards for Timeliness and Quality

5.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1920: Customer service policy and standards 2019 | Assessor Acceptance: | Yes |
| Response-time standards including those for telephone (p2-3), letters (p3) and e-mail (p3) are given here. Face-to-face responsiveness expected at reception desks and restaurant/café service bars is stated (p4). | | |
| 1972: Managing concerns and complaints policy and procedure 2018 | Assessor Acceptance: | No |
| Gives the Trust's response time standards for complaints (Appendix F, p33). | | |
| 1973: Reversion to first class postage | Assessor Acceptance: | Yes |
| The Trust reversed a decision to send all post second-class. Post is again sent first class as it is the offers the most appropriate mailing time to support patient service and care. | | |
| 1974: Hospital2Home (H2H) Service operational policy and procedures 2018 | Assessor Acceptance: | No |
| Case conferences between community healthcare professionals, Hospital2Home Clinical Nurse Specialist and patient/carer are to be held, where possible, within 5 working days of discharge (para 6.5, p4). | | |
| 1975: The Rapid Diagnostic and Assessment Centre | Assessor Acceptance: | No |
| This one-stop, new-patient assessment clinics for breast, prostate and skin cancer sees all patients within two weeks of referral. Most patients get their results or a form of diagnosis on the same day as their tests. | | |
| 1982: KPIs for Royal Marsden's partnership with Boots | Assessor Acceptance: | No |
| Gives key performance indicators including timeliness of prescriptions at the Trust. | | |

5.1.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.

RP1 2019: You have developed a comprehensive range of customer service standards. These provide patients and other service users with the required measurable standards for all forms of communications, including personal callers. You have reverted to the use of first-class mail postage to ensure a better service for your service users.

Evidence 1972 relates to the complaints procedure that is dealt with separately in the CSE standard.

Evidence 1974, 1975 and 1982 relate to service standards and were considered as evidence for Element 4.1.1.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.1.2: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1920: Customer service policy and standards 2019 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Presents comprehensive standards for the quality of customer service to be expected in all dealings with the Trust.

| | | |
|--|----------------------|-----|
| 1923: Your guide to The Royal Marsden | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Includes explanation of reason for tests, when to expect the results and that consent will always be obtained for the test (p20); waiting times for outpatient appointments (p21); and offering a choice of dates for inpatient stays (p23). Standards for other aspects of the quality of service are given

| | | |
|---|----------------------|-----|
| 1924: Equality and diversity policy 2018 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

The Trust is committed to eliminating all forms of discrimination on the grounds of age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation in the provision of its services (para 1.3, p2).

| | | |
|--|----------------------|-----|
| 1977: Your health information, your confidentiality | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Local leaflets describe service standards. This example describes how the Trust will ensure the information it holds about patients is accurate, up to date and of high quality. How it is stored securely with only staff involved in the management of care having access to the information.

| | | |
|--------------------------------|----------------------|-----|
| 1978: Admission booklet | Assessor Acceptance: | Yes |
|--------------------------------|----------------------|-----|

States that medication, nutritional supplements and dressings for the patient to take home after staying on a ward should be ordered at least 24 hours before discharge (to reduce the chance of a delay). Guides staff to check that the patient is happy with information about side effects (p19).

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|---------------------------------|----------------------|-----|
| 1979: Carers policy 2018 | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

Describes how to achieve a three-way relationship between patients, carers and staff members, ensuring that carers are able to continue in the caring role where appropriate, thereby improving patient experience, promoting wellbeing and supporting the discharge process (para 4.1, p3).

5.1.2.1: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.

RP1 2019: Your customer service standards are very comprehensive and cover the many aspects of quality of service that patients, carers, family and friends can expect in their dealings with The Trust.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2: Timely Outcomes

5.2.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

| | | |
|--|----------------------|-----|
| 2033: Your guide to the Royal Marsden | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Explains that the Trust tries to make sure outpatients are seen by a doctor at the time of their appointment or at least within 30 minutes of that time (p21; Waiting times). Monitors in the department show if a clinic is over running.

| | | |
|---------------------------------|----------------------|-----|
| 2060: Our promise to you | Assessor Acceptance: | Yes |
|---------------------------------|----------------------|-----|

Published on the website and in Your guide to the Royal Marsden, the promise lists a series of customer service pledges including dealing with people with helpfulness and courtesy (bullet point 3) and telling patients why an appointment starts late, is cancelled or altered (bullet point 8).

| | | |
|---|----------------------|-----|
| 2063: How to raise a concern or make a complaint – the process | Assessor Acceptance: | Yes |
|---|----------------------|-----|

This patient leaflet states the Trust will do everything it can to resolve concerns/complaints as soon as possible with the patient being told when they should expect a response. More details about timeliness and service quality are found in the policy (1865) which is available on request.

| | | |
|--|----------------------|-----|
| 2069: Customer Service Excellence - Trust website | Assessor Acceptance: | Yes |
|--|----------------------|-----|

The customer service policy which gives standards for timeliness including the speed of answering telephone calls and quality of customer service is published on the Trust's website. Time limits are described in the complaints policy (evidence 2062; p11-12) which is available on request.

| | | |
|--|----------------------|-----|
| 2070: Arriving, waiting times and tests - Trust website | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Advises patients of standards for timeliness. For first appointments patients are told to allow up to 4 hours and the the Trust tries to make sure that they are seen by doctors at the time of appointments or at least within 30 minutes of that.

| | | |
|--|----------------------|-----|
| 2071: Outpatient performance notice | Assessor Acceptance: | Yes |
|--|----------------------|-----|

A series of quality metrics are presented including how many clinics over ran the previous day.

5.2.1.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 Every patient is given a copy of the 'Your Guide to The Royal Marsden' which sets out the level of service that can be expected. Comprehensive standards are in place to cover all aspects of timeliness, and the quality standards are all based on the ethos of the Customer Service Excellence standards. The Trust publishes all of these standards on the website, including their commitment to achieving them. The outcomes of email response surveys and telephone monitoring surveys are published as well as the Customer Service Policy and Standards, reviewed in November 2020.

The Trust also publishes its' Customer Service Excellence reports on the website. This element is now Compliance Plus as the evidence provided demonstrates that the Trust excels in providing information on timeliness and quality, and this was confirmed by speaking to patients and staff.

Evidence Value: Fully Met

5.2.2: We identify individual customer needs at the first point of contact with us and ensure that an appropriate person who can address the reason for contact deals with the customer.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

1820: Dementia strategy 2016/18 Assessor Acceptance: Yes

Patients over 75 are screened at pre-assessment for dementia (p6).

1874: Key worker operational policy 2015 Assessor Acceptance: Yes

Patients are assigned a key worker on diagnosis. The key worker coordinates the patient's care and acts as a point of contact should the patient have any questions.

1875: Admission booklet - single admission only (all wards) Assessor Acceptance: Yes

A checklist of questions and assessments that ensure the patient's needs are identified when they are first admitted to a ward. They include nutrition screening, falls prevention and pressure ulcer risk.

1876: RIG/PEGs triage flowchart for Macmillan Hotline and out-of-hours service Assessor Acceptance: Yes

This flowchart to triage patients contacting the Royal Marsden Macmillan Hotline with problems with their feeding tube ensures that patients are directed to the correct service to receive appropriate care.

1877: The Royal Marsden Macmillan Hotline overview and support for keyworkers Assessor Acceptance: Yes

The Royal Marsden Macmillan Hotline provides 24 hour, 7 days a week, telephone helpline service for Trust patients, carers and professionals for advice to manage side effects and complications of treatment. The call takers have access to the patient's electronic record to inform the advice given.

1895: Process for patient request for radiology imaging on disc Assessor Acceptance: Yes

A flowchart to direct appropriately a patient request for a copy their radiology imaging.

5.2.2.1: We identify individual customer needs at the first point of contact with us

RP3 2018: Evidence 1820, 1875,1876 &1877 cover the strategy and procedures that deal with the first point of contact.

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.2.2: and ensure that an appropriate person who can address the reason for contact deals with the customer.

RP3 2018: Evidence 1874, 1876,1877 & 1895 cover the procedures that ensure that the most appropriate person deals with the customers. The reasons for the previous "Compliance Plus" have now time lapsed although the presented evidence clearly demonstrates continued full compliance with the requirements of the standard.

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.3: We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

| | | |
|--|----------------------|-----|
| 1820: Dementia strategy 2016/18 | Assessor Acceptance: | Yes |
| 'Our aim is to provide open communication links between all members of the care team in the trust, the patient and their families and/or carers (p7)'. When a patient be identified as developing dementia this information is shared with the patient's GP on the patient's discharge from hospital (p6). | | |
| 1878: Data quality policy 2017 | Assessor Acceptance: | Yes |
| Data entry staff: 'Ensuring all data entered is complete and correct, verifying information with clinicians where necessary and recording as close to the real time of the activity as possible' (p3). This information is available to the patient's clinicians. | | |
| 1879: Coordinate My Care | Assessor Acceptance: | Yes |
| A digital plan of the wishes of the patient and about the patient shared across buildings, services and time. The patient care plan is made known to primary care and urgent care services 24/7 visible to all as soon as it is published (slide 2). Coordinate my Care is hosted by the Royal Marsden. | | |
| 1880: Transfer of personal information policy 2017 | Assessor Acceptance: | Yes |
| Identifies all the main risks associated with different methods of transfer of personal information and key considerations to be made prior to the transfer. | | |
| 1881: Integrated Governance and Risk Management Committee, minutes December 2017 | Assessor Acceptance: | Yes |
| Work is underway to improve speed of communication of acute kidney injury results between laboratory to clinicians (299/17) and haematology results, showing a change, will be posted on the electronic record before verification (302a/17) to raise awareness of clinicians of a possible issue earlier. | | |
| 1896: Data access and information sharing policy 2017 | Assessor Acceptance: | Yes |
| Describes requirements ensuring fair and equal access to information while keeping to the regulations on data protection and confidentiality. | | |

5.2.3.1: We promptly share customer information with colleagues and partners within our organisation whenever appropriate

RP3 2018: Evidence 1820, 1878, 1880 & 1896 show that you have clear strategies policies in place whilst evidence 1881 covers planning improvements to the procedures being used.
 RP1 2019: This element is not part of the RP1 programme and was not assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.3.2: and can demonstrate how this has reduced unnecessary contact for customers.

RP3 2018: Evidence 1879 covers the methodology that reduces unnecessary contact.
 RP1 2019: This element is not part of the RP1 programme and was not assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.4: Where service is not completed at the first point of contact we discuss with the customer the next steps and indicate the likely overall time to achieve outcomes.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

11:72: Electronic Patient Record excerpt Assessor Acceptance: Yes

The patient's clinical team will explain how long treatment will take and how treatment will be tailored to their individual circumstances. This is recorded on the Electronic Patient Record.

1813: National inpatient survey 2016 Assessor Acceptance: Yes

80.7% of patients felt they were involved as much as they wanted to be in decisions about their care and treatment (Q35; p80).

1819: Your guide to the Royal Marsden Assessor Acceptance: Yes

Clinicians explain to new patients what to expect including time periods. There is also information given in this guide. Pages 20 to 25 outline for the new patient what the sequence of steps is likely to be in their care including describing the likely waiting time for the doctor appointment (p21).

1859: RM Magazine winter 2017 Assessor Acceptance: Yes

A patient's account of their personalised treatment (p17).

1882: Squamous cell carcinoma patient information sheet Assessor Acceptance: Yes

Patient information publications provide timescales for treatment. Here 5-10 days is the expected length of the radiotherapy course (p2). Longer term follow up is also discussed.

1883: Head and neck chemotherapy consent form Assessor Acceptance: Yes

Consent forms describe treatment and give length of radiotherapy/chemotherapy cycles. Here improved survival is explained as: 'for every 100 patients being treated, there will be additional eight patients alive at 5 years' (p2). The form is tailored to the patient's individual circumstances.

5.2.4.1: Where service is not completed at the first point of contact we discuss with the customer the next steps

RP3 2018: Evidence 1819 provides the overview of likely timeframes and evidence 11.72, 1813 & 1859 shows how it works in practice.

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.4.2: and indicate the likely overall time to achieve outcomes.

RP3 2018: Evidence 1882 & 1883 cover the timescales for specific treatments

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.2.5: We respond to initial enquiries promptly, if there is a delay we advise the customer and take action to rectify the problem.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2031: Telephone monitoring audit including face to face contact between staff and customers 2020 Assessor Acceptance: Yes

83% of telephone calls were answered within three rings in February 2020 (Table 1; p4). On observation staff in the Outpatients Department, pharmacy and Facilities Team answered 93% of calls within three rings (Table 3; p4). 100% of people at receptions were greeted immediately (Table 5; p7).

2045: E-mail response audit 2019 Assessor Acceptance: Yes

All initial responses by PALS to e-mails were made within 2 working days. 115 out of 120 detailed e-mail responses e-mails were made within 5 days; with the enquirer of each of the 5 e-mails responded to after 5 days informed of the delay and given a timeframe for resolution (Tables 5 & 6; p4-5).

2069: Customer Service Excellence - Trust website Assessor Acceptance: Yes

The Customer service policy and standards is published on the website. It provides information about wait times for initial responses to telephone, e-mail and personal callers as well as details about what happens if is not possible to respond in time. Audits against the policy are also presented.

2070: Arriving, waiting times and tests - Trust website Assessor Acceptance: Yes

Informs outpatients that when delays occur staff will inform them about what's happening and how long they may have to wait. The patient is told that if they feel they have been kept waiting without an explanation to please ask a member of staff.

2072: Outpatient and RDAC management policy 2020 Assessor Acceptance: Yes

The procedure to inform patients of delays in the Outpatients and Rapid Diagnostic & Assessment Centre is described. Receptionists make announcements by microphone about estimated delays at 30 minutes intervals supported by updates on patient information screens (section 17; p12-13).

2089: Contact us: Chelsea - Trust website Assessor Acceptance: Yes

Explains that the Trust has high levels of calls currently. If there is a delay reaching the operator there is the option of transferring using speech recognition. A similar notice warning of possible delays is also posted for freedom of information requests on the website (2090).

5.2.5.1: We respond to initial enquiries promptly,

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 The telephone Monitoring Audit demonstrates that calls are answered promptly (93% within 3 rings) and that all customers were greeted immediately upon arrival at the hospital. Discussions with patients confirmed that their questions were answered promptly. As part of the remote assessment, it was necessary to call the hospital switchboard several times to speak to different staff and patients undergoing treatment, and on every occasion calls were answered quickly and politely, and were forwarded to the correct department.

Evidence Value: Fully Met

5.2.5.2: if there is a delay we advise the customer and take action to rectify the problem.

RP1 2019: This element is not part of the RP1 programme and was not assessed this year.

Remote RP2 2020 The Patient Advice and Liaison Service have an advisor at each site for patients to speak to about any concerns. Patients are advised to ask staff if they have been kept waiting and staff are required to give an explanation. A Nurse Director for Patient Experience was appointed in November to act as the 'voice of the patient', which demonstrates the Trusts' commitment to address patients' concerns and to look at ways to improve service and rectify any problems.

Evidence Value: Fully Met

5.3: Achieved Timely Delivery

5.3.1: We monitor our performance against standards for timeliness and quality of customer service and we take action if problems are identified.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1913: National inpatient survey 2017 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

Patients are asked about quality of service and timeliness. Findings include 82.7% of patients if needed attention got it within a reasonable time compared to national average of 63.0% (Q43+, p99). 97.2% of patients rated their care 7-10 out of 10 (Q68, p117). An action plan addresses shortfalls.

| | | |
|--|----------------------|-----|
| 1983: Concerns and complaints management audit, June 2018 | Assessor Acceptance: | Yes |
|--|----------------------|-----|

An annual audit of adherence to the complaints handling policy including providing apology, answering all points and timeliness in responding to the user. An action is identified for the lead investigator to improve compliance with drafting a response within 15 working days (action 5, p5-6).

| | | |
|---|----------------------|-----|
| 1984: Telephone answering and face-to-face audit, 2019 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

An annual audit that monitors performance against standards when staff answer the telephone or speak face-to-face with patients and members of the public. Recommendations in response to the findings are included.

| | | |
|---|----------------------|-----|
| 1985: Complaint Service user survey 2019 | Assessor Acceptance: | Yes |
|---|----------------------|-----|

An annual experience survey of users of the Complaints Service with recommendations in response to the findings.

| | | |
|--|----------------------|-----|
| 1986: Critical care follow up clinic evaluation | Assessor Acceptance: | Yes |
|--|----------------------|-----|

Patients are asked about their experience of the critical care follow-up telephone clinic, including whether the call was scheduled at a convenient time and whether they were kept waiting for the call (p2).

| | | |
|---|----------------------|-----|
| 1992: Radiology patient experience survey (re-audit) | Assessor Acceptance: | Yes |
|---|----------------------|-----|

77.3% patients were seen on time or early (0.3% better than previous survey). No patients experienced a delay of more than 2 hours compared with 2.6% in the last study. Communication of delays had improved since the previous survey (p5, Day of appointment). Actions in response are described (p7).

5.3.1.1: We monitor our performance against standards for timeliness

RP1 2019: You conduct a range of surveys and audits covering the experiences of both outpatients and in-patients to assess your performance in terms of timeliness.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.3.1.2: and quality of customer service

RP1 2019: You conduct a range of surveys and audits covering the experiences of both outpatients and in-patients to assess your performance in terms of the quality of your customer service.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.3.1.3: and we take action if problems are identified.

RP1 2019: Where any problems are identified you quickly take appropriate action or where this is not possible you prepare action plans to address the challenge.

Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.3.2: We are meeting our current standards for timeliness and quality of customer service and we publicise our performance against these standards.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2013: Integrated Governance Monitoring Report, October-March 2019/20 Assessor Acceptance: Yes

For telephone calls and face to face contacts near all standards are met. The audit report is published on the website.

2045: E-mail response audit 2019 Assessor Acceptance: Yes

Shows all standards for customer service and timeliness are being met for e-mails. The audit report is published on the website.

2053: Integrated Governance Monitoring Report, October 2019-March 2020 Assessor Acceptance: Yes

Shows that the standard for 90% of patients attending a clinic to be seen within 30 minutes of their appointment time was met for Quarter 4 2019/20 (paras 6.6.1 and 6.6.2; p 64). The report is published on the website, on display in waiting areas (in non-pandemic times) and available on request.

2054: Nursing metrics dashboard, Burdett Coutts Ward, March 2020 Assessor Acceptance: Yes

Shows that the ward remains within the target threshold for numbers of concerns and complaints (slide 3). The information is posted on a public noticeboard on the ward.

2069: Customer Service Excellence - Trust website Assessor Acceptance: Yes

The Customer service policy, containing standards for timeliness and customer service, is published here along with the e-mail response and telephone call response audits which measure performance against standards in the policy.

2073: Performance against quality priorities for 2018/19 Assessor Acceptance: Yes

7a shows that the annual quality priority to make sure the Trust responds to inpatients' personal needs was achieved.

5.3.2.1: We are meeting our current standards for timeliness

RP3 2018: You meet your standards for waiting times and email responses but the presented evidence details that you are still struggling to meet your telephone answering standards. Therefore, this element remains scored as "Partial Compliant".

RP1 2019: The telephone answering audit conducted in March 2019 demonstrates that your staff are now meeting this standard and the results of the audit show a considerable improvement over the November 2018 results. This element is now Compliant.

Remote RP2 2020 The Trust achieved high scores against the National Cancer Plan targets within the Integrated Governance Monitoring Report 2019/20, achieving results above the national targets in most areas.

Evidence Value: Fully Met

5.3.2.2: and quality of customer service

RP1 2019: The presented audit and survey evidence demonstrate that you are meeting your standards for the quality of customer service. This positive result was validated by the assessor in his discussions with customers and staff.

Remote RP2 2020 The CQC Report for July 2020 shows that a score of 8.9 out of 10 was achieved overall, with the same score achieved for the quality of care and treatments. The Royal Marsden is currently in the top 10 Trusts in the UK in the National Cancer Patients Survey Results, scoring higher than any other London hospital.

Evidence Value: Fully Met

5.3.2.3: and we publicise our performance against these standards.

RP1 2019: Evidence from the RM website and RM magazine show that you publicise your performance against your timeliness and quality of customer services standards.

Remote RP2 2020 The website and public noticeboards display survey results demonstrating the Trusts' performance against standards in each area.

Evidence Value: Fully Met

5.3.3: Our performance in relation to timeliness and quality of service compares well with that of similar organisations.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

Active Evidence

| | | |
|---|----------------------|-----|
| 1613: Outpatient survey 2016 | Assessor Acceptance: | Yes |
| 88.4% of patients compared to 81.8% of patients from other trusts stated that the hospital did not change the date of their outpatient appointment to a later date (QA6; p71). 89.1% of patients compared to 79.15% of patients from elsewhere would recommend the outpatients' department (QK5; p98). | | |
| 1813: National inpatient survey 2016 | Assessor Acceptance: | Yes |
| 79.3% of patients compared to 50.8% at other trusts rated their experience 9 to 10 on a 10 point scale describing their experience in hospital where 10 is a very good experience (Q74+; p96). 87.6% of patients cf to 64.5% at other trusts did not feel they had to wait a long time for a bed (Q9; p70). | | |
| 1858: Complaints quarter three 2017/18 report | Assessor Acceptance: | Yes |
| The number of complaints received by the Trust is comparable to other similar Trusts (p13-18). | | |
| 1885: Integrated Governance Monitoring Report, April-June 2017 | Assessor Acceptance: | Yes |
| The Friends and Family Test has 97% of Royal Marsden inpatients and 98% of outpatients saying they would recommend the Trust compared to, respectively, 96 and 94% patients elsewhere (4.3.4; p 19). | | |
| 1897: National cancer patient survey 2016 | Assessor Acceptance: | Yes |
| The Trust's performance in terms of timeliness and quality of service compares well with other trusts including for questions about the length of time waiting for a test to be carried out (Q6; p6) and always being treated with respect and dignity (Q37; p6). | | |

5.3.3.1: Our performance in relation to timeliness

RP3 2018: Evidence 1816, 1813, 1858, 1885 & 1897 covers your performance in relation to timeliness compared to similar organisations.
 RP1 2019: This element is not included in the RP1 programme and was not assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met

5.3.3.2: and quality of service compares well with that of similar organisations.

RP3 2018: Evidence 1816, 1813, 1858, 1885 & 1897 covers your performance in relation to quality of customer service compared to other similar organisations.
 RP1 2019: This element is not included in the RP1 programme and was not assessed this year.
 Remote RP2 2020 Not reviewed.

Evidence Value: Fully Met