Compliance Plus Report
Customer Service Excellence

The Royal Marsden NHS Foundation Trust

Successful
21 December 2012
Assessment Summary

Overview

Overall Self-assessment  Strong
Overall outcome  Successful

10RP2 The Royal Marsden evidenced improvement across all Criteria. It continues to develop its insight, continues to be very strong in engagement and consultation and continues to record very high levels of customer satisfaction. Customer focus is still led from the top and 2010 feedback on patient privacy and dignity warrants a new Compliance Plus in Element 2.1.5. The Trust continues to value staff input to its customer focus ethos. Chargeable services are well-publicised and the organisation always checks that patients receive and understand all its information, interaction methods are continually monitored and improvements made accordingly and clear lines of accountability are set down for arrangements with its partners. The Trust generally meets its operational standards and publishes data on this. Customer satisfaction remains very high on promises delivered and planned outcomes achieved. The complaints procedure was reviewed in 2010 and remains effective in driving improvement although it needs to publicise these effectively to fully comply with Element 4.5.4. It showed its customer service outcomes are timely and of high quality, it responds promptly to those making contact, explains delays and takes action on them. The organisation now monitors performance against all customer service standards, shows it generally meets them and publicises data.

11RP3 In the last year RMH has demonstrated improvement across all Criteria. It has improved its Customer Insight, widened its customer focus culture, improved its information, learned from benchmarking and Best Practice, and showed how it is regarded very highly, nationally and locally, for its quality of customer service. The organisation cleared the Partial Compliance in the last report under Element 4.3.4, has maintained Compliance Plus in all reviewed elements and has demonstrated Compliance Plus in two additional Elements, 3.2.3 and 3.4.3. Further evidence is needed under Elements 2.2.3 and 5.3.3.

12RP1 You have continued to demonstrate improvements across all Criteria during the last year. With action taken to clear previous Partial Compliances in Elements 2.2.3 and 5.3.3 you are now fully compliant with the Standard. With the strengthening of existing initiatives and development of new ones you demonstrated Compliance Plus in four new Elements: 2.1.1, 3.3.1, 4.3.1 and 4.3.4.

1: Customer Insight

Criterion 1 self-assessment  Strong
Criterion 1 outcome  Successful

10RP2 The organisation has used its insight to seek detailed patient feedback, determined to better support patients with learning difficulties and appointed a Clinical Research Fellow in Psychosexual Practice to identify and help appropriate patients to maintain Compliance Plus in 1.1.2. It again evidence improvements made through consultation with customers and through its range of survey feedback, and continued to improve customer experiences and journeys.

11RP3 The Trust has continued to engage with disadvantaged groups, showed it reviews all customer engagement mechanisms on an ongoing basis, as with PCAG, and asked survey questions on all key drivers and on specific subjects generated from its customer insight.

12RP1 You showed how you have continued to collect information for your customer identification and also continued to warrant Compliance Plus with regards to your effective engagement and consultation, including your Board, PCAG and a range of committees, groups and surveys. You are now operating monthly 'Real Time Surveys' to gather more up to date and effective feedback on inpatient satisfaction and you showed your performance against challenging and stretching targets for customer satisfaction continues to improve.

2: The Culture of the Organisation

Criterion 2 self-assessment  Strong
Criterion 2 outcome  Successful
11RP3 Its Customer Service Policy and standards remain in place and evidence showed staff are continually encouraged to promote its customer service culture. Although the Trust has the required mechanisms in place to set and monitor targets on Customer Focus within its performance management system, further evidence is needed in Element 2.2.3.

12RP1 With your stronger evidence of your corporate commitment to putting customers at the heart of service delivery including how your Chief Executive, Chief Nurse, Directors, Consultants and Governing Body support this you now demonstrate Compliance Plus in Element 2.1.1. Feedback shows that all customers feel they are treated fairly by your staff and you demonstrated your ongoing commitment to delivering customer focussed services through your recruitment, training and development of staff. You provided evidence of your performance management process guidance and completed performance appraisal forms that show you prioritise customer focus at all levels, clearing the Partial Compliance in Element 2.2.3. Evidence and verbal feedback to the assessor showed that staff insight and experience is incorporated into internal processes, policy development and service planning.

3: Information and Access
Criterion 3 self-assessment Strong
Criterion 3 outcome Successful

11RP3 The degree of improvement in improving verbal, documented and web-based information now warrants Best Practice in 3.2.3 and evidence shows information updating customers remains accurate. The Trust continues to improve facilities when finances permit and customer feedback confirms they find them clean, comfortable and confidence building. It continually extends its community interaction and the extent of worldwide take-up on Cancer advice and information now warrants Best Practice in Element 3.4.3.

12RP1 You continue to develop effective information that customers need and value and present it in ways that meet their needs and preferences. Improvements to the ways patients, carers and families can access your services now demonstrates Compliance Plus in 3.3.1 and your ongoing commitment and endeavours to develop partnerships, including the ICR, GPs and for the offsite production of chemotherapy, to benefit cancer patients, continues to warrant Compliance Plus in Element 3.4.1.

4: Delivery
Criterion 4 self-assessment Strong
Criterion 4 outcome Successful

11RP3 RMH again involved stakeholders in standards reviews and used benchmarking feedback to improve services. It continues to use best practice within and outside the Trust to improve services and publishes them locally and nationally. Staff continue to be trained in complaints handling and staff confirmed they remain empowered to address them. Successful complainants are asked if they are satisfied with outcomes.

12RP1 A wide range of operational standards for the treatment and care of cancer patients remains in place and you continue to agree at the outset what customers can expect from your services. Your detailed Action Plans, as to address problems with your waiting times, and speed of action to address such dips, now demonstrate Compliance Plus in Element 4.3.1 and, similarly, the extent to which you use formal and informal complaints to generate improvements warrants Compliance Plus in 4.3.4.

5: Timeliness and Quality of Service
Criterion 5 self-assessment Strong
Criterion 5 outcome Successful

11RP3 RMH’s effectiveness at identifying and dealing with customer needs at first contact still warrants Best Practice in 5.2.2 and it continues to share information to enhance the service to patients, whenever practicable, and updates customers on progress and care plans on an ongoing basis. Although the Trust compares well with others regarding the quality of customer care, additional evidence is needed in Element 5.3.3 to show it also compares well with regards to the timeliness of customer service.

12RP1 You showed you operate standards for the timeliness of response and quality of customer services on an ongoing basis and you continue to monitor your performance against them. You also showed that you take action when problems arise, as with keeping appointments. You provided evidence that your performance with regards to the timeliness, as well as quality, of customer services compares well with other organisations, clearing the previous Partial Compliance in Element 5.3.3.
1: Customer Insight

1.1: Customer Identification

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

Applicant Self Assessment: Strong

Active Evidence

10:02: SW London Cancer Network patient survey 2009

This survey of patients across SW London Cancer network shows where patients are diagnosed and highlights differences in responses between patients with different tumour types.

10:03: Radiotherapy patient survey February 2010

The Trust asks subsets of its patient population for their views, for example patients being treated with radiotherapy. Once the needs and preferences of patients are known improvements are made to services to reflect them.

10:04: National inpatient survey, 2009, Chelsea results

An annual patient survey is run by a contractor to Care Quality Commission guidelines. The results can be reported against characteristics of the Trust's patient population including age, gender, ethnicity, ward or hospital site as here.

10:05: Clinical audit programme 2009/10

The Trust runs a comprehensive clinical audit programme which is based upon the clinical units. Each unit is responsible for identifying its own audits. These audits provide an insight into patients with particular tumour types for example experience of specific support groups.

10:06: New ambulatory care centre, Chelsea

The new medical day unit in Chelsea has been designed around the needs of its patients. Improvements based on the experience of patients using the old unit include provision of electronic entertainment systems to help pass the time while the infusions are given.

10:07: Cancer Survivorship Programme, colorectal cancer case study

Process mapping identified when colorectal cancer patients should be approached to join the programme (p2). It was also discovered that not all patients wish to discuss their concerns (p4).
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

**New Evidence**

<table>
<thead>
<tr>
<th>12:03: Patient and Carer Advisory Group - community service workshop</th>
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<tr>
<td>The Patient and Carer Advisory Group held a workshop in June 2012 to identify how it could recruit members and represent patients receiving care from Sutton and Merton Community Services, following its merger with the Royal Marsden.</td>
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<tr>
<th>12:06: Foundation Trust Membership recruitment, engagement and involvement strategy</th>
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<td>Includes greater emphasis on making the Foundation Trust membership more representative of the communities served, especially young people and black and minority ethnic groups. The Council of Governors has a patient experience sub-group; lay Governors work to improve patient experience (12:87).</td>
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<tr>
<th>12:07: Compliments, complaints and feedback section of Trust website</th>
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<td>The Trust website lists many ways that patients and their families can feed back to the Trust including on-line feedback forms, writing a review at NHS Choices and joining a patient/carer group.</td>
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<th>12:08: Website - suggestions for research</th>
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<tr>
<td>Trust website users are asked to complete an on-line form to suggest ideas for future cancer research.</td>
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<tr>
<td>PCAG, with patients and carers as members, reflects the views of patients to the Trust. At this meeting a patient survey (52/12) and the Listening Post comment collection scheme (55/12) are reported as well as feedback from a member who sits on Trust Equality and Diversity Committee (55/12).</td>
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<th>12:10: National outpatient survey 2011, action plan</th>
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<td>An example of an action plan that is developed to remedy shortfalls identified by patients in a survey.</td>
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1.3: Customer Satisfaction

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

Active Evidence

10:03: Radiotherapy patient survey February 2010

Improvements are listed (p5) following a survey of patients receiving radiotherapy including work around appointment times and target for start of treatment.

10:13: RM Magazine, summer 2010

After a review of pharmacy services (p14), involving patient surveys, a number of new initiatives are being introduced to improve access including home delivery of drugs and pharmaceutical services closer to clinical areas. A new haemato-oncology unit also offers improved patient experience (p10).

10:14: RM Magazine, autumn 2010

A new larger, better appointed medical day unit has opened in Chelsea (p18). It has been designed around the experience of patients using the previous unit. Each chair has more space and its own entertainment centre. There is a refreshment bar and an area dedicated to fast track quick infusion.

10:19: Board minutes, September 2010

The Trust is in the process of deciding whether to take over running Sutton and Merton community services. The key reason for taking on these services is to ensure continuity of care for patients with long-term conditions including cancer (p6) and a safe and speedy discharge to community services.

10:20: Open access follow-up project

The Trust is moving away from routine follow up for breast cancer patients to a system where the patient is supported to take control of their own follow up. This will improve patient experience. Patients have been involved in taking this project forward.

10:59: Board Minutes, April 2010

After reviewing patient experience of current services the Trust is introducing Cyberknife robotic radiotherapy and considering managing Sutton and Merton community services to respectively improve patient choice and cut waiting times (p10) and improve patient pathways (p6).
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

New Evidence

12:18: Quality Account 2011/12

The Trust Chief Executive makes the statement: ‘The quality of patient and family care is at the centre of everything we do at The Royal Marsden’. A corporate objective for 2012/13 is to ‘Improve patient experience’ (p4).

12:19: Board minutes, March 2012

The Chief Nurse highlighted to other Board members a patient survey, where 100% of patients had described patient transport as ‘excellent’ and an improvement in chemotherapy waiting times (p5; item 21/12).

12:20: Quality, Assurance and Risk Committee minutes, December 2011

The importance that directors place on service delivery is shown by the decision to discuss complaints about unsatisfactory customer service and remedy at this meeting of a Board sub-committee (p2; item 87/11).

12:21: Integrated Governance and Risk Management Committee (IGRM) minutes, October 2012

The Trust actively recruits patients and carers as members of key committees and projects throughout the Trust giving them the power to influence service delivery. The support that Trust leaders give to this empowerment is demonstrated here (p2; 302/12). The patient group reports to IGRM (12:88).

12:22: Council of Governors minutes 2012

Governors and Board Directors actively advocate on behalf of patients and promote the central position of patients in the work of the Trust eg section 14.1, p8, September 2012 minutes and section 8, p6, May 2012 minutes.

12:83: RM Magazine Spring 2012

One of the Trust's Governors describes his aims for the next year to include "to increase engagement with carers who can offer many insights to improve standards and the patient experience" (p28).
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

**Active Evidence**

**10:26: Information Governance and Medical Records Committee report**

A committee has responsibility for ensuring that best practice in information governance is followed to protect the confidentiality of patient records and other information. The Trust scored 71% against the national information toolkit in 2010, which was second highest amongst London acute Trusts.

**10:27: Patient privacy and dignity policy**

Sets out the principles for protecting the privacy of patients. Each year the policy is reviewed to ensure it is consistent with current best practice.

**10:28: Information management and technology security policy**

Outlines the security arrangements of information, information systems, software applications, networks, user devices, the physical environment and information management staff. This is one of a series of policies about information governance.

**10:29: Mandatory information governance training e-mail**

All staff are required to undertake information governance training. This is a requirement of the national information governance toolkit.

**10:30: Data protection leaflet**

Literature reminding staff of their responsibilities around data protection.

**POL11: Confidentiality policy**

Procedures to ensure the confidentiality of patient information and data protection.
2.2: Staff Professionalism and Attitude

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

Applicant Self Assessment: Strong

Active Evidence

10:03: Radiotherapy patient survey February 2010

100% of patients surveyed found reception staff in the radiotherapy department courteous and polite (p2; question 9).

10:32: National outpatient survey, 2009

Over 93% of patients asked in the national outpatient survey (p93) said they were treated with respect and dignity whilst visiting the Trust's outpatient department.

10:34: Putting people first - training outline

Training for staff about how to provide excellent customer service including identifying the skills needed to understand service user expectations.

10:35: Staff NVQ customer care testimonial

A statement by a member of staff which shows an understanding of customer needs corroborated by testimonials from customers.

10:73: Essence of Care initiative

Action plans to improve basic care have been coordinated by the Essence of Care Steering Group. They cover privacy and dignity benchmarking, protected mealtimes and spiritual needs. A patient is a member of the steering group.

COMP10: Thank you cards/letters

Patients and their families write over 800 letters of praise to the Trust a year. Often the letters identify individual staff for particular thanks.
3: Information and Access

3.2: Quality of Information

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

Active Evidence

11:31: Information for patients - provision and production policy

Describes the review, audit and evaluation of information materials as well as their production to ensure patients receive information of the highest quality. The policy is reviewed and signed off by PCAG when revised (eg January 2011; evidence 11:36).

11:32: Information standard accreditation

The Trust is working towards having all the patient information it produces accredited against the Information standard. When first accredited the Standard only applied to one series of booklets, at the second assessment further literature was accredited. All will be covered by 2013.

11:33: Patient information database

Examples of entries in the patient information database, showing review schedule and patient comments included in revisions.

11:34: Your guide to support, practical help and complementary therapies

The guide, Directory Plus, was originally published with a questionnaire at the back. The feedback from this questionnaire and patient group members was used to compile the revised version: Your guide to support, practical help and complementary therapies.

11:35: PCAG notes March 2011

Patients, carers and members of the public are consulted in the production and review of patient literature. In this case (item 20/1, p1) the leaflet 'Being open' was presented to the patient group for comment and sign off.

11:37: PCAG review of draft patient literature

The Patient and Carer Advisory Group reviews draft patient literature to ensure content is clear, relevant and meets the needs of patients of the Trust. For example the smoking cessation and family psychology service leaflets.
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

New Evidence

12:39: Trust's website

Lists the Trust's telephone and fax numbers and address as well as information about clinical units. There is a facility to contact the Trust by e-mail.

12:40: Your guide to the Royal Marsden

Has tel numbers, maps of each site and public transport info. The Trust has a contract with a telephone interpreting service. Hearing loops, amplifiers for earpieces and hearing aid compatible phones are available. PALS is a service able to support patients in accessing services.

12:48: Texting protocol for neuro-oncology

A system for patients to contact their specialist neuro-oncolgy nurse through texting is being set up in response to patients’ request. Patients can also reach the nurse by e-mail and telephone.

12:51: Teenagers' social network

The Trust has set up a social network site for its young patients where information can be disseminated and the patients can socialise with their peers.

12:52: Open access following end of treatment for breast cancer patients

Under the new open access system patients attend for a mammogram once a year, but no other appointments are booked. The patient can return to see the clinical team at any time. Most patients prefer this rather than attend unnecessary routine appointments. The service review is also described.

12:53: Centre for Personalised Care

Following a review of services a Centre for Personalised Care is to be built to deliver treatments in new ways, to more actively support patients returning to their work and home life and provide for currently unmet needs of patients.
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

New Evidence

12:22: Council of Governors minutes 2012

Five of seven below average findings in the national cancer patient survey (p5, item 8, September minutes) relate to the patient's experience with their GP and primary care. The Trust is working with these partners to improve the pathway.

12:54: Non-emergency patient transport survey

The users of the non-emergency patient transport service provided by a partner have been surveyed. Questions include one asking for an overall rating of experience of the service.

12:55: PCAG meeting notes, September 2012

The organisation of cancer service pathways in London is being revised to improve care (p2, 63/12). London performs less well than the rest of England. The London Cancer Alliance will cover half of the capital and consist of 17 Trusts. The new arrangements will improve outcomes for patients.

12:56: Complaint patient transport

This response to a complaint made about the service provided by the Trust's non-emergency patient transport partner led to improvements to the service with extra failsafes introduced to prevent bookings being missed.

12:57: Coordinate my Care

This new initiative ensures that out-of-hours doctors, nurses and emergency services have important information about the medical condition and personal wishes of patients nearing the end of their lives. Patients are reassured that their wishes will be met for their end-of-life care.

12:58: Off site production of chemotherapy

The contract for off-site production of chemotherapy includes, key performance indicators, turnaround and pre-ordering targets, monitoring and monthly meetings, guarantees and complaints arrangements. Having production off site, delays for patients have reduced due to less pressure on the pharmacy.
3.4.3: We interact within wider communities and we can demonstrate the ways in which we support those communities.

Applicant Self Assessment: Strong

Active Evidence

11:05: Presentations to minority ethnic groups

Beyond the direct service it provides to patients referred to it for treatment the Trust presents to community groups that are disproportionately affected by cancer, encouraging them to attend screening eg people with learning disabilities and here minority ethnic groups.

11:44: Special leave procedure

Staff are supported by the Trust to volunteer for work in the wider community (p7-8).

11:62: Christmas Fayre, Sutton

The Trust is organising a 2011 Christmas Fayre at its Sutton site and is actively inviting local residents and its neighbours to attend.

11:63: Worldwide access to cancer information section of Trust website

92,128 visits to the cancer information section of the website came from 171 countries/territories between October 2010 and November 2011. This is beyond the direct service the Trust provides for its patients. There were 64,861 visits from UK 882 cities/towns in the same period.

11:89: Student placements and school talks

Work experience is arranged for students and staff give lessons/talk to schools.

COMM3: Parking form for local residents, Sutton

Local residents can apply for a permit to park on the Sutton hospital site.
4: Delivery

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

New Evidence

12:39: Trust's website

Actions in response to complaints and comments are available on the Trust's website as are the annual Quality Account and quarterly Integrated Governance and Risk Management reports which include performance monitoring data.

12:64: Major incident plan

Describes the procedures to keep patients and relatives informed, including an emergency helpline (p12), in the event of a major incident.


Actions to remedy shortfalls identified by the patient frequent feedback survey include improved information about waits in the medical day unit (p15). Actions in response to complaints (pp90-95) and incidents (97-100) are also included. The report is a public document widely available.

12:66: Outpatient waiting time improvement action plan

Long waits for outpatients are being addressed by a comprehensive action plan.

12:67: Integrated Governance and Risk Management Committee minutes, July 2012

This committee which includes patient members, discusses action plans (p2) and receives reports about inspections (p2) and other performance info eg about cleanliness (p2), complaints (p2) and recommendations following incident investigations (pp3-4). The minutes are available on request.

12:68: Request for PCAG volunteers to join Trust outpatient and RDAC project group

Patient and carers are part of project groups that work to improve performance, in this case, for the outpatient departments and Rapid Diagnostic and Assessment Centres. Improvements in informing patients, reducing 'did-not-attends' and controlling over running are a few of the aims.
5: Timeliness and Quality of Service

5.2: Timely Outcomes

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

Active Evidence

11:01: Protocol for supporting people with learning disabilities

Any patients identified with a learning disability prior to contact with the Trust or on admission, will be noted on the electronic patient records system. This will enable all staff to support the patient’s specific needs.

11:66: Cultural and religious needs assessment

Patients are asked to complete and bring this assessment form with them when they are admitted to wards so that staff understand their needs and respect and support them appropriately. Clinical Nurse Specialists also assess the holistic needs of patients living with/beyond cancer (11:95).

11:68: Learning disability buddy role requirements

Patients with a learning disability are offered at registration a ‘buddy’. The ‘buddy’ acts as an advocate for the patient and their carer ensuring they receive information in a way they can understand and that their additional needs are met.

11:69: Key worker operational policy

All patients are assigned a key worker on diagnosis. This member of staff coordinates the patient’s care and promotes continuity, ensuring the patient knows who to access for information and advice in relation to a cancer diagnosis.

11:70: Unit specific literature

Patients who may have cancer are assessed in the Rapid Diagnostic and Assessment Centre. Individual needs are assessed before surgery in the Admissions and Pre-assessment Unit.

11:92: Key worker audit

The Trust audits the assignment of key workers. 60/60 of patient records audited showed a key worker been provided.