



Assessment Report
Customer Service Excellence

The Royal Marsden NHS Foundation Trust

Successful
18 February 2025

Assessment Summary

Overview

Overall Self-assessment	Strong
Overall outcome	Successful

Rolling Programme 2 2025 (RP2 2025)

The Royal Marsden Trust is a world leading oncology centre, specialising in cancer diagnosis, treatment, tumour surgery, research and education, at its two main hospitals in Chelsea and Sutton. This assessment was held over two days at the Chelsea site.

The Trust is rated as 'Outstanding' by the Care Quality Commission. There is a large research portfolio and is one of the largest in the world. Treatments include most types of oncology surgery and systemic anti-cancer therapies including chemotherapy, immunotherapy and radiotherapy. Patients are referred locally and nationally. There is also a significant private care service for domestic and international patients at Cavendish Square, London.

The Royal Marsden employs 4860 staff including 1308 registered nurses, 575 medical and dental staff, 311 healthcare scientists, 477 clinical service staff, 253 scientific and technical staff, 387 allied health professionals, 1438 administrative and clinical staff and 231 estates and ancillary staff.

Evidence was coordinated by the Patient Experience Manager in the Trust, who was present throughout. The assessment evidence was very well organised and covered services across the whole Trust. Supporting this assessment at senior level were the Deputy Director of Patient Safety and Clinical Assurance, the Deputy Chief Nurse and the Associate Chief Nurse.

Interviews were held with 22 staff members, including specialists, consultants, lead practitioners, matrons, 13 managers including Divisional Heads and Directors, staff engaged in marketing, safeguarding and specialist services, 4 partners, including members of the Patient and Carer Advisory Group, volunteers, 2 Trust Governors and patients in wards visited.

All indicators show that staff care deeply about patients. There is a very strong culture of teamwork throughout the Trust, starting at the highest level of management.

109 new items of evidence were submitted, supplementing hundreds of refreshed items from earlier assessments. There were 24 existing elements with Compliance Plus and a further six have now been identified, bringing the total to 30. The Royal Marsden proudly displays the CSE logo on its website and almost every document produced. This is an excellent service with nationally recognised expertise in cancer care. Patient focus lies at its heart and The Royal Marsden Trust is fully compliant with CSE Standard and thoroughly deserves this recognition.

1: Customer Insight

Criterion 1 self-assessment	Strong
Criterion 1 outcome	Successful

RP2 2025

This Criterion is fully compliant and covers customer insight, engagement and consultation, and customer satisfaction analysis. There is good insight into main customer groups, their background and cancer type which helps with resource planning. Experience has led to a first class understanding of the needs and preferences of patients, retaining Compliance Plus in element 1.1.2. Patient consultation has improved making use of existing resources, such as the Patient Carer Advisory Group and other networks to help shape new projects for improvements. Feedback from patients through initiatives such as 'You Said' and 'What We Have Done and Are Doing' demonstrates the Trust listens to comments and communicates developments well, including using video, resulting in a new Compliance Plus in element 1.2.2. Customer satisfaction is taken seriously from surveys nationally and locally involving all patient groups and areas of service. Data is analysed and used, resulting in a new Compliance Plus in element 1.3.2. Analysis of customer experience is also well researched, ensuring element 1.3.5 retains Compliance Plus. Elements 1.1.3, 1.2.1, 1.3.1, and 1.3.3 are retained as Compliance Plus as nothing has arisen to indicate otherwise.

2: The Culture of the Organisation

Criterion 2 self-assessment	Strong
Criterion 2 outcome	Successful

RP2 2025

This Criterion is fully compliant and covers leadership, staff professionalism and attitudes, and how these contribute towards improved services. The insight of patients and families as well as that drawn from strategic groups, such as the Quality and Patient Experience Committee on the Patient Safety, is used well to inform future policy and activity. As a result, element 2.1.2 retains Compliance Plus. Patient privacy and confidential matters, including patient information, are all taken very seriously to maintain the confidence of all customer groups. There is overwhelming evidence that customers value the friendliness and politeness shown by all staff. Feedback, assessor observation, and all surveys all point to the fact that staff have an excellent understanding of the needs of patients and their families. This results in a new Compliance Plus in element 2.2.2. The staff at The Royal Marsden work with cohesion and commitment to patients to delivering customer-focused services. This commitment is valued enormously by leaders in the organisation, ensuring element 2.2.5 retains Compliance Plus. Elements 2.1.1, 2.1.3, 2.1.6, and 2.2.1 are retained as Compliance Plus as nothing has arisen to indicate otherwise.

3: Information and Access

Criterion 3 self-assessment	Strong
Criterion 3 outcome	Successful

RP2 2025

This Criterion is fully compliant and covers the quality of information for customers, their access to services, including partnerships arrangements. Services provided at The Royal Marsden are free for NHS patients. Additional services, are chargeable and fees, are listed on the website. Information provided for patients, including reports by medical staff on their progress both in written form and verbally, are high priority especially that it has been received and understood. There are improving systems to assure this. Surveys on this aspect are very positive, resulting in a new Compliance Plus in element 3.2.2. The volume of work at The Royal Marsden is huge and there is ongoing evaluation on how patients and their families interact with the hospital. Online solutions have been developed, such as the MyMarsden app, to improve access. The Royal Marsden continues to develop partnerships, which include a wide range of dedicated volunteers who are visible throughout the hospital. There are expectations to ensure clear lines of accountability for quality of service provided. Elements 3.1.1, 3.2.3, 3.3.1, 3.3.3, 3.4.1 and 3.4.3 are all retained as Compliance Plus as nothing has arisen to indicate otherwise.

4: Delivery

Criterion 4 self-assessment	Strong
Criterion 4 outcome	Successful

RP2 2025

This Criterion is fully compliant and covers service delivery standards, achievement and outcomes and how the organisation can deal effectively with problems. As a world leading organisation in the field of cancer with world class scientists and surgeons, it is to be expected that there are very high standards of service delivery present. These standards cover every aspect of work at The Royal Marsden and all are rigorously monitored nationally and locally. Every aspect of work is monitored continuously and reported upon through accountable committees, so that the public can be assured that these standards are met.

This results in a new Compliance Plus in element 4.1.2. There is very little doubt from feedback and indeed international reputation, that the service delivered is what has been promised to individual patients. The outcomes are positive for most of them, resulting in a new Compliance Plus in element 4.2.2. Complaints received in relation to the total number of patients referred and seen are low. The way complaints are managed is of a high professional standard. Elements 4.1.1, 4.2.1, 4.2.4, are retained as Compliance Plus as nothing has arisen to indicate otherwise.

5: Timeliness and Quality of Service

Criterion 5 self-assessment	Strong
Criterion 5 outcome	Successful

RP2 2025

This Criterion is fully met and covers standards for timeliness and quality of customer service, how these are monitored, met and benchmarked. The Royal Marsden has well documented standards for timeliness of response to all forms of contact and quality of customer service. These are communicated to patients and future patients and their families and carers and this provides considerable reassurance in times of upset. Commitment to this ensures that element 5.2.1 retains Compliance Plus. There is little doubt that staff respond to initial enquiries very promptly. In some cases, this is a matter of reassurance to patients who approach the hospital with concerns. If there is doubt then prompt action is taken to address any underlying issues. Monitoring shows that The Royal Marsden is meeting current standards for timeliness and quality of customer service. Overall summaries are published on the website, notice boards and reports on these matters are discussed at high level across the Trust. Elements 5.2.4 and 5.3.1 are retained as Compliance Plus as nothing has arisen to indicate otherwise.

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

1907: Patient pre-registration form	Assessor Acceptance:	Yes
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.		
2301: New Digital Health Record - segmentation	Assessor Acceptance:	Yes
A new digital health record (DHR) holds extensive demographical information about the Trust's patients, which can be segmented by demography or clinical information including cancer site.		
2302: Cancer Genetics Unit	Assessor Acceptance:	Yes
When people are concerned about their personal or family history of cancer they complete a family history questionnaire for the Trust to assess for an increased risk of developing cancer. Genetic testing may follow to see whether the person is predisposed to a particular cancer.		
2303: Surgical Outcome Risk Tool	Assessor Acceptance:	Yes
Surgeons use a preoperative risk-prediction tool to understand the risk of death for individual patients within 30 days of surgery.		
2304: Teenage and young adult patients' experience of the treatment environment	Assessor Acceptance:	Yes
Segmentation of a patient group by clinic codes (p2; Methodology; Methods)		
2305: Is there a role for urine cytology screening in a pre-operative setting?	Assessor Acceptance:	Yes
An example of how the electronic patient record is interrogated for the clinical parameters of patients, including age, gender, department requesting a test and final cytopathology outcome to identify patients for a clinical audit (p2; Methodology).		

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

RP1 2023

The Trust maintains very good levels of data which contribute significantly to an understanding of the characteristics of current customer groups. Demographic data is up-to-date and includes the formal Patient Level Contract Monitoring dataset which are very detailed. Demographic data is supported by the Patient pre-registration form, which fashions priorities in levels of treatment and support, for different patient groups. The Equality, Diversity and Inclusion Report is comprehensive and throws light on efforts made in patient service for protected equality characteristics. The extensive range of patient needs, from children to the elderly, are taken seriously, as are those with disability, race and gender. The latter shows 60% of patients are female, contributing to the elimination of mixed-sex accommodation.

RP2 2025 Not reviewed

Evidence Value: Fully Met

1.1.1.2: and potential customer groups

RP1 2023

Patient background characteristics relating to existing patients also apply to potential patient groups. These assist in planning services and the setting of other priorities, such as research, some carried out at the RM.

RP2 2025 Not reviewed

Evidence Value: Fully Met

1.1.1.3: based on recent and reliable information.

RP1 2023

The knowledge and understanding of both current and potential patient groups, is based on historical data informed by ongoing research and is therefore as up-to-date and reliable as possible. Surgeons make use of a preoperative risk prediction tool to understand the risk of death for individual patients within 30 days of surgery.

RP2 2025 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

2401: RM Insight Portal (information portal)	Assessor Acceptance:	Yes
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Screenshot of Referrals dashboard for operational oversight of referrals and planning. Ability to filter by referral type, area, tumour group. Demographics are included as data fields. There are a range of other reports on RM Insight to support planning. This information is essential to planning.

2402: Senior Adult Oncology Programme	Assessor Acceptance:	Yes
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The SAOP provides a comprehensive geriatric assessment (CGA), which includes geriatric assessments and driven, personalised, multidisciplinary interventions, for older patients being considered for SACT based on what matters to them. This approach aids decision-making and improves quality of life.

2403: PCAG's Therapy & Supportive Care Services project (including national QI award)	Assessor Acceptance:	Yes
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Describes the findings of the patient awareness survey and actions being taken to improve patients' awareness of the range of therapy and supportive care services available to them at The Royal Marsden, what each service can help with, and how to access each service.

2404: Family Held Records Project	Assessor Acceptance:	Yes
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Following feedback from parents that family held records were not serving their purpose, parent/carer working groups were established and a small hand held booklet with essential information, website based literature and a short film and were developed.

2405: 2405 Cancer Patients' Voice	Assessor Acceptance:	Yes
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The platform is used to gain insight and understanding of our customer groups and ensures the customer is at the heart of all service improvements. The platform has opportunities to develop insight including surveys, working groups, sharing patient stories and comment/idea boards.

2406: Saftey, Innovation & Education grant - Impact report/Appendix 2	Assessor Acceptance:	Yes
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The report details how we collect insight from our customers relating to satisfaction of overall care as well as domains such as dignity/respect, involved in decisions, timely information and care. Appendix 2 provides some examples of the improvements made in response to customer insight.

1.1.2.1: We have developed customer insight about our customer groups

RP2 2025

The Royal Marsden continues to develop its insight about patients and future patients. The quality of this work leads to improved service for those with cancer. Administrative tools such as The Royal Marsden insight portal, contain a very wide oversight of referrals and consequent planning. The number of referrals is high. For the year commencing April 2024 to date, there has been over 19,000 referrals, 14,653 from the NHS and the rest from the private sector. This has led to better filtering by referral type, such as tumour groups, which can be filtered further to include demographic data. This provides excellent data about patient groups that are essential for planning purposes such as the Senior Adult Oncology programme. This includes geriatric assessment for older patients being considered for the Systematic Anticancer Therapy (SACT) pathway. This data helps in decision making and the improvement of quality of life for those patients involved.

Evidence Value:

Fully Met

1.1.2.2: to better understand their needs and preferences.

RP2 2025

Improving insight about patient groups has led to a better understanding of their particular needs and preferences. The Deputy Chief Nurse spoke of the importance of synergy throughout The Royal Marsden. Insight gained has led to good understanding of patients' needs and preferences resulting in services being very focused on cancer care and the importance of getting it right for all patients. The Trust prides itself on high levels of care and cohesion amongst staff and all who work at The Royal Marsden. There are opportunities to explore new and valuable projects including studying future areas for development. Insight is also gained from exploring how small handheld booklets containing essential information provide better information on younger patients. Rich evidence here leads to continued 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: Compliance Plus

Active Evidence

2201: Man Van initiative	Assessor Acceptance:	Yes
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The Man Van is a mobile health clinic focusing on black men's health. 1 in 4 black men will get prostate cancer compared to other men, who have a 1 in 8 chance of getting the disease.

2202: PCAG/Governors outreach project	Assessor Acceptance:	Yes
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The Patient and Carer Advisory Group and the Council of Governors recognise that their memberships do not reflect the patient population or local community. To increase the range of voices heard by the two groups a joint project group is contacting community groups to invite involvement.

2203: Senior adult oncology programme	Assessor Acceptance:	Yes
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Older patients with cancer have complex needs. This programme uses a diagnostic and therapeutic approach, applied in a holistic way, that is taken from geriatric medicine. Side effects and unplanned admissions are reduced, and quality of life and communication are improved for older patients.

2210: Engaging with the disengaged	Assessor Acceptance:	Yes
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In response to none of the black, Asian and minority ethnic patients invited to take part in a survey about remote appointments replying, further work is planned to understand their needs and reasons for non-participation in experience surveys and experience of remote appointments.

2251: Quality and Patient Experience Committee minutes February 2021	Assessor Acceptance:	Yes
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An Additional Needs Darzi Fellow appointed by the Trust has explored the patient experience for cancer patients with learning disabilities and their families (p3; para.3; see also ref. 2287). Site information to help disabled people and their families plan for visits is made available (p3; para 3).

2283: Equality, Diversity & Inclusion Patient & Public Contributors Group terms of reference	Assessor Acceptance:	Yes
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This group addresses issues of inclusion, equality, diversity and equity in patient and public involvement in clinical services and research in the Trust.

1.1.3.1: We make particular efforts to identify hard to reach

RP3 2022

Some black male members of the community are often regarded as being hard to reach and a significant proportion of these will suffer from prostate cancer, twice the number in comparison with non-black males. The 'Man Van' initiative enables a mobile health clinic to bring the service closer to this group. The Patient and Carer Advisory Group and the Council of Governors each recognised the absence of certain groups as part of their memberships. To overcome this absence of certain groups, which are hard to reach, a joint project group is established to increase contact with certain community groups. During the conversation with the Divisional Director for Cancer Services the phrase 'hard to reach' was discussed. The Trust is of the view that a better phrase could be used to describe this group of patients, shifting the focus onto services that may need to work harder to reach these members of the community.

RP1 2023 Compliance Plus continues

RP2 2025 Compliance Plus continues

Evidence Value:

Fully Met

1.1.3.2: and disadvantaged groups and individuals

RP3 2022

The Senior Adult Oncology program deals with older patients with cancer that have complex needs. Many in this group are disadvantaged. The Program uses a diagnostic and therapeutic approach and is applied in a holistic way, bringing about certain improvements for older patients with cancer and addressing disadvantage as part of the process.

RP1 2023 Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

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

RP3 2022

In order to improve services, the Quality and Patient Experience Committee, last year, explored the patient experience for cancer patients with learning disabilities. An 'additional needs' fellow has been appointed by the Trust to examine this and now there is information to help disabled people and their families plan for visits. The service has also established a line of enquiry into why black, Asian and minority ethnic patients do not regularly take part in surveys, particularly those related to remote appointments. Ongoing work aims to lead to a better understanding of the reasons for non-participation in experience surveys and experience of remote appointments. The Royal Marsden takes these matters very seriously and has undertaken some pioneering work to address this issue, resulting in a new Compliance Plus in this element.

RP1 2023 Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025 C+ continues

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

2306: Integrated Governance Monitoring Report	Assessor Acceptance:	Yes
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October-March 2022/23 report: patient engagement involves a range of tools including: PCAG (p35); Patient-Led Assessment of the Care Environment (P36); catering survey (p38); Friends and Family Test (p39); complaints (p47); and letters of praise (p52).

2307: Patient and public involvement and engagement (PPI/E) policy	Assessor Acceptance:	Yes
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Policy describes the approach to consulting and involving patients including through representatives, formal and informal consultations and meetings, workshops, focus group and surveys. An approach is chosen that is appropriate to the project, area and the needs of people.

2308: PPI/E: best-practice principles and guidelines for professionals	Assessor Acceptance:	Yes
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Guidance for staff when engaging and consulting patients and their families and friends.

2309: Patient Experience Commitment 2020-2024	Assessor Acceptance:	Yes
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The Trust is committed to its vision to provide the best patient experience alongside the best cancer treatment.

2310: Patient and Carer Advisory Group web pages	Assessor Acceptance:	Yes
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Front and centre on the landing page for the Patient and Carer Advisory Group web pages is a quote from the Chief Nurse, as the executive lead for patient involvement and engagement. The quote shows how the leadership for the engagement of patients comes from the highest levels of the Trust.

2311: Patient Experience Programme Manager	Assessor Acceptance:	Yes
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The number of staff posts dedicated to PPI/E and patient experience continues to increase. This new post will support staff to use a range of methods to collect patient feedback eg national and local surveys for adult and children's services and Friends and Family Trust survey (bullet point 7).

1.2.1.1: We have a strategy for engaging and involving customers

RP1 2023

The Trust has a clear strategy for engaging and involving patients in the development of its services. The latest Integrated Governance Monitoring Report, a quarterly report, details as part of its remit, the use made of patient engagement to improve services.

RP2 2025

Not formally reviewed but 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 2023

The Trust uses a range of methods and tools to focus engagement and involvement of patients. Some of these are in the quarterly Integrated Governance Monitoring Report, which refers to methods used, such as reporting the Patient and Carer Advisory Group (PCAG) and the patient led assessment of the Care Environment. The evidence of specific surveys covers virtually all aspects of the Trust's work, including patient perceptions on their experience in wards, catering survey, Friends and Family Test, feedback from complaints and praise from patients. Excellent use is made of the network of well-coordinated volunteers who report issues raised by patients. The Patient and Public Involvement and Engagement Policy shows an approach to consulting and involving patients through representation, using formal and informal consultation, meetings, workshops, focus groups and surveys. The consultation activities are extensive and worthwhile, echoed by the Deputy Chief Nurse during interview.

Evidence Value:

Fully Met

1.2.1.3: appropriate to the needs of identified customer groups.

RP1 2023

There are good examples of how the Trust considers the appropriateness of methods of engagement, with the needs of specific groups of patients. Evidence here is very strong, and merits continued Compliance Plus. The PCAG 'Listening Post' provides a focal point for patients waiting in the reception area of the Outpatients' Dept. to ask questions and put forward ideas for PCAG members and volunteers.

RP2 2025

Not formally reviewed but 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: Compliance Plus

New Evidence

2407: Family Held Records Project	Assessor Acceptance:	Yes
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Following feedback from parents that family held records were not serving their purpose, parents suggested a small hand held booklet with essential information, website based literature and a short film and were integral to the development of these materials. Example linked of the coproduced film.

2408: Patient Communication Access Project	Assessor Acceptance:	Yes
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The project addresses key concerns raised via PCAG in terms of difficulties experienced in contacting an appropriate member of staff, call waiting times and inconsistencies in communication. Outlines the actions taken to improve patients' timely access to clinical support and advice.

2409: PCAG Current Projects	Assessor Acceptance:	Yes
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Published evidence of how patients, carers and volunteers are involved in current projects, committees and working groups. Customer input is integral to our service development and ensures the voices of our customers are heard.

2410: Volunteer Voices Forum	Assessor Acceptance:	Yes
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Volunteers share the day-to-day reality of the 'here and now' patient and volunteer experience: what they hear from patients and carers, what they see from the patients' perspective, and what their experience as volunteers is. Each comment shared is acted upon and updates fed back to volunteers.

2411: Please Write To Me Project	Assessor Acceptance:	Yes
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Improves communication & doctor-patient relationship, ensures letters are understood and puts customer at the centre of their care. The patient/carer perspective to the working group has been instrumental in developing a letter template and resources to support the 'Please, write to me' practice.

2412: Membership report	Assessor Acceptance:	Yes
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This reports details membership engagement activities including involvement in the development of the trust Clinical Strategy, focus groups, webinars and attendance at the Annual General Meeting to hear and ask questions about the Trust's performance, achievements and finances.

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

RP2 2025

Patient consultation has intensified year-on-year. Projects encouraging consultation, such as the Patient Communication Access Project, build on key concerns expressed by the Patient and Carer Advisory Group. These arise from difficulties experienced in contacting staff members, call waiting times and inconsistencies in communications. Consultation made through this access project has improved patients' timely access to clinical support and advice. The project aims at identifying the key drivers to bring about change in making improvements in this area. The Current Projects publications enable patients and their relatives to be aware of new and emerging projects that may affect them, such as The Royal Marsden Therapy and Supportive Care Services, and also the improved signage around sites.

Evidence Value:

Fully Met

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

RP2 2025

The Volunteer Voices Forum is an excellent conduit providing opportunities to raise areas for improvement, resulting in a 19-page document which outlines points made and presented as 'You Said' and 'What We Have Done and are Doing' as a response to the suggestions. The 'Please Write To Me' Project (PWTM) has played a useful role in improving communication and doctor-patient relationships, ensuring that letters are understood and that the patient is put at the centre of the care. The Royal Marsden video on the website, communicates the level of service and care offered and is fronted by the Chief Executive. The ground-breaking equipment to support diagnostics and treatments by leading cancer experts, who are working on significant national research, is better communicated. The focus now being placed on consultation with patients and carers resulting in published action taken to improve services, now merits a new Compliance Plus in this element.

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

2204: Quality and Patient Experience Committee ToR	Assessor Acceptance:	Yes
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Duties of this committee include (p2): ensuring robust processes are in place for monitoring patient experience and patient feedback mechanisms and supporting, developing and monitoring Trust-wide patient involvement and engagement policy and processes

2205: Response to consultation of PCAG members about way of working	Assessor Acceptance:	Yes
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Members of the Patient and Carer Advisory Group were consulted about revised ways of working to adapt to Covid-19 controls. As a result physical meetings were replaced by online video meetings split into two one-hour parts on separate days.

2206: Cancer Patients' Voice Digital Platform for Patient and Public Involvement and Engagement	Assessor Acceptance:	Yes
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This new platform, to consult and involve patients, is also aimed at bringing diverse groups together, providing access to neglected perspectives and involving marginalised voices in conversations.

2207: Clinical audit policy 2021	Assessor Acceptance:	Yes
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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. The policy is reviewed annually to ensure the latest best practice is included.

2208: Patient and public involvement and engagement (PPI/E) policy 2021	Assessor Acceptance:	Yes
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Describes the targets and principles to improve and monitor the effectiveness and impact of patient and public involvement and engagement in the Trust (p12).

2278: Wound Care Today article, January 2022	Assessor Acceptance:	Yes
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Describes an example of co-design (equal partnership of patients and staff) of a new approach to preventing pressure ulcers. Such new approaches to engaging patients are required to equip the NHS to face effectively the increase in complex, lifestyle-related, chronic diseases (para. 2).

1.2.3.1: We regularly review our strategies and opportunities for consulting

RP3 2022

The Quality and Patient Experience Committee has explicit terms of reference set out within its duties and responsibilities, which are to regularly review strategies and opportunities for consulting and engaging with patients and customers.

RP1 2023 Not reviewed

RP2 2025 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 2022

The Patient and Carer Advisory Group (PCAG) are consulted on ways of working to ensure reliable results. This has been important during COVID-19. The Cancer Patients' Voice Digital Platform for Patient and Public Involvement is a further new and reliable source of information. The role of the Nurse Director for Patient Experience helps to ensure consistency in the quality of service to patients. The Inpatient Survey reveals very high feedback scores on most aspects of quality. Nevertheless, action plans are established for further improvements. The assessor spoke to 3 members of the (PCAG), which comprises over 40, mostly former, patients. The group examines results from the Inpatient Survey and recommends actions. Areas under scrutiny include: improving communications; what patients can expect from the Trust and information on what patients should do when they go home. The group is also looking at hydration policies, cleanliness, and food environment.

RP2 2025 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: Compliance Plus

Active Evidence

2304: Teenage and young adult patients' experience of the treatment environment	Assessor Acceptance:	Yes
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Proposals for quality improvement projects are considered at the Clinical Audit Committee, which has a multidisciplinary membership to ensure audits are carried out reliably to provide accurate and meaningful results. The proposed methodology, including sample size is presented for agreement.

2312: Patient awareness of the therapy and supportive care services at The Royal Marsden (draft	Assessor Acceptance:	Yes
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Gives methods, incl. sample size/competing interests, of a patient survey exploring knowledge of therapy services. The authors were advised by a statistician, clinical auditor, about survey design/analysis (p16,acknowledges). The survey was postal to avoid digitally excluding people.

2313: National inpatient survey 2021 methodology	Assessor Acceptance:	Yes
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The methodology for the national inpatient survey, repeated annually, is robust, including validation of methodology, weighting results so that organisations can be compared against one another and, as here, instructions about the process to draw the sample.

2314: Patient and Public Engagement and Involvement Report 2022/23	Assessor Acceptance:	Yes
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Outlines a range of methods to survey and collect the feedback of patients and carers.

2315: Clinical audit forward plan 2023/24	Assessor Acceptance:	Yes
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Outlines clinical audits that are planned. Audits may include the measurement of the experience of patients. Proposals for audits are reviewed at the multidisciplinary Clinical Audit Committee to check the proposed methodology. Statistical advice about sample sizes and analysis is offered.

2317: Clinical audit proposal - Acute Oncology Service patient survey	Assessor Acceptance:	Yes
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The areas of patient experience to be measured were identified from a literature review of the NHS urgent and emergency care patient survey and the NHS cancer patient experience survey. The survey was repeated in 2022 and is planned again for 2024 (see evidence 2316).

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

RP1 2023

In addition to the external Adult Inpatient Survey, internal surveys are extensively used and often subject to clinical audits. On occasions, outcomes lead to a 'Quality Improvement Project' proposal form. Quality and Safety display boards in wards give published satisfaction levels from feedback of the previous month. For example, in Kennaway Ward, visited, display shows patient satisfaction at 100%, based on their experience. Comments on this display show patients paid tribute to 'caring, friendly and hard-working staff', but concerns were expressed about the 'entertaining' system. The mini questionnaires 'Did You Get Great Care Today' asks the same questions of most wards, day units, and treatment centres. Scores are collated and published in monthly service reports with breakdown of scores and gender balance. Individual comments are listed and published. Quality of work merits a new Compliance Plus.

RP2 2025

Not formally reviewed this year, but C+ continues

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: Compliance Plus

New Evidence

2413: Patient Experiences Surveys webpage	Assessor Acceptance:	Yes
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The webpage is updated with monthly published national data and details the percentage of patients who rate their care as 'Very Good' or 'Good'. Quarterly 'You said, we did' examples are published alongside to demonstrate how feedback has led to change and there are links to national survey results.

2414: Adult Inpatient Survey results publication	Assessor Acceptance:	Yes
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In August 2024 the CQC published results for the Adult Inpatient Survey 2023, in which RM was named as one of the Top NHS trusts in the country for inpatient care. The results were published on our webpage with assurance that results would be analysed in detail to further improve customer experience

2415: IP23 Management report	Assessor Acceptance:	Yes
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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 internal benchmarking (pg 33) and dartboard charts (pg 80)

2416: Pants & Tops feedback action plan	Assessor Acceptance:	Yes
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Pants & Tops is an age appropriate feedback mechanism for our children and young people, results are published in a child friendly way in the CYP Unit. The attached action plan details some of the actions taken in response to feedback from children and their parents/carers.

2417: Skin tone appropriate softies	Assessor Acceptance:	Yes
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A significant gap in care for women of colour was identified and led to the development of the UK's first skin-tone inclusive softies, a fabric prosthesis for women with breast cancer. This initiative has transformed post-operative care by promoting physical comfort, dignity and confidence.

2418: Impact report	Assessor Acceptance:	Yes
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The impact report demonstrates how we analyse and act upon FFT feedback. The FFT is a continuous feedback mechanism and ensures customers can feedback anonymously in real time. It details actions taken to improve services and accessibility for additional needs/under represented groups.

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

RP2 2025

A key area of achievement has been the analysis and publication of satisfaction levels of the full range of customers. Examples have included 'The national 'Friends and Family Test' giving patients, relatives, and carers the opportunity to provide quick feedback on their care and treatment experience, identifying what is going well and what can be improved. The latest nationally published data shows at 99% of respondents found that inpatient services are 'very good' or 'good' and 98% felt this way regarding outpatient services. Along with other hospitals nationally, The Royal Marsden is subject to the Care Quality Commission (CQC) National Adult Inpatient Survey, which examines the experiences of patients. The most recent survey was responded to by 570 patients. In all areas of provision responses were classified as 'much better than expected', and overall Outstanding. The report issued by the CQC is very detailed and results reflect age, gender and ethnicity of respondents.

Evidence Value:

Fully Met

1.3.2.2: for all main areas of our service

RP2 2025

The analysis also covers all main areas of service provided by The Royal Marsden. This includes the very specialist area of work, caring for children and young people. The 'Pants and Tops' feedback action plan is age-appropriate and results are published in a child friendly way within the unit dealing with this age range.

Evidence Value:

Fully Met

1.3.2.3: and we have improved services as a result.

RP2 2025

There is also clear identification how services provided by The Royal Marsden have improved because of careful analysis from feedback. The very positive results from the CQC annual survey does not mean that The Royal Marsden is complacent in anyway. Every effort is made to tell patients and their families of areas where improvements have been made, including the 'You Said' and 'What We Have Done and are Doing' initiative based on Volunteer Voices Forum suggestions. There is a positive attitude of how to improve further even on the best scores. The assessor notes the exceptional score in Question 27 of 99% of respondents who felt able to discuss worries and fears with staff. The quality of work within this element is very much worthy of a new Compliance Plus.

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: Compliance Plus

Active Evidence

2209: PCAG meeting notes February 2021	Assessor Acceptance:	Yes
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The Patient and Carer Advisory Group is formed of patients and carers. Members identified the need to survey patients to see if there are any issues or patient priorities with switching of appointments from in-person to remote formats in response to Covid-19 (item 10/21).

2211: Patient experience of telephone and online video hospital appointments with doctors -	Assessor Acceptance:	Yes
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This local survey asks about delivery (eg questions 15, 16, 17, 23 & 25), timeliness (12), information (2 & 8), access (26, 27, 28 & 35), quality of customer service (13, 14 & 31) and questions based on patient insight (20, 21 & 24). The questions were decided by patients and carers (PCAG).

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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The national inpatient survey asks about delivery (eg question 29), timeliness (3), information (15, 18, 31 & 38), access (23, 34 & 44) and customer service (17, 45 & 46).

2213: PCAG meeting notes April 2021	Assessor Acceptance:	Yes
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PCAG believing there was an issue with the profile of supportive therapies invited the Head of Therapies to a meeting. The Head of Therapies then sought the insight of the members (patients and carers) about how to communicate with patients and raise the profile of the Therapy Service (item 17/21)

2214: Visibility of therapy services patient survey questionnaire	Assessor Acceptance:	Yes
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Questions about delivery (Question 10), timeliness (5), information (2), access (3 & 6) and suggested by customer insight (4a, 7 & 8) were included in this patient questionnaire.

2215: Supporting people with prostate cancer to be more active during medical oncology treatment -	Assessor Acceptance:	Yes
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A patient feedback questionnaire (p4) asks questions based on patient insight (Question 1), information provision (2) and quality of service (3).

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 2022

Evidence provided shows excellent coverage for the key areas of service delivery, timeliness, information, access and quality of customer service, through the use of many surveys. A typical local example is the questionnaire relating to patient experience of telephone and online video hospital appointments with doctors. The questions are drawn up by patients and carers themselves through the PCAG and cover all the requirements set out in this element. The National Inpatient Survey covers each of these requirements.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

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

RP3 2022

The satisfaction levels also include areas informed by customer/patient insight. These include items raised through the Patient and Care Advisory Group panel. The minutes from this group reveal detailed expectations raised by, and insights from, patients with a variety of cancer conditions. A further example is evident in the patient feedback questionnaire – supporting people with prostate cancer. The quality and levels of detail aimed at bringing about improvement to services merit a new Compliance Plus in this element.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

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

Active Evidence

2318: National inpatient survey 2021	Assessor Acceptance:	Yes
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The experience of patients receiving information about what to do or not do after leaving hospital has improved (Q39, slide 68). The score increased from 9.1 to 8.4.

2319: Monthly quality account May 2023 (April data)	Assessor Acceptance:	Yes
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Slide 14 shows that 98.02 or 93.62% of patients, dependent on division, rated their experience as very good or good. This is more than the target of 90% set by the Patient and Carer Advisory Group (see 2320). These two divisions cover all main areas of service except private patients.

2320: Patient and Carer Advisory Group meeting October 2021 notes	Assessor Acceptance:	Yes
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The Patient and Carer Advisory Group (PCAG) on review, stretched the target for patients rating their experience as either 'very good' or 'good' (note 52/21) from 80 to 90%.

2321: National cancer patient experience survey 2021	Assessor Acceptance:	Yes
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A survey of all adult NHS patients, with a confirmed primary diagnosis of cancer, discharged from the Trust after an inpatient episode or day case attendance for cancer-related treatment in the months of April, May and June 2021.

2332: Adult inpatient survey 2021 survey urology oncology speciality	Assessor Acceptance:	Yes
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Patients' experience of the time they had to wait to get a bed on a ward improved significantly between successive surveys (Q3, slide10).

2397: Board balanced scorecard	Assessor Acceptance:	Yes
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Friends and Family Test has a challenging target. The score for the last quarter shown has improved over the previous quarter for both inpatient and outpatient areas (p1, section 3, Caring).

1.3.4.1: We set challenging and stretching targets for customer satisfaction

RP1 2023

Recently published data on patient experience shows that challenging and stretching targets are set. The internal Patient and Carer Advisory Group set the target at 90% based evaluations of either 'Very Good' or 'Good'. The analysis of monthly satisfaction levels within Cancer Services, published in May 2023, shows that this target has been exceeded reaching 98%. Similarly, within Clinical Services, the same target has been exceeded reaching 93%. The 2021 National Cancer Patient Experience Report based on 22 relevant questions asked of patients, shows the Trust exceeded the upper expected range set and exceeded national average scores. The Board Balanced Scorecard, published quarterly, shows that the Friends and Family Test has challenging targets set for both 'caring' and 'responsiveness of treatment' for both inpatient and outpatient areas.

RP2 2025 Not reviewed

Evidence Value: Fully Met

1.3.4.2: and our levels are improving.

RP1 2023

Although there is just one area concerning waiting times for infusion treatment, where targets have not been met, there is sufficient evidence to show that in a large majority of areas where targets are set, the Trust can show good levels of improvement.

RP2 2025 Not reviewed

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

2419: Improving IV SACT (chemotherapy) waiting times	Assessor Acceptance:	Yes
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Waiting times and customer experience have been analysed and 3 key initiatives have been implemented with many benefits including reduced waiting times, concerns resolved in real time, improved record keeping, time/money savings and improved job satisfaction/patient experience (pg 7 & 11).

2420: The Senior Adult Oncology Programme	Assessor Acceptance:	Yes
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Personalised care for older patients and has resulted in a 29% reduction in toxicities, 53% reduction in unplanned admissions, reduced length of stay, facilitated shared decision making and improved quality of life. The SAOP won the Improving Care for Older People Initiative in 2024 (national award)

2421: Oral SACT project	Assessor Acceptance:	Yes
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The project aims to free up capacity within the breast cancer pathway with a dedicated role to provide pre-treatment education and optimisation, and support for the management, pre-assessment, review, education, and follow-up (pg 10). Anticipated benefits for customers detailed on pg 16 & 17.

2422: Virtual two stop procedure for Paediatric Oncology Patients	Assessor Acceptance:	Yes
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Describes the 'virtual fit to treat' pilot introduced to improve the treatment pathway for paediatric patients. Patients are triaged the day before attendance so treatment can be prepared in advance. The pilot has led to a 50% increase in patients being treated within 1 hour of appointment time

2424: Enhancing patient knowledge and care in post surgical self care	Assessor Acceptance:	Yes
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Feedback from customers expressed a desire for more information regarding post surgical care. Feedback was obtained pre/during development of information materials and further feedback obtained following implementation confirmed all respondents were satisfied with the info provided.

2423: PCAG Therapy Supportive Care Services Project	Assessor Acceptance:	Yes
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Describes the findings of the patient awareness survey and actions being taken to improve patients' awareness of the range of therapy and supportive care services available to them at The Royal Marsden, what each service can help with, and how to access each service. (File too large)

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

RP2 2025

There are successful activities that are aimed at making positive changes to services as a result of analysing customer experience in the fullest sense. These are an important feature of the Royal Marsden. A key piece of evidence is the pathway drawn up by careful analysis of the Systematic Anticancer Therapy (SACT) pathway, which plots out how time is spent including travelling for the appointment, checking in for treatment, waiting time required for phlebotomy, waiting for results from the tests, engagement of clinical pharmacy and the final treatment. Final checks are then made and supported medicine provided before the patient travels home. This is an extremely worthwhile project activity enabling the process to be as easy as possible for the patient.

Evidence Value:

Fully Met

1.3.5.2: including improved customer journeys.

RP2 2025

The analysis of this pathway is a particularly good example of improving customer journeys. Further examples provided in the evidence include the programme to deliver personalised care for breast cancer patients over the age of 70. A further initiative includes steps taken to introduce a two-stop procedure for paediatric oncology patients thereby reducing the amount of time spent visiting the hospital. These worthwhile studies have made positive changes to services provided and merit the continuation of Compliance Plus in this element.

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

2322: Patient Experience Programme Manager job description	Assessor Acceptance:	Yes
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This new post will champion best practice in optimising patient experience. The post joins other recent new posts - Patient and Public Involvement and Engagement (PPI/E) Coordinator and Head of PPI/E - to demonstrate the importance senior staff place on patient focus.

2323: Thank You Week - Monday staff communication	Assessor Acceptance:	Yes
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The Trust's Chairman thanks staff for the kindness and care they show when looking after patients.

2324: Trust values	Assessor Acceptance:	Yes
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Showing Kindness is one of the Trust's values (p8). Description of what is expected of staff includes treating everyone equally and is welcoming, polite and respectful and contributes to a positive culture and experience for all.

2325: Public Board papers May 2023	Assessor Acceptance:	Yes
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The Trust Board encouraged improvements to be made, to increase a survey score where black and ethnic minority patients rated their experience less than white patients. The score given by white patients was 9.2 compared to 8.4 (p4; item 6/22; para. 4).

2326: Patient and Carer Advisory Group, meeting notes, October 2022	Assessor Acceptance:	Yes
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Senior staff engage in activities that promote patient experience/service. The Director of Workforce was pleased to be invited to a Patient and Carer Advisory Group (PCAG) meeting to discuss with members how the Trust is promoting equality of treatment of patients and staff.

2340: The Royal Marsden Trust Welcome programme	Assessor Acceptance:	Yes
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All staff attend the Trust's Welcome. The corporate commitment to customer focus is illustrated by the Chief Operating Officer talking about striving to improve patient experience (time: 0945) and a patient describing their experience, showing how staff make a difference to people's lives (1115).

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

RP2 2025

Although not formally reviewed this year, the assessor spoke to two of The Royal Marsden's governors - deemed partners, representing patients. Both had been cancer patients themselves at The Royal Marsden. They referred to the very sincere practice about the involvement of patients in governance of the hospital. They were in total agreement that the organisation aims to be the "very best" in serving patients, managing extreme difficulties over more recent times, including the period of COVID-19. They commented on the "human dimension" that was present amongst the staff at the Royal Marsden, and the "levels of kindness" demonstrated and on "incredible" levels of care and expertise including great "empathy". They raised the question on whether this could be equalled in any other large-scale organisation. It is clear from comments made that the patient is at the heart of service delivery, This new and compelling evidence merits continued Compliance Plus in this element.

Evidence Value:

Fully Met

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

RP1 2023

The Trust Chairman thanks staff for kindness and care to patients. This is one of the Trust's values outlining expectation for staff to treat everyone equally. A regular monthly programme is held, where new staff attend the Trust's Welcome. The CEO illustrates Customer focus and sets the scene for improving patient experience. Some sessions are by patients, who talk about their experience at The RM. The assessor spoke to an experienced governor of the Trust, previously a patient. He felt the level of patient care had excelled despite challenges of COVID-19. He spoke of a pool of patients working to standardise appointments processes. The HR Department is strong and strives to get the best out of a very diverse workforce. He commented that a third of the Trust income is from the private sector, benefiting NHS patients. The Trust displays the CSE logo on its website, policies and documents. Compliance Plus continues.

RP2 2025 Not reviewed

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

2425: Five-Year Clinical Strategy 2024/25 - 2028/29	Assessor Acceptance:	Yes
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QPEC papers include the promotional posters for involving customers in the development of the strategy, this included workshops and surveys on our Cancer Voices platform. Progress updates of customer involvement in the development of the strategy is detailed in PEIE 23/24 report and minutes from MB

2426: Membership and Communications Group reports	Assessor Acceptance:	Yes
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Selection of Membership and Communications Group reports that evidence the various comms that have been sent to our patient, carer and public members inviting them to be involved in future plans for the hospital and the Trust Strategy.

2429: Physical Activity Strategy 2023-24	Assessor Acceptance:	Yes
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The strategy was co-designed with patients, staff and external stakeholders to find out what was important to them to really embed physical activity as part of our standard of care. The launch week included patients sharing their stories at onsite events. Refer to video & PEIE 23/24 report (pg15)

2428: Patient and Public Involvement, Engagement and Participation (PPiEP) Strategy 2022-27	Assessor Acceptance:	Yes
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This strategy describes how RM, and partners ICR&NIHR will involve patients, carers and public as partners in our research and engage with them to raise awareness of the clinical research we undertake. Appendix 1 details co-production of the strategy.

2430: Patient Safety Strategy	Assessor Acceptance:	Yes
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Pg27/28 details the Patient Safety Partner initiative, the partners are helping to shape the Patient Safety Strategy as well as participate in governance committees and contribute to discussions on the risk, safety investigations and safety policy.

2427: IGRM - Dec 24	Assessor Acceptance:	Not Reviewed
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Patient and carer reps are members of the main patient safety committee which reviews and ratifies new and revised Trust policies, for example, the Health & Safety Policy and Interpreting Services policy were discussed in December 24 with contribution from patient and carer reps.

2.1.2.1: We use customer insight to inform policy and strategy

RP2 2025

Please note that Ev 2427 - IGRM could not be downloaded. Customer insight continues to play a strong role in informing policy and strategy at The Royal Marsden. The Quality and Patient Experience Committee examines papers and strategic documents that demonstrate a rich and diverse range of experiences that are on-going throughout, many based on customer insight. For example, the Five-Year Clinical Strategy to 2028/29, demonstrates patient involvement in the development and verification of initiatives by the PCAG and the Cancer Voices Platform to be included in this Strategy. The Membership and Communications Group Report includes a range of communications that have been sent to Patient Care and Public Members, inviting them to be involved in future plans for the development of the hospital and the Trust Strategy.

Evidence Value:

Fully Met

2.1.2.2: and to prioritise service improvement activity.

RP2 2025

The prioritisation of service improvement activity is likewise shaped by customer insight. For example the Patient and Public Involvement, Engagement and Participation (PPI EP) strategy gives convincing evidence that patients, their carers and families are given every opportunity to participate in research and engages with them to raise awareness of clinical research undertaken. The Patient Safety Strategy, on page 27, gives good evidence of patient safety partnerships, initiatives and relevant examples of engaging with patients being involved when developing safety and risk issues. The continued intention to use insight to shape the future development of the Trust and to prioritise service improvements, merits the continuation of Compliance Plus in this element.

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: Compliance Plus

Active Evidence

2216: Patient Experience Commitment 2020-2024	Assessor Acceptance:	Yes
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A pledge to provide the best patient experience alongside the best cancer treatment. This involves communicating clearly and involving and engaging with patients.

2217: Customer service policy and standards 2021	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.

2218: Patient access policy 2021	Assessor Acceptance:	Yes
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This policy provides guidance to ensure all patients receive fair and equitable access to the Trust's services and receive high-quality care (p1; Summary). The Trust's commitment to promote equality and avoid discrimination is stated (p7; para. 4).

2219: Equality and diversity policy 2021	Assessor Acceptance:	Yes
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States the Trust will provide the best possible healthcare services it can that are accessible and delivered in a way that respects the differing needs of the individual, as well as quality and diversity values being embedded into policies, procedures and everyday practice (p1; section 1.2).

2220: Patient information library	Assessor Acceptance:	Yes
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There is a wide range of information provided for patients explaining what they are entitled to.

2221: Learning disabilities and autism policy and procedure	Assessor Acceptance:	Yes
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Commits the Trust to provide services to patients that meets their individual needs and recognises that some patients may be disadvantaged in accessing care and treatment due to disability or other health inequalities. Describes how the highest standard of care are to be achieved (p5; para.1.1).

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

RP3 2022

The quality of information available supports the rights of all patients to expect excellent levels of service. Information to patients is detailed and informative and presented in an attractive and user-friendly way. Policies include the Patient Experience Commitment 2020 to 2024, the Customer Service Policy and Standards Document, and the Patient Access Policy. The impressive Patient Information Library provides information on virtually every form of cancer, methodologies for treating the condition, and what patients are entitled to expect. Policy creation is organised in a methodical way, providing a standardise approach to document tracking, detailing the authorising department, the ratification body, version number, publication dates and times, and review dates. This enables a high degree of consistency and accuracy. Quality of content and production procedures merits a new Compliance Plus.

RP1 2023 C+ continues.

RP2 2025 C+ continues as nothing has arisen.

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

2326: Patient and Carer Advisory Group, meeting notes, October 2022	Assessor Acceptance:	Yes
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The Director of Workforce highlights how the Trust works to ensure patients and staff and patient/staff groups are treated fairly (p2, item 52/22).

2330: Adult inpatient survey 2021 gynaecology oncology speciality report	Assessor Acceptance:	Yes
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Speciality reports are used to check if patients are treated differently based on tumour type. Here, there is no significant difference for any question when gynaecology service is compared against the average score for the Trust (slides 10-18).

2334: National inpatient survey 2021 frequency tables	Assessor Acceptance:	Yes
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95% of patients reported they were always treated with respect and dignity while in hospital (Q47). 96% of patients rated their experience in hospital from 7 to 10 on a 10 point scale. 55% scored their experience as a maximum 10 (Q48).

2336: First softies in a range of skin tones	Assessor Acceptance:	Yes
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Nationally, 74% of women of colour who use a softie, prosthetic breast or nipple were not offered one to match their skin tone. In response, the Trust in partnership with Nubian Skin, a lingerie brand, and the Trust's Charity has launched the first softies in a variety of skin tones.

2337: Equality Report 2022	Assessor Acceptance:	Yes
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Highlights how the Trust improves the experience of patients from different protected groups recognised by the Equality Act 2010. Complaints are analysed to identify any are related to equality and diversity matters. No complaints were related to equality and diversity in 2021/22 (sect. 5, p10-15).

2392: Equality and diversity policy 2023	Assessor Acceptance:	Yes
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The Trust 'believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity both as a health services provider and as an employer' (p1, para. 1.1).

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

RP1 2023

There is strong documentation that forms the foundation to ensure that all customers are treated with respect and dignity. There are full policies on Equality and Diversity, recently updated. The Equality Report of 2022 highlights how the Trust improves the experience of patients from different protected groups recognised by the Equality Act of 2010.

RP2 2025 Not reviewed

Evidence Value:

Fully Met

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

RP1 2023

The National Inpatient Survey most recently published report, shows that 95% of patients reported that they are always treated with respect and dignity whilst in hospital. Patients interviewed directly by the assessor felt they were treated fairly. They commented on the exceptional kindness from staff. They also commented that service received is 'exemplary, from reception through to consultants' and 'staff are highly thought of'; 'everyone is so friendly and they're here to help'. Although sufficient for compliance, the assessor notes that the word 'fair' is a feature of the requirement for this element but the Trust uses the words 'respect' and 'dignity' as an alternative and that there is scope for considering how fairness could be included in future surveys.

RP2 2025 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

2431: IP23 Management report	Assessor Acceptance:	Yes
99% given enough privacy when being examined or treated (pg 20 & 59). This was given the top score by the CQC and the trust was classified as performing 'Much better than expected' which is the highest ranking.		
2432: Information Governance policy and procedure 2024/25	Assessor Acceptance:	Yes
This policy ensures high standards of data protection and confidentiality to safeguard personal and other sensitive information.		
2433: Data Access and Information Sharing policy 2024/25	Assessor Acceptance:	Yes
Ensures that all information that is stored or processed is available in a clear and transparent manner with confidentiality protected.		
2434: Data Protection Policy 2024/25	Assessor Acceptance:	Yes
The Trust's policy for the management of confidential information.		
2435: Patient Privacy & Dignity policy 2024-26	Assessor Acceptance:	Yes
This policy outlines the standards expected and staff responsibilities for privacy & dignity including kindness & compassion, personal consideration & respect, confidentiality, consent, independence & modesty and end of life considerations.		
2436: Information and Cyber Security policy 2024-25	Assessor Acceptance:	Yes
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.		

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

RP2 2025

Customer privacy is important at The Royal Marsden. The Adult Inpatient Survey, which deals with care and treatment, shows that in Qu28, 99% of patients felt they were given enough privacy when being examined or treated. A related Qu 27, likewise, 99% felt able to discuss worries and fears with staff. This is supported by the Patient Privacy and Dignity Policy of 2024 to 2026 which outlines the standards expected and staff responsibilities for privacy and dignity, including kindness and compassion, personal consideration and respect covering confidential matters where consent is needed.

Evidence Value: Fully Met

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

RP2 2025

The transfer and storage of customer information has also improved and the management of this is clearly outlined in the Data Protection Policy 2024-25. Patient information is now transferred securely and electronically using the new My Marsden App. Results from tests are now released on this app and this has been received well from patients using it.

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: Compliance Plus

Active Evidence

2208: Patient and public involvement and engagement (PPI/E) policy 2021	Assessor Acceptance:	Yes
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States patient and public involvement/engagement is to be embedded in organisational and professional cultures and is to be part of everyday practice, systems and cultures (p12; para. 4.3.2).

2217: Customer service policy and standards 2021	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.

2222: Chelsea Patient Experience Sub-Group March 2021	Assessor Acceptance:	Yes
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Staff from a range of disciplines and grades are members of the locality sub-groups of the Quality and Patient Experience Committee. These new sub-groups work to improve the patient experience in Chelsea/Cavendish Square, Sutton/Kingston and the Children & Young Patients Unit.

2224: Chief Executive message - annual staff awards	Assessor Acceptance:	Yes
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The Trust's awards criteria highlight delivering outstanding quality and services, making a difference to patients' lives and experience. Here the commitment of the Trust to a patient-focused culture is shown by the CEO recognising and celebrating staff for delivering the very best care (para 3).

2225: PPI/E newsletter, summer 2021	Assessor Acceptance:	Yes
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The newly launched Patient and Public Involvement and Engagement Newsletter reflects the Trust's commitment and encouragement of staff to promote and participate in a patient-focussed culture.

2278: Wound Care Today article, January 2022	Assessor Acceptance:	Yes
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Two patients describe how they were empowered and involved in redesigning the Trust's approach to pressure ulcer management. The staff member who initiated the project describes the importance and value of involving patients in co-designing services.

2.1.6.1: We empower and encourage all employees to actively promote

RP2 2025

Although not part of this rolling programme visit, a strong feature coming through at this assessment is the consistent and continued pursuit of empowering and encouraging all staff to actively promote and participate in the customer focus culture of The Royal Marsden. It is often said that “nobody walks by at The Royal Marsden”. Staff can observe senior managers walking around the hospital on a regular basis, making themselves very accessible to all. There are good levels of understanding among staff about all aspects of care needed. Nothing is overlooked. The Trust advises on wigs for patients needing them. Staff listen carefully to the patient and manage their needs in the best possible way. Feedback shows that staff listen carefully to each patient. Compliance Plus continues..

Evidence Value:

Fully Met

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

RP3 2022

Leading by example is expected and seen as essential, modelling roles and behaviours towards patients. Local praise and appreciation for the hard work and a sense of humour are also seen as essential. Managers reported that the culture at the RMT always encourages staff to try their best and this is ‘engrained’ into their working practices. Staff interviewed, confirmed the attention given to detail in the way that patients are managed. The emphasis on the core value of kindness, is much needed by many patients. A member of the radiology staff described a multi-disciplined approach to caring for these patients by trying to ensure that tests and treatments are administered on the same day, making lives easier for patients. Another member of staff referred to the Chemotherapy Alert Card to be carried by patients, providing contact details should they feel unwell or risk of severe toxicities. Compliance Plus is retained.

RP1 2023 Compliance Plus retained

RP2 2025 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: Compliance Plus

Active Evidence

2322: Patient Experience Programme Manager 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).

2338: Patient Advice & Liaison Service/Medical Examiner Officer	Assessor Acceptance:	Yes
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A customer-focussed service is reflected in job specifications used in recruitment. Here, awareness of equal access and cultural issues, communication skills, listening skills, ability to respond with compassion and knowledge of requirements of various faith groups are listed as essential (p5-6).

2339: Recruitment - draft complaints letter	Assessor Acceptance:	Yes
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As part of the recruitment process, candidates for complaints officer posts are asked to review a draft complaints response letter and amend it to make it more customer focussed.

2340: The Royal Marsden Trust Welcome programme	Assessor Acceptance:	Yes
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All staff are told at the staff Welcome, that they all attend on joining the Trust, about the importance of improving patient experience (times: 0945 & 1050).

2341: Medical appraisal procedure	Assessor Acceptance:	Yes
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Doctors are required to collect the feedback of at least 20 patients in 360 degree feedback process for revalidation (p6; section 6.9, third paragraph).

2366: Customer service training	Assessor Acceptance:	Yes
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Lists customer service training available to staff.

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

RP1 2023

Job descriptions show the Trust places emphasis on engaging staff who show understanding of good standards in the quality of customer experience. In addition to clinical expertise, all patient focused service delivery is reflected in job descriptions at recruitment. Essential skills and knowledge are tested through the recruitment process. Practical tests for candidates are designed to ensure the best possible appointments are made. The assessor interviewed the very experienced Lead Chaplain at RM who commented on staff there, who were amongst the best she had experienced. She spoke of their willingness to go beyond what is needed. The personal care they provide for patients is "amazing" and "able to demonstrate a high degree of care for patients" and "always putting the patients first". She commented on the effectiveness of the HR department who find solutions.

RP2 2025

Not formally reviewed, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

2.2.1.2: training and development policies for staff.

RP1 2023

To support ongoing appraisal and development, there is a robust medical appraisal procedure in place. An interesting aspect of ongoing training features junior doctors and specialist nurses working alongside an experienced pharmacist. These pharmacists are able to share with newly recruited staff essential experience to enable them to develop good patient experience. All staff attend a special Trust Welcome during which the CEO sets the scene of expectation at the RM. A further aspect of customer focus is provided in the Children and Young Peoples' ward, where each patient has a named consultant who develops a relationship with this patient group, which is all important in confidence building amongst this vulnerable group. Overall, the quality of work in this element merits Compliance Plus

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

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: Compliance Plus

New Evidence

2437: IP23 survey results	Assessor Acceptance:	Yes
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The IP23 reports that 100% of customers were treated with kindness and compassion, 100% were treated with dignity and respect and 96% rated their overall experience as 7/10 or more (pg 23). The trust was identified as an outlier by the CQC performing 'Much better than expected' (the highest ranking)

2438: Q1 and Q2 patient feedback	Assessor Acceptance:	Yes
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The FFT comments report details customer comments received during Q1&Q2 2024/25 across all sites/services. 3204 positive comments were received relating to staff professionalism and attitude.

2439: Private Care dashboard Nov 23-Nov 24	Assessor Acceptance:	Yes
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Private Care analyse customer experience and results from November 2023 - 2024 confirm that 98% found their experience to be 'Excellent' or 'Very Good' and 99% of customers are 'Extremely likely' to recommend care at RM.

2440: FFT Dashboard 2024-25	Assessor Acceptance:	Yes
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The FFT dashboard (2024-25) analyses the experience of our NHS patients and evidences how we monitor positive/negative comments/themes/trends. Staff attitude is the top 10 theme and top positive word trend. Customers have rated care 5* to date this year.

2441: Private Care Customer Service Standards	Assessor Acceptance:	Yes
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The standards outline the Private Care Customer Service Principles including Respect & Courtesy, Responsiveness, Professionalism, Service Standards, Performance Metrics and Training & Development opportunities for staff

2442: Customer Service Policy and Standards	Assessor Acceptance:	Yes
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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. The policy is currently being updated to include standards for new digital ways of working.

2.2.2.1: Our staff are polite and friendly to customers

RP2 2025

The latest Inpatient Survey reports that 100% of patients are treated with kindness and compassion. A similar score is given to being treated with dignity and respect.

The Deputy Head Nurse commented that staff work cooperatively with shared purpose. The Friends and Family feedback report covering this shows that across all sites, 3204 positive comments were received on staff professionalism and their attitude to patients.

The Friends and Family feedback also analyses the experience of patients based on the frequency of comments using words such 'polite' and 'friendly'. Patients and their family and carers have rated care as 5* to date. It is a strong feature of the hospital that many staff have themselves suffered with cancer and so have an inbuilt drive to provide high level care and compassion. As described by the matron, they have "walked the path themselves" can use this experience for the benefit of patients.

Evidence Value:

Fully Met

2.2.2.2: and have an understanding of customer needs.

RP2 2025 There is a clear link between staff attitude and their understanding of patient needs. The assessor visited the Medical Day Unit treating patients with chemotherapy. The care taken in this unit by staff is obvious. There are facilities for taking blood with high levels of assurance that treatment is safe. Service to patients is of a high standard of care, helping patients to feel they are cared for. An example, the introduction of the 'cold cap' keeping the head cool, helps to prevent hair loss. One patient commented that "they had never known such good care", others said "Staff are calm, cool and considerate always.... kindness lies of the heart of all they do". The assessor also visited the Outpatients Department and spoke to patients waiting for treatment, their carers and staff on duty. The excellence in care was confirmed by those waiting for their appointment. The evidence here is convincing and merits a new Compliance Plus.

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

2223: Staff awards brochure	Assessor Acceptance:	Yes
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There are 5 categories for either individual staff or teams. Customer focus is highlighted throughout eg demonstrate commitment to delivering outstanding quality and services under Pursuing Excellence and treating everyone equally and be welcoming, polite and respectful under Showing Kindness

2226: Good deeds staff recognition scheme	Assessor Acceptance:	Yes
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A recognition scheme where staff nominate others when they observe excellence in the workplace.

2227: Performance appraisal and development review policy 2020	Assessor Acceptance:	Yes
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States the Trust believes in 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 are followed when applying the policy (p2; para. 1.7).

2228: Staff awards and recognition section - RM Matters	Assessor Acceptance:	Yes
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The importance the Trust gives to staff prioritising customer focus is shown by dedicating a section of RM Matters, an electronic notice board for staff, to bring together the staff awards and recognition schemes in an easily accessible location.

2229: Medical appraisal procedure 2020	Assessor Acceptance:	Yes
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Describes how at least 20 responses from patients are required as part of appraisal of doctors (p6; para. 6.8).

2243: Integrated Governance Monitoring Report, April-September 2021/22	Assessor Acceptance:	Yes
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The feedback from patient in complaints leads to assessment of staff with resultant actions egs staff reminded of an escalation process (p71; second complaint in table), checking of facilities (p71; fourth complaint) and retraining (p72; first complaint).

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

RP3 2022

All forms of performance management are used very productively to encourage conversations between staff and their immediate managers. The Staff Achievement Award is centred around Trust values of pursuing excellence, working collaboratively, pioneering change and showing kindness. Each value is clearly described and with the customer/patient focus at the heart. The Good Deeds Recognition scheme recognises efforts in this direction.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value:

Fully Met

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

RP3 2022

Customer/patient focus is prioritised at all levels at RMT. Constant discussions around quality matters range from the formal to the impromptu. Discussions often focus on behaviours of staff, benchmarked against Trust values. Performance appraisal and development is subject to clear documentation and policy. The processes are clear and detailed in documentation and linked to pay and progression. Where necessary, timescales are established for improvements. These activities were confirmed during interviews with staff, who confirmed the quality of organisation and attention to detail, particularly around any shortfalls in the quality of service to patients, which invariably result in prompt attention and corrective action.

RP1 2023 Not reviewed

RP2 2025 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

2342: Document control of Trust policies and arrangements for other documents 2023	Assessor Acceptance:	Yes
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Describes how new and reviews of existing policies must include consultation with staff affected by the policy (p4). Also described, is the requirement to sign off policies at two committees where further staff from across the Trust will have the opportunity to influence the policy further (p5).

2343: Quality Improvement Den	Assessor Acceptance:	Yes
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A new funded initiative to support staff in developing their ideas to improve services.

2344: QIP Emotional wellbeing app for teenagers and young adults	Assessor Acceptance:	Yes
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The Teenage & Young Adult Lead Nurse instigated, and is leading a project to develop an emotional wellbeing app for teenagers and young adult patients. Young people have been shown shown to have experienced declining mental health over recent years.

2345: Keeping Connected bulletin 7 August 2023	Assessor Acceptance:	Yes
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Patient information communication issues, identified by staff, are addressed in the new digital health record. Blood-order tracking, flagging to multidisciplinary team meetings where a patient is external and notification of a haemolysed sample making teams aware earlier are highlighted.

2346: Oak Cancer Centre design staff consultation	Assessor Acceptance:	Yes
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Lists staff attending formal sessions to contribute to the planning and design of a new cancer centre on the Sutton site. There were also many smaller group sessions and 1:1s throughout the programme with stakeholders.

2380: Task and finish group - CNS/contact for patient	Assessor Acceptance:	Yes
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In response to an issue raised by a patient, a task and finish group, including patient-facing staff and patient representatives, is working to improve the communication channel for patients contacting the Trust for advice about clinical concerns when under the care of multiple clinical teams.

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

RP2 2025

Although not formally reviewed this year. The assessor held a staff group discussion with medical and non-medical staff, representing guest relations, administration, portering, security, ward hosting, and retail catering. The co-chair of the REACH Forum was also present. Customer-facing staff are encouraged to offer insights and experiences and to contribute to service improvements. For example, there has been feedback about a meat-free day as part of the dietary arrangements. The Royal Marsden has developed 'Our Catering Charter' providing a rationale for a balanced healthy diet. Some staff have raised the need to encourage more ethnic diversity amongst staff. This is a priority at point of recruitment. They mentioned that not all reception desks were designed to meet the needs of wheelchair users and for more use to be made of voice activation to allow accessibility. Front-line staff are encouraged to use their experience to shape future developments and policy.

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

2443: Love Admin Week 2024	Assessor Acceptance:	Yes
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Love Admin Week 2024 was a chance to celebrate our administrative workforce, the week included the launch of the admin competency framework, workshops, coaching, mentoring and celebratory events. The Exec team spent a 'day in the life of' and comms from admin staff and exec reflections were shared.

2444: Staff recognition	Assessor Acceptance:	Yes
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This demonstrates some examples of staff awards and recognition events including the Staff Achievement Awards 2024, Quarterly staff recognition and long service awards. The Good Deed Feed enables staff to nominate a colleague to be featured when they observe excellence in the workplace (pg 2)

2445: Administrative Competency Framework	Assessor Acceptance:	Yes
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The framework was launched in 2024 to recognise the essential role our administration teams play. It focuses on retaining and developing our administrative workforce with a set of skills and development toolkits for bands 2-7 for self-development and career progression.

2446: Leadership and Management Behavioural Framework	Assessor Acceptance:	Yes
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Developed in consultation with our staff, it outlines the behaviours that define effectiveness for those who lead and manage our people, supporting the development of an organisation where we are trusted and work collaboratively towards shared goals, includes striving for Customer Service Excellence

2447: Digital Training Matrix - example of Band 4 training for 'Putting the patient first'	Assessor Acceptance:	Yes
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Example of learning & development opportunities available for our workforce (band 4) with a focus on enhancing the customer experience with skills such as inclusive language, dealing with people in distress, communicating with empathy and customer service qualifications.

2448: 'Back to the floor' schedule - 2025	Assessor Acceptance:	Yes
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The schedule evidences the commitment of our leadership team to understand the operational aspects of the service they manage and to bridge the gap between high-level strategy and the practical realities employees and customers face every day.

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

RP2 2025

There is very good evidence to show how the Trust values the contribution staff make to delivering customer-focused services. Senior managers comment frequently on the work of staff and never fail to express their appreciation. There is strong evidence from staff that they feel appreciated, and their views are being listened to. The REACH forum, attended by senior managers works closely with the Trust on approaches to race, ethnicity, and cultural heritage and especially those staff and patients with protected characteristics. The 'Love Admin Week' 2024 provided a good opportunity to celebrate the administrative workforce who work diligently to make things work generally throughout the Trust.

Evidence Value:

Fully Met

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

RP2 2025

There are high expectations from the top of the Trust, from the Chief Executive and her senior team, who spent a 'day in the life of' those in admin teams. The staff awards and recognition events feature quarterly in the calendar. In addition, the good deed feed enables staff to nominate a colleague to be featured when they observe excellence in the workplace. The Leadership and Management Behaviour Framework supported by the Administrative Competency Framework, newly introduced in 2024, focuses on training and development for staff and career progression. As a result, staffing levels are relatively stable with just 3% vacancy rate and significant focus is placed on in-service training. Value is given to the contributions from customer-facing staff in delivering customer focused services. The way that managers set example their commitment and through schemes to promote this are commendable, and merit continued Compliance Plus in this element.

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: Compliance Plus

Active Evidence

2348: Consultants, units and wards	Assessor Acceptance:	Yes
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The Trust's website provides information about the full range of services available to patients.

2349: Clinical units	Assessor Acceptance:	Yes
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Website details for each clinical unit include an outline of how the service is run and who is the Head of Unit.

2350: The Royal Marsden Help Centre	Assessor Acceptance:	Yes
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Provides information about services, signposts and holds leaflets about services. The webpage links to patient guides and the patient information library. How to contact the Help Centre via different communication channels and opening hours are given.

2351: Open access follow up treatment for breast cancer leaflet	Assessor Acceptance:	Yes
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Describes an open-access follow-up service. The telephone service is described with its opening hours (p13-14). Other advice is given about when and who to contact under other certain circumstances including the NHS Breast Screening Service (p5-6). Contact details for services are listed (p16-19).

2352: How the Trust runs itself	Assessor Acceptance:	Yes
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Introduces the non-executive and executive directors of the Trust, who are in charge of the running of the organisation.

2381: Clinical area quality board	Assessor Acceptance:	Yes
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A Trust leadership team poster is displayed throughout the Trust (shown to the right of the photograph). The day's departmental units' hours of operation are given (on the left of the photograph).

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

RP1 2023

The Trust is successful in making information available to all, including patients, future patients, family members and the general public. Keeping patients informed about matters affecting their health and the treatment they will receive when they are at the Royal Marsden is crucially important. Examples of leaflets seen cover a huge range of medical needs, including infection control leaflets, such as Clostridium Difficile infection and reducing the risk of healthcare associated infection generally. The Patient Information Library is a very comprehensive resource for both patients and potential patients. It contains information about all forms of types of cancer and treatments. The resource is very accessible to all patients, it is factual and helpful for those affected and their families and carers. The Library also offers a platform for patients' voice, and a range of relevant videos.

RP2 2025

Not formally reviewed but Compliance Plus continues.

Evidence Value:

Fully Met

3.1.1.2: including how and when people can contact us,

RP1 2023

The website contains scores of medical leaflets. These include one relating to 'Open Access' follow-up treatment for breast cancer patients. It contains information about who can be contacted under certain circumstances for those who are being treated, especially after surgery. This includes a dedicated e-mail and phone number of the Open Access nurse practitioner on duty and a Macmillan support worker. There are also specialist staff who can be contacted. The impressive directory of over 200 leading consultants provides individual biographies and a photograph. This is helpful and reassuring for patients who may want to take an interest in who is looking after them. Each clinical unit and department is listed together with full information of the services provided and consultants, supported by patient leaflets and videos via the patient information library.

Evidence Value:

Fully Met

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

RP1 2023

The website also includes how the Royal Marsden is run and how it is managed by its board of directors, containing information about each person engaged with this board. The leadership team members are displayed throughout the Trust together with photographs and key areas of responsibility. Contact details are also included where necessary. This element is very worthy of Compliance Plus.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

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

2449: Parking charges	Assessor Acceptance:	Yes
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Parking charges are published online and onsite alongside reassurance that charges have been reviewed against other NHS Trusts to ensure we are not over charging for parking.

2450: Self Funding	Assessor Acceptance:	Yes
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Published costs for cancer and tumour specific services for self pay customers

2451: Medical Records	Assessor Acceptance:	Yes
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Customers have a right to request a copy of their health records and associated costs are published on our webpage and also published in 'Your Guide to the Royal Marsden' (pg 48)

2453: Study Days	Assessor Acceptance:	Yes
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Published costs to attend study days and conferences at RM

2454: Financial, Employment & Benefits help	Assessor Acceptance:	Yes
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Details how those patients who may have incurred charges and be eligible for financial support can claim for reimbursement, for example, help with travel costs or Ulez charges.

Active Evidence

2087: Vending machine	Assessor Acceptance:	Yes
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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.

RP2 2025

No fees are charged for NHS patients but there is a schedule of fees associated with private patients whose accommodation and consultants may be different. All fees are freely available on the website. Parking charges are published online, but there is reassurance that they will not be charged more than other NHS trusts. Private patients who are self-funding can access published costs for cancer and tumour-specific services. All patients may request a copy of their health records and associated costs which are published on the webpage and also in the 'Your Guide to The Royal Marsden'. There are published costs for those opting to attend for study days and other conferences. Details are also published how patients who may incur charges and be eligible for financial support, can be reimbursed. An example of this would be the travel costs associated with Ulez charges. Charges for refreshments in cafes and through vending machines are clearly displayed.

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

2334: National inpatient survey 2021 frequency tables	Assessor Acceptance:	Yes
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Among questions: 87% with questions, always received understandable answers from nurses (Q19). 91% had about the right amount of information given to them about their condition or treatment (Q25). 89.4% received very/fairly understandable explanation of what to do on returning home (Q40).

2348: Consultants, units and wards	Assessor Acceptance:	Yes
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To increase inclusion, a tool provides help for people who find reading a website difficult. The tool includes options for audio, changing text sizes & fonts and choosing a different presentation theme. The tool is accessible via a tab on the right-hand side of web pages.

2350: The Royal Marsden Help Centre	Assessor Acceptance:	Yes
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The Help Centre provides 'information about the help and support available to help you live with cancer, accessible in different forms including leaflets, booklets, books, CDs, DVDs and the internet'.

2353: Being open and Duty of Candour policy 2021	Assessor Acceptance:	Yes
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Describes the process to inform patients or their family, when the patient has been involved in a patient safety incident. Communication with the patient should be open, transparent and candid (p9, 3.2). Staff will be trained in communication skills (p17). The process is audited (p14,11.1).

2354: Information for patients – provision and production policy 2023	Assessor Acceptance:	Yes
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Guidance for staff when producing patient information. Patients are asked to review and comment on draft literature (p6, paras 7.4 and 10.5). Feedback by users is welcomed (p8,10.1) and how to collect user feedback through piloting the information (p17, para 4.2).

2355: Consent to examination, procedure or treatment policy 2023	Assessor Acceptance:	Yes
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Guidance about providing comprehensible information for patients about their condition, treatment options and investigations and the risks and benefits of each, including doing nothing (p14-18, sect 5). The clinician is asked to remember the perspective of the patient when giving information (p36).

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

RP1 2023

Although much of the information is available on the website, the Trust is aware that there are patients who find reading a website difficult. To increase inclusion, therefore, a tool is included to enable options for audio, changing text sizes and fonts, and choosing different presentation themes. A tab on the right-hand side of the webpage enables these alternative methods to be used effectively. Guidance for staff who produce information is available. Patients are asked to review and comment on draft literature and feedback by users. The Trust always welcomes this feedback to enable the patient information to meet as many needs and preferences as possible.

RP2 2025 Not reviewed

Evidence Value: Fully Met

3.2.1.2: using a variety of appropriate channels.

RP1 2023

The Royal Marsden Help Centre provides help and support for those living with cancer and is accessible in different channel formats, including leaflets, booklets, books, CD's, DVD's and the Internet. Face-to-face meetings with Trust staff are also available, a feature that patients really appreciate.

RP2 2025 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: Compliance Plus

New Evidence

2455: National Inpatient Survey 2023	Assessor Acceptance:	Yes
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Asks a series of questions about provision and comprehension of information by inpatients. Eg 99%-100% said questions were answered in a way they could understand (pg 48) & (pg 51) and 99% understood information about what they should/n't do after leaving hospital (pg70)

2456: Membership & Comms report	Assessor Acceptance:	Yes
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This report demonstrates how we track communications sent to our members and where adjustments to communication methods have been made to ensure the information has been received by our customers.

2457: Patient Communication Access Project	Assessor Acceptance:	Yes
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This project provides an overview of the steps being taken to ensure customers receive and understand the information we provide with a focus on ensuring consistent information is provided to customers.

2458: 'Please write to me' project	Assessor Acceptance:	Yes
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We are implementing guidance to write outpatient letters directly to the patient to improve communication and the doctor-patient relationship, ensures letters are better understood and ensures the customer is at the centre of their care.

2459: Translation & Interpreting services	Assessor Acceptance:	Yes
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The minutes from the Quality & Patient Experience Committee provide assurance of the translation and interpreting services for 450 spoken and unspoken languages and dialects, face to face, remotely and document translation. We offer a 24/7 service to ensure customer understanding.

2460: Digital Transformation project - Connect and MyMarsden PPI Group (PFI 23-24 annual report -	Assessor Acceptance:	Yes
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The PPI group provides feedback to the Trust on accessing and using MyMarsden from the patients and their loved ones' perspectives. The group has reviewed the MyMarsden patient literature to make sure it is understandable and 'speaks' to patients and members of the public (pg 26-27)

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

RP2 2025

The Royal Marsden takes reasonable steps to ensure that patients have received information provided for them. Communications sent to members are tracked and data on this is recorded in the Membership and Comms. Report available to some 8,483 members. The percentage of emails sent and opened is logged. Improved technology, including the MyMarsden App, helps to coordinate appointments made and attendance at clinic is monitored. The Patient Communication Access Project provides an overview of the steps taken to ensure that customers have received information provided. There is a focus here on ensuring that consistent information is provided to all patients and their carers. Patients attending appointments at various clinics are checked by trained volunteers and members of the PCAG. Attendance is carefully monitored and those who say they have not received important information are noted in case further support is needed.

Evidence Value:

Fully Met

3.2.2.2: and understood the information we provide.

RP2 2025

Further steps are taken to ensure that information provided for patients has been understood. Much is provided by nurses and/or doctors. Data from the National Inpatient Survey shows that 99% of patients understood information provided by doctors, (558 responses), and 100% understood information provided by nurses, (548 responses). There is ongoing guidance to support writing outpatient letters to improve communication and ensure that content is written in a way that is understood. Due to the diverse nature of patients attending for treatments, the Quality and Patient Experience Committee shows a interest in ensuring that Translation and Interpreting Service, which now has 450 spoken and unspoken languages and dialects, is able to support patient understanding of information whether face-to-face or remote. There is new evidence and methodologies to ensure good lines of communication are fostered. Developments merit a new Compliance Plus in this element.

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

2230: PCAG meeting notes June 2021	Assessor Acceptance:	Yes
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The introduction of e-mail reminders, for appointments, without Trust branding and pre-launch announcement was thought by PCAG to risk causing anxiety about a possible scam for patients. In response, the Trust readjusted its approach by providing more information for patients (30/21).

2231: Online patient information library consultation	Assessor Acceptance:	Yes
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The input of patients was sought as the Trust developed an online patient information library. Patients were asked their views about the library's structure, functionality and access.

2232: Information for patients – provision and production policy 2020	Assessor Acceptance:	Yes
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States publications will be reviewed a minimum of every three years to ensure the information is up to date, accurate and meets patients' needs (para. 8.3). Errors to be identified through user feedback (para. 10.1).

2233: Please write to me project - patient draft of example letter	Assessor Acceptance:	Yes
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A PCAG-initiated project is underway in partnership with the Trust to address doctors' letters to the patient with a copy to the GP. This is a reversal of current practice. This will involve writing the letters in more easily understandable language and lead to greater patient engagement in care.

2234: Consent Steering Group notes April 2021	Assessor Acceptance:	Yes
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Treatment consent forms are reviewed to make sure they are clear for patients. This includes using lay terms (eg bullet point 4 on page 3) and defining abbreviations. Patient/carer reps are members of the group.

2236: Change to automated invitation to AGM after feedback email trail	Assessor Acceptance:	Yes
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Shows how an automated e-mail message was changed in response from a patient to make it clearer.

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

RP3 2022

Verbal communication is essential. This is an aspect given priority in the National Inpatient Survey from the CQC. For example, patients are asked if they understood answers to questions they had asked nurses and (doctors) resulting in a score 9.3 against the average for all trusts of 8.9, and did nurses include the patient in conversations about their care, scoring 9.4 against the average for all trusts of 8.7. These scores confirm efforts made to continually improve the quality of verbal information to patients.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

3.2.3.2: published

RP3 2022

Overall the quality and presentation of information for patients and their carers is of a high standard. The CQC asked about the quality of written information given to them before patients returned home and scoring 8.4 against the average for all trusts of 7.3. These scores confirm efforts made to improve the quality of published information to patients. The Head of Marketing was able to share with the assessor, developments in infographics, a successful initiative to provide valuable and relevant information to patients whilst waiting for appointments in hospital waiting areas. The information when provided in this graphic form, not only makes good use of patients' time but also helps to build up their confidence, when providing information on matters such as chemotherapy and other treatments. It enables information to be presented in a friendly way.

RP2 2025

Although not formally reviewed this year, 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 2022

The Trust has also developed an electronic Patient Information Library, now separate from the main website, with information presented, which enables patients to change font size and to translate to other languages. Patients are able to search for specific cancer types and to access links, if needed, to further detail. For patients with fewer IT skills, the Trust is now developing computer tablets to enable this group of patients to gain access. Significant and continued efforts to improve the range, content and quality of information in all forms, results in Compliance Plus being retained in this element.

RP1 2023

Although not formally reviewed this year, 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

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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Asks many questions about information provision. Q31 asks how well staff answered questions before an operation or procedure and Q32 whether staff explained how well the patient would feel after the operation or procedure (slide 26). In both cases the results were better than the national average.

2217: Customer service policy and standards 2021	Assessor Acceptance:	Yes
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Describes service standards for responding to customers' enquiries including e-mails, telephone calls and letters. Where it is expected that a response may be delayed the enquirer must be notified.

2232: Information for patients – provision and production policy 2020	Assessor Acceptance:	Yes
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Staff are required to involve users when writing new patient information (p16; para. 4.2). The feedback form asks patients a series of questions including whether the information is easy to understand and whether it is informative (p22-25).

2235: Patient Advice and Liaison Service policy and procedure 2021	Assessor Acceptance:	Yes
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Service standards for customers' enquiries are noted in policies, eg for complaints, freedom of information requests and access to medical records. Here performance targets for responding to enquiries made to PALS are shown (p6; sect. 8). Where there is a delay a new timeframe is to be agreed.

2237: Children and young people's patient experience survey 2020	Assessor Acceptance:	Yes
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Includes a number of questions about the quality and completeness of information given to patients and parents/carers including X14 (p11), X36 (p17) and X39, X40, X41 & X42 (p19). The Trust scored well for all the questions.

2239: Survey of patients about their experience of remote appointments	Assessor Acceptance:	Yes
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Sixty-nine per cent of patients received a remote-appointment telephone call from the staff member who they had been told would contact them (p12; Q9). Ninety-two per cent of patients had been given information accurate enough to enable them to change an appointment (p20; Q27).

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

RP3 2022

The National Inpatient Survey results show that patients asked about accuracy and completeness of information about their operations or procedures, gave a score of 9.3, above average across all trusts nationally. The Information for Patients -Provision and Production Policy 2020, engages patients in its production ensuring accuracy. The Children and Young People's Patient Experience Survey 2020 reveals a score of 9.5 among parents and carers, on understanding information on their child's treatment. The Chief Information Officer confirmed the stringent arrangements for ensuring accuracy of patient information placed on the electronic data base. She confirmed valuable work in integrating different patient information management systems. The move towards improved digital information, across the Trust, has required high levels of monitoring to assure accuracy. The Survey of Patients and experience of remote appointments shows similar levels of accuracy.

RP2 2025 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 2022

Staff interviews, confirmed that where there are gaps in information provided to patients, particularly where the information is not quite complete, they are required to advise patients when they will receive this information in full.

RP1 2023 Not reviewed

RP2 2025 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

2348: Consultants, units and wards	Assessor Acceptance:	Yes
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A tool helps people who find reading a website difficult. The tool includes options for audio, changing language, changing text sizes & fonts and choosing a different presentation theme. The tool is accessible via a tab on the right-hand side of web pages.

2350: The Royal Marsden Help Centre	Assessor Acceptance:	Yes
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Accessibility and facilities information for disabled patients and visitors is provided through partnership with a specialist provider.

2356: Contact us - webpage	Assessor Acceptance:	Yes
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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.

2357: Patient and Carer Advisory Group, meeting notes, December/January 2022/23	Assessor Acceptance:	Yes
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MyMarsden, a patient portal, allows patients to see their appointment schedule and clinical letters, communicate non-urgently with their clinical team and access patient information. Promotion of the initiative used digital notifications, flyers, letters and face-to-face communication. (66/22).

2358: PCAG therapy and supportive care services patient awareness survey action plan	Assessor Acceptance:	Yes
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Patients surveyed patients for knowledge of therapy services. The findings showed that there was little awareness of the services available. In response, the services are being promoted in different ways, including via RM Magazine and social media (p5). Website user journeys have been improved (p7)

2359: Redesign of head and neck cancer pathway	Assessor Acceptance:	Yes
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A study to understand how to redesign the referral pathway for suspected head and neck cancer. If successful the new system will: see high-risk patients referred and treated earlier; lower-risk patients avoiding unnecessary tests and appointments; and reduced anxiety for those without the disease.

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

RP1 2023

Effort continue to be made to ensure patients access the information they need. 'Recite' which gives a voice-over for those unable to read the text correctly, is now accessed directly on the webpages. The RM offers a series of ways to contact services including emails, telephone, the 24 hour Macmillan hotline and postal addresses. The MyMarsden patient portal allows patients to see their appointment schedules and clinical letters and to communicate with clinical teams. The promotion of this initiative was completed by using digital notifications, flyers, letters and face to face communications. The PCAG surveys patients for their knowledge of therapy services. Where awareness is low, further promotion is actioned. Access to a range of treatments has improved, where understanding has been limited, such as a redesign of the referral pathway for suspected head and neck cancers leading to high-risk patients being treated earlier.

RP2 2025 C+ Continues as nothing has arisen.

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

2461: Membership report	Assessor Acceptance:	Yes
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RM has a responsibility to recruit and engage with its members. Having analysed membership a new Membership Strategy for 2024/27 is under development and will aim to target the groups who we have seen to be under-represented (point 4.3)

2462: MyMarsden metrics	Assessor Acceptance:	Yes
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The new digital health record was implemented in 2023 and we have introduced metrics to measure patient satisfaction with the MyMarsden patient app. Performance and future actions to improve the functions of MyMarsden are detailed on pg 26/27

2463: MyMarsden Operational Group	Assessor Acceptance:	Yes
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Example of actions being taken by the MyMarsden Operational group in response to patient feedback on MyMarsden access channels.

2464: Patient Communication Access Group	Assessor Acceptance:	Yes
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Overview of the actions being taken by the Patient Communication Access Group to improve patients' timely access to clinical support and advice from an appropriate healthcare worker when they contact RM from home

2465: Website upgrade	Assessor Acceptance:	Yes
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As part of the work of 2464 a website review has taken place in collaboration with the Patient & Carer Advisory Group and there are plans to upgrade the Trust website to improve accessibility, example upgrade on page 13 (2464)

2466: Family Held Records Project	Assessor Acceptance:	Yes
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Following feedback from parents that family held records were not serving their purpose, parents suggested a small hand held booklet with essential information, website based literature and a short film and were integral to the development of these materials. Example linked of the coproduced leaflet

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

RP2 2025

The Royal Marsden evaluates how customers interact with the hospital and the access channels they use. Current records show that patients and their families tend to rely on phone calls and emails. Work has been done to evaluate preferred contact methods of the 8,385 Members in the Trust. Membership composition comprises 2,052 patients and carers, 3,301 members of the public and 3,032 staff. The survey used provides good information about preferences. For example, the survey shows that information provided by the magazine or through PDF is preferred by 91% of members (judging it to be good or excellent). In terms of attending events, 43% of members prefer these to be online and 35% in person, enabling them to meet staff and see equipment. Contact via social media is not popular. The Hotline Service, staffed 24/7, a dedicated service for patients needing urgent support often associated with the after-effects of their medication, is widely appreciated.

Evidence Value:

Fully Met

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

RP2 2025

Care is taken to ensure that information on interactions is used to identify service improvements. The MyMarsden app has introduced metrics to measure patient satisfaction of this form of contact. In 2023-24 take-up targets were met, meaning that 50% of all, active patients had signed up to use the app, as part of 110,000 active users. There are now plans to improve usage of the app in supporting patients' needs and preferences. Users appreciate the app to make and change appointments and the ability to message key people such as Clinical Nurse Specialists to have results sent directly to them. The Patient Communication Access Project aims to improve patients' access to clinical support, information and advice. In the past there have been difficulties in addressing promptly, key concerns raised, including difficulties in contacting an appropriate member of staff, excessive call waiting times and inconsistency and how to contact staff using different formats.

Evidence Value:

Fully Met

3.3.2.3: and offer better choices

RP2 2025

The Royal Marsden can now offer better choices to patients and others. Now that patients are becoming more technology driven, especially in the use of the MyMarsden app, there has been significant support to expanding the use of this facility to more areas of communication.

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

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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The patients' score of how clean they found the hospital is 9.5 out of 10 which compares favourably to the national average of 9.2 out of 10 (slide 16; Q8).

2238: Integrated Governance Monitoring Report, October-March 2020/21	Assessor Acceptance:	Yes
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Shows hand hygiene is monitored (p24; para 3.9.2) and water outlets checked for microbial contamination (p29; para.; 3.9.10). The use of the arts to improve the hospital environment for patients, staff and visitors is described (p52; para 5.4).

2240: Chelsea Patient Experience Sub-group May 2021	Assessor Acceptance:	Yes
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The group reviews the physical environment for visitors. Issues noted include adding sitting places to maps, identification of a place for reflection following difficult news and how to manage staff using patient sitting areas (p3; item 4). Walkabouts to detect issues are under consideration (p4).

2241: Refurbished MRI patient areas	Assessor Acceptance:	Yes
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The refurbished MRI department provides a better experience for patients and staff. Paediatric and adult facilities are now segregated, the reception area and waiting room expanded and there are more toilets and changing cubicles. The department is now light and spacious for patients.

2242: Cleaning contractor cleaning audits	Assessor Acceptance:	Yes
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The cleaning of premises is audited to ensure cleaning guidance is followed. The audits are carried out weekly for very high-risk areas and monthly for high-risk areas. Daily check rounds are also carried out with the cleaning contractor.

2243: Integrated Governance Monitoring Report, April-September 2021/22	Assessor Acceptance:	Yes
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Enhanced daily cleaning checks and an infection control action plan have been put in place on a ward following a complaint. Nursing staff have also been encouraged to regularly check facilities and the ward in general and to report any cleaning issues promptly (p71; third complaint).

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

RP3 2022

This assessment was carried out remotely so direct observations were not possible. However, new and substantial evidence provided, confirms continued Compliance Plus. For example, in the National Inpatient Survey, the patients' score for cleanliness of the hospital is 9.5 out of 10, comparing favourably with the national average of 9.2.

RP1 2023

Although not formally assessed this year, the assessor notes the design of the waiting area of the Oak Cancer Centre Building. The Matron of the Outpatients Department explained the aesthetic design features, such as the excellent seating arrangements, natural lighting streams and real trees all aimed at easing the stress of patients using the facilities. The attention given to comfort and cleanliness confirms continued Compliance Plus in this element.

RP2 2025 Not formally reviewed but Compliance Plus continues as nothing has arisen to indicate otherwise.

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

2329: The Royal Marsden Cancer Charity	Assessor Acceptance:	Yes
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The Royal Marsden Cancer Charity supports improvement to staff and patient experience. Here the charity's contribution to the building of the Oak Cancer Centre is noted.

2336: First softies in a range of skin tones	Assessor Acceptance:	Yes
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The Trust partnered with Nubian Skin to create a range of more inclusive softie covers to help improve the care women of colour receive following a mastectomy. A patient using the new softies describes what it means for her (para. 9-12). Four different shades are offered to meet individual needs.

2360: Trust Volunteer Services Report 2022/23	Assessor Acceptance:	Yes
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Trust volunteers show patients how to access the online patient information library. They have encouraged patients to complete surveys at the bedside leading to eg 149 completed catering questionnaires cf to 52 in the previous year (p2-3). Patient feedback about befriending service (p5-6).

2361: South West London Integrated Care System	Assessor Acceptance:	Yes
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The Trust is a member of this partnership of primary care, hospital, social care, mental health and voluntary and community health and care services. The partnership plans and delivers joined up services to improve access and quality and to reduce health inequalities.

2362: RM Partners	Assessor Acceptance:	Yes
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The Trust is part of this alliance of healthcare organisations working collaboratively with stakeholders, including two local Integrated Care Systems and partner NHS hospital Trusts and primary care partners, to deliver excellent cancer care to its population of 3.8 million people.

2363: Therapy dogs	Assessor Acceptance:	Yes
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The Trust works with Pets as Therapy (PAT) to brighten the mood of patients.

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

RP2 2025

Although not formally reviewed this year the wide range of partnerships in previous evidence is still active and flourishing and continues to bring benefits to patients and others in the service at The Royal Marsden. The assessor spoke to the Head of Patients and Public Involvement and Engagement alongside the Volunteer Services Manager, both very proactive partnerships. Each of these services has very separate roles. The former has a specific focus on public involvement and engagement, including carers who have had some involvement in the past such as with family members. This group also supports families and specific groups such as the ethnic community and those with protected characteristics. Volunteer Services manage the recruitment and shift patterns of some 240 Trust volunteers and a further 500 volunteers acting as 'friends of the Trust'. Compliance Plus justifiably remains.

Evidence Value: Fully Met

3.4.1.2: and these arrangements have demonstrable benefits for our customers

RP2 2025 Not reviewed

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

2467: Outreach, symptom and palliative care service	Assessor Acceptance:	Yes
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This service provides symptom management support and advice to children and young people and publishes joint working arrangements with Shooting Star Chase children's hospice and Chase at Christopher's.

Active Evidence

2008: Cancer Hub standard operating procedure	Assessor Acceptance:	Yes
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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.

2049: Adult support services	Assessor Acceptance:	Yes
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Information about services provided by partners of the Trust are given here including Maggie's Centre, support groups and language and interpreting services.

2468: How to raise a concern or make a complaint	Assessor Acceptance:	Yes
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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
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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

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

RP2 2025

There continues to be emphasis on clear lines of accountability for quality of service. Managers use strategies that ensure quality remains an essential part for those involved.

At the Outpatient Department, personnel involved in public engagement, as well as volunteer groups and Friends of the Trust, are subject to minimum agreed standards, contributing to safety and impact. Volunteers are DBS checked, some at an enhanced level. All are expected to take part in the Trust's mandatory training on safeguarding. At the Outpatient Department (OPD) members of the Patient and Carer Advisory Group (PCAG) and volunteers present at the 'Listening Post', were observed offering support to patients, advice on appointments and other needs. This is excellent partnership working. The Maggie's Centre, which offers a further voluntary service for patients and their families, is one of a growing number of local cancer centres bringing an extra resource of support.

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

2244: Special leave policy and procedure 2021	Assessor Acceptance:	Yes
A Trust scheme to support staff involvement in the wider community is described (p10; section 2.12).		
2245: Green Matters September 2021	Assessor Acceptance:	Yes
No idling signs are being put up facing roads to discourage the idling of engines to protect patients, staff and neighbours (slides 5-6). Volunteering days in the community to remove waste from local areas or plant trees are being planned (7-9). Encouraging the use of electric cars (11-16).		
2246: Residents' association meeting	Assessor Acceptance:	Yes
Staff present to community meetings. Here the Director of Transformation and Charity Liaison attended the AGM of a local resident's association at the association's invitation to discuss the development of a new Trust unit.		
2247: Mentoring students	Assessor Acceptance:	Yes
Staff offer their time outside of their role in training, assessments and, as here, in mentoring.		
2284: Covid-19 report to Board - reciprocity excerpt	Assessor Acceptance:	Yes
As Covid-19 peaked, staff were seconded to the Nightingale London surge facility and to assist other trusts in greater need (p4).		
2285: Donation of IT equipment to support local schools	Assessor Acceptance:	Yes
The Trust donated over 200 pieces of IT equipment to local schools in Sutton to support children and young people's learning through the Covid-19 pandemic.		

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

RP3 2022

There is excellent evidence here showing how staff interact with the wider community. The Trust is keen to support staff by offering a maximum of two days paid leave per year for this purpose. The assessor spoke to the Head of Volunteering leading a group of some 500+ volunteers, including Friends of Chelsea. The Befriending Service welcomes and reassures patients about services. Having someone else to talk to independent of their families and the service, brings reassurance. Some of the volunteers attend local schools to help with activities. These services have been invaluable, especially during COVID-19. Another voluntary service is the 'Meet and Greet service' where the volunteer is a friendly face on entry to unfamiliar surroundings. This quality of activity results in Compliance Plus being retained.

RP2 2025

Although not formally reviewed this year, 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: Compliance Plus

Active Evidence

2364: Integrated Governance Monitoring Report, October-March 2022-23	Assessor Acceptance:	Yes
National targets and standards are shown for infection control (p23-24, graphs) and NHS performance indicators (p58-59).		
2365: Quality account May 2023	Assessor Acceptance:	Yes
Dashboards show performance against a series of standards including for infections, falls and staffing (slides 3-7). KPIs are described including for patients to start 'Principles of care' (slide 23).		
2367: Quality report, 2022/23	Assessor Acceptance:	Yes
Performance against 2022/23 local quality priorities is presented (p7-26).		
2378: Regulatory information	Assessor Acceptance:	Yes
Information about accreditations and national, statutory and local standards and targets.		
2397: Board balanced scorecard	Assessor Acceptance:	Yes
The Board Balanced Scorecard outlines performance and quality reporting. The scorecard is reviewed by the Trust Board, Council of Governors and the Executive Board.		
2398: Monitoring performance against standards	Assessor Acceptance:	Yes
A monthly dashboard is shared with the Clinical Quality Review Group (CQRG), commissioners and Care Quality Commission, which includes all contractual, national and local targets.		

4.1.1.1: We have challenging standards for our main services,

RP1 2023

The Royal Marsden is rated 'Outstanding' by the Care Quality Commission in all aspects of its work, including 'Safe', 'Effective Care', 'Caring', 'Responsive' and 'Well Led' aspects.

The National Cancer Patient Experience Survey covers cancer care across the whole of England. Results are also combined with the National Inpatient and Cancer Patient Experience survey last completed in 2021. The latter survey has a 56% response rate from 1249 patients who took part. It describes how patients view the performance of nurses, doctors, operations and procedures and overall experience. The RM is placed in the top ten in England. The RM performs better than the average and, in some areas, much better than the average. In sixteen measurable areas the Royal Marsden score was higher than the national score and higher than the upper expected range.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

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

RP1 2023

Standards met take into account responsibility for delivering national and statutory standards and targets. The latest Integrated Governance Monitoring Report records further quality standards in all areas of main service provision, including accreditations against BS EN ISO 9001 which are noted for work including Radiotherapy and Chemotherapy. Also included are The Quality Management System (QMS), the UKAS Pathology Accreditation to ISO15189:2012, Adherence to the requirements against the National Institute for Medical Excellence (NICE), Commissioning for Quality and Innovation (CQUIN).

The Quality and Safety Boards present in wards provide a glimpse of the importance of delivering challenging standards of safety. The display records, for all to see, details on patient falls, pressure ulcers, any catheter infections, serious infection control, the provision of harm free care and levels of hand hygiene. A new Compliance Plus in this element.

RP2 2025 C+ retained

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: Compliance Plus

New Evidence

2469: Integrated Governance Monitoring Report, October - March 2023-24	Assessor Acceptance:	Yes
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These reports are available in waiting areas, by post and on the website. IGMR is part of The Royal Marsden's monitoring of safety and assurance of quality of service. The report is structured to mirror the CQCs inspection framework to assure care is safe, effective, caring, responsive & well led

2470: Clinical Audit Annual report 2023-24	Assessor Acceptance:	Yes
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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 2023/24 are described along with a summary of those planned for the following financial year. Presented at IGRM.

2471: Annual report & Annual review website publication	Assessor Acceptance:	Yes
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The Annual report and Annual review are both published on the website, these reports provide an overview of performance, governance and achievements 2023-24. E.g p 26-34 on the annual report details performance analysis.

2472: Quality report and Quality priorities	Assessor Acceptance:	Yes
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Quality Reports allow staff, public and patients to assess the quality of care we provide. The dual functions of a Quality Report are to summarise our performance and improvements against the quality priorities/objectives we set for 2023/24 and outline the quality priorities/objectives for 2024/25.

2473: The RM publication scheme	Assessor Acceptance:	Yes
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The Royal Marsden's publication scheme (which is based on the Information Commissioner's Model Publication Scheme) provides a guide to the information routinely made available to the public.

2474: CQC inspection / Unified Quality Report (monthly CQC/CQRG update)	Assessor Acceptance:	Yes
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Following the CQC inspection in 2019 (2058), this paper is intended to provide CQRG and CQC with an update on the Trust's performance using the latest data available at the report date. This provides assurance of services to regulatory bodies.

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

RP2 2025

The Royal Marsden is governed by national standards overseen by the NHS and other bodies. Evidence covers the monitoring of virtually every aspect of the work of The Royal Marsden. Most, but not all, covers standards which directly or indirectly affect medical care and overall success for patients. The Integrated Governance Monitoring Report 2023-2024. – Quarters 3 and 4, a 152 page report, covers virtually every measurable standard across the Trust's hospitals. All areas examined either meet or exceed standards set. Wherever possible, comparisons are made with national data and/or achievement during the previous measurable period. The Clinical Audit Annual Report 2023-24, the Quality Report and Quality Priorities and the CQC inspection/unified Quality Report monthly update, are all very relevant here.

Evidence Value:

Fully Met

4.1.2.2: and we tell our customers about our performance.

RP2 2025

On a practical level, the assessor spoke to the Lead for Nuclear Medicine and PET services who spoke of the technical aspects of her work, with the use of gamma radiation for individual patients and the vital importance of each patient's dosage, so they are only exposed to what is needed for their scans. This is very well monitored. There is abundant evidence to show that performance, especially of main services provided, is shared with patients and their families and the community, through the webpages and other publications. Where areas show that certain standards have not been met within timescales, action taken is clearly recorded. The Royal Marsden Publication Scheme sets out which performance information will be published and that which is exempt from publication. The quality of accountability on all aspects of the work of The Royal Marsden, clearly merit a new Compliance Plus in this element.

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

2238: Integrated Governance Monitoring Report, October-March 2020/21	Assessor Acceptance:	Yes
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This publicly available report shows performance against local standards and targets including mandatory training (p21-23), infection control (p24-27) and freedom of information (p60-61). Readers are invited to comment on the content (p90).

2248: PCAG meeting notes October 2021	Assessor Acceptance:	Yes
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PCAG, consisting of patients and carers, was invited by the Trust to set the target for patient experience across all Trust services. A year later, on review, the group adjusted the target upwards to 90% of respondents rating their experience as 'very good' (item 52/21).

2249: Annual Quality Report 2020/21	Assessor Acceptance:	Yes
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The Trust's annual quality priorities are decided in consultation with Governors, members of the Trust (patients, carers and members of the public) and staff (p41). PCAG is invited to make a statement including a review of compliance with the quality priority targets (p42-43).

2250: Best practice PPI guides	Assessor Acceptance:	Yes
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PCAG was consulted in the review of the draft guides that set the standards for the operation of patient and public involvement/engagement in the Trust.

2286: Cancer Patients' Voice website	Assessor Acceptance:	Yes
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An online platform used to consult and involve patients and carers about standards and targets for research and clinical care. Eg patients are asked what would make an excellent Senior Adult Oncology Programme including what should the priorities be?

2287: Darzi Fellow - additional needs – recommendations 2020/21	Assessor Acceptance:	Yes
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Discussions with patients with learning disabilities and their families and staff led to a recommendation to review the five steps of the Accessible Information Standard (2016) to improve the standard of information so that patients can effectively communicate during their care (p3; bullet 7).

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

RP3 2022

The Trust has established a project for the 'Darzi Fellow' in liaison with patients with learning difficulties and their families. The aim has been to improve the standard of information for this group of patients, to enable effective communication during their care. The key recommendations now form a set of local standards that apply to this group of patients. The patient and carer advisory group have been instrumental in setting the standard for patient experience across all Trust services. A further development is the online platform used to engage with parents and carers about standards and targets for research and clinical care. This is a further example of how constituent groups are extensively used in the setting, reviewing and raising of local standards.

RP1 2023 Not reviewed

RP2 2025 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

2309: Patient Experience Commitment 2020-2024	Assessor Acceptance:	Yes
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Commitments to all patients includes communicating in ways that can be understood and involving and engaging with the patient 'every step of the way' (p6).

2333: National inpatient survey 2021 contractor report	Assessor Acceptance:	Yes
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91% of patients stated that they had 'about the right amount' of information given to them about their condition or treatment (Q25). 95% of patients reported that staff answered their questions before operations or procedures very well (82%) or fairly well (11%) (Q32).

2355: Consent to examination, procedure or treatment policy 2023	Assessor Acceptance:	Yes
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States that 'before patients can come to a decision about treatment, they need comprehensible information about their condition, possible treatments and/or investigations and the risks and benefits of each'. The information to be shared is described (p14-17).

2372: Contrast enema - patient information	Assessor Acceptance:	Yes
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Written patient information procedures describe what the patient should expect when a new procedure or treatment is proposed. The expected length of the examination, what is to happen on arrival on the day, what the examination will involve and what happens afterwards are described.

2373: Lung radiotherapy (radical) consent form	Assessor Acceptance:	Yes
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The form describes the procedure, including outlining the benefits and risks of the radiotherapy treatment. The form is signed by the patient and clinician with a copy given to the patient as a record of what was agreed.

2374: Advance care planning policy 2023	Assessor Acceptance:	Yes
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This policy ensures that patients are able to express their wishes about future care, including care at the end of life and that those wishes are respected. A record of the patient's wishes is kept (p 2, section 1.1).

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

RP1 2023

The extensive range of information and one-to-one discussions with clinicians, combined with agreements such as the Consent to Examination Procedure and Treatment policy, the Lung Radiography Consent form, the Advanced Care Planning arrangements, all point to the fact that commendable effort is placed in agreeing with patients at the outset what they can expect from the service provided. On a day-to-day basis on the Kennaway Ward, visited by the assessor, patients commented very favourably about the care they were receiving from medical staff, especially the ways that 'handover' is managed, including good dialogue with their family members. Increased efforts in this element enable Compliance Plus to continue.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues 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: Compliance Plus

New Evidence

2475: FFT Q1&Q2 summary report of positive comments (3024 positive comments)	Assessor Acceptance:	Yes
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The FFT comments report details customer comments received during Q1&Q2 2024/25 across all sites/services. 3204 positive comments were received demonstrating positive outcomes for the majority.

2476: Adult Inpatient Survey 2023 - Outlier report	Assessor Acceptance:	Yes
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One of nine hospitals to have achieved the highest band of 'much better than expected' across the whole survey – including being one of three hospitals who performed 'much better than expected' for surgical care and one of eight trusts who performed 'much better than expected' for medical care.

2477: FFT dashboard 2024/25	Assessor Acceptance:	Yes
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The FFT dashboard (2024-25) analyses the experience of our NHS patients in which we have consistently received a 5* rating each month during 2024/25 to date.

2478: 2478. Private Care Patient Experience dashboard for last 12 months	Assessor Acceptance:	Yes
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Private Care analyse customer experience and results from November 2023 - 2024 confirm that 98% found their experience to be 'Excellent' or 'Very Good' and 99% of customers are 'Extremely likely' to recommend care at RM.

2479: The Patient-Led Assessments of the Care Environment 2023	Assessor Acceptance:	Yes
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The Patient-Led Assessments of the Care Environment (PLACE) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia. All domains = 'Very Confident'

2480: Patient Experience Involvement & Engagement annual report 2023/24	Assessor Acceptance:	Yes
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The annual performance report demonstrates that the number of complaints has decreased in comparison to 2022/23, 861 compliments were logged centrally, FFT scores were above the national average and the trust received high satisfaction rates in the 2022 national survey programme.

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

RP2 2025

There is evidence from performance measures to show that The Royal Marsden deliver the service promised. All staff play a role in this. The combined score in the latest FFT dashboard has data showing 99% of respondents felt the Inpatient Services are 'very good' or 'good' and similarly 98% about Outpatient Services. The Adult Inpatient Survey, dealing with care and treatment, shows that, 99% felt able to discuss worries and fears with staff. The Associate Chief Nurse works strategically, providing oversight on matters such as safety and risk management. This senior nurse also works with The Royal Marsden partners on key projects. The Clinical Nurse Specialist for Head and Neck ensures that the physiological aspects including exercise, making the patient more active. A matron is responsible for patient flow across sites, including bed management, and can involve moving patients around the hospital. This work improves efficiency and coordination and reduces stress for patients.

Evidence Value:

Fully Met

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

RP2 2025

There is little doubt that the outcomes are positive for most patients in the Trust. The latest Inpatient Survey reports that 100% of patients are treated with kindness and compassion. A similar score is given to being treated with dignity and respect. The Friends and Family feedback shows staff attitude is mentioned in the top 10 themes. Polite and friendly feature high in positive word trends. Patients and their family and carers have rated care as 5* to date. Patients interviewed were forthright in their comments. The evidence to support this, merits a new Compliance Plus in this element.

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

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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Slides 12 to 35 compare the Trust's results with other organisations nationally and slides 36 to 81 allow a comparison with organisations regionally. Review of comparative performance is one way the Trust identifies issues to be addressed for improvement when action planning.

2243: Integrated Governance Monitoring Report, April-September 2021/22	Assessor Acceptance:	Yes
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Energy and water use are benchmarked against the average consumption of five London trusts. A feasibility study for on-site generation of electricity and energy efficiency measures at the Chelsea site is aimed to reduce electricity consumption to bring the site in line with the benchmark (p80-81).

2252: Integrated Governance and Risk Management Committee minutes, June 2021	Assessor Acceptance:	Yes
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The Trust is sharing learning and benchmarking about clinical claims with the Clatterbridge Cancer Centre and the Christie Hospital. This will evolve to include incidents and complaints (p5; 127/21).

2253: South West London cancer waiting times	Assessor Acceptance:	Yes
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The Trust's cancer waiting times are compared with other trusts in south west London. The data are reviewed and monitored at monthly Acute Performance Group meetings where, if necessary, issues are identified for improvement.

2254: Complaints report, July-September 2021	Assessor Acceptance:	Yes
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The Royal Marsden's complaints performance is benchmarked against four other similar trusts (p7-8).

2282: Investigation 22, 2021/22, HTA	Assessor Acceptance:	Yes
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The Trust invites external peer review when investigating complaints and incidents. Here, two independent transplant consultants and a Non-Executive Director were involved in analysing the root causes of and learning from an incident. Remedial actions were then taken in response.

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

RP3 2022

A number of performance measures are reflected in the National Inpatient Survey. Accuracy of results come from hundreds of patients who have used the service. Performance covers facilities at the hospital and in the wards, the duties of nurses, care and treatment, giving respect and dignity and experience when leaving hospital. Against virtually every measure The Royal Marsden Trust performs either better or much better than the average for all trusts nationally. Further favourable comparative data includes the dealing with complaints and Southwest London cancer waiting times. In comparing the number of complaints set against the total number of consultant episodes that have been completed, The Royal Marsden Trust performs extremely well.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value:

Fully Met

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

RP3 2022

The Trust cancer waiting times are compared with other trusts in Southwest London and results are reviewed and monitored monthly. If necessary, issues are identified for service improvements. All areas of performance as described above are similarly subject to scrutiny. The Trust strives to improve on previous best scores at all times.

RP1 2023 Not reviewed

RP2 2025 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: Compliance Plus

Active Evidence

2252: Integrated Governance and Risk Management Committee minutes, June 2021	Assessor Acceptance:	Yes
The approach of Clatterbridge Cancer Centre is being followed in training therapeutic radiographers to monitor patients with cardiac implantable electronic devices. And the Trust is developing its processes in collaboration with the Royal Brompton Hospital (minute 119/21).		
2255: Senior Adult Oncology Programme inaugural lecture	Assessor Acceptance:	Yes
The Trust's new senior adult oncology service is based on the model of the Moffitt Cancer Center's senior adult oncology programme.		
2256: Writing doctors' letters direct to the patient - PCAG email	Assessor Acceptance:	Yes
Materials and processes already developed by Addenbrooke's Hospital are being considered as the Trust develops its approach to switching the addressing of doctors' letters to the patient rather than the GP.		
2257: The Royal Marsden Manual of Clinical Nursing Procedures	Assessor Acceptance:	Yes
Nationally recognised, this Trust manual of nursing care, describes the procedures, rationale, and guidance required by qualified nurses to deliver clinically effective, patient-focussed care.		
2258: Big Four patient safety bulletin	Assessor Acceptance:	Yes
The Good Safety Catch of this Trust-wide bulletin shared best practice about ensuring the safety of two male patients with similar names undergoing major surgery on the same day.		
2259: Radiography journal article	Assessor Acceptance:	Yes
This published article describes an audit that showed better-informed patient selection and treatment planning for patients that are receiving prostate and pelvic lymph-node radiotherapy ensures the best possible treatment delivery.		

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

RP3 2022

The Royal Marsden Manual of Clinical Nursing Procedures is nationally recognised and this guidance is available, in order to help, all qualified nurses deliver effective patient-focused care.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

4.2.4.2: and outside our organisation,

RP3 2022

Specialist hospitals like The Royal Marsden are at the forefront of developments in the treatment of cancers. Quite often this involves collaboration with other hospitals that have developed specific aspects of work, such as the Clatterbridge Cancer Centre, which has developed the training of therapeutic radiographers to monitor patients with cardiac implantable electronic devices. The Trust is now developing practices in collaboration with The Royal Brompton Hospital. The Trust's new Senior Adult Oncology Service is based on the model of the Moffitt Cancer Centre. Learning takes place from lectures provided by this centre. Materials and processes developed at the Addenbrookes hospital are now being considered, as the Trust develops its approach to switching the addressing of doctors' letters directly to patients, rather than to their GPs.

RP2 2025

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

4.2.4.3: and we publish our examples externally where appropriate.

RP3 2022

Where good practice is identified, it often appears in medical journals, for example the results of an audit, that shows better informed patient selection and treatment planning for patients receiving prostate radiography, will ensure the best possible treatment delivery outcomes, has been published in the Radiography Journal. The assessor is impressed with the way that excellence in practice is developed and shared in collaboration with practices elsewhere, enabling improvements. As a result, this element is now worthy of a new Compliance Plus.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

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

2364: Integrated Governance Monitoring Report, October-March 2022-23	Assessor Acceptance:	Yes
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In this publicly available report, actions to address dips in performance and missed targets are shown for: Clostridioides difficile toxin infection (p21-22); service accreditations (p27-28); clinical audits (34-35); and complaints (p50-51).

2375: Website notice	Assessor Acceptance:	Yes
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Notices are placed on the main landing page of Trust's website to inform patients and their families about exceptional circumstances that are affecting access to the Trust's services. Here, details are given about transport and clinician industrial action.

2376: Network issues - patient message	Assessor Acceptance:	Yes
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Shows the message posted to the patient portal, MyMarsden, to inform patients of delays to treatment due to a sudden computer network outage. The information was also presented as a banner on the Trust's website and shared on social channels.

2377: Comments received and actions taken, April 2022 – March 2023	Assessor Acceptance:	Yes
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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.

2379: Audit of unsigned histopathology alerts	Assessor Acceptance:	Yes
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The approach to managing this risk of histopathology alerts not being electronically signed off as outlined in the Histopathology Alerts and Acknowledgement Policy was agreed by the Integrated Governance and Risk Management Committee. The committee has patient and carers members.

2380: Task and finish group - CNS/contact for patient	Assessor Acceptance:	Yes
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PCAG highlighted that patients receiving care from multiple clinical teams find it difficult to get through to the appropriate person in a timely way for advice when feeling unwell. A Trust group was set up to make changes to put things right and prevent recurrence.

4.3.1.1: We identify any dips in performance against our standards

RP1 2023

The RM takes dips in performance seriously. In this complex organisation, dips can spring up unexpectedly. The reporting structure is very robust, as are effective relationships throughout, supported by good communication channels. Dips in performance are quickly identified and action is swiftly taken to minimise disruption to service. Examples brought to the attention of the assessor, include targets missed for the prevention of Clostridioides Difficile Toxin infection, transport and clinical industrial action, a sudden computer network outage and the introduction of the new digital health record. There is full documentation of the impact on patients and staff in all instances.

RP2 2025 Not reviewed

Evidence Value: Fully Met

4.3.1.2: and explain these to customers,

RP1 2023

There is good evidence to show how patients and their families are kept informed of significant dips in performance. For example, notices were placed on the main landing page of the Trust website to inform those concerned about exceptional circumstances which affected access to services due to industrial action. Regarding computer network outage, messages were posted on the patient portal 'MyMarsden' to inform patients and their families of delays to treatment due to this happening. A communication banner also appeared on the Trust's website.

RP2 2025 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 2023

The introduction of the digital health record was not without its problems and caused some disruption when first implemented. This was as critically important and taken seriously in order to alleviate risks to patients. Users of the new system were given training to avoid any human error. Steps taken to remedy the problem were explained carefully to those involved, including patients, and issues have now been mostly resolved. Because robust structures are in place, the Trust is able to rectify and minimise any impact on patients and action taken to put matters right in order to prevent further recurrence, where appropriate.

RP2 2025 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

2481: Viewpoint	Assessor Acceptance:	Yes
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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.

2482: Managing concerns and complaints policy and procedure	Assessor Acceptance:	Yes
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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.." (para. 12.7). The policy is available on request. (see 2487 re submit)

2483: Your guide to The Royal Marsden	Assessor Acceptance:	Yes
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This patient information booklet has a section that outlines the complaints procedure (p49).

2484: How to raise a concern or make a complaint – the process	Assessor Acceptance:	Yes
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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.

2485: Complaints Newsletter Q2 24/25	Assessor Acceptance:	Yes
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Newsletters are circulated to staff quarterly and this example gives guidance to staff on resolving concerns locally (where appropriate) and offers training to staff to ensure complaints are managed in accordance with the policy (2482)

Active Evidence

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

4.3.2.1: We have an easy to use complaints procedure,

RP2 2025

The Complaints Procedure has been carefully written and is easy to understand. It is set out in a helpful document on 'How to raise a concern, make a complaint or provide feedback', which is part of the commitment statement in 'Information for Patients and Visitors'.

Evidence Value:

Fully Met

4.3.2.2: which includes a commitment to deal with problems fully

RP2 2025

Ev. 2482 – Managing Concerns and Complaints Policy and Procedure is a very detailed internal document on the handling of complaints for staff who have responsibility for managing and investigating complaints raised by patients, carers and their representatives and is shared with key stakeholders such as the Patient Advice and Liaison Service (PALS). The performance targets for resolution of complaints, set out in section 12 of this policy, are appropriate with a commitment to a 'thorough investigation and timely resolution'. The assessor notes the scope to include this commitment, more clearly, in the patient information on 'How to raise a concern and make a Complaint'. General comments received are documented well and where necessary the response from the Trust demonstrates that the comments have been listened to and actioned, as evidenced in the Viewpoint document which can be seen at Viewpoint stations throughout the hospital.

Evidence Value:

Fully Met

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

RP2 2025

Timescales are clear for each stage of the procedure. Managers and staff interviewed, who manage complaints, confirmed that the complaints procedure works well for them. For complaints at Stage 1 there is a timescale of 30 days. Complaints escalated to Stage 2, have 40 days. During 2024 there were 114 complaints of which 38 were partially upheld and 31 upheld. The analysis and data particularly around the subject matter of complaints is extremely well managed and thoroughly dealt with. Where appropriate the action taken is prompt and relevant to patient needs.

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

2260: Managing concerns and complaints policy and procedure 2021	Assessor Acceptance:	Yes
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Complaint handling guidance for staff. The Trust follows six principles of good complaints handling (p 5) including Acting fairly and proportionately (bullet 4).

2261: Complaints and compliments newsletter, April-March 2020-21	Assessor Acceptance:	Yes
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Staff are empowered to put things right. Here, staff are encouraged to be active by phoning patients to resolve concerns before they become complaints (p3; sect. 9) and thanked for resolving concerns early (p1; sect. 1).

2262: Intractable complaint policy and procedure 2021	Assessor Acceptance:	Yes
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Guidance for staff when a complaint is intractable.

2263: Investigation of incidents, complaints and claims policy 2020	Assessor Acceptance:	Yes
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Makes clear the Head of Assurance is responsible for providing complaints investigation training (p2; sect. 2.4).

2264: Complaints training dates January-June 2022	Assessor Acceptance:	Yes
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Monthly training sessions are offered to build staff skills to complete thorough complaint investigations.

2288: Carer card concern	Assessor Acceptance:	Yes
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A patient's account of how an issue with a carer card was dealt with professionally and sensitively by reception staff on arrival at the hospital.

4.3.3.1: We give staff training and guidance to handle complaints

RP3 2022

The management of complaints is impressive. The Complaints and Patient Information Manager was able to outline clearly the level of detail engaged in the complaints process.

Complaints training is offered monthly in order to develop staff skills through the use of complaints investigations. Some of the training for is via online booked Teams meetings, the timing of which are flexible to fit in with shift patterns of staff.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value: Fully Met

4.3.3.2: and to investigate them objectively,

RP3 2022

Complaints handling follows six principles of good practice, including the ability to act fairly and proportionately, but at the same time to be objective.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value: Fully Met

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

RP3 2022

The Complaints and Patient Information Manager emphasised the importance of empowering staff to manage the complaints process as far as possible. Once formalised, complaints are logged and systematically analysed in order to establish patterns and common areas for attention. This manager was able to confirm that the extensive training enables staff to undertake this responsibility seriously.

RP1 2023 Not reviewed

RP2 2025 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

2358: PCAG therapy and supportive care services patient awareness survey action plan	Assessor Acceptance:	Yes
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Patient/carer comments identified that patients do not know enough about supportive services. Actions were identified, implemented and continue to be implemented. The survey findings were published (p2-4) and service information has been improved (p5-11).

2364: Integrated Governance Monitoring Report, October-March 2022-23	Assessor Acceptance:	Yes
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This report, available in printed form in waiting areas in the Trust, on demand and via the website, reports complaints (p47-52). Themes over time (p48-49) and remedial actions (p50-51) are described.

2377: Comments received and actions taken, April 2022 – March 2023	Assessor Acceptance:	Yes
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Actions to improve services identified from formal and informal complaints/concerns are published on the Trust's website.

2381: Clinical area quality board	Assessor Acceptance:	Yes
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Clinical areas have quality boards. A complaint theme of the month is displayed on this board on public display in the radiotherapy department: 'we are looking into ways to make communication about delays more effective'.

2382: Incidents, Complaints and Claims Review Group	Assessor Acceptance:	Yes
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Complaints are reviewed and analysed by this group (p2). A case study is undertaken as part of this process.

2383: Paediatric 'you said, we did' poster	Assessor Acceptance:	Yes
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Comments from parents highlighting where the Trust could improve its children's services are presented on this poster alongside the actions taken in response.

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

RP1 2023

The Assistant Head of Facilities was able to comment in detail about the way that complaints both formal, informal and comments are managed, to ensure that there is a clear focus on areas for improvement from patterns emerging. The management of complaints is thorough and is underpinned by 12 discrete standards, including timescales, which must be met to a target of 100%. Data show that these are met in all but two of these standards. During the period quarter three and four covering late 2022 to early 2023 there were 51 complaints received from NHS patients and a further 14 from private patients. These numbers are comparatively low compared with the total number of patients seen and treated. Communications and concerns expressed about care treatment form the bulk of these complaints. The detailed analysis of these complaints and comments are graded either low or very low in terms of risk to the patient.

RP2 2025 Not reviewed

Evidence Value: Fully Met

4.3.4.2: and informal complaints and comments from customers

RP1 2023

The approach to this is commendable. The Trust does not differentiate between complaints that are formal and informal by using separate lists but rather by the way they are addressed and resolved.

RP2 2025 Not reviewed

Evidence Value: Fully Met

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

RP1 2023

A large proportion of the complaints are concerned with delays in either treatment or diagnosis. Actions taken are clearly specified in the analysis. In the main, the bulk of the complaints were upheld and appropriate apology given to patients concerned. The Trust can point to service improvements that are made, or are being made, because of taking complaints seriously. Reports are available on the website.

RP2 2025 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

2487: Complaints summit meeting	Assessor Acceptance:	Yes
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This meeting was set up as an opportunity for the team to come together collaboratively to look at the needs of the Complaints service and to identify any improvements that could be made. Actions implemented for service improvement are detailed in point 5.

2488: PALS summit meeting	Assessor Acceptance:	Yes
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The PALS acts as an early intervention in our complaints process and this meeting was set up as an opportunity for the team to come together collaboratively to look at the needs of the PALS and to identify any improvements that could be made. Actions implemented for service improvement (6).

2489: IGRM Oct 2024	Assessor Acceptance:	Yes
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This report details some of the service improvements implemented during Q1&Q2 including an acknowledgement phone call to gather specific terms of reference with a view to reducing the number of re-opened complaints/getting it right the first time and a complaints process mapping exercise.

2490: Quarterly Staff Award	Assessor Acceptance:	Yes
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The Complaints team were nominated for a staff recognition award by the Divisional Director and Divisional Medical Director for Cancer Services. It was recognised that the complexity of complaints was increasing yet the team consistently provide expert guidance and high quality responses.

2491: Staff feedback	Assessor Acceptance:	Yes
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Staff feedback in which they reflect on being involved in a complaint investigation and recognised how patients and their carers direct voice change our cancer care, and our professionals daily practices and communication.

Active Evidence

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

RP2 2025

The complaints procedure and related policies are reviewed regularly or more often if circumstances require it. The Compliant Summit Meeting last held in August 2024, with full minutes and resulting actions needed, is a very important part of this review process.

Evidence Value: Fully Met

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

RP2 2025

The review process involves representation from: the Patient Carer Advisory Group, PALS and the Integrated Risk Management Group, the engagement of staff and managers with their feedback and patients and families generally.

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

2260: Managing concerns and complaints policy and procedure 2021	Assessor Acceptance:	Yes
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States the Trust's approach as being: "To provide easy access to complainants wishing to raise concerns ensuring that issues raised are managed in a consistent, fair and just manner for both complainant and complained against" (p5; para. 4.2, bullet 2).

2261: Complaints and compliments newsletter, April-March 2020-21	Assessor Acceptance:	Yes
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Learning from complaints is fed back to staff in many ways including through a newsletter (p2; section 6).

2265: Survey of people who have made a complaint 2020	Assessor Acceptance:	Yes
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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.

2266: Cover sheet to complaint letter and response reviewed at QAR	Assessor Acceptance:	Yes
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At each of its meetings the Quality, Assurance and Risk Committee, a sub-group of the Trust Board, reviews an anonymised letter of complaint and Trust response. Non-Executive and Executive Directors scrutinise the correspondence to make sure complaints are being properly responded to.

2267: Excerpt of complaint letter	Assessor Acceptance:	Yes
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Complaint response letters finish by encouraging the person making the complaint to get back in touch if there are unresolved issues or ongoing concerns.

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

RP3 2022

Following the completion of the complaints process a survey is sent out to all complainants. One of the questions asked specifically to those patients whose complaint was either completely or partially upheld, focuses on the degree of satisfaction of the outcome with specific reference to changes that have been made in the service as a result of the complaint. Of these, 32% are completely satisfied with the changes and further 42% are satisfied to some extent. On the basis of this data, The Royal Marsden is ensuring that the outcome of the process of the complaint is satisfactory for the vast majority of complainants.

RP1 2023 Not reviewed

RP2 2025 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

2368: Customer service policy and standards 2023	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).		
2372: Contrast enema - patient information	Assessor Acceptance:	Yes
Timings are given: length of procedure - 30 minutes (p1) and results will be sent to the referring doctor within 7 days (p2).		
2384: Integrated Governance and Risk Management Committee minutes June 2023	Assessor Acceptance:	Yes
The Customer service policy is to return to committee for review within 6 months instead of the usual 12 months. This is for the committee to confirm additions to be made describing service standards, including response times, for new digital channels introduced recently (p4, minute 135/23).		
2385: Managing concerns and complaints policy and procedure 2023	Assessor Acceptance:	Yes
'The Complaints Team will acknowledge receipt to the complainant within three working days' (p11, 12.2). 'The standard response timescale will be within 30 working days of receipt of the complaint for single specialty issues. For complex complaints....within 40 working days' (p12, 12.8).		
2386: Patient Advice and Liaison Service and feedback policy and procedure	Assessor Acceptance:	Yes
Performance targets for responding to enquirers including response times (p6, 8.1 & 8.2).		
2388: Non-emergency patient transport	Assessor Acceptance:	Yes
Measurable KPIs, including for timeliness, are set for the non-emergency patient transport service.		

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 2023

The Customer Service Policy and Standards document, reviewed in July 2023, describes the standards and practice staff are expected to follow for all patients. It covers timeliness of response in all forms or content. Phones will be answered within three rings and this is achieved in 90% of them. When a query cannot be dealt with immediately there is commitment for complex queries to be responded to within two days, otherwise offered an alternative expected timeframe. Although answering machines are not encouraged there is a requirement to answer messages left within one working day. The standard for responding to emails is two working days or a realistic timescale is to be set for resolution. Where staff meet face to face with patients, including at reception desks, patients will be greeted immediately or as soon as possible. Every effort is made to keep patients informed about timescales especially those associated with certain areas of surgery.

RP2 2025 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

2309: Patient Experience Commitment 2020-2024	Assessor Acceptance:	Yes
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'We will listen, hear and act. We will communicate clearly in ways you can understand. We will involve and engage with you every step of the way. We will continue to lead on the development of innovative ways to obtain your feedback, involve and engage with you. We will then .. act upon feedback...'

2368: Customer service policy and standards 2023	Assessor Acceptance:	Yes
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Presents comprehensive standards for the quality of customer service to be expected in all dealings with the Trust.

2389: 'Please write to me'	Assessor Acceptance:	Yes
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The 'Please write to me' project, a partnership of the Trust & PCAG, is developing templates as standards for letters to be sent to patients copying in the the GP. The template is written in plain language, explains the proposed management plan and what happens next as well as contact information.

2390: Copying letters to patients policy and procedure 2023	Assessor Acceptance:	Yes
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Describes the standards for copying clinical letters to patients. It describes the entitlement to receive the letter in a language other than English, writing style, confidentiality requirements and consent to receive the copied letter.

2391: Arriving, waiting times and tests - webpage	Assessor Acceptance:	Yes
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Outlines what to expect for patients attending for the first time at the Trust including the expectation that they will be seen by the doctor within at least 30 minutes of their appointment time and that, if needed, an interpreter can be organised.

2392: Equality and diversity policy 2023	Assessor Acceptance:	Yes
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States the 'Trust believes in providing equity in its services, in treating people fairly with respect and dignity and in valuing diversity both as a health services provider and as an employer' (p1).

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 2023

The Patient Experience Commitment 2020 - 2024 sets out the principles in best practice in customer experience. The standards cover expectations in the behaviour of staff when dealing with patients, such as being able to 'listen, hear and act' and to 'communicate clearly in ways that the patient can understand' and a promise to 'involve and engage with you every step of the way'. Methods of collecting feedback are also set out. This commitment is clearly set out on the Trust website.

RP2 2025 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

2493: Access Policy	Assessor Acceptance:	Yes
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Our Patient Access Policy helps to ensure that all patients are treated fairly and equally. The policy sets out how the Trust manages referrals, waiting times for treatment, admissions and bed availability on a day-to-day basis.

2492: Customer Service Excellence - Trust website	Assessor Acceptance:	Yes
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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 2482; p11-12) which is available on request.

2494: Information Board - CT scanning	Assessor Acceptance:	Yes
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Example of service specific information boards, this example is of posters on display in CT scanning which provides customers with information on all waiting times during the appointment pathway - Check in, Prep, Scan and Aftercare.

Active Evidence

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

2063: How to raise a concern or make a complaint – the process	Assessor Acceptance:	Yes
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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 (2482) which is available on request.

2070: Arriving, waiting times and tests - Trust website	Assessor Acceptance:	Yes
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Advises patients of standards for timeliness. For first appointments patients are told to allow up to 4 hours and 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.

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

RP2 2025

The Customer Service Excellence presence on the website, contains a comprehensive set of standards covering both timeliness and the quality of customer service. The accompanying links on this website and, in particular, the Customer Service Policy and Standards, are very explicit. All standards have been discussed and ratified by the Patient Experience Steering Group. The document 'Pursuing Excellence in Patient Administration (PEPA)' sets out customer service standards that are extremely detailed and relevant to the services provided. Staff are expected to adhere to the standards listed, including the way telephone calls are taken, and the style required for written and e-mail communications from staff to patients. The assessor notes that standards leading to customer service excellence at The Royal Marsden are clearly referenced to the requirements of this CSE standard. This is to be commended. The quality of work presented at this element merits continued Compliance Plus.

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

2203: Senior adult oncology programme	Assessor Acceptance:	Yes
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Describes how geriatric assessments are being embedded at the Royal Marsden (slide 14). The assessments are carried out at the diagnosis of cancer and when a change in management is being considered. The elements assessed and tools used to do so are listed in slide 15.

2221: Learning disabilities and autism policy and procedure	Assessor Acceptance:	Yes
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Flow charts show what is to happen when a patient with learning/communication difficulties is seen as an outpatient (p2) and inpatient (p3). Discharge planning starts as soon as admitted to a ward (p4). Appropriate support and staff are identified.

2268: Admissions and Pre-assessment Unit	Assessor Acceptance:	Yes
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Before surgery a pre-assessment clinic will assess the general health and fitness of a patient before surgery by carrying out various tests and investigations. The assessment findings may lead to further tests or the need for additional treatment if other conditions are identified.

2269: Rapid Diagnostic and Assessment Unit	Assessor Acceptance:	Yes
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One-stop assessment clinics of people with suspected cancer. If the patient is diagnosed with cancer, staff will organise their next appointments, scans, treatments and procedures with the consultant and other members of the team.

2270: Out-of-hours hospital non-elective admission	Assessor Acceptance:	Yes
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Describes how the needs of patients admitted out of hours are identified.

2271: Edmonton frail scale assessment form	Assessor Acceptance:	Yes
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At admissions or at pre-assessment the frailty of patients is assessed so that the patients needs can be met.

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

RP2 2025

Although not formally reviewed this year, 'first point of contact' for many patients often results in tests and scans as no time can be wasted. This was pointed out by the matron responsible for the Centre for Urgent Care (CUC), and the Acute Oncology Service. The emergency treatment centre also deals with incidents where things are "not working well" because of infection or side effects from ongoing treatments. Similarly, Hotline Hub Room staffed 24/7 takes calls and provides for patients currently receiving active anti-cancer treatment, or who have recently had surgery or completed treatment and who may reveal "they are not feeling great". Prompt action, with reassurance and help, are evident. The focus here is to listen to the patient to establish the issue or what specialist action needs to be taken next.

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 2022

For those with a learning disability, one of these steps is the discharge date and planning needed, based on the knowledge about the patient. The Policy and Procedure for patients with learning difficulties is helpful. Similar arrangements have to be made for those who attend the Rapid Assessment Diagnosis and Assessment Unit when cancer is diagnosed. The Flow Chart for those attending out-of-hours hospital non-elective admissions clinics will determine next steps that need to be followed. A matron from the Critical Care Unit - Outreach Resuscitation and Pain Team, spoke of the very special services being provided by The Royal Marsden Trust. Patients here often have very different journeys from the norm. Many of these journeys are long journeys and more time with their patients may be needed. Patients are introduced to the 'Team Nurse' whose team will be responsible for each patient. Much emphasis is placed on listening.

RP1 2023 Not reviewed

RP2 2025 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

2270: Out-of-hours hospital non-elective admission	Assessor Acceptance:	Yes
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Decisions on admission are recorded on the electronic patient record (EPR). EPR is accessible by staff across the Trust. Here, it is specifically noted that if a non-urgent assessment is not required on an unplanned admission or the patient was referred to local services this should be noted on EPR.

2272: Data access and information sharing policy 2020	Assessor Acceptance:	Yes
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Ensures that all information that is held or processed by the Trust is made available in a clear and transparent manner subject to protection of confidentiality.

2273: Multidisciplinary team meetings operational policy	Assessor Acceptance:	Yes
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Staff with knowledge, experience and skills to ensure high-quality diagnosis, treatment and care are brought together (p1; 1.1) with all the necessary information (p2; 3.3). Meeting outcomes are added to the electronic patient record within 24 hours of the meeting (p5; 5.12).

2274: Discharge from hospital policy and procedure	Assessor Acceptance:	Yes
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Describes how all necessary information is to be passed in good time to the relevant community services when a patient is discharged (p18).

2289: Data quality policy 2021	Assessor Acceptance:	Yes
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Against timeliness, states "data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable time period. As a Trust we should be aiming for as close to real-time recording as possible" (p1; fourth row in table).

2290: Chief Information Officer examples of sharing information	Assessor Acceptance:	Yes
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The Trust's Chief Information Officer notes examples of how patient information is promptly shared.

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

RP3 2022

The electronic patient record completed on admission, enables staff from across the Trust to access most of this information. Information held or processed by the Trust is securely stored and is subject to the confidentiality regulations that apply. The quality of evidence secures compliance.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value: Fully Met

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

RP3 2022

It is clear that the arrangements have reduced unnecessary contact for patients and this is confirmed through satisfaction surveys and feedback from patients and staff.

RP1 2023 Not reviewed

RP2 2025 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: Compliance Plus

Active Evidence

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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Patients scored their involvement in their care decisions as 8.2/10 (slide 23; Q23), involvement in decisions about going home as 8.1/10 (slide 28; Q34) and being asked about the need for extra equipment at home as 9.1/10 (slide 28; Q36).

2275: Lymphoma chemotherapy consent form	Assessor Acceptance:	Yes
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Treatment frequency (treatment days and length of cycle) and duration (number of cycles) of chemotherapy are added to the consent form (p1) according to the regime the patient is to receive. Personalised information on the next steps is discussed. The patient keeps a copy of the form.

2276: Carboplatin chemotherapy care plan	Assessor Acceptance:	Yes
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The care plan guides nurses in discussions with patients receiving carboplatin chemotherapy. The nurse is to provide timescales for side effects as chemo outcomes including nausea and vomiting at 3-7 days after drug administration (p1) and peak fatigue 10-14 days after drug administration (p2; j).

2277: Rehabilitation patient booklet	Assessor Acceptance:	Yes
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Timescales are given in patient literature. Here, it is stated rehabilitation progress is better measured in months, rather than days and weeks following surgery (p2; first para). There are pages where the patient writes down their goals (p16-22) about achieving their personalised outcomes.

2279: RM Magazine Winter 2021	Assessor Acceptance:	Yes
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Liquid biopsies developed at the Trust allow the personalisation of treatment (p14-17). A patient describes how their treatment was tailored using the test (p17; right-hand side panel).

2280: RM Magazine Spring 2021	Assessor Acceptance:	Yes
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Identification of a genetic mutation carried by a patient led to choosing an agent usually used to treat a different type of cancer to target the cancer. The patient describes his experience (p9).

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

RP3 2022

The treatment of patients at this hospital trust is unlikely to be completed at the first point of contact. Therefore, time is spent with patients in explaining next steps that are necessary, to each patient, depending on circumstances.

RP1 2023

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

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

RP3 2022

Very good examples are provided in the evidence. The Rehabilitation Patient Booklet provides details of approximate timescales for rehabilitation with suggestions of how patients can identify their personal goals towards recovery. Some patients receiving chemotherapy engage in discussions with nurses, that identify timescales for side effects or fatigue following drug administration. Feedback from questions asked in the National Inpatient Survey is very positive. For example, the degree of involvement in decisions about care and treatment, or decisions about leaving hospital or clarifying if any additional equipment in the patient's home or if adaptation is necessary following discharge. In all questions, patients at The Royal Marsden gave higher scores than the national average for all trusts in England. As a result, a new Compliance Plus is merited.

RP2 2025

Although not formally reviewed this year, Compliance Plus is retained as nothing has arisen to indicate otherwise.

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

2499: OP & RDAC Management Policy	Assessor Acceptance:	Yes
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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)

24100: Pursuing Excellence in Patient Administration (PEPA) Customer Service Standards 2024 -	Assessor Acceptance:	Yes
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The standards are published online and ensure anyone who contacts the Trust by telephone or email receives the same professional and high-quality experience. This includes uniform style for communication from staff and standards for OOO/Voicemail. Also details CS Champions to monitor performance.

24101: Customer Service Standards - Private Care	Assessor Acceptance:	Yes
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Private Care standards are detailed, specifically refer to sections 'responsiveness', 'service standards' and 'performance metrics' for information on escalation procedures to rectify problems.

24103: MyMarsden messaging SOP	Assessor Acceptance:	Yes
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The SOP sets out expectations for responding to enquiries received via the MyMarsden messaging function including the instructions initially given to customers, the auto reply after the customer message has been sent an example text of the timeframe for response and escalation information if urgent.

Active Evidence

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

5.2.5.1: We respond to initial enquiries promptly,

RP2 2025

Initial enquiries, usually by telephone or e-mail, or by referral are dealt with very promptly and in accordance with the standards outlined in the latest edition of the document 'Pursuing Excellence in Patient Administration Customer Service Standards'. Standing operating procedures are in place for prompt attention. The Operational Lead for Radiotherapy spoke of the sophisticated scanning equipment available. There is no waiting list here due to urgency. If waiting times occur, they are strictly monitored and recorded, and lessons are learned. Patients are put on a 'pathway' where there is almost immediate action and where staff, if necessary, work an extended day to ensure that deadlines are met. This Operational Lead made the comment "some of the bravest people imaginable are seen here and it makes you feel in awe of them".

Evidence Value:

Fully Met

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

RP2 2025

It is incumbent on staff to avoid delays. However, in the event of a delay, patients and their representatives are kept informed of action to be taken. In the Outpatient Department, dealing with less urgent cases, the assessor witnessed some delays for patients due to consultants running behind time. In one instance, the assessor noted a one-hour delay for one consultant, which had not been updated, leaving patients without any understanding of exactly how long they would have to wait in real time. The assessor visited the Rapid Diagnostic Assessment Centre and spoke to the matron responsible for this centre and the Outpatients Dept. There is clear guidance on how these Centres are managed, including appointment waiting time requirements which should not exceed 30 minutes. Where clinics overrun for over one hour the guidance requires those in charge to report this 'as an incident'.

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: Compliance Plus

Active Evidence

2318: National inpatient survey 2021	Assessor Acceptance:	Yes
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Patients are asked about quality of service and timeliness. Findings include a score of 9.1 out of 10 for patients experience of time to be admitted (Q2, slide 13); 9.7 for being treated with respect and dignity (Q47; s34); and 9.0 for overall experience (Q48, Q48). Deficits are actioned.

2327: Friends and Family Test	Assessor Acceptance:	Yes
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All patients are offered the opportunity to complete a Friends and Family Test form after an on-site clinical episode. The form asks about the experience of the patient. This is an ongoing initiative with the results analysed to identify any issues of low performance.

2328: Good communication feedback poster	Assessor Acceptance:	Yes
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Patients are invited to feed back about their experience of communication.

2358: PCAG therapy and supportive care services patient awareness survey action plan	Assessor Acceptance:	Yes
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A patient survey identified issues with provision of information about therapy and supportive care services including timing when received. An action plan is in place.

2387: Patient communication channel project	Assessor Acceptance:	Yes
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In response to the experience of a patient unable to contact a relevant clinician in a timely way to advise them about symptoms, a task and finish group is identifying actions to define and establish improved communication pathways.

2395: Telephone monitoring and face-to-face contact audit	Assessor Acceptance:	Yes
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Monitors performance against standards in the Customer service policy and standards (2368) including answering telephone calls within three rings (p3-5). An action plan (p8-9) addresses shortfalls when necessary.

5.3.1.1: We monitor our performance against standards for timeliness

RP1 2023

The QA Dept. audits telephone answering performance. The latest data (2022) show that the % of calls picked up within three rings is 90%, just meeting the target set. The survey of 368 users of the RM Macmillan Hotline Patient Experience, covers satisfaction on waiting times for speaking to a Hotline Nurse. Patients arriving for an appointment at the Olayan Daycare Unit are seen within 30 minutes of arrival. If blood tests are needed, they are asked to arrive 1.5 hours beforehand to allow for results to be ready on admission. Once allocated to a treatment space or 'chair' preparation for treatment commences. Timescales are then monitored. Some patients are critical of the amount of waiting time. Managers are working on ways to be more realistic on timeliness measures, a current challenge because therapies are often personalised to the patient, leading to longer waiting times. Monitoring is both thorough and robust.

RP2 2025

Compliance Plus retained

Evidence Value:

Fully Met

5.3.1.2: and quality of customer service

RP1 2023

Internal monitoring from the QA Department also includes formally auditing of patient experience. The latest data (2022) show a target of 100% of customers being greeted as required. The audit also includes listening to what the patient has to say, dealing with requests promptly, and remembering always to be courteous and respectful. All these standards are monitored and fully met. As part of the monitoring process, the quality of customer service provided features in written comments made by patients themselves. Mini questionnaires: 'Did You Get Great Care Today' asks the same questions of all wards. Overall results are collated, and comments appear on notice boards in wards. Typical comments include: "nothing was too much trouble", "staff listen to concerns, very professional, excellent treatment from every member of the team", all staff are "kind, courteous and caring", "the consultant the oncology team and the ward team were compassionate".

RP2 2025 C+ retained

Evidence Value:

Fully Met

5.3.1.3: and we take action if problems are identified.

RP1 2023

The Management at the Trust is made aware of where there are shortfalls. The Clinical Audit and Improvement Manager, oversees the auditing processes. The Clinical Audit Policy has terms of reference which outline methodologies used in the monitor processes and the subsequent identification of actions to be taken to bring about further improvements. Actions taken are then monitored for progress and reported on. Management structures for monitoring performance in both timeliness and quality of customer service are robust and efforts to collect data and act on short comings are rigorous. Work in this element merits a new Compliance Plus.

RP2 2025

Although not formally reviewed this year, Compliance Plus continues as nothing has arisen to indicate otherwise.

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

24104: Patient Experiences Surveys webpage	Assessor Acceptance:	Yes
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We publish all results for patient experience surveys, including monthly national FFT data and links to results for the national survey programme. FFT satisfaction is currently 99% for Inpatient services and 98% for Outpatient services. The trust was recognised as one of the top performing in IP23.

24105: Council of Governors' meetings	Assessor Acceptance:	Yes
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The Council of Governor's review and discuss Board Sub Committee reports, Strategic and Quality & Performance metrics. Papers are published on the trust website e.g. December 2024 includes October 2024 Quality Account covering SACT/MDU waiting times and Patient Experience/Complaints data.

24106: Board papers	Assessor Acceptance:	Yes
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Board papers are accessible to the public and published on the trust website, standards published include e.g. November 2024 papers - 4.3 review of performance re the new DHR, 4.4 staff survey results and 5.2 Monthly Quality Account in which the improvement in waiting times was acknowledged.

24107: Q1 2425 Board Balanced Scorecard Report	Assessor Acceptance:	Yes
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The Board scorecard details the continued improvement in SACT waiting times, Complaints per FTE staff and customer satisfaction (slide 2).

24108: Paper 6 CQRG Dashboard september data	Assessor Acceptance:	Yes
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The Unified Quality report is published to the CQC & CQRG to provide assurance of quality of service with monthly updates on trust performance - focusing on areas such as operational performance, patient experience and staff experience.

24109: Quality report 23-24 (priority 6)	Assessor Acceptance:	Yes
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The annual Quality Report is published on the trust website and includes performance against metrics such as waiting times (priority 6), patient experience for customers with additional needs (priority 7) and patient satisfaction via MyMarsden targets (priority 8).

5.3.2.1: We are meeting our current standards for timeliness

RP2 2025

The Telephone Monitoring Audit, including face-to-face contact between staff and patients and their carers, was last updated two years ago. It confirmed that the target of 90% of calls are answered within 3 rings and this was met. Email responses, although extensively documented for quality, it is not clear from the evidence how these are routinely monitored.

Evidence Value:

Fully Met

5.3.2.2: and quality of customer service

RP2 2025

The Telephone Monitoring Audit, including face-to-face contact between staff and patients, confirmed that the standard requiring that staff should always be polite, listen to what customers say, deal with requests promptly, and always be courteous and respectful to the customers. These were all fully met at 100%. The Children and Young People Survey conducted in 2020-21 provides positive and helpful information about young people's perceptions of the service being provided. The assessor notes that results from this survey, although useful, are now out of date. The NHS Adult Inpatient Survey 2023 shows that 82% of patients felt they were treated with respect and dignity while in hospital, which is 3% lower than in 2020. 80% of those who responded felt they were treated with kindness and compassion. 51% of respondents rated the overall experience of Inpatient care as at least 9 out of a maximum score of 10.

Evidence Value:

Fully Met

5.3.2.3: and we publicise our performance against these standards.

RP2 2025

The monitoring sheet used to quality assure standards in both timeliness and quality of service, provides a useful record to identify weaknesses. Overall summaries of results are publicised on the website, noticeboards and discussed at high level meetings with details recorded. This is compliant, because these aspects are being monitored and outcomes are positive, but the assessor notes that there is no document that confirms, in a concise way, how commitments and promises in these two areas are clearly matched against outcomes.

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

2212: National inpatient survey 2020 results	Assessor Acceptance:	Yes
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The Trust scored above average in this national survey about the timeliness of being given notice of discharge (Q37; slide 28) and overall experience (Q46; slide 35).

2243: Integrated Governance Monitoring Report, April-September 2021/22	Assessor Acceptance:	Yes
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In April-June 2021, 99 and 97% of, respectively, Trust inpatients and outpatients who responded rated their experience as very good or good in the Friends and Family Test. These figures are above the national averages of, respectively, 97 and 93% (p67; para. 5.4).

2253: South West London cancer waiting times	Assessor Acceptance:	Yes
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The Trust's cancer waiting times are comparable to those of other organisations.

2254: Complaints report, July-September 2021	Assessor Acceptance:	Yes
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The Trust performs well compared to other organisations when complaints are counted against number of finished consultant episodes (p8; first table).

2281: National Cancer Patient Experience Survey 2020	Assessor Acceptance:	Yes
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The Trust compares favourably against other organisations for waiting times for tests (p7; Q6) and the rating of care (p11; Q61).

5.3.3.1: Our performance in relation to timeliness

RP3 2022

The National Cancer Patient Experience Survey provides comparative data of performance in relation to timeliness for a diagnostic test to be completed. Here comparisons are made with the Christie Hospital Trust in Greater Manchester and the Clatterbridge Cancer Centre in Merseyside. Against both of these, The Royal Marsden compares favourably.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value: Fully Met

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

RP3 2022

In terms of the quality of service, comparative measures are taken regarding the receiving of information and whether or not this is understandable. Performance in this area is compared with the same trusts and also with Guys and St Thomas and University College London Hospitals. Data show that The Royal Marsden outperforms these similar establishments.

RP1 2023 Not reviewed

RP2 2025 Not reviewed

Evidence Value: Fully Met