

The Royal Marsden NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

The Royal Marsden was the first hospital in the world dedicated to the study and treatment of cancer. The trust has a total of 219 inpatient beds, 70 day case beds and 18 inpatient wards, as well as approximately 513 outpatient clinics across the two sites. The trust employs approximately 3978 staff.

As a specialist trust. The Royal Marsden takes referrals from all over the country and does not have a local population in the traditional sense. The four largest ethnic minority groups served are: White other, Indian, Pakistani and African.

The trust has two locations registered with the CQC:

- The Royal Marsden – London
- The Royal Marsden – Sutton

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Outstanding   

What this trust does

The Royal Marsden NHS foundation trust is a large specialist cancer centre based in Chelsea (London) and Sutton (Surrey). It provides cancer treatments including: medical care, services for children and young people, end of life care, outpatient care, chemotherapy, radiotherapy, surgery, critical care and haematology.

In 2018/19 the trust provided a broad range of services in both acute locations.

The trust provides the following services:

- Accommodation for persons who require nursing or personal care.
- Diagnostic and screening procedures.
- Management of supply of blood and blood derived products.
- Nursing care.
- Surgical procedures.
- Treatment of disease, disorder or injury.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

Summary of findings

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 10 September and 12 September 2019, we inspected two core services provided by the trust. We inspected adult solid tumours and end of life care.

We inspected adult solid tumours and end of life care at both sites as they were both previously rated as 'good'. We had no concerns about the safety or quality of the services.

We did not inspect outpatients at Sutton as the service was inspected in May 2018. We did not inspect chemotherapy, radiotherapy, haematology, services for children and young people, critical care or outpatients as these services were inspected in April 2016 and we had no new concerns about the safety and quality of these services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question for the trust overall. We undertook a well-led inspection of the trust on 5 and 6 November 2019.

As part of the well-led inspection process, we interviewed the entire executive, some non-executive directors and a range of senior staff across the hospital. We looked at performance and quality reports, minutes of meetings, audits and action plans. We looked at previous board meeting minutes and papers. Over the course of the core service inspection, we looked at how the trust managed their policies, investigations of deaths, serious incidents, complaints and the trust's compliance with Fit and Proper Persons Requirements (FPPR).

What we found is summarised in the section headed 'Is the organisation well-led?'

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as outstanding because:

- We rated effective, caring, responsive and well-led as outstanding and safe as good.
- The effective domain improved by one rating on both sites. At our previous inspection, the rating for effective was good on both sites. At this inspection, the rating for effective improved to outstanding on both sites.
- We rated well-led for the trust overall as outstanding.
- Our rating of the trust's location The Royal Marsden (London) remained the same. We rated it as outstanding because we rated effective, caring, responsive and well-led as outstanding and safe as good.
- Our ratings for the core service of adult solid tumours at The Royal Marsden (London) improved. Our ratings for this core service improved from good to outstanding. We rated it as outstanding because we rated effective, caring and well-led as outstanding, and safe and responsive as good.
- Our ratings for the core service of end of life care at The Royal Marsden (London) improved. Our ratings for this core service improved from good to outstanding. We rated it as outstanding because we rated effective, caring and well-led as outstanding, and safe and responsive as good.
- Our rating of the trust's location The Royal Marsden (Sutton) remained the same. We rated it as outstanding because we rated effective, caring, and well-led as outstanding, and safe and responsive as good.

Summary of findings

- Our ratings for the core service of adult solid tumours at The Royal Marsden (Sutton) improved. Our ratings for this core service improved from good to outstanding. We rated it as outstanding because we rated effective and caring as outstanding, and safe, responsive and well-led as good.
- Our ratings for the core service of end of life care at The Royal Marsden (Sutton) improved. Our ratings for this core service improved from good to outstanding. We rated it as outstanding because we rated effective, caring and well-led as outstanding, and safe and responsive as good.

Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- All staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and all staff knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept all specialist surgical equipment and equipment on the wards visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills to all staff.

However:

- Mandatory training rates did not always meet the trust target. Not all porters received annual mandatory training updates where applicable. Safeguarding training rates for medical staff across the end of life core service did not meet the trust target.
- There were occasions when members of the patient advice and liaison team (PALS) were lone workers and staff informed us that the workload was busy at times.
- Nurse vacancy rates and unfilled shift rates were above the trust target in the end of life core service.
- Medical records were not always complete or safely stored. In adult solid tumours, we found paper records stored in an open shelf behind the nurses' desk. However, the ward clerk was at the desk during the daytime, and nursing staff at other times, which mitigated this risk.

Summary of findings

Are services effective?

Our rating of effective improved. We rated it as outstanding because:

- Outcomes for people who used services were better than expected when compared with other similar services. The effectiveness of the treatment provided to patients for specific tumour groups was much better than the national average and in some cases was regional or world leading.
- The trust's performance was recognised by credible external bodies. The trust was one of only five NHS trusts in England to hold accreditation for both adults and children's services from The Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood and Marrow Transplantation (JACIE) to provide chimeric antigen receptor T-cell (CAR-T) therapy. CAR-T therapy involves taking blood from the patient and 'reprogramming' the patient's own immune cells to fight the cancer.
- The trust safely used innovative and pioneering approaches to provide evidence-based care. The trust had a strong national and international reputation for research and actively participated in clinical research studies with its joint research partner. Research at the trust had strong patient partnership and national collaboration.
- The trust set the standards and practice guidelines for cancer nursing nationally through their Royal Marsden Manual of Cancer Nursing Procedures. Over 90% of acute NHS trusts in England used the electronic version of the manual. At the time of our visit, the trust was in the process of launching the updated tenth edition of the manual.
- Staff, teams and services were committed to working collaboratively. They supported each other to provide excellent care. The trust won the 'nursing practice award' at the Laing Buisson awards 2018 for their multidisciplinary team approach to head and neck cancers.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures to limit patients' liberty. Staff protected the rights of patients' subject to the Mental Health Act 1983.

However:

- There was no formal training provided to staff who held bereavement meetings with families following a death.

Are services caring?

Our rating of caring stayed the same. We rated it as outstanding because:

Summary of findings

- Feedback from patients, carers and stakeholders was consistently positive about the way staff treated people. The trust was ranked third in England for overall patient experience in the Care Quality Commission Adult Inpatient Survey Results 2018. The trust was ranked number one for specialist cancer centres in the National Cancer Patient Experience Survey 2018.
- There was a strong and visible person-centred culture. We found numerous examples of staff going 'above and beyond' for their patients. Staff saw people's emotional and social needs as being as important as their physical needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff understood the delicate nature of their patients' care needs and supported both them and their families in whatever way they could.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff took a holistic approach to caring for their patients. The patients we spoke with spoke very highly of this.

Are services responsive?

Our rating of responsive stayed the same. We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also led on the work with other healthcare providers and local authorities in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Staff took account of patients' personal needs.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- 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.

However:

- We found that a small percentage of complaints in end of life care were classified incorrectly.
- We found that there were limited opportunities for quiet spaces or rooms for grieving relatives on the Sutton site.

Are services well-led?

Our rating of well-led stayed the same. We rated it as outstanding because:

- The trust celebrated safe innovation. The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had been recognised for innovative practices which had proven results in positively impacting safety, care and outcomes. The service was a lead participator in global and regional research and clinical trials. The service provided national level support for specific advanced cancers.

Summary of findings

- Staff were proud of the organisation as a place to work and spoke highly of the culture. The trust was one of the best performing in England in the NHS Staff Survey 2018. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- There was a demonstrated commitment to system-wide collaboration and leadership. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Leaders had the integrity, skills and abilities to run high-quality services. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Staff at the Sutton site felt senior leaders were less visible and that there was less financial investment than at the Chelsea site. However, we found evidence of regular executive presence at both sites, as well as significant investment at the Sutton site with the building of the Oak Cancer Centre.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found areas of outstanding practice in both adult solid tumours and end of life care core services.

Areas for improvement

We found areas for improvement where the trust should take action in order to make improvements.

For more information please see the heading 'Areas for improvement'.

Summary of findings

Action we have taken

We did not issue any requirement notices to the trust.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust.

Outstanding practice

- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer, with plans to roll this out further. This service was underpinned by the use of a palliative care referral “trigger” tool which was used by the oncology clinical team to triage patients and identify those who would benefit from a formal assessment of palliative care needs, appropriate palliative care intervention and/or onward referral to other health professionals or teams. Evidence showed that use of the “triggers” tool supported a mechanism to provide palliative care to patients early in their cancer journey and improved the quality of life of patients. The trust planned to engage with external stakeholders in order to share “triggers” information and extend the offering to other units. A stakeholder conference was planned March 2020 to engage with other trusts, community palliative care teams and primary care teams.
- We saw numerous examples covering an extended period where staff from the trust published in academic journals their research and findings on various topics in the field of cancer including; treatment techniques, patient outcomes, innovations, research and clinical trials.
- We saw data and information which showed that the trust was involved in extensive research and clinical trials. Staff we spoke with told us that it was part of daily working at the hospital and was embedded into the governance structure of the trust. We saw evidence to show that over the period of September 2018 to August 2019 a total of 4,771 Royal Marsden patients were recruited onto clinical trials.
- The trust worked closely with its external academic partner which was a world leading London based university. Staff had access to educational and research grants through the university which promoted the culture of research and innovation.
- The trust has a robotic surgery fellowship programme that was charity funded for 10 years. The programme aimed to recruit and train surgical staff for one year to produce a competent pool of robotic surgeons for the UK.
- The trust operated the Royal Marsden School which educated approximately 700 nurses and allied health professionals across the United Kingdom each year in post-graduate Cancer studies to masters level.
- In 2018/2019 Royal Marsden senior nurses led a cancer education programs in Ghana, Tanzania and Palestine.
- The trust set the standards and practice guidelines for cancer nursing nationally through their Royal Marsden Manual of Cancer Nursing Procedures. Over 90% of acute NHS trusts in England used the electronic version of the manual. At the time of our visit, the trust was in the process of launching the updated tenth edition of the manual.
- Patients and their families or carers had access to complementary therapies and psychological services to enhance their emotional and holistic wellbeing.

Summary of findings

- Psychological support service was provided to patients and their families. People were able to self-refer or be referred by their doctor or nurse. The team consisted of clinical psychologists, nurse counsellors and a consultant psychiatrist who worked with patients living with more complex mental health needs or those patients requiring medication. The service provided four different streams of care including acute mental health, non-directive led by counsellors, directive led by psychologists and family services.
- The trust is considered one of the largest European centres for the treatment of sarcomas, taking on complex retroperitoneal cases. The trust published outcome data in an international academic journal, the data was for non-metastatic patients seen between 2004 and 2014. The data showed outcomes were comparable and better than other leading international centres.
- The trust had a significantly better rate for oesophageal patients with “positive circumferential margins” (19.8% compared to 25.1% nationally). A “positive circumferential margin” is when tumour cells are detected less than 1mm from the resection site, this is known to be associated with poor survival rates. The trust had a lower margin rate which meant patients had a higher chance of a better long-term outcome. This was similarly seen for gastric patients where the trust margin rate was 2.8% compared to 8.2% nationally.
- The trust has also conducted 70 cases of neoadjuvant FLOT chemotherapy resections which combines a new chemotherapy treatment with surgery providing better outcomes for patients.
- The service offered total intravenous anaesthesia for all patients undergoing breast surgery. This allowed, according to research, for faster and better recovery with less complications such as nausea and vomiting.
- The trust was ranked number one for specialist cancer centres in the National Cancer Patient Experience Survey 2018.
- The trust demonstrated a strong commitment to staff wellbeing and recently ran a pilot “compassion fatigue” training programme, which 130 members of staff completed. This was a bespoke training syllabus, with elements of mental health first aid and resilience. The trust aspired to lead the way with this training course and share this outstanding practice with other organisations.
- The trust used innovative approaches to gather feedback from people who used services and the public, including people in different equality groups. This included an internet ‘deep-dive’ through an external consultancy, which provided a rich level of patient feedback that would have been difficult to obtain through traditional surveys and engagement events. The trust demonstrated a strong commitment to acting on feedback.
- The trust took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. The trust was the host and lead organisation for the Royal Marsden Partners cancer alliance in West London.
- The trust ran an ‘innovation den’, where staff presented business cases for new innovations to a panel. The trust allocated up to £60,000 to fund individual innovation ideas where the panel accepted a proposal to take an idea forward.

Areas for improvement

- The trust should consider how to provide annual mandatory training updates to porters to ensure all receive this.
- The trust should consider reviewing staffing levels and arrangements for the bereavement and patient advice and liaison service (PALS).
- The trust should consider provision of formal training to PALS staff who hold bereavement meetings with families following a death.

Summary of findings

- The trust should investigate how end of life care complaints are collated to enable full analysis.
- The trust should consider how to provide additional quiet spaces or rooms for grieving relatives on the Sutton site.
- The service should improve mandatory training rates for staff.
- The service should improve safeguarding training rates for medical staff across the end of life core service.
- The trust should improve nurse vacancy rates and unfilled shift rates.
- The trust should improve staff appraisal rates.
- The trust should improve medical documentation and all records should be stored securely.
- The trust should improve responses to complaints within timeframe set by the trust.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as Outstanding because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. There was compassionate, inclusive and effective leadership. Board members demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- The trust had clear priorities for ensuring sustainable and effective leadership. Since our previous inspection, the trust had further strengthened the senior leadership team by creating additional posts to support the executive directors.
- There were high levels of satisfaction across all staff groups. Staff at all levels felt respected, supported and valued. Staff felt proud of the organisation as a place to work and spoke highly of the culture. The trust was one of the best-performing organisations nationally in the NHS Staff Survey 2018.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust launched a new set of values and behavioural framework in May 2019, which linked more closely to the trust's strategic objectives. The trust refreshed and developed the values in collaboration with over 350 members of staff, as well as patient feedback from interviews, complaints and compliments.
- The trust demonstrated a strong commitment to staff wellbeing and recently ran a pilot "compassion fatigue" training programme, which 130 members of staff completed. This was a bespoke training syllabus, with elements of mental health first aid and resilience. The trust aspired to lead the way with this training course and share this outstanding practice with other organisations.
- The culture was centred on the needs and experiences of patients. Excellent patient care that exceeded expectations was a top priority of the trust. The trust performed better than expected in national patient surveys and was ranked third in England for overall patient experience in the Care Quality Commission Adult Inpatient Survey 2018. The trust still wanted to improve patient experience further, with a vision of all patients experiencing excellent care and treatment.

Summary of findings

- The trust used innovative approaches to gather feedback from people who used services and the public, including people in different equality groups. This included an internet 'deep-dive' through an external consultancy, which provided a rich level of patient feedback that would have been difficult to obtain through traditional surveys and engagement events. The trust demonstrated a strong commitment to acting on feedback.
- There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups.
- The trust celebrated safe innovation. The trust had a strong national and international reputation for research and actively participated in clinical research studies. Research at the trust was compassionate and innovative, with clear governance, strong patient partnership and national collaboration.
- There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. The trust had a strong record of sharing best practice locally, nationally and internationally.
- The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population. As well as doing this in London through its role as the host and lead for the Royal Marsden Partners cancer alliance, the trust engaged on an international scale. The trust demonstrated a genuine commitment to improving cancer care globally through its training programmes in Africa and the Middle East.
- The trust encouraged staff to make suggestions for improvement and gave examples of ideas the trust implemented. The trust ran an 'innovation den', where staff presented business cases for new innovations to a panel. The trust allocated up to £60,000 to fund individual innovation ideas where the panel accepted a proposal to take an idea forward. Any member of staff was able to put forward an idea.
- The trust leadership team had a comprehensive knowledge of current priorities and challenges and took action to address them. The leadership at board and executive level had a thorough understanding of the performance, key risks and financial standing of the trust.
- The trust board and senior leadership team displayed integrity on an ongoing basis. Board members we spoke with described examples of constructive and supportive challenge within the leadership team to drive excellence.
- There was a programme of structured and meaningful board visits to services and staff fed back that leaders were visible and approachable. Since our last inspection, the board had strengthened their visits by making them more systematic. Board members reported positive feedback from staff on the new methodology for board visits. They felt the new method allowed them to gain more detailed information from staff to drive continuous improvement, as well as promoting safety and quality. However, staff at the Sutton site felt senior leaders were less visible than at the Chelsea site.
- The trust demonstrated a strong commitment towards ensuring equality and inclusion across the workforce. The trust strived for diversity and took action to improve its position with the workforce race equality standard. The trust was on-track with its workforce race equality standard 10-year plan. However, the trust recognised there was still more work to be done to improve its workforce race equality standard performance.
- The trust's strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The strategy was fully aligned with plans in the wider health economy, and there was a strong commitment to system-wide collaboration and leadership.
- The senior leadership team regularly monitored and reviewed progress on delivering the strategy. Staff, patients, carers and external partners had the opportunity to contribute to discussions about the strategy.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. The trust developed the values in collaboration with staff and with feedback from patients.

Summary of findings

- The trust encouraged staff at all levels to speak up and raise concerns, and all policies and procedures positively supported this process. The handling of concerns raised by staff met with best practice. The trust took action and learned lessons from concerns raised.
- The trust reviewed leadership capacity and capability and had ongoing training and development to ensure leaders retained a high skillset.
- The trust had an effective system for Fit and Proper Person checks. We reviewed the files of four board-level directors and found they contained evidence of relevant checks to comply with the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5).
- The trust had effective structures, systems and processes to support the delivery of its strategy. This included sub-board committees, divisional committees, team meetings and senior managers. Leaders regularly reviewed these structures.
- The governance framework addressed the need to meet people's mental health needs. The trust had appropriate governance arrangements in relation to the Mental Health Act (1983) administration and compliance.
- The trust had effective systems to identify learning from incidents, complaints and safeguarding alerts and make improvements. The governance team regularly reviewed the systems.
- Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance. Leaders were satisfied that clinical and internal audits were sufficient to provide assurance. Teams acted on results where needed.
- The trust had effective arrangements for identifying, recording and managing risks, issues and mitigating actions. The trust board had sight of the most significant risks and mitigating actions. Recorded risks aligned with what staff said were on their 'worry list'.
- Papers for board meetings and other committees were of a high standard and contained appropriate information. Shortly before our inspection, the trust had undertaken an extensive review of the board assurance framework with an external consultancy firm. This included a risk tolerance exercise to determine risk tolerance levels for the delivery of each of the trust's strategic objectives. This review had helped the trust strengthen the board assurance framework. The trust received feedback from the external consultancy firm that the board assurance framework was now very strong compared with others in the corporate sector as well as the NHS.
- Where cost improvements took place, there were arrangements to ensure they did not compromise patient care.
- Integrated reporting supported effective decision making. There was a holistic understanding of performance, which sufficiently integrated patient and staff views with quality, operational and financial information.
- The board received holistic information on service quality and sustainability. The trust was aware of its performance through key performance indicators and other metrics.
- Team managers had access to a range of information to support them with their management role. This included information on the performance of the service, staffing and patient care.
- The trust had effective information governance systems, including confidentiality of patient records. Leaders submitted notifications to external bodies as required.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
The Royal Marsden (London)	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020
The Royal Marsden (Sutton)	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020
Overall trust	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for The Royal Marsden (London)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Critical care	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
End of life care	Good →← Jan 2020	Outstanding ↑↑ Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Adult solid tumours	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Chemotherapy	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Radiotherapy	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Outpatients and Diagnostic Imaging	Good Jan 2017	N/A	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Overall*	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for The Royal Marsden (Sutton)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
End of life care	Good →← Jan 2020	Outstanding ↑↑ Jan 2020	Outstanding ↑ Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding ↑ Jan 2020
Outpatients	Good Oct 2018	N/A	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good ↑↑ Oct 2018
Adult solid tumours	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Outstanding ↑ Jan 2020
Chemotherapy	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Haematology	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Radiotherapy	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Overall*	Good →← Jan 2020	Outstanding ↑ Jan 2020	Outstanding →← Jan 2020	Good →← Jan 2020	Outstanding →← Jan 2020	Outstanding →← Jan 2020

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Royal Marsden - London

Fulham Road
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SW3 6JJ
Tel: 02078082101
www.royalmarsden.nhs.uk

Key facts and figures

The Royal Marsden (London) has a total of 113 inpatient beds.

Patients receiving end of life care are cared for throughout the hospital. There are no dedicated end of life care beds but the trust tries to manage the majority of these patients on Horder ward, where nursing staff are experienced managing patients with complex symptom control and end of life needs. The specialist team at the trust is comprised of a multi-professional team providing a 24/7 visiting, advisory service to patients and staff across the trust. Across the whole trust, there were 236 deaths between February 2018 and January 2019.

Solid tumours at The Royal Marsden Hospital Chelsea, comprises of, urology, gastrointestinal, breast, gynaecological, head and neck, sarcoma, melanoma, lung, plastic surgery, skin, thyroid, neuro oncology and other rare cancers. As a recognised centre for the treatment of cancer, The Royal Marsden provides a specialist tertiary service for complex surgery and treats patients referred from all over the country and abroad.

There are seven operating theatres at The Royal Marsden, Chelsea. The trust provides surgery for upper gastrointestinal, lower gastrointestinal, liver resections, head and neck cancers, intra-abdominal and retroperitoneal sarcomas, plastics, breast, gynaecology and urology.

There are seven wards in total; five are divided into tumour type. Burdett Coutts is a male only ward for gastrointestinal and genito-urinary treatment. Ellis Ward is female only, for treatment of breast, gynaecological, urological and gastrointestinal. Wilson Ward is a male and female ward for patients with sarcoma, melanoma, head and neck, lung and haematology cancers. The private wards of Granard House and Wiltshire Ward cater for patients with surgery and medical treatment.

Summary of services at The Royal Marsden - London

Outstanding   

Our rating of services stayed the same. We rated it them as outstanding because:

- We rated effective, caring, responsive and well-led as outstanding.
- We rated safe as good.

End of life care

Outstanding ☆ ↑

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust provides end of life care at two sites: Chelsea and Sutton. Patients receiving end of life care are cared for throughout the hospital. There are no dedicated end of life care beds but the trust tries to manage the majority of these patients on Horder ward, where nursing staff are experienced managing patients with complex symptom control and end of life needs. The specialist team at the trust is comprised of a multi-professional team providing a 24/7 visiting, advisory service to patients and staff across the trust. The team supports patients and their families at all stages of their cancer journey from diagnosis to when anti-cancer treatment is finished. It comprises the hospital support and hospital2home teams and provides consultant support to patients attending The Royal Brompton Hospital.

There was a body store with space for 12 deceased patients at the Chelsea site, managed by the anatomical pathology technician. There was a service line agreement held by the trust to transfer bodies to another local trust if they required post mortem.

The administrative arrangements relating to death, including liaising with funeral directors, was undertaken by the Patient Advice and Liaison Service (PALS) and the anatomical pathology technician. The PALS and bereavement service were combined, with PALS staff performing a dual role. Since the last inspection, the trust had introduced bereavement meetings facilitated in rooms next to the PALS office. These meetings were designed to provide families with practical guidance, advice and signposting to support in the event of bereavement.

Across the whole trust, there were 236 deaths between February 2018 and January 2019.

The core service was last inspected in April 2016. The service was rated good overall. Safe, responsive and well led were rated good, caring was rated outstanding and effective was rated requires improvement.

Our inspection was announced (staff knew we were coming) as we were piloting a new cancer assessment framework.

During the inspection visit, the inspection team:

- Visited the wards across the hospital, completed a tour of the environment and observed how ward staff were caring for patients
- Spoke with 29 staff including a consultant, a junior doctor, nursing staff in the specialist team and on the wards, the lead for complementary therapies, clinical practice educator, matron, health care assistant, the PALS coordinator and the anatomical pathology technician.
- Spoke with two patients and two carers or relatives of patients using the service.
- Looked at the care and treatment records of seven patients and seven Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms.
- Looked at medication management and five medication administration records.

End of life care

- Observed various meetings including handovers, senior team meetings and multidisciplinary team (MDT) meetings.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The profile of the service had improved greatly since the previous inspection, with all staff across the trust invested in the importance of ensuring patients received a good end of life care experience. There was a strong emphasis on evidence-based end of life care, supported by data, audits and performance metrics.
- At the time of the last inspection, there was a feeling amongst many staff that we spoke to that referral to the specialist team could be made earlier in the patient pathway, with the majority of patients referred to the specialist team in their last month of life. Since the previous inspection, much work had taken place across the trust and there was now greater recognition that early involvement of palliative care could be beneficial to patients throughout their illness.
- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer. The aim of this service was to offer patients attending these oncology clinics early proactive referral to the specialist team to enhance their quality of life.
- In the National Audit of Care at the End of Life (NACEL) 2018/19, the trust scored above the national average in all but one measure.
- The service had enough staff to care for patients and keep them safe. Clinical staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers. We were given multiple examples of arrangements being made for patients at the end of life to support their needs and wishes, as well as feedback that staff routinely went above and beyond for their patients.
- The service planned care to meet the needs of the patient population, took account of patients’ individual needs, and made it easy for people to give feedback. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service’s vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving end of life care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

End of life care

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- At the last inspection, sufficient consultant cover was an identified risk by the trust. At this inspection, we found that this had improved and there were no consultant gaps. The service had enough staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- The service provided mandatory training in key skills to all staff and made sure all clinical staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all porters had received their annual mandatory training update in the year prior to inspection.
- Staff in the bereavement and patient advice and liaison service (PALS) worked across sites and functions, with unanticipated demand leaving the service stretched at busy times.

Is the service effective?

Outstanding   

Our rating of effective improved. We rated it as outstanding because:

- At the time of the last inspection, there was a feeling amongst many staff that we spoke to that referral to the specialist team could be made earlier in the patient pathway, with the majority of patients referred to the specialist team in their last month of life. Since the previous inspection, much work had taken place across the trust and there was now greater recognition that early involvement of palliative care could be beneficial to patients throughout their illness. Accordingly, the name of had been changed to 'symptom control and palliative care' to reflect the fact that they did not just have a role in the last days of life.

End of life care

- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer. The aim of this service was to offer patients attending these oncology clinics early proactive referral to the specialist team to enhance their quality of life. For lung cancer patients involved in the “triggers” service, the median time between earliest palliative care review and date of death had increased to 254 days, compared to 79 days at baseline. Other data metrics also showed an improvement.
- In the National Audit of Care at the End of Life (NACEL) 2018/19, the trust scored above the national average in all but one measure.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs at the end of life. They used special feeding and hydration techniques when necessary. The service made adjustments for patients’ religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff’s work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients’ consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- There was no formal training provided to staff who held bereavement meetings with families following a death.

Is the service caring?

Outstanding ☆ ➡ ➡

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We were given multiple examples of arrangements being made for patients at the end of life to support their needs and wishes, as well as feedback that staff routinely went above and beyond for their patients.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients’ personal, cultural and religious needs. Staff told us that access to psychological support had improved since the time of the last inspection, and the way referrals were triaged had been improved in order to offer more effective interventions to patients.

End of life care

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The trust gave patients access to an electronic system that enabled them to create an advanced care plan that could be shared across providers.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of their patient population and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- 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.

However:

- We were not assured that end of life care complaints were correctly collated in order to enable analysis.

Is the service well-led?

Outstanding ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- The profile of the service had improved greatly since the previous inspection, with all staff across the trust invested in the importance of ensuring patients received a good end of life care experience. There was a strong emphasis on evidence-based end of life care, supported by data, audits and performance metrics.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

End of life care

- The service collected a wide range of reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer, with plans to roll this out further. This service was underpinned by the use of a palliative care referral “trigger” tool which was used by the oncology clinical team to triage patients and identify those who would benefit from a formal assessment of palliative care needs, appropriate palliative care intervention and/or onward referral to other health professionals or teams. Evidence showed that use of the “triggers” tool supported a mechanism to provide palliative care to patients early in their cancer journey and improved the quality of life of patients. The trust planned to engage with external stakeholders in order to share “triggers” information and extend the offering to other units. A stakeholder conference was planned March 2020 to engage with other trusts, community palliative care teams and primary care teams

Areas for improvement

- The trust should consider how to provide annual mandatory training updates to porters to ensure all receive this.
- The trust should consider reviewing staffing levels and arrangements for the bereavement and patient advice and liaison service (PALS).
- The trust should consider provision of formal training to PALS staff who hold bereavement meetings with families following a death.
- The trust should investigate how end of life care complaints are collated in order to enable full analysis.

Adult solid tumours

Outstanding  

Key facts and figures

Solid tumours at The Royal Marsden Hospital Chelsea, comprises of, urology, gastrointestinal, breast, gynaecological, head and neck, sarcoma, melanoma, lung, plastic surgery, skin, thyroid, neuro oncology and other rare cancers. As a recognised centre for the treatment of cancer, The Royal Marsden provides a specialist tertiary service for complex surgery and treats patients referred from all over the country and abroad.

There are seven operating theatres at The Royal Marsden, Chelsea. The trust provides surgery for upper gastrointestinal, lower gastrointestinal, liver resections, head and neck cancers, intra-abdominal and retroperitoneal sarcomas, plastics, breast, gynae and urology

There are seven wards in total; five are divided into tumour type. Burdett Coutts is a male only ward for gastrointestinal and genito-urinary treatment. Ellis Ward is female only, for treatment of breast, gynaecological, urological and gastrointestinal. Wilson Ward is a male and female ward for patients with sarcoma, melanoma, head and neck, lung and haematology cancers. The private wards of Granard House and Wiltshire Ward cater for patients with surgery and medical treatment. Both Horder and Markus Wards specialise in inpatient oncology, chemotherapy and medical needs.

(Source: CQC Quality Report, The Royal Marsden – Chelsea)

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. The service had been recognised for innovative practices which had proven results in positively impacting safety, care and outcomes.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. The service was focussed on using views gathered from engagement to drive improvement efforts.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved leading outcomes for patients.
- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development
- Staff of different kinds worked together as a team to benefit patients. They supported each other to provide good care.
- Staff were exceptionally kind and caring and provided holistic patient centred care. They went the extra mile to ensure their patients felt their experience was the best they could provide and the patient was at the centre of care for the whole person.

Adult solid tumours

- Feedback from people who used the service was continuously positive. Patients felt their care was delivered with exceptional kindness and patience. They believed that staff went above and beyond their expectations and without exception demonstrated compassion and empathy in their roles.
- The service provided a substantial and effective network of emotional support for patients. They anticipated and provided an array of services that may have been of benefit to patients and their support network. These considerations were given high value and implemented in a positive and proactive way, this support was embedded and integral to the care that was delivered.
- Patients and their relatives were treated as active partners in the planning and delivering of their care and treatment. We saw that staff were committed to working with patients and their relatives, gave them appropriate information and encouraged them to make joint decisions about their care.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used safety monitoring results well.

However;

- Mandatory training rates for medical staff needed improvement, but the service provided training in key skills to all staff.

Adult solid tumours

Is the service effective?

Outstanding ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- We found there was a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services. This includes addressing, where relevant, their nutrition, hydration and pain relief needs. The safe use of innovative and pioneering approaches to care and how it is delivered are actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care.
- Staff monitored the effectiveness of care and treatment on an ongoing basis. They used the findings to make improvements and achieved patient outcomes which exceeded expectations. The effectiveness of the treatment provided to patients for specific tumour groups was much better than the national average and in some cases was regional or world leading.
- The service met and contributed to national guidance in relation to surgery and treatment for adult solid tumours. It routinely monitored staff compliance with national guidance and its own policies and took prompt action when things went wrong.
- We found the service to proactively pursue opportunities for national and global benchmarking and peer review. The service had been accredited under relevant clinical accreditation schemes. The service performed better than other London trusts in adopting risk stratified pathways. The service was involved in research to identify and adopt further stratified pathways beyond the current national recommendations.
- Staff of different kinds worked together as a team to benefit patients. They supported each other to provide good care. Multidisciplinary working was part of the trust culture and was evident across all trust sites.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Is the service caring?

Outstanding ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- Staff were exceptionally kind and caring and provided holistic patient centred care. They went the extra mile to ensure their patients felt their experience was the best they could provide and the patient was at the centre of care for the whole person.
- Patients, their relatives and carers opinions, needs and involvement was highly valued by staff and all were included and considered in the planning and delivering of care.

Adult solid tumours

- Patients told us they felt they were partners in the planning and delivery of care rather than having decisions and plans imposed on them. They felt empowered to contribute to decisions based on the attitudes and inclusivity of the staff they came into contact with.
- Feedback from people who used the service was continuously positive. Patients felt their care was delivered with exceptional kindness and patience. They believed that staff went above and beyond their expectations and without exception demonstrated compassion and empathy in their roles.
- The service provided a substantial and effective network of emotional support for patients. They anticipated and provided an array of services that may have been of benefit to patients and their support network. These considerations were given high value and implemented in a positive and proactive way, this support was embedded and integral to the care that was delivered.

Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust's referral to treatment time for admitted pathways (18-weeks) for surgery was consistently better than the England average. People could access the service when they needed and the service was committed to continual improvements regarding this. Arrangements to admit, treat and discharge patients were in line with good practice.
- The trust planned and provided services, amenities and care in a way that met the needs of all people using the service locally and nationally including patients and their families.
- The service took account of patients' individual needs in a holistic manner including mental, emotional and social care needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service received more compliments and positive comments than complaints from people who used the service.

However;

- The management of waiting times from referral to treatment were in line with good practice, however the trust did not consistently meet the 62-day target.

Is the service well-led?

Outstanding  

Our rating of well-led improved. We rated it as outstanding because:

- There was a fully embedded and systematic approach to improvement, which made consistent use of improvement methodology. Improvement was the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change in care. There was a strong record of sharing work locally, nationally and internationally. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.

Adult solid tumours

- The service had been recognised for innovative practices which had proven results in positively impacting safety, care and outcomes. The service was a lead participator in global and regional research and clinical trials. The service provided national level support for specific advance cancers.
- The service had a track record in aiding other health organisations and professionals by education and training. The service was a national training hospital for robotic surgery.
- The service engaged proactively with patients, staff, the public and local organisations to plan and manage appropriate services. The service was focussed on using views gathered from engagement to drive improvement efforts. The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was positive with a primary focus on patient care and experience. Staff across the service felt a part of a larger team and felt that they made a positive impact on patient care.
- The service had a detailed vision for what it wanted to achieve, and a detailed strategy developed with involvement from staff, external partners and key groups. The service and trust vision and strategy actively included working with and improving patient care and outcomes across their local cancer alliance and the wider healthcare sector.
- The service's vision outlined ambitions of being a sector specific leader in regards to patient outcomes and patient journey and we found there to be tangible plans in place to achieve this goal.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care, we found this fully embedded into daily working practice.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Outstanding practice

We found the following outstanding practice:

- We saw numerous examples covering an extended period of time where staff from the trust have published in academic journals their research and findings on various topics in the field of cancer including; treatment techniques, patient outcomes, innovations, research and clinical trials.
- We saw data and information which showed that the trust was involved in extensive research and clinical trials. Staff we spoke with told us that it was part of daily working at the hospital and was embedded into the governance structure of the trust. We saw evidence to show that over the period of September 2018 to August 2019 a total of 4,771 Royal Marsden patients were recruited onto clinical trials.
- The trust worked closely with its external academic partner which was a world leading London based university. Staff had access to educational and research grants through the university which promoted the culture of research and innovation.
- The trust has a robotic surgery fellowship programme that is charity funded for 10 years. The programme aims to recruit and train surgical staff for one year to produce a competent pool of robotic surgeons for the UK.

Adult solid tumours

- The trust operates the Royal Marsden School which educates approximately 700 nurses and allied health professionals across the United Kingdom each year in post-graduate Cancer studies to masters level.
- In 2018/2019 Royal Marsden senior nurses led a cancer education programs in Ghana, Tanzania and Palestine.
- The Marsden Manual, sets the standards and practice guidelines for general and cancer nursing nationally – the electronic version is used in over 90% of Acute Trusts in England.
- Patients and their families or carers had access to complementary therapies and psychological services to enhance their emotional and holistic wellbeing.
- Psychological support service was provided to patients and their families, people were able to self-refer or be referred by their doctor or nurse. The team consisted of clinical psychologists, nurse counsellors and a consultant psychiatrist who worked with patients living with more complex mental health needs or those patients requiring medication. The service provided four different streams of care including acute mental health, non-directive led by counsellors, directive led by psychologists and family services.
- The trust is considered one of the largest European centres for the treatment of sarcomas, taking on complex retroperitoneal cases. The trust published outcome data in an international academic journal, the data was for non-metastatic patients seen between 2004 and 2014. The data showed outcomes were comparable and better than other leading international centres.
- The trust has significantly lower rate for oesophageal patients with “positive circumferential margins” (19.8% compared to 25.1% nationally). A “positive circumferential margin” is when tumour cells are detected less than 1mm from the resection site, this is known to be associated with poor survival rates. The trust had a lower margin rate which meant patients had a higher chance of a better long-term outcome. This is similarly seen for gastric patients where the trust margin rate was 2.8% compared to 8.2% nationally.
- The trust has also conducted 70 cases of neoadjuvant FLOT chemotherapy resections which combines a new chemotherapy treatment with surgery providing better outcomes for patients.

The Royal Marsden - Sutton

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Key facts and figures

The Royal Marsden (Sutton) has a total of 106 inpatient beds.

There are no dedicated end of life care beds at the Sutton site, with patients cared for throughout the hospital with support from the specialist team. Across the whole trust, there were 236 deaths between February 2018 and January 2019.

The surgical department at Royal Marsden Sutton had two operating theatres with two surgical wards and one private ward. Smithers Ward is a 23-bedded ward for female surgical and medical oncology patients, which includes a four-bedded area for day surgery patients. Kennaway ward is an 11-bedded inpatient ward for male surgical and medical oncology patients. Robert Tiffany ward provides inpatient care for private patients for all forms of cancer treatment.

Between 10 and 12 September 2019 we inspected end of life care and adult solid tumours at Sutton.

The Royal Marsden - Sutton

Outstanding   

Our rating of services stayed the same. We rated them as outstanding because:

- We rated effective, caring and well-led as outstanding.
- We rated safe and responsive as good.

End of life care

Outstanding  

Key facts and figures

End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

The trust provides end of life care at two of sites: Chelsea and Sutton. There are no dedicated end of life care beds at the Sutton site, with patients cared for throughout the hospital with support from the specialist team. The specialist team at the trust is comprised of a multi-professional team providing a 24/7 visiting, advisory service to patients and staff across the trust. The team supports patients and their families at all stages of their cancer journey from diagnosis to when anti-cancer treatment is finished. It comprises the hospital support and hospital2home teams and provides consultant support to patients attending The Royal Brompton Hospital.

There was a body store with space for 16 deceased patients at the Sutton site, managed by the anatomical pathology technician. There was a service line agreement held by the trust to transfer bodies to another local trust if they required post mortem.

The administrative arrangements relating to death, including liaising with funeral directors, was undertaken by the Patient Advice and Liaison Service (PALS) and the anatomical pathology technician. The PALS and bereavement service were combined, with PALS staff performing a dual role. Since the last inspection, the trust had introduced bereavement meetings facilitated in rooms next to the PALS office. These meetings were designed to provide families with practical guidance, advice and signposting to support in the event of bereavement.

Across the whole trust, there were 236 deaths between February 2018 and January 2019.

The core service was last inspected in April 2016. The service was rated good overall. Safe, caring, responsive and well led were rated good, and effective was rated requires improvement.

Our inspection was announced (staff knew we were coming) as we were piloting a new cancer assessment framework.

During the inspection visit, the inspection team:

- Visited the wards across the hospital, completed a tour of the environment and observed how ward staff were caring for patients
- Spoke with 18 staff including a consultant, a junior doctor, nursing staff in the specialist team and on the wards, the lead for complementary therapies, a chaplain, the PALS and bereavement lead and the anatomical pathology technician.
- Spoke with two patients and three carers or relatives of patients using the service.
- Looked at the care and treatment records of seven patients and seven Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms.
- Looked at medication management and five medication administration records.
- Observed various meetings including handovers, senior team meetings and multidisciplinary team (MDT) meetings.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

End of life care

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The profile of the service had improved greatly since the previous inspection, with all staff across the trust invested in the importance of ensuring patients received a good end of life care experience. There was a strong emphasis on evidence-based end of life care, supported by data, audits and performance metrics.
- At the time of the last inspection, there was a feeling amongst many staff that we spoke to that referral to the specialist team could be made earlier in the patient pathway, with the majority of patients referred to the specialist team in their last month of life. Since the previous inspection, much work had taken place across the trust and there was now greater recognition that early involvement of palliative care could be beneficial to patients throughout their illness.
- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer. The aim of this service was to offer patients attending these oncology clinics early proactive referral to the specialist team to enhance their quality of life.
- In the National Audit of Care at the End of Life (NACEL) 2018/19, the trust scored above the national average in all but one measure.
- The service had enough staff to care for patients and keep them safe. Clinical staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers. We were given multiple examples of arrangements being made for patients at the end of life to support their needs and wishes, as well as feedback that staff routinely went above and beyond for their patients.
- The service planned care to meet the needs of the patient population, took account of patients’ individual needs, and made it easy for people to give feedback. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service’s vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving end of life care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

End of life care

- The service provided mandatory training in key skills to all staff and made sure all clinical staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Not all porters had received their annual mandatory training update in the year prior to inspection.
- Staff in the bereavement and patient advice and liaison service (PALS) worked across sites and functions, with unanticipated demand leaving the service stretched at busy times.

Is the service effective?

Outstanding ☆ ↑↑

Our rating of effective improved. We rated it as outstanding because:

- At the time of the last inspection, there was a feeling amongst many staff that we spoke to that referral to the specialist team could be made earlier in the patient pathway, with the majority of patients referred to the specialist team in their last month of life. Since the previous inspection, much work had taken place across the trust and there was now greater recognition that early involvement of palliative care could be beneficial to patients throughout their illness. Accordingly, the name of had been changed to 'symptom control and palliative care' to reflect the fact that they did not just have a role in the last days of life.
- The "triggers" project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer. The aim of this service was to offer patients attending these oncology clinics early proactive referral to the specialist team to enhance their quality of life. For lung cancer patients involved in the "triggers" service, the median time between earliest palliative care review and date of death had increased to 254 days, compared to 79 days at baseline. Other data metrics also showed an improvement.
- In the National Audit of Care at the End of Life (NACEL) 2018/19, the trust scored above the national average in all but one measure.

End of life care

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs at the end of life. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- There was no formal training provided to staff who held bereavement meetings with families following a death.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We were given multiple examples of arrangements being made for patients at the end of life to support their needs and wishes, as well as feedback that staff routinely went above and beyond for their patients.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff told us that access to psychological support had improved since the time of the last inspection, and the way referrals were triaged had been improved in order to offer more effective interventions to patients.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The trust gave patients access to an electronic system that enabled them to create an advanced care plan that could be shared across providers.

Is the service responsive?

Good   

End of life care

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of their patient population and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- 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.

However:

- Due to constraints of the estate, there remained a lack of space in terms of quiet or private rooms on some of the wards, with little space for grieving relatives to gather.
- We were not assured that end of life care complaints were correctly collated in order to enable analysis.

Is the service well-led?

Outstanding ☆ ↑

Our rating of well-led improved. We rated it as outstanding because:

- The profile of the service had improved greatly since the previous inspection, with all staff across the trust invested in the importance of ensuring patients received a good end of life care experience. There was a strong emphasis on evidence-based end of life care, supported by data, audits and performance metrics.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected a wide range of reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

End of life care

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- The “triggers” project had been rolled out and was now available to patients with lung, gynaecological, renal and upper gastrointestinal cancer, with plans to roll this out further. This service was underpinned by the use of a palliative care referral “trigger” tool which was used by the oncology clinical team to triage patients and identify those who would benefit from a formal assessment of palliative care needs, appropriate palliative care intervention and/or onward referral to other health professionals or teams. Evidence showed that use of the “triggers” tool supported a mechanism to provide palliative care to patients early in their cancer journey and improved the quality of life of patients. The trust planned to engage with external stakeholders in order to share “triggers” information and extend the offering to other units. A stakeholder conference was planned March 2020 to engage with other trusts, community palliative care teams and primary care teams

Areas for improvement

- The trust should consider how to provide annual mandatory training updates to porters to ensure all receive this.
- The trust should consider reviewing staffing levels and arrangements for the bereavement and patient advice and liaison service (PALS).
- The trust should consider provision of formal training to PALS staff who hold bereavement meetings with families following a death.
- The trust should consider how to provide additional quiet spaces or rooms for grieving relatives.
- The trust should investigate how end of life care complaints are collated in order to enable full analysis.

Adult solid tumours

Outstanding  

Key facts and figures

The trust is a specialised service for patients diagnosed with cancer. There are two sites, Chelsea and Sutton. The Sutton hospital treats local patients and those from neighbouring areas, patients referred from other parts of England for treatment, patients participating in clinical trials and private patients. The most common types of surgery carried out at the Sutton hospital are breast, plastics and sarcoma. The hospital assesses local patients pre-operatively who have surgery at either of the trust hospitals. High risk surgical patients have procedures at the Chelsea site, where there is an intensive care unit. Patients who deteriorate while they are at the hospital are transferred to other London hospitals or to the Chelsea site for emergency or intensive care.

During the 12-month period March 2018 to February 2019, the trust had 7,290 surgical admissions. Day case admissions accounted for 4,347 (59.6%), 2,627 (36.0%) were elective, and the remaining 316 (4.3%) were emergency admissions.

The surgical department at Royal Marsden Sutton had two operating theatres with two surgical wards and one private ward. Smithers Ward is a 23-bedded ward for female surgical and medical oncology patients, which includes a four-bedded area for day surgery patients. Kennaway ward is an 11-bedded inpatient ward for male surgical and medical oncology patients. Robert Tiffany ward provides inpatient care for private patients for all forms of cancer treatment.

The therapy service of dietetics, physiotherapy, occupational therapy and speech and language therapy specialise in providing therapy to cancer patients. There was a lymphedema service.

Consultants, senior managers, senior nursing and therapy staff worked across the trust at both the Chelsea and Sutton hospitals.

The core service was last inspected in January 2017. The service was rated good overall. Safe, effective, responsive and well led were rated good, and caring was rated outstanding.

During the inspection we visited all clinical areas, including the pre-assessment area, wards, theatres and recovery. Over the course of the inspection we spoke with 30 members of staff including senior managers, clinical nurse specialist, clinical educator, ODPs, health care assistants, consultants, junior doctors, physiotherapists, pharmacists and other allied health professionals.

Our inspection was announced (staff knew we were coming) as we were piloting a new cancer assessment framework. We spoke with 10 patients and relatives. We observed care and treatment and looked at 10 medical records.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The ratings of safe, caring, responsive and well-led have stayed the same. The rating of effective has improved.
- The service provided care and treatment based on national guidance and monitored the effectiveness of care and treatment.

Adult solid tumours

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service had lower expected risk of re-admission for elective surgeries and demonstrated better or comparable outcomes in national audits.
- Staff cared for patients in a very caring and compassion manner, provided effective emotional support and took account of patients' individual needs.
- The service used a systematic approach to continually improving the quality of care by creating an environment in which excellence in clinical care would flourish.

However:

- Compliance rates for mandatory training and safeguarding training were below trust targets.
- Medical records were disjointed and not always complete.
- Managers did not always effectively appraise all staff's work performance.
- Nurse vacancy rates were above trust target and shifts were not always filled.
- Not all formal complaints were responded to within the timeframe set by the trust.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service had suitable premises and equipment and maintained them well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- The service followed best practice when storing, prescribing, giving and recording medicines.
- The service managed patient safety incidents well.
- The service used safety monitoring results well.

However:

- The service provided mandatory training in key skills to all staff although not everyone had completed it.
- Staff understood how to protect patients from abuse but trust targets for completion of safeguarding training had not been met for medical staff.
- Staff kept records of patients' care and treatment, but medical records were not always complete. Paper records were not always stored securely.
- Nurse vacancy rates were above trust target and shifts were not always filled.

Adult solid tumours

Is the service effective?

Outstanding ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- The service consistently demonstrated better or comparable outcomes in national audits and had a lower expected risk of re-admission for elective surgeries compared to national average. All staff were actively engaged in monitoring the effectiveness of care and treatment and used the findings to improve quality of care and outcomes. Benchmarking and research opportunities were actively pursued.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. The safe use of innovative approaches to care and how it was delivered were actively encouraged. The service had been accredited under relevant clinical accreditation schemes
- Staff of different kinds were committed to working collaboratively as a team to benefit patients. They supported each other to provide best care and found effective ways to deliver joined-up care to people using the service.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However:

- Managers did not always effectively appraise all staff's work performance

Is the service caring?

Outstanding ☆ ➡ ➡

Our rating of caring stayed the same. We rated it as outstanding because:

- Patients were truly respected and valued as individuals and were empowered as partners in their care.
- Staff were highly motivated to provide care for patients with compassion, respect and dignity. There was a strong visible person-centred culture. Feedback from patients and relatives was continually positive about the way staff treated people; they thought that staff went the extra mile and the care exceeded their expectations.
- Staff provided effective emotional support to patients to minimise their distress. Emotional and social needs were highly valued by staff and were embedded in their care and treatment. Staff recognised and respected the totality of people's needs and took people's personal, cultural, social and religious needs into account.
- Patients and their relatives were treated as active partners in the planning and delivering of their care and treatment. We saw that staff were fully committed to working with patients and their relatives, gave them appropriate information and encouraged them to make joint decisions about their care. People's individual preferences and needs were always reflected in how care was delivered.

Adult solid tumours

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- People could access the service when they needed it and referral to treatment times for admitted pathways (18-weeks) for surgery were consistently better than the England average. The service was committed to continual improvements regarding this. Arrangements to admit, treat and discharge patients were in line with good practice.
- The trust planned services in a way that met the needs of local people and the service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Not all complaints were responded to within the timeframe set by the trust.
- The management of waiting times from referral to treatment were in line with good practice, however the trust did not consistently meet the 62-day target.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- The leaders of the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Managers were successfully promoting a positive culture that supported and valued staff.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

Adult solid tumours

- Not all staff felt communication with senior leaders was effective, specifically in terms of staffing and general engagement.

Outstanding practice

- The service offered total intravenous anaesthesia for all patients undergoing breast surgery. This allowed, according to research, for faster and better recovery with less complications such as nausea and vomiting.
- The trust was ranked number one for specialist cancer centres in the National Cancer Patient Experience Survey 2018.
- We saw numerous examples covering an extended period where staff from the trust have published in academic journals their research and findings on various topics in the field of cancer including; treatment techniques, patient outcomes, innovations, research and clinical trials.
- We saw data and information which showed that the trust was involved in extensive research and clinical trials. Staff we spoke with told us that it was part of daily working at the hospital and was embedded into the governance structure of the trust. We saw evidence to show that over the period of September 2018 to August 2019 a total of 4,771 Royal Marsden patients were recruited onto clinical trials.
- The Marsden Manual set the standards and practice guidelines for general and cancer nursing nationally – the electronic version was used in over 90% of Acute Trusts in England.
- Patients and their families or carers had access to complementary therapies and psychological services to enhance their emotional and holistic wellbeing.
- Psychological support service was provided to patients and their families, people were able to self-refer or be referred by their doctor or nurse. The team consisted of clinical psychologists, nurse counsellors and a consultant psychiatrist who worked with patients living with more complex mental health needs or those patients requiring medication. The service provided four different streams of care including acute mental health, non-directive led by counsellors, directive led by psychologists and family services.
- The trust was considered one of the largest European centres for the treatment of sarcomas, taking on complex retroperitoneal cases. The trust published outcome data in an international academic journal, the data was for non-metastatic patients seen between 2004 and 2014. The data showed outcomes were comparable and better than other leading international centres.

Areas for improvement

- The service should improve mandatory training rates for staff.
- The service should improve safeguarding training rates for medical staff.
- The service should improve nurse vacancy rates and unfilled shift rates.
- The service should improve staff appraisal rates.
- The service should improve medical documentation and record keeping.
- The service should store paper records securely.
- The service should improve responses to complaints within timeframe set by the trust

Our inspection team

The well led inspection was led by Kate Stoneman, Interim Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. An executive reviewer, Suzanne Hinchcliffe, supported our inspection of well-led for the trust overall. The team included five further inspectors, an assistant inspector and four specialist advisers.

The core service inspection was led by Michelle Gibney, Inspection Manager and overseen by Nicola Wise, Head of Hospital Inspection. Five CQC inspectors were in attendance and were supported by six specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.