

The Royal Marsden NHS Foundation Trust

Quality Strategy



2015 – 2020

1.0. Introduction

The Royal Marsden NHS Foundation Trust is committed to excellence in care for its patients, their families and its staff. This strategy outlines the approach that the Trust takes to ensure that it is a learning organisation continuously striving to improve practice, safety, outcomes and experience across all areas of the Trust. It is important to recognise that staff from across The Royal Marsden contribute to excellence in care and that this strategy therefore applies to frontline clinical staff as much as it does the essential clinical teams in the laboratories and also the many managerial, administrative and clerical staff that contribute to the effective and compassionate care provided to patients and their families.

The Royal Marsden has had a robust governance structure for many years but continuously improves this with regard to external enquiries, national governance recommendations and changes in the CQC Acute Provider fundamental standards and the NHS Well led Framework (2015).

2.0. Background

The Royal Marsden was the first hospital in the world dedicated to cancer when it opened in 1851 and today, with its academic partner The Institute of Cancer Research (ICR), it forms the largest comprehensive cancer centre in Europe specialising in cancer diagnosis, treatment, care, education and research.

The Royal Marsden plays an important role in championing change and improvement in cancer care through research and innovation, education and leading-edge treatment. We are also the provider of community services in Sutton which enables us to transform care between hospital and home to ensure patients receive the highest standards of treatment and the best possible patient experience.

For the past ten years, we have been an NIHR Biomedical Research Centre, the only one designated for cancer, driving pioneering research into the prevention, diagnosis and treatment of cancer, and to translate advances in biomedical research into patient benefits. We aim for excellence from meticulously designed research and clinical trials, to our level of bedside patient care when delivering new treatments. Our clinicians continue to lead the way nationally and internationally, presenting the latest clinical research at the world's leading cancer conferences, taking cancer research even further forward for the benefit of cancer patients at The Royal Marsden, and across the world.

The Royal Marsden is a learning organisation taking seriously its responsibility to the public, patients and their families and also its staff. The Royal Marsden ensures that it takes the learning from national enquiries seriously and even where it doesn't directly apply to cancer care seeks to apply the generic learning to our work at the RM. Across The Royal Marsden the culture is one of continuous improvement and working in collaboration both internally and externally to improve the science, care and education of those with cancer. This culture is also seen in our community

services where teams are ensuring that childrens' and adults' lives are being improved by access to expert health care professionals working across many organisational boundaries. Over the last two years The Royal Marsden has designed and implemented new educational courses for nurses in the community through The Royal Marsden School. We have also seen our community teams win awards and accolades such as the UNICEF Level 3 Breast feeding Award.

Most recently The Royal Marsden has been working with The Christie and UCLH as part of the national New Care Models programme as an Accountable Cancer Network. Being selected as a 'vanguard' site means taking a lead on the development of a new replicable model for cancer. Locally, RM Partners covers all of west London with the aim of improving survival, quality and safety, patient experience and recruitment to clinical trials.



Dr. Shelley Dolan
Chief Nurse

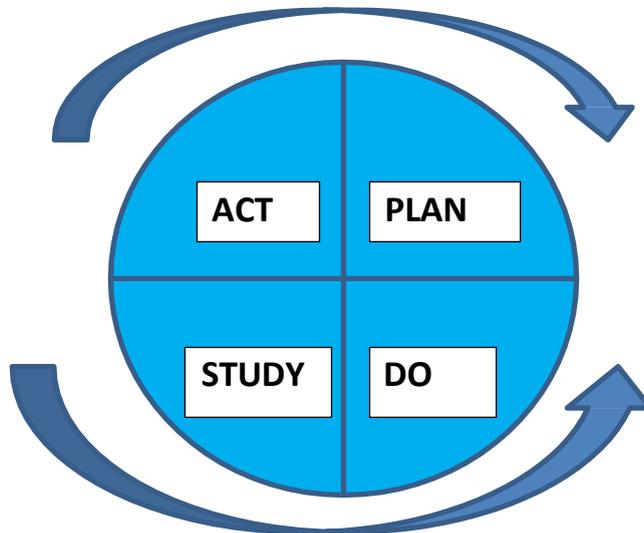
— Dr. Nick Van As
— Medical Director

The Quality and Improvement cycle (Institute of Healthcare Improvement)

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



The Royal Marsden Approach to Quality

- 1. Culture of Continuous Quality Improvement**
- 2. External accreditation / regulation of services**
- 3. Recruit and retain the best staff, continued professional development**
- 4. Harm free care – and learning from incidents**
- 5. Data for improvement / audit**

1. Culture of Continuous Quality Improvement

Across The Royal Marsden, teams are focused on the best holistic care of the public, patients and their families. There is an ethos of driving continuous improvement and the “Art of the Possible” about everything we do. There is also an absolute recognition that investing in our staff is a prerequisite for good quality care and The Royal Marsden is focused on ensuring that all of its staff are supported to develop. This is evidenced by the annual improvement in the staff survey and by the numbers of staff who complete education programmes from the Care certificate for non –registered staff to doctoral studies in medical, nursing and Allied Health Professionals.

One of the most important aspects of quality care is effective team working and leadership. Across the RM there is evident respect for and between professions with well - established cancer and now community MDTs. There is also a commitment to explore new models of care with many advanced practice roles in nursing and AHPs. The RM continues to invest in its leaders and has designed a new clinical leadership structure (The Clinical Business Units) to ensure that clinicians of all professions are closely aligned with the business of the Trust.

From the wards to the Board there is a continuous focus on achieving the best care possible for patients and their families. This involves measuring for improvement and having a responsive informatics service with data readily available for front line staff to be able to improve their performance. The Royal Marsden is a learning organisation and is keen always to learn from external benchmarking nationally and internationally. The Royal Marsden also learns from national safety and quality reports and seeks to embed this national learning into our education, and care. Many of The Royal Marsden clinical leaders hold leadership positions on national and international tumour specific boards and are therefore able to use this to influence care both internally and externally.

Finally The Royal Marsden partnership with the Institute of Cancer Research (ICR) ensures a vital partnership between science and care. Many Royal Marsden clinicians lead multi-centre international research in partnership with the ICR. Research is a fundamental core to service provision at The Royal Marsden with all clinical staff understanding its importance and again focused on the improvement seen in outcomes and experience for patients.

Achievements

- Successful CQC Inspection in 2013 formal compliance against all outcomes
- Governor – led Quality and Safety visits to the Chelsea, Sutton wards and Kingston William Rous Unit.
- NHSLA level 3 compliance 2014
- Monthly Quality Account to the Board with metrics on harm free care, workforce.
- Along with our academic partner, the Institute of Cancer Research (ICR), the Royal Marsden came first in the UK Research Excellence Framework which is a clear measure of academic outputs.
- Quarterly Integrated Governance and Risk Management publication
- Always Events programme with NHS England on BMT OPD
- Improved Staff survey 2015/16
- Director and Non- Executive led quality ward rounds
- The Royal Marsden came 3rd in NHS Learning from Mistakes league
- Safety Huddles across all inpatient areas
- Sign Up to Safety campaign
- DH Connecting Programme

Action Plan

- To implement Governor led Quality and Safety visits throughout The Royal Marsden Community Services
- To build on the Always Events across The Royal Marsden
- To embed the learning from FFT and Governors walkabouts
- To develop the patient facing dashboards for the Community services
- Embed the Innovation Forum
- Ensure increased awareness and engagement around the Transformation Board and support staff to work across organisational boundaries.

6.	Critical Care Unit (a) (b)	ICNARC CCU Network QA		Annual	Yes Yes
7.	Research including Phase 1 Clinical Trials Unit	MHRA	2008	3 yearly. Last completed 2016	Yes
8.	Patient Information	Information standard	2010		
9.	Clinical Experience of care Excellence	Customer Service Excellence Award	2008	Annual	Yes
10.	Business Continuity	ISO 22301	2015	Annual	Yes
11.	Breast feeding	Unicef level 3	2015	2 yearly	Yes
12.	Helping younger and vulnerable mothers at first pregnancy	Family Nurse Partnership	2014	Annual	Yes
13.	Quality and Safety standards	NHSLA level 3	2014		Yes
14.	Fundamental Quality standards	CQC	2013		Yes
15.	Blood & Marrow transplantation Stem Cell Transplant laboratory	The Human Tissue Authority (HTA)	2008	2 yearly. Last inspected 2014	Yes

Action Plan

- To achieve the best overall compliance possible against the new CQC fundamental standards in the 2016 inspection
- To achieve MHRA accreditation for Phase 1 Clinical Trials Unit
- To develop Laboratory accreditation including ISO
- To achieve Imaging Services Accreditation Scheme (ISAS) for imaging and radiology

3. Recruit and Retain the Best: Continuing Professional Development

The next important component of The Royal Marsden Quality strategy is the focus on continuous development and education of staff to be able to deliver excellent care. Across all registered professionals and non-registered members of staff the Trust recognises and implements its policy of ensuring that staff are able to learn on formal educational courses at all levels from the Cavendish care certificate for our health care support workers to post graduate courses for all clinical and non-clinical professionals. In 2016 the Trust has over 25 nurses, AHPs, Radiographers who have been awarded higher degrees at Doctorate level and over 150 others who are prepared at master's level.

In the radiotherapy workforce radiographers have continued to lead and contribute to development by presenting and teaching on national and international conferences and courses. More than half of our current radiographic team in radiotherapy have post graduate credentials and a third of the department (30%) hold a postgraduate award. These awards were almost 100% supported by Trust study leave. We are fortunate to have two radiographers with PhDs in the management team as well as another who is currently working towards theirs supported by funding they secured from Prostate Cancer UK.

The radiotherapy departments in Sutton and Chelsea are currently supporting approximately 65 students for clinical training on two pre-registration BSC pathways. This is the workforce of the future and the radiotherapy department recruits newly qualifying radiographers from this source.

The Radiotherapy physics groups cross-site continue to be accredited by Health Education England/ IPEM/ Academy of Healthcare Science for training STP and PTP physicists and dosimetrists, and have had a regular intake of trainees, as part of the Kings and St Georges consortia. Teaching on undergraduate (BSc) and graduate (MSc) courses at Kings and University of Surrey have continued to be regular commitments for members of the Physics Department.

Our PGME provision is very robust with doctors in training gaining higher degrees often with our partner the Institute of Cancer Research (ICR), and The Royal Marsden attracts high calibre international cancer specialists in training to gain further experience in the innovative and ground breaking techniques utilised within the Trust

There is a structured education and development provision from statutory mandatory training which is recorded for all Trust staff on the "wired programme" to developmental programmes such as the rotation courses for nurses new to cancer care or the community. The Royal Marsden has a study leave committee which is chaired by the Chief Nurse and reviews all study leave applications other than those for medicine.

Staff at The Royal Marsden are encouraged to develop in their clinical field by attending short and long courses but also to attend national and international conferences in their specialty. It is also critical for staff in all fields to develop complementary skills such as leadership and continuous improvement methodologies. The study leave committee provides a robust framework by which to ensure parity of education provision across the divisions but also that staff who are nonregistered get access to education, development and training.

Consultant staff and non-consultant medical staff have their continuing professional development supported by the PGME department, with a number of consultants receiving additional support for leadership and management training via national, high profile training institutions. Consultant staff with responsibility for training junior doctors receive the appropriate training and support as laid down by the General Medical Council.

The Royal Marsden School opened in 2005 and provides post graduate education for nurses and AHPs across England. For the last six years it has been accredited as excellent across all domains by NHS England (London). The School which is in the grounds of The Royal Marsden at Chelsea utilises its permanent education teams but also the clinicians from The Royal Marsden and other hospitals and healthcare organisations in London. The courses at The Royal Marsden School up to and including Masters level are accredited by the University of East Anglia.

In 2016 The Royal Marsden launched its new Education and Training strategy which complements The Royal Marsden School five year strategy and together they will be taken forward to ensure that the RM continues to invest in its staff.

Finally, The Royal Marsden has an excellent relationship with Health Education England and particularly the two LETBs HENWL and HESL. The Chief Nurse and the Director of Workforce sit on the Board of HENWL.

Achievements

- Along with the academic partner, the Institute of Cancer Research (ICR), the Royal Marsden came first in the UK Research Excellence Framework, which is a clear measure of academic outputs.
- Improved recruitment of nurses across all specialities except Theatres
- Improved recruitment rate generally across the Trust
- Initiation of strengths based recruitment for nurses
- Initiation of new Royal Marsden School courses for nurses new to community care
- Publication of new Royal Marsden Education Strategy
- Successful validation of Royal Marsden School courses with new HEI provider
- Successful accreditation of The Royal Marsden School for sixth year
- Launch of learning from incidents videos
- Well attended Anaesthetic and Surgical Team simulation events

Action Plan

- Focus on recruitment of theatre nurses nationally and internationally
- Develop bespoke cancer / community courses delivered by The Royal Marsden School
- Develop the RM Partners ACN education strategy
- Develop –co-design methodologies with patients / families in collaboration with the Point of Care Foundation
- Develop educational support for multi-professionals working in new roles.
- Increase leadership training for clinicians
- Introduce Paired Learning Programme
- To introduce innovative, multi-professional patient care models to optimise the training and experience of the non-consultant medical workforce

4. Harm Free Care and Learning from Incidents

The Royal Marsden has a comprehensive strategy for promoting harm free care and over many years has promoted a culture of openness and honesty about learning when things go wrong. This learning is from external reports such as the Francis report, The Keogh Report The Berwick Report and other national information such as Nice Quality standards, but also importantly learning from our own incidents. All national safety reports are discussed locally at team meetings such as the Staff Nurse Forum, Sisters and Matrons Forums, the Junior doctors Forum and at all governance meetings such as Integrated Governance and Risk Management committee (IGRM) and up to the Board through the Quality Assurance and Risk committee (QAR).

All NICE Quality standards and reviews are reviewed monthly at the IGRM and if appropriate to The Royal Marsden Cancer and Community Services (i.e. not maternity) are sent to a subject matter expert to determine if The Royal Marsden is compliant or not and if not an action plan is determined and then monitored by IGRM.

The Trust has been a member of the Institute of Health Safety First and has used its methodology since 2010. The Patient Safety First initiative includes the on-going audit of patient observation charts and the use of the National Early Warning Score (NEWS). The Royal Marsden was an early implementer and the first implementer of the NEWS system within the North West Critical Care Network. In addition, the monitoring of Fluid Balance charts has been undertaken and is incorporated into the monthly audit. Improvement since 2008 and has used its Patient Safety First methodology since.

In 2015, The Royal Marsden also launched its Sign Up to Safety improvement plan as part of the national strategy and has focused on the following three initiatives for its first programme:

- Reduction of sepsis
- Reduction of medication incidents
- Reduction of avoidable pressure ulcers in the community

All incidents including near misses are encouraged to be reported on the Datix incident reporting system. Incidents are then themed and reported through various relevant committees such as the Pressure Ulcer panels and the Executive Medication Safety committee. Any incidents that are graded by the reporter as moderate harm or above are reported through to the Chief Nurse and Medical Director by the Risk Management team. In most cases then a panel is convened to ensure the most learning and action plan from the review. In all such cases the actions for the Duty of Candour will also be applied (see Being Open & Duty of Candour Policy). In all such cases the actions for the Duty of Candour will also be applied (see Risk Management policy).

Following incident reviews anonymised reports are sent to all clinicians trust wide and are discussed at local and trust wide committees. In 2015/16 the Trust has also made several short videos to encourage learning from such incidents – for example failure to escalate, reduction in medicine incidents and use of the SBAR tool which are available for everyone on the Trust intranet.

Achievements

- Sign Up to Safety initiative
- Learning from incidents videos
- Improved feedback to all reporters of incidents
- Excellent compliance with the Duty of Candour in 6 monthly audits
- Embed iWantGreatCare learning from FFT throughout The Royal Marsden

Action Plan

- To embed action planning from iWantGreatCare across the hospital and community services
- To review the investigation and incident panel process against best practice internationally and explore whether we should make any changes.
- To make more learning from incident videos including the prevention of pressure ulcers in the community

5. Data for Improvement / Audit

The Royal Marsden has a systematic methodology for reviewing performance data monthly at the Trust wide Performance Review Group (PRG) chaired by the Chief Operating Officer. There is also the Performance Group, which meets monthly chaired by Director of Performance and Information and attended by Clinical Business Units Managers, Divisional Directors and the Chief Operating Officer. This group focuses on key performance metrics in more detail, tracking action plans and ensuring improvement in areas such as Cancer Waits, 18 weeks, but also more recently patients lost to follow-up, discharge summaries, and enhanced recovery.

In 2015, the Trust set up a Transformation Board with the aim of improving quality and efficiency through a series of programmes of service improvements. The programmes of work are derived from the need for improvement e.g. outpatient waiting times; reduction in temporary staff usage and are monitored against a set of clearly defined metrics.

The centrally led performance and information team provide data for all the Clinical Business Units and the wards and units to be able to monitor their own performance over time. The CBU and ward dashboards exist within a performance framework such that key metrics are fed up to the board level & Council of Governors on the quarterly scorecard. Furthermore the CBUs meet monthly to formally review their performance and agree actions for improvement where necessary.

Increasingly the model has been for clinical teams to be able to draw down this centrally held data to ensure access to responsive data needed for clinical performance. Department managers and others can access their performance data, activity data through Cognos and through a series of on-demand reports they can run.

Some departments have developed their own scorecards, e.g. Pharmacy; others are less developed and are planned over the next two years.

Through the London Cancer Alliance and latterly the Vanguard we are able to access some benchmarking data to help us understand our own performance relative to others and identify areas where further improvement is possible.

There is also a suite of performance reports that are available publically and for the Board such as the quarterly Integrated Governance and Risk Management report, the Board monthly Quality Account, The Board scorecard and the patient facing dashboards on each ward and unit.

The Royal Marsden also has a Trust wide Clinical Audit Committee (CAC) chaired by two Clinical Consultants. The Royal Marsden conducts approximately 120 audits annually including all of the nationally mandated cancer audits. The CAC reviews audit proposals, progress reports and then importantly the impact / changes made to patient / family or staff care. Every tumour unit has a clinical audit lead who is involved in ensuring that audit and learning is distributed throughout the Trust.

All audits are published in the quarterly Integrated Governance and Risk management report and there is an annual competition to find the audit that has had the most impact on service. Doctors in training and junior nurses are supported through this committee to pursue an effective audit methodology.

Achievements

- Patient facing dashboards
- CBU dashboards
- Audit disseminated learning

Action Plan

- Monthly QA
- Ward performance dash boards
- Board score card
- CBU scorecards
- Audit more systematic disseminated learning
- Increased benchmarking regionally (Vanguard) and nationally

Conclusion

The Royal Marsden is above all a learning organisation that is driven by seeking to achieve the highest quality standards in everything we do. Over many years The Royal Marsden has developed a robust governance system and continuously developed it in line with the NHS Operating Framework and published best practice governance frameworks.

We are keen to learn from others and embed the learning from national enquiries and international safety and quality data in our practice and education. A key component of our quality strategy is robust informatics and data quality which are then used to drive and monitor our performance. Increasingly we are keen to benchmark data both regionally and nationally and will use the opportunities inherent in the Cancer Vanguard.

Finally, the most important part of our quality strategy is the people working across The Royal Marsden and our leaders at every level. Across all areas and at all levels, leaders at The Royal Marsden create a culture of “can do”, the Art of the Possible, respect for each other and continuously striving for excellence.