

# The ROYAL MARSDEN

NHS Foundation Trust



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## What is a Quality Report?

All NHS trusts have to publish their annual financial accounts. Since 2009, as part of the drive across the NHS to be open and honest about the quality of services provided to the public, all NHS trusts have had to publish a Quality Report.

**The purpose of this Quality Report is to:**

1. Summarise our performance and improvements against the quality priorities and objectives we set ourselves for 2024/25
2. Set out our quality priorities and objectives for 2025/26.



To begin with, we will give details of how we performed in 2024/25 against the quality priorities and objectives we set ourselves under the categories of:



First, where we have not met the priorities and objectives we set ourselves, we will explain why, and set out the plans we have to make sure improvements are made in the future.

Second, we will set out our quality priorities and objectives for 2025/26, under these same categories. We will explain how we decided on these priorities and objectives, and how we aimed to achieve these and measure performance.

Quality Reports are useful for our Board members, who are responsible for the quality of our services, as they can use them in their role of assessing and leading the Trust. We encourage frontline staff to use the Quality Report, both to compare their performance with other trusts, and to help improve their own service.

For patients, carers and the public, this Quality Report should be easy to read and understand. It should highlight important areas of safety and effective care being provided in a caring and compassionate way, and show how we are concentrating on improvements we can make to patient care and experience.

It is important to remember that some aspects of this Quality Report are a compulsory legal requirement for including in the report. They are about significant areas and are usually presented as numbers in a table. If there are any areas of the Quality Report that are difficult to read or understand, or if you have any questions, please contact us through the Assurance Team via [QualityAssurance@rmh.nhs.uk](mailto:QualityAssurance@rmh.nhs.uk).

This Quality Report is divided into three sections:

<b>Part 1</b>	Introduction to The Royal Marsden NHS Foundation Trust and a statement on quality from the Chief Executive
<b>Part 2</b>	Performance against 2024/25 quality priorities and setting our quality priorities for 2025/26
	Reviewing progress of the quality improvements in 2024/25 and choosing the new priorities for 2025/26
	Statements of assurance from the Board
<b>Part 3</b>	Other information

## Part 1

### Introduction to The Royal Marsden NHS Foundation Trust and a statement on quality from the Chief Executive

The quality of care that patients and their families receive, and their experiences, are central to all that we do. The Royal Marsden NHS Foundation Trust is the largest cancer centre in Europe and, in association with The Institute of Cancer Research (ICR), London, is responsible for the largest cancer research programme in the UK.

Our commitment to improving quality is demonstrated by the following achievements in the year from 1 April 2024 to 31 March 2025.

- The Trust’s chemotherapy (systemic anti-cancer therapy; SACT) and radiotherapy departments had a successful ISO 9001 surveillance visit in August 2024. With each assessment, the inspection teams provide more challenge against the set standards to achieve more in-depth adherence. With every review undertaken, the learning is shared with the wider Trust and there is adoption of any best practices uncovered during these external audits. The assessments currently occur twice a year and across all sites.
- Diagnostic imaging assessment is transitioning to the Royal College of Radiologists and the College of Radiographers’ in-house programme, QSI Quality Mark. The department is currently going through an on-boarding process and the QSI Quality Mark Team will be reviewing which cycle of assessment the Trust will enter and the subsequent date. Due to the successful transition to the updated QSI standards, the department is in a strong position.

- The Royal Marsden was re-certified for the Customer Service Excellence Award and gained six additional ‘compliance plus’ elements. The assessor was particularly impressed by the kindness of staff and their understanding of patient needs. The Trust was commended on progress made in consulting patients and their families, analysing satisfaction levels for service improvement, publicising performance and for developments in making sure patients have received and understood the information provided.
- In November 2024, NHS England (NHSE) and the South West London Integrated Care Board (ICB) assessed The Royal Marsden as ‘substantially compliant’ in their annual Emergency Preparedness, Resilience and Response (EPRR) Assurance Audit. As a Category One Responder within the Civil Contingences Act, the Trust has a duty to ensure that it is ready to deal with emergencies and maintain the ability to continue essential services during periods of both internal and external disruption. This capability is reviewed by NHSE London and the ICB in the form of a submission of evidence against the NHS EPRR Core Standards and a formal visit to the site to discuss the findings and award an overall grade. The auditors were impressed, noting a satisfactory level of compliance; there is an ongoing work plan involving staff training, live exercises, external engagement and policy revisions, meaning that it is anticipated that ‘full compliance’ will be achieved at the next review.

## Five-Year Clinical Strategy 2024/25-2028/29

Our new Five-Year Clinical Strategy builds on the work of the last five years, with exciting new opportunities for the Trust. This strategy includes building on our integrated bench-to-bedside partnership with the ICR to accelerate the transition of scientific discovery into clinical practice, realising the benefits of our improved digital capability for both patients and staff, investing in our service capabilities and estate to provide patients with the very best environment, and supporting the delivery of cancer services through our integrated care systems, as the host of RM Partners.

The strategy is underpinned by three core themes:

### Pioneering and personalised diagnostics, treatment and care

- Expand our genomics service to be a regional and national lead on new innovations that improve access to new diagnostic and treatment options.
- Optimise our use of technology and introduce artificial intelligence to increase speed, accuracy and access to diagnostics and treatment.
- Increase the personalisation of treatments and accompanying patient care.

### A compassionate, committed and excellent workforce

- Maximise our resourcing pipeline options and the strength of our employer brand to secure a diverse and strong future supply of clinical and non-clinical staff.
- Transform our workforce with changes to our staffing model to create attractive roles and develop and maximise advanced clinical expertise.
- Provide staff with the best possible workplace environments and compassionate leadership.

### Sustainable investment through effective use of resources

- Increase our service capacity, particularly in central London, to ensure we can continue to meet patient demand for our care and treatments.
- Support continued investment through appropriate growth of the various income streams that complement and support the

Trust's core NHS service: private patients, research and development, and other commercial income.

- Deliver tangible progress against the Trust's Green Plan and towards the NHS net zero ambition.

The key quality highlights from 2024/25 against the Five-Year Clinical Strategy are set out below.

- The Royal Marsden's Five-year Genomics Strategy was developed, setting out objectives and priorities, including completion of the lung circulating tumour (ctDNA) programme; expansion of germline testing in high-risk cohorts and cancer patients, and creation of development lab capabilities to accelerate the adoption of new innovations; and cancer vaccine sequencing.
- New methods using artificial intelligence (AI) to accelerate magnetic resonance imaging (MRI) scans were implemented and evaluated, and showed that image quality was maintained or improved, and there was a reduction in acquisition time for scans.
- The Trust's radiotherapy team adapted clinical treatment pathways to increase the speed and accuracy of radiotherapy delivery, including incorporating evidence-based hypofractionation into treatment paradigms for patients with localised breast and prostate cancer.
- Surgeons at The Royal Marsden began using an innovative robotic microsurgery system, Symani®, to support advances in minimally invasive cancer surgery and explore whether it can offer patients faster recovery, less pain and improved quality of life following surgery.
- Patient access to timely clinical support and advice was improved following an initiative launched in response to feedback from patients and carers, with changes including improved signposting in the Trust's telephone system, streamlining the radiology booking processes and clarifying reporting times for patients, and a new contact page on the Trust website.
- The Royal Marsden's Senior Adult Oncology Programme Team won the Improving Care for Older People Initiative of the Year Award at the 2024 Health Service Journal Patient Safety Awards; and the Softies project won the NHS Race Equality Award at the Health Service Journal Awards 2024.

- Work continued on the Trust's emerging proposals to sensitively expand and improve its hospital site in Chelsea, with the first phase of public consultation completed, including in-person events, an online webinar and a survey.
- The Royal Marsden continued to work with the London Borough of Sutton on its plans for the London Cancer Hub, a world-leading district for cancer research and treatment.
- Connect, The Royal Marsden's Digital Health Record, continued to be optimised, with additional functionality and workflows being implemented this year.

### Royal Patronage

We were delighted to announce that Their Royal Highnesses The Prince and Princess of Wales became Joint Patrons of The Royal Marsden in January. His Royal Highness The Prince of Wales has been President of The Royal Marsden since 2007 and has been an exceptionally committed supporter of our work for almost two decades.

We are incredibly fortunate to receive Royal Patronage – it is inspiring for staff and patients and draws interest from all over the world which enables us to shine a light on the outstanding work we deliver in research, treatment, care and education, that has global impact.

Her Royal Highness The Princess of Wales visited The Royal Marsden, Chelsea in January, for the first time since her own treatment here. She met patients to discuss their cancer journeys, and thanked staff for all that they do for patients and families every day. She also heard about the impact of our research on improving care for patients worldwide and met staff who provide a range of supportive therapies which are vital to physical and psychological preparation and recovery from treatment.

### Enhancing private patient facilities

This year we opened a new Private Care Medical Day Unit on the Sutton site, providing high-quality cancer treatment for private patients in a bright, modern space. The beautifully designed unit prioritises comfort, privacy and convenience for patients receiving personalised care.

The new facility will increase existing private care capacity meaning more patients can have access to pioneering research, treatment and care in Sutton, matching the best cancer treatment available in central London.

The Royal Marsden Private Care Centre in Cavendish Square has enhanced the variety of services available to patients this year, with an expanded range of pain and vascular access services and has been a highly successful development for patients and for supporting the NHS through diversifying sources of income.

### Patient survey scores

Finally, we are hugely proud of the feedback we have received, evidencing that our patients continue to rate The Royal Marsden highly. In the Care Quality Commission's (CQC) annual National Adult Inpatient Survey, the Trust was identified as one of nine hospitals in the country to have achieved the highest band of 'much better than expected' across the whole survey, including one of only three hospitals which performed 'much better than expected' for surgical care. In the Friends and Family Test for April to December 2024, the overall percentage positive rating of care for the Trust was 99 per cent for inpatients and 95 per cent for outpatients. In the CQC's Children and Young People's Patient Experience Survey 2024, The Royal Marsden was number one in the region for 'Overall experience' in both the Children and Young People's report and Parents and Carers' report.

The Royal Marsden and its Board has tried to take all reasonable steps to make sure the information in this Quality Report is accurate. On behalf of the Board of The Royal Marsden NHS Foundation Trust (the Trust), I can confirm that, as far as I know and believe, the information in this Quality Report is accurate.



**Dame Cally Palmer CBE**  
Chief Executive  
9 July 2025

## Part 2

### Performance against 2024/25 quality priorities and setting our quality priorities for 2025/26

#### Introduction

The quality priorities and targets for 2024/25 are shown in the table below. Our performance against the targets is summarised in the table, which also shows which quality priorities we have set ourselves for 2025/26.

**Table 1:** Quality priorities and targets for 2024/25 and 2025/26

Category	Quality priority	Target for 2024/25	Performance for the year 2024/25	Target set for April 2025 to March 2026
Safe care	<b>1</b> To monitor the effectiveness of the Patient Safety Incident Response Framework (PSIRF)	Refreshed policy and plan based on learning from initial implementation	Achieved (although update not published within review year)	Not applicable, although we will work to embed systems thinking and just culture in the management of patient safety
Effective care	<b>2</b> To implement Ward Accreditation	To implement Ward Accreditation	Achieved	To extend roll-out of Ward Accreditation to all areas
Effective care	<b>3</b> To reduce the incidence of category 3 and 4 pressure ulcers developing in patients while they are receiving hospital care	To reduce the incidence of category 3 and 4 pressure ulcers developing in patients while they are receiving hospital care, compared to the previous financial year	Not achieved	To reduce the incidence of device-related pressure ulcers by early monitoring and review of device-related injuries
Effective care	<b>4</b> To reduce harm from sepsis through early screening and administration of antibiotics	For more than 90 per cent of patients to be given antibiotics within one hour of sepsis being diagnosed	Partially achieved	To enhance patient safety through the implementation of a digital health platform for sepsis management, incorporating advanced data analytics and real-time alerting systems

Category	Quality priority	Target for 2024/25	Performance for the year 2024/25	Target set for April 2025 to March 2026
Patient experience	<b>5</b> As patient experience is inextricably linked with staff experience, a focus on staff retention and reducing nursing leavers	a. Nursing vacancy rate of seven per cent b. Nurse voluntary turnover of 12 per cent	a. Achieved b. Achieved	Not applicable
Patient experience	<b>6</b> To reduce waiting times at chemotherapy appointments and improve patients' experiences relating to waiting times	For 85 per cent of chemotherapy patients to start their treatment within one hour of their appointment time	85 per cent target not achieved but improvement seen	Not applicable
Safe care	<b>7</b> To implement Call for Concern	To implement Call for Concern	Achieved	Not applicable
New priorities	To improve the management of patients with diabetes in the Trust, with a focus on the medical management of diabetes and the use of insulin	Benchmarks to be set in Q1		
New priorities	To reduce medication selection errors through increased use of medication barcode scanning. This will be achieved through 'thrive' training	– Reporting rates on Datix – Further benchmarks to be set in Q1		
New priorities	All wards to achieve overall gold for Ward Accreditation infection prevention and control metrics	Benchmarks to be set in Q1		

The next section gives more detail about the quality priorities, the progress we made in meeting the targets set for 2024/25, how we will improve our performance, and how our performance will be monitored and measured.

## Priority 1

### To monitor the effectiveness of the Patient Safety Incident Response Framework (PSIRF)

#### Target

Refreshed policy and plan based on learning from initial implementation



Left to right: Kelly McKibbin, Lead Sarcoma CNS; Victoria Cowell, Sarcoma CNS; Aisling Beirne, Sarcoma CNS; Zoe Bennett, Sarcoma Cancer Support Worker; Angela Teague, Sarcoma CNS; Eilidh McCallum, Sarcoma CNS

In 2023, the Patient Safety Incident Response Framework (PSIRF) was launched in the NHS, radically changing the response to patient safety incidents. PSIRF is a flexible, improvement-focused system, moving away from 'root causes' and focusing on improvement and engagement with staff, patients and families.

#### What we did in 2024/25

- Following the launch of PSIRF in 2023/24, the policy has been revisited, and a review of the process has been undertaken, including the agreement to introduce a weekly Patient Safety Incident Management (PrSIM) meetings where the review of incidents at a divisional level takes place.
- Key priorities for the Patient Safety Incident Plan have been reviewed and agreed at the Integrated Governance and Risk Management (IGRM) committee. This enables a more detailed focus on key areas of interest within the Trust, with a view to learning using thematic review.
- Additional external training has been commissioned to support staff understanding of the PSIRF process. This will be continued with an in-house presentation which can be engaged with throughout the Trust.
- In line with the framework requirements, training will be provided for a lead investigator cohort to complete learning responses. This training will be in line with systems thinking using SEIPS analysis (Systems Engineering Initiative for Patient Safety).
- An audit and review of the Duty of Candour process has been undertaken to understand the Trust's position and positively move forward with the compassionate engagement with patients and families.

#### How we performed in 2024/25

- A review of the PSIRF processes in the Trust was undertaken to support a relaunch in summer 2025.
- Metrics are being developed to accurately assess performance under the new framework.

#### Actions to improve our performance

- We will continue to attend and engage with Learning From Patient Safety Events (LFPSE) and Datix workshops to provide input and help drive continued improvements within the service and their product respectfully.
- We will actively seek to embed the PSIRF in the Trust, underpinned by the principles of 'Just Culture' and 'systems thinking' analysis.
- We will build on the proactive management of patient safety and risk with an open, honest and inclusive approach to the review and exploration of incidents and the involvement of patients and staff.

#### How improvements will be measured and monitored

- Thematic analysis will be used to review the PSIRF priorities towards the end of the first year of the revised approach within the Trust.
- There will be regular reviews with the divisions to evaluate the PrSIM meetings.
- Closer liaison with the Integrated Care Board and our counterparts within the system to encourage cross-sector learning and collaboration.
- We will continue to report key metrics, trends and learning through the Quality, Assurance and Risk (QAR) committee, the IGRM committee and local governance groups.

## Priority 2

### To implement Ward Accreditation

#### Target

### To implement Ward Accreditation



Francine Neal, Practice Educator, Private Care

The Trust is committed to embedding a culture of excellence through the implementation of a comprehensive Ward Accreditation programme. This initiative is designed to celebrate high standards in clinical practice, foster collective leadership and enhance staff wellbeing. At its core, the programme provides a structured framework to measure, evaluate and continuously improve the quality of care across wards and clinical teams.

Ward Accreditation brings together key indicators of nursing and clinical care into a single, overarching framework. This enables a holistic assessment of care quality at the ward, unit or team level. When implemented effectively, it drives improvements in patient outcomes, enhances patient and staff experience, and strengthens communication and ownership across teams. It also provides a clear line of sight from ward to board, offering assurance on care quality and alignment with regulatory standards.

Organisations with established accreditation programmes have reported significant benefits, including improved patient safety, increased staff engagement and a stronger platform for continuous quality improvement.

#### What we did in 2024/25

- Ward Accreditation pilot launched: The Trust successfully launched its Ward Accreditation pilot programme. Feedback from both assessors and frontline staff was overwhelmingly positive. A second pilot is planned, with ongoing refinement of the framework and metrics ahead of full organisational roll-out.
- Quality Improvement (QI) Den: Supported by The Royal Marsden Cancer Charity, the QI Den continues to empower staff-led innovation. In Q1–Q3, five projects received funding of up to £5,000 each, enabling frontline teams to implement meaningful improvements in care delivery.
- Regional collaboration: The Trust remains an active member of the South West London (SWL) Improvement Collaborative. Staff have participated in cross-site visits and showcased QI projects developed through Lean Apprenticeship training. These engagements have supported the integration of the PSIRF into local improvement work.

#### How we performed in 2024/25

- The Ward Accreditation domains and standards continue to be refined and collaboration with key stakeholders including patient representatives continues.

#### Actions to improve our performance

- Alignment with best practice: Accreditation standards are being aligned with evidence-based practice, incorporating clinical metrics, local indicators and national benchmarks. These include safety, workforce, performance and patient experience measures, and are mapped to the Care Quality Commission's (CQC) fundamental standards.
- Launch of a QI Forum: A new monthly QI Forum, led by the Matron for QI, will provide a platform for staff to share ideas, receive support and engage in peer learning. This initiative aims to embed continuous improvement as a core component of the accreditation process.

#### How improvements will be measured and monitored

- The Trust's internal Ward Accreditation programme continues to drive high standards of care through a structured cycle of continuous improvement. Progress is monitored quarterly through a robust framework of audit reporting, targeted action planning and oversight via the IGRM committee and divisional Quality, Safety and Risk (QSR) meetings.
- Accreditation outcomes and associated quality improvement initiatives are shared across local and Trust-wide forums to ensure transparency, learning and accountability. Areas of excellence are highlighted and celebrated, while opportunities for improvement are addressed through clearly defined action plans, monitored through established governance structures to ensure sustained impact.

## Priority 3

**To reduce the incidence of category 3 and 4 pressure ulcers developing in patients while they are receiving hospital care**

### Target

To reduce the incidence of category 3 and 4 pressure ulcers developing in patients while they are receiving hospital care, compared to the previous financial year



Lovelie Sio, Staff Nurse, Recovery Theatres

The number and severity of hospital-acquired pressure ulcers are used internationally as a proxy for the effectiveness of care provision. Many people with cancer and/or co-morbidity are more vulnerable to tissue damage because they often have multiple hospital admissions, frailty, multiple drugs including high dose steroids (which decreases skin elasticity), immobility, malnutrition or are susceptible to infection.

Pressure ulcers have a serious impact on quality of life and their management incurs significant costs. To prevent pressure ulcers, it is important to use a structured approach that involves skin assessment and identification of risks.

### What we did in 2024/25

- Tissue Viability Champion meetings were held and uploaded to the Trust intranet page to enable all staff to receive updates, mini refresher training, and be appraised of current pressure ulcer issues and practices.
- We continue to hold six-to-eight-weekly meetings via the Pressure Ulcer Steering Group to discuss and roll-out pressure ulcer prevention initiatives.
- We monitored pressure ulcer data monthly and presented this at the Harm Free Care Committee.
- We have worked in collaboration with the Patient Safety team to develop Datix incident reporting to elicit more information, enabling PSIRF and pressure ulcer data collection.
- Trust MASD (Moisture Associated Skin Damage) screensavers were on rotation to increase staff awareness and in support of prevention pre-summer months.
- Participation in national ‘Stop the Pressure’ week.
- Review of tissue viability sections of Epic (the Trust’s Digital Health Record) documentation to cut out excess, reduce documentation time and streamline.
- Development of the staff Learning Hub education page for tissue viability in order to host study days and provide additional resources.
- Provision of focused, local training in various practice areas.
- We supported and inputted the Tissue Viability Service perspective into the Trust Link Practitioner Policy.
- Updated the Trust’s Harm Free Care educational slides for all new starters, and supported and inputted into the policy update.
- We re-established our collaborative working with Arjo (equipment supplier) for weekly mattress audits.
- A deep dive into the increase in pressure ulcers was undertaken and a paper written and presented at the QAR committee.
- The Tissue Viability Service supported a local refresher training video produced by Smithers ward staff.
- A Ward Assessment Process was introduced to improve first-time, accurate identification of pressure ulcer category.
- Capacity and demand has been modelled against the current workforce through Clinical Nurse Specialist (CNS) safer staffing reviews, and a CNS implementation working group.
- An external audit review was completed and benchmarking with other organisations (including The Christie NHS Foundation Trust).
- Identified funding sources to increase the tissue viability nursing workforce to ensure future resilience.
- Reporting of pressure ulcers aligned and embedded with national guidance.

### How we performed in 2024/25

- There was one attributable category 4 pressure ulcer reported in 2024/25; therefore this target was not achieved.

### Actions to improve our performance

- We will continue to develop the Tissue Viability Champion/Link Practitioner role with defined expectations and responsibilities, such as cascading local teaching and offering peer support, while also enhancing access to tissue viability resources and learning through the Trust intranet and Learning Hub.
- We will be developing a Link Practitioner Competency, as per the new Link Practitioner Policy.
- We will create more online short courses/video tutorials to optimise staff knowledge and documentation standards.
- We will continue to meet via the Pressure Ulcer Steering Group to discuss and share learning and develop strategies to enable and embed best practice.
- We will be taking part in the new Harm Free Care Trust OSCE (Objective Structured Clinical Examination) Training (across both sites).
- We will develop an Epic dashboard to assist with real-time monitoring of compliance with patient skin assessment within six hours of admission.
- The process of reporting pressure ulcers will be refined.
- The Epic referral pathway will be optimised.
- We will ensure appropriate Epic reports, early alerting systems and ward-level escalation processes are developed and embedded.
- There will be a mattress review, as per audit data, and we will revisit the evidence to support best practice.
- Review of current priority to consider whether a reduction in device-related pressure ulcers should be included in the priority for 2025/26.

### How improvements will be measured and monitored

- Continue to review and report on pressure ulcer incidents reported via Datix.
- Divisional Quality Safety and Risk meetings to monitor pressure ulcer prevalence.
- We will continue to report monthly via the Harm Free Care Committee.
- We will contribute to the PSIRF process with a SEIPS approach for learning and service improvement.

## Priority 4

### To reduce harm from sepsis through early screening and administration of antibiotics

#### Target

For more than 90 per cent of patients to be given antibiotics within one hour of sepsis being diagnosed



Eric Encarnacion, Nuclear Medicine and Therapies Lead

Patients with cancer are at risk of developing infections and potentially sepsis – either due to the cancer itself, or associated with systemic anti-cancer therapy. Sepsis is the most common oncological emergency and reason for a patient to deteriorate. Preventing sepsis, together with identification and timely treatment, can improve outcomes and experience for patients.

Minimising harm associated with sepsis is one of the Trust's highest priorities. The sepsis campaign forms part of the newly implemented Deteriorating Patient Committee. Sepsis also forms part of the Trust's Harm Free Care initiative, a Trust-wide quality improvement programme which aims to deliver continuous and demonstrable improvements in the quality and safety of patient care.

**What we did in 2024/25**

- The new National Institute for Health and Care Excellence (NICE) guidance for sepsis was implemented across the Trust. NICE has highlighted that over-treatment of patients who do not have sepsis with antimicrobials risks worsening outcomes. These include the development of antimicrobial resistance and Clostridium Difficile diarrhoea, as well as increasing healthcare costs and potentially missing other diagnoses. Therefore, whilst maintaining the one-hour antimicrobial treatment time target for higher risk patients, NICE has permitted a higher time for patients less unwell (as judged by the NEWS2 national composite score of physiological change) in order to better assess patients with suspected sepsis (see table below). At The Royal Marsden, patients are considered higher risk if they are neutropenic, if clinicians feel that the patient is more unwell than suggested by the NEWS2 score, and if there are three or more in one of the NEWS2 parameters. The change was introduced via posters, an email campaign and face-to-face teaching.

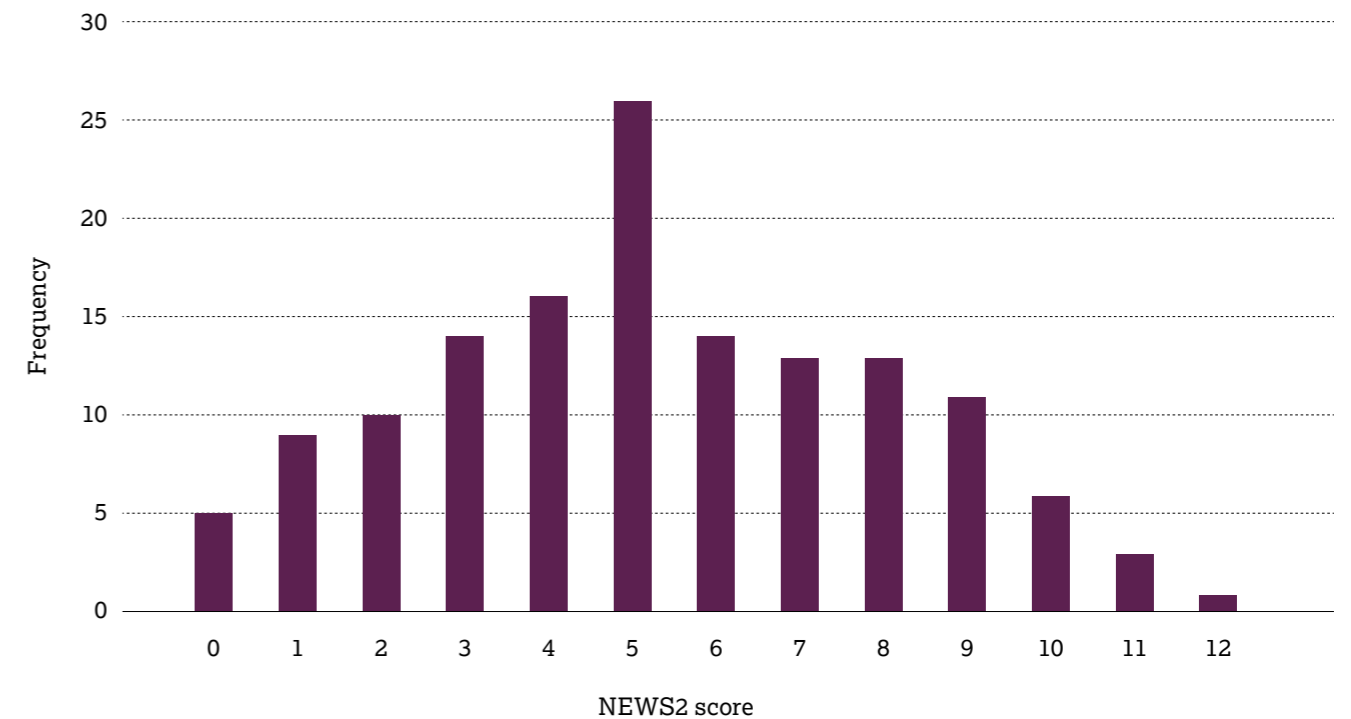
NEWS2 score	Risk of severe illness or death	Target time for antibiotic treatment
7 or above	High	1 hour
5-6	Moderate	3 hours
0-4	Low	6 hours

- In Q4, a new Lead Nurse for sepsis, acute kidney injury (AKI) and deteriorating patients commenced their role.
- In Q4, the Epic tools for recognition and management of patients with suspected sepsis were updated.
- We have continued to provide e-learning and face-to-face training for staff in the recognition and treatment of sepsis, updated with the new Epic changes.
- The Trust has sought to improve the Epic auditing tools to better identify patients who have been suspected of sepsis to drive quality improvement. This is due for completion in Q1 2025/26.

**How we performed in 2024/25**

- We audited those patients who had the sepsis timer triggered in Epic.
- Combining those patients who presented as an emergency as well as the inpatient cohort (due to low numbers of patients in each group), 84.2 per cent, 80.8 per cent, 100 per cent and 85.3 per cent of patients received antimicrobials within an hour for Q1, Q2, Q3 and Q4, respectively. These data suggested that we were below the 90 per cent threshold in three out of four quarters.
- We audited the data according to the new NICE guidance. Reassuringly, 97.5 per cent of patients were treated within the target timeframe when analysing according to the degree of unwellness. The data on the 2.5 per cent (relating to three patient episodes) was used to target quality improvement.
- The difference between the two audit results relates to the distribution of NEWS2 scores in patients suspected of sepsis (see graph opposite). Many patients have NEWS2 scores of six or below, who if not high risk are permitted to receive antimicrobials within three-to-six hours. Reassuringly, the majority of patients not deemed higher risk also received antimicrobials within one hour, indicating that treatment was not being delayed once they had been suspected of having sepsis.

**Distribution of NEWS2 scores when sepsis timer commenced**



**Actions to improve our performance**

- The newly appointed sepsis nursing lead will continue to drive improvements in the recognition and management of the deteriorating patient in conjunction with the practice educator. This will include the use of simulation and analysis of incidents related to delayed antimicrobials.
- We are encouraging the use of the Epic sepsis screening tools via ongoing education.
- We are updating the sepsis policy to reflect the new Epic workflows.
- The Deteriorating Patient Committee is helping to streamline the assessment and support of such patients, including those with sepsis and AKI.

**How improvements are measured and monitored**

- We will introduce the new target to administer antimicrobials within a timeframe mapping to the updated NICE guidance, having agreed this with the QAR committee. We will assess those patients in which the target is missed, in order to provide themes for ongoing quality improvement.
- We are introducing a new Epic report in order to improve future sepsis audits.

## Priority 5

**As patient experience is inextricably linked with staff experience, to focus on staff retention and reducing nursing leavers**

### Targets

- a. To maintain a nursing vacancy rate of seven per cent
- b. To maintain a nurse voluntary turnover of 12 per cent



Michael Reilly, Ward Manager, Robert Tiffany Ward – Private Care

### What we did in 2024/25

- In January, we organised and delivered a successful Health and Happiness Week, offering a diverse programme of activities designed to promote staff wellbeing. Throughout the week, employees were encouraged to participate in a range of events focused on physical health, mental wellness and fostering a positive workplace culture.
- The Employee Assistance Programme (EAP) launched showing the Trust's commitment to staff wellbeing. Developed in collaboration with Vivup, it offers confidential support on various issues, from anxiety to financial concerns. With resources like self-help workbooks and a 24/7 helpline, it is a significant support system.
- We launched the Wagestream Financial Planning App, which provides employees with access to a percentage of their earnings during the pay cycle, financial advice and support for managing debt. While the uptake has been lower than expected (99 staff; two per cent), the Trust is taking a closer look at its impact.
- To understand the needs of both departing and new staff, the Trust has partnered with Great with Talent for exit and new starter questionnaires. The involvement of a third party in these surveys has encouraged openness and yielded higher response rates. The questionnaires have allowed us to understand the factors contributing to employee turnover and to make necessary changes to retain future employees.
- The second Royal Marsden Learning at Work week ran in May, promoting continuous learning, creative thinking and personal growth. More than 420 staff attended one or more of the sessions, with 93 per cent agreeing that participating was time well spent, and 82 per cent stating they learned something new and valuable.
- In June, the Trust hosted its first Love Admin Week, a dedicated week to recognise and celebrate the vital contributions of administrative and operational staff. The training sessions and mentoring opportunities received excellent feedback, with 93 per cent of participants saying it had had a positive impact on their role.
- The Trust's work experience scheme was expanded this year with 81 placements offered to students from local schools – double that of the previous year. Feedback was overwhelmingly positive with all students rating the experience as good or excellent.
- The Trust's first Apprenticeship Celebration Event was held in November. Speakers included the Director of Workforce and past apprentices who spoke about the incredible value that apprenticeships bring on a personal and organisational level. In the past year, 78 staff embarked on an apprenticeship programme, more than double the number from the previous year.
- In May, the Trust started a new Nursing Associate Apprenticeship Programme. This scheme is vital for providing meaningful development for the unregistered nursing workforce and builds a pipeline of future nurses, thus reducing reliance on recruiting qualified nurses from overseas. During the year, 19 Nurse Apprentices started on the programme.

### How we performed in 2024/25

- The Trust set a target nursing vacancy rate of seven per cent for the 2024/25 financial year. We are proud to report that this target was significantly surpassed, with vacancy rates consistently well below target across all four quarters. Q1 closed at 2.6 per cent, Q2 at 3.0 per cent, Q3 at 3.2 per cent and Q4 at 2.8 per cent. These figures represent the lowest nursing vacancy rates the Trust has recorded in recent years and reflect a sustained improvement in our ability to attract and retain nursing staff. This achievement is a testament to the effectiveness of our workforce planning, recruitment strategies and ongoing commitment to supporting and developing our clinical teams.
- The Trust's target for voluntary nurse turnover in 2024/25 was 12 per cent. In Q1, the turnover rate was below target at 10.3 per cent, and continued to decline in Q2 and Q3, reaching 9.4 per cent and 9.2 per cent, respectively. By Q4, the rate had further reduced to 8.5 per cent – the lowest figure recorded during the financial year. This downward trend indicates increasing stability within the nursing workforce.

### Actions to improve our performance

- Develop our approach to school engagement, piloting approaches with a small number of local partners and wider participation with our community.
- Refine our recruitment brand and a suite of recruitment marketing materials that capitalise on our strengths and value proposition.
- Expand the number of apprenticeship opportunities for entry-level staff throughout our organisation.
- Introduce supportive internships for under-represented staff.
- Deliver the alumni programme to encourage returners into the workplace and expand our wider community reach.
- Introduce 'later-career' conversations model for succession planning.
- Reconfigure our approach to job planning for medical staff to improve take up and reflect the complexity of our service delivery model.
- Launch the Leadership Behaviours framework and embed in training, recruitment and one-to-one conversations and appraisals.
- Review our equality, diversity and inclusion (EDI) programme of work and launch a new three-year programme focusing on those initiatives that have made a difference to our metrics. Particular attention will be given to recruitment, promotion and development.

### How improvements will be measured and monitored

- Voluntary turnover and vacancy rates will continue to be measured and monitored locally and through governance oversight committees.
- There will be regular reporting and feedback from staff through the Staff Survey and local team meetings in order to aid action planning to improve staff experience.

## Priority 6

**To reduce waiting times for patients at chemotherapy appointments and improve patients' experiences relating to waiting times**

### Target

**85 per cent of chemotherapy patients to start their treatment within one hour of their appointment time**



Samantha Walker, Sister of Centre for Urgent Care

### What we did in 2024/25

- Continued monthly scrutiny of data and performance against the Trust standard.
- Data reports have been developed to provide more granular information to teams. In addition, we developed the key performance indicator (KPI) to also consider scalp cooling and nursing assessment for cycle 1 day 1 patients (due to be incorporated from April 2025 data).
- Developed an in-Epic report to review each part of the SACT/medical day unit (MDU) infusion pathway from clinical approval through to infusion. This supports teams in reviewing patient pathways.
- New reports developed for the day units which will help the teams to track patients and ensure their chemotherapy is available in advance of them arriving.
- Two-step process for SACT in children and young people is now embedded, with a significant improvement in waiting times.

### How we performed in 2024/25

- Improvement has been seen across all area since 2023/24. The quarterly data is:
  - Q1: 78.2 per cent
  - Q2: 81.7 per cent
  - Q3: 81.5 per cent
  - Q4: 81.9 per cent

### Actions to improve our performance

- Further refinements to the booking and scheduling processes in Epic to ensure optimal use of treatment slots.
- Maintaining pharmacist presence in clinics as this has been shown to significantly reduce delays between prescribing and approvals of treatment.
- Focused work on bottlenecks in the pathway, i.e., pre-prescribing, pharmacy fit to treat, drug unavailability.
- Developing a workforce plan to address skill mix in clinics.
- Review performance of standard of care drugs versus trial pathway.
- Additional training on ultrasound-guided canulation for senior nursing staff to be rolled out.

### How improvements will be measured and monitored

- Existing metrics will be monitored and scrutinised through the SACT board and the Quality Assurance SACT meetings
- Specific metrics have been introduced within an in-Epic dashboard to monitor different parts of the pathway. A key action for 2025/26 is to embed the use of the report.

## Priority 7

### To implement 'Call for Concern'

#### Target

- Successful implementation on both sites
- Monitoring performance at the Trust's Integrated Governance and Risk Management and Deteriorating Patient committees



Catherine Milton, Breast Advanced Nurse Practitioner

Call for Concern, linked to Martha's Rule NHS pilot, is a patient safety initiative within the NHS that allows patients, families and carers to raise concerns about a patient's deteriorating condition if they believe the ward team or medical team is not adequately recognising them.

### What we did in 2024/25

- The Call for Concern service in was re-introduced in June 2024. This was aligned with the NHS pilot patient safety initiative Martha’s Rule, and was implemented on both the Chelsea and Sutton sites. A direct external line to the Critical Care Outreach (CCO) Service for Chelsea and Sutton was introduced, available 24 hours a day, seven days a week.
- A Standard Operating Procedure for Call for Concern (available on the RM Matters intranet page under Critical Care Outreach) was produced to guide the teams on the processes of managing calls received and the escalation pathways.

### How we performed in 2024/25

- Since the re-introduction of the Call for Concern service, supported by the CCO team, we have received 17 calls through the Chelsea site and four through Sutton. Out of the calls received, 16 were for outpatients and six calls related to inpatients. The main themes/reasons for call were:
  - Referral to other teams
  - Unwell patient at home
  - Communication about treatment plans.

### Actions to improve our performance

- A pilot patient wellness questionnaire aligned with the third component of Martha’s Rule and the patients' cohort was developed.
- There is ongoing staff education (nursing/medical teams) on Martha’s rule and spotting soft signs of deterioration and escalating accordingly.
- Monitoring of service activity, for example number of calls received, patient cohort, whether classed under deterioration or not, and outcomes. This is aligned with the pilot, which has been extended until March 2026.
- Service user feedback to be reviewed.
- Service performance will be presented at the Integrated Governance and Risk Management and Deteriorating Patient committees to ensure shared learning.

## Reviewing progress of the quality improvements in 2024/25 and choosing the new priorities for 2025/26

No detailed requirements for quality reports have been published for 2024/25, nor was there a requirement for foundation trusts to have their quality reports checked by external auditors. The Royal Marsden NHS Foundation Trust continues to have a collaborative approach to preparing the quality report where possible.

Key staff have been consulted and the draft report reviewed stakeholders. The quality report has been reviewed and agreed by members of Quality, Assurance and Risk (QAR) committee, as delegated by the Board and the Integrated Governance and Risk Management (IGRM) committee in July 2025.

## Statements of assurance from the Board

### Review of services

We have reviewed all the information we have on the quality of care provided by all our relevant health services. The information provided in Part 3 of this quality report covers the three aspects of quality: patient safety, clinical effectiveness and patient experience.

### Learning from deaths

During 2024/25, we continued to review all deaths in the hospital each month. Table 2 shows the number of inpatients who died between April 2024 and March 2025.

During 2017/18, a policy was introduced that outlined how we would make sure that all deaths at the Trust would be reviewed and how we would share learning across the Trust. The policy was approved at the Trust’s Board meeting and at the Integrated Governance and Risk Management Committee in September 2017 and is reviewed regularly.

**Table 2:** Number of patients who died and number of case record reviews and investigations

	Number of patients who died at The Royal Marsden	Number of cases where a record review or an investigation was completed	Number of cases where a record review and an investigation was completed	Number of deaths due to a problem in care provided	Percentage of deaths due to a problem in care provided*
April to June 2024	53	12	3	0	0%
July to September 2024	60	11	1	0	0%
October to December 2024	65	12	0	0	0%
January to March 2024	69	12	2	0	0%
<b>Total</b>	<b>247</b>	<b>47</b>	<b>6</b>	<b>0</b>	<b>0%</b>

\*Note: The percentages have been estimated using the Royal College of Physicians’ suggested framework ‘Structured Judgement Review’ (SJR) to carry out the investigation.

From April 2024 to March 2025, 47 case record reviews and five investigations were carried out in relation to all of the deaths shown in Table 2. In six cases, we carried out both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown in Table 2. No problems in care were identified between April 2024 and March 2025 and none were investigated as a significant incident.

Actions and learning from case record reviews and investigations of deaths:

- Discharge summaries should be sent to GPs in a timely fashion after death.
- Regular updates with family either via the phone or face to face are especially beneficial and should involve the ward nursing team.
- Attention should be given to ensuring that DNACPR documentation is completed in a timely fashion at the point of making the decision.
- Consent forms should be completed fully to ensure maximum validity.
- Next of kin should be regularly updated throughout the patient admission.
- Outpatient investigations that are requested to be completed through other hospitals should be followed up by the treating team within an appropriate timeframe.
- Clearer documentation on events post referral to the coroner.
- Clinical teams to ensure external specialist opinions are sought in a timely fashion.

Points of good care to note were:

- Evidence of good multidisciplinary team (MDT) working.
- Evidence of early palliative care referrals.
- Evidence of prompt reviews in the Centre for Urgent Care.
- Good documented communication between clinicians, patients and families.

### Taking part in clinical audits

At The Royal Marsden, we undertake many clinical audits for quality improvement. We participate in all the national cancer audits that apply to our organisation. This allows us to compare ourselves against other hospitals in England and sometimes across the world. We also have a comprehensive programme of local clinical audits which clinical staff, including consultants, junior doctors, nurses and allied health professionals, conduct regularly to improve local areas of care.

Between April 2024 and March 2025, 29 national clinical audits and national confidential enquiries covered relevant health services that The Royal Marsden provides.

#### National clinical audit and confidential enquiries

National confidential enquiries are ‘inspections’ that are carried out nationally to investigate areas of care where there may have been problems or where the patients may be particularly vulnerable. All hospitals are asked to take part in them so that all care across England can be monitored.

Between April 2024 to March 2025, The Royal Marsden registered or took part in 29 (100 per cent) of the national clinical audits and all national confidential enquiries in which we were eligible to take part in (Table 3). At The Royal Marsden, we cannot carry out many of the national audits carried out by other hospitals because we exclusively care for patients with cancer.

The national clinical audits and national confidential enquiries that The Royal Marsden took part in, and which information was collected for in 2024/25, are listed on the following pages, including cases submitted to each audit or enquiry as a percentage of the number of registered cases required under the terms of that audit or enquiry (Table 3 and Table 4).

**Table 3: National clinical audits The Royal Marsden took part in during 2024/25**

No	NHS England Quality Accounts national clinical audits clinical outcome review programme (including other national audits)	Cases submitted, expressed as a percentage of the number of registered cases required
1	Royal College of Surgeons of England (RCS) National Cancer Audit Collaborating Centre (NATCAN); National Audit of Metastatic Breast Cancer <sup>1</sup> (NAoMe)	Data taken from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
2	National Audit of Primary Breast Cancer <sup>1</sup> (NAoPri)	Data taken from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
3	National Bowel Cancer Audit <sup>1</sup> (NBOCA)	Data taken from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
4	National Kidney Cancer Audit <sup>1</sup> (NKCA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
5	National Lung Cancer Audit <sup>1</sup> (NLCA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
6	National Non-Hodgkin Lymphoma Audit <sup>1</sup> (NNHLA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
7	National Oesophago-Gastric Cancer Audit <sup>1</sup> (NOGCA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
8	National Ovarian Cancer Audit <sup>1</sup> (NOCA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
9	National Pancreatic Cancer Audit <sup>1</sup> (NPaCA)	Data taken from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
10	National Prostate Cancer Audit <sup>1</sup> (NPCA)	Data taken mainly from within Cancer Outcomes and Service Dataset (COSD). Note: Tertiary provider
11	The British Association of Urological Surgeons (BAUS) Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices (I-DUNC)	100% identified Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery
12	BAUS Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)	100% identified Note: The Royal Marsden is a tertiary cancer centre providing complex oncological surgery
13	NHS England Breast and Cosmetic Implant Registry	100% identified
14	Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)	100% identified
15	ICNARC National Cardiac Arrest Audit (NCAA)	100% identified
16	Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls (NAIF)	100% identified
17	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	There have been no notifications made to LeDeR by the Trust and neither have we been contacted for information in relation to any current LeDeR reviews. We continue to engage with Sutton LeDeR steering group and local learning as well as the Trust mortality review group. We have recently joined the Sutton LeDeR Quality Assurance Group.
18	National Audit of Care at the End of Life <sup>1</sup> (NACEL) 2024 and 2025	NHS Benchmarking Network 100% identified in 2024 2025 data collection ongoing

No	NHS England Quality Accounts national clinical audits clinical outcome review programme (including other national audits)	Cases submitted, expressed as a percentage of the number of registered cases required
19	National Comparative Audit of NICE Quality Standard QS138	100% identified
20	National Comparative Audit of Blood Transfusion: National Comparative Audit of Bedside Transfusion Practice	100% identified
21	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	100% identified
22	National Emergency Laparotomy Audit <sup>1</sup> (NELA) Laparotomy	100% identified
23	National Emergency Laparotomy Audit <sup>1</sup> (NELA) No Laparotomy	NELA No Laparotomy workstream added May 2024. No cases identified
24	Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS): Oncology and reconstruction	100% identified
25	Perioperative Quality Improvement Programme (PQIP)	100% identified
26	INTEGRATE National Prospective Head and Neck Robotic Surgery audit	100% identified
27	Trainee Research Intensive Care network project: A national audit Measuring ANtimicrobial prescribing and resistance in Critical Care Units in the United Kingdom (TRIC-MAN)	100% identified
28	NCEPOD Rehabilitation following critical illness	100% identified
29	NCEPOD Emergency procedures in children and young people	100% identified
30	NCEPOD Acute limb ischaemia	Not applicable
31	The British Association of Urological Surgeons (BAUS) Penile Fracture Audit	Not applicable (non-return)

<sup>1</sup>Healthcare Quality Improvement Partnership (HQIP) National Clinical Audit and Patient Outcomes Programme (NCAPOP)

In 2024/25, we reviewed the reports of 24 national clinical audits and publications. Where appropriate, we will take the following actions to improve the quality of healthcare we provide. Please see Table 4 for details of actions.

**Table 4: National clinical audit reports published, and actions taken**

No	National clinical audit reports published in 2024/25	Description of actions
1	National Emergency Laparotomy Patient Audit (NELA) Year 9	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee. Discussed at Senior Surgeons & Anaesthetists Committee
2	Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme (CMP)	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee
3	ICNARC National Cardiac Arrest Audit (NCAA)	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee
4	Perioperative Quality Improvement Programme (PQIP) Report 5 March 2023 to March 2024	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee. Staff attended PQIP webinar
5	The 2024 National Audit of Inpatient Falls Report on 2023 clinical data	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee
6	Breast and Cosmetic Implant Registry (BCIR)	Report disseminated to clinical teams and discussed at the Senior Surgeons & Anaesthetists Committee
7	Serious Hazards of Transfusion (SHOT) UK National Haemovigilance Scheme	Transfusion-related events discussed at Blood Transfusion Committee
8	NHS Blood and Transplant NICE QS138 Quality Insight	Key findings reviewed at the Blood Transfusion Committee
9	NHS Blood and Transplant 2023 Bedside Transfusion Audit	Key findings reviewed at the Blood Transfusion Committee
10	BAUS (The British Association of Urological Surgeons Limited) Nephrostomy Audit	National summary report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee. Key benchmarking metrics reviewed by urology team. Staff attended the BAUS Annual Scientific Meeting in June 2024
11	BAUS Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices (I-DUNC)	National summary report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee. Key benchmarking metrics reviewed by urology team. Staff attended the BAUS Annual Scientific Meeting in June 2024
12	LeDeR – learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee
13	National Radiotherapy Patient Experience Survey (National Radiotherapy Network Managers Group)	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee for sharing learning and good practice
14	NaoMe State of the Nation Report 2024; NAOme State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports)  A local COSD Optimisation Group meets weekly to review COSD data  Discussed at Senior Surgeons & Anaesthetists Committee

No	National clinical audit reports published in 2024/25	Description of actions
15	NaoPri State of the Nation Report 2024; NAoPri State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
16	NBOCA State of the Nation Report 2024; NBOCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
17	NKCA State of the Nation Report 2024; NKCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
18	NLCA State of the Nation Report 2024; NLCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data
19	NNHLA State of the Nation Report 2024; NNHLA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data
20	NOGCA State of the Nation Report 2024; NOGCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee

No	National clinical audit reports published in 2024/25	Description of actions
21	NOCA State of the Nation Report 2024; NOCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
22	NPaCA State of the Nation Report 2024; NPaCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
23	NPCA State of the Nation Report 2024; NPCA State of the Nation Patient and Public Report	Reports disseminated to clinical teams and Clinical Audit & Quality Improvement Committee, to track Trust performance in Quarterly reports (Quarterly Data Dashboards or Quarterly Clinical Performance Indicator Reports) A local COSD Optimisation Group meets weekly to review COSD data Discussed at Senior Surgeons & Anaesthetists Committee
24	National Audit of Care at the End of Life (NACEL) 2022 report	Report reviewed by Palliative Care Unit and Clinical Audit & Quality Improvement Committee. Bespoke dashboard shared and action plan reviewed at End of Life Steering Group. Registered for NACEL 2024 and 2025

The reports of four national confidential enquiries were reviewed by The Royal Marsden in 2024/25 and/or circulated for information.

**Table 5: National confidential enquiries reports published and actions**

No	National Confidential Enquiry into Patient Outcome and Death (NCEPOD) studies <sup>1</sup>	Description of actions (local) taken on receipt of report
1	Common Themes 2024	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee  The NCEPOD local reporter provides an annual report to the Integrated Governance and Risk Committee
2	NCEPOD Endometriosis	Not appropriate  Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee
3	NCEPOD End of Life Care ‘Planning for the End’ – A review of the quality of care provided to adult patients towards the end of life	Report disseminated to Executive Board, clinical staff & Clinical Audit & Quality Improvement Committee  Staff joined the NCEPOD webinar  The NCEPOD local reporter provides an annual report to the Integrated Governance and Risk Committee
4	NCEPOD Juvenile Idiopathic Arthritis	Report disseminated to clinical teams and Clinical Audit & Quality Improvement Committee

Between April 2024 and March 2025, the reports of 45 local clinical audits, quality improvement projects and local action plans were reviewed by The Royal Marsden’s Clinical Audit & Quality Improvement Committee. Some examples of clinical audits and quality improvement projects completed between April 2024 and March 2025, and the actions, are given on the following page.

More information about local clinical audits or quality improvement projects can be given by contacting the Patient Safety and Clinical Assurance Team via email [clinicalauditandqualityassurance@rmh.nhs.uk](mailto:clinicalauditandqualityassurance@rmh.nhs.uk).

**Table 6: Examples of local projects reviewed and the actions**

Title	Actions
<b>Care of patients in the last days of life audit: update 2023/24</b>	<p>This audit is a continuation of the last seven years care of the dying audit on a quarterly basis. It was carried out alongside the National Audit of Care at the End of Life to uphold our commitment to providing excellent end-of-life care at The Royal Marsden.</p> <p>The audit reviewed inpatients, with nurses and doctors encouraged to use the Principles of Care for the Dying Patient clinical documentation. This ensures adherence to the five priorities of care: communication, recognition of dying, rationalising medications, providing optimal symptom relief, involving families, and offering spiritual support.</p> <p>71 per cent of patients had a Principles of Care document initiated; similar to the previous year. Although this does not meet the audit standard of 80 per cent, there are ongoing reminders for staff and mandatory training is in place.</p> <p>Good discussions were held and recorded with patients and families at the end of life. 95 per cent of families had the possibility of death communicated to them, and 95 per cent had a conversation with the medical team. While this did not meet the 100 per cent target, it was close and similar to last year’s data.</p> <p>89 per cent of patients had anticipatory medications prescribed, which did not quite meet the 100 per cent standard set by NICE guidelines. Additionally, 69 per cent had documented evidence of hydration discussed at the end of life, which also did not meet the standard. Although this has improved overall since the audit began, it is slightly down from last year’s data.</p> <p>Overall, the data from the 2023/24 audit shows continued use of the Principles of Care document and good adherence to NICE Quality Standards on end-of-life care. The Symptom Control and Palliative Care team remains committed to ongoing improvement and education for all teams regarding excellent end-of-life care. We continue to use infographics to display our results in the hospital.</p> <p>We will maintain the rolling audit and quarterly reporting to the Symptom Control and Palliative Care team to drive improvements in care.</p>
<b>Enhancing patient knowledge and confidence in self-care post colorectal oncological surgery  This project was funded by The Royal Marsden Cancer Charity QI Den component of the Safety, Innovation &amp; Education Grant</b>	<p>The colorectal team conducted a survey to gather feedback from patients who underwent surgical management for colorectal cancer at a single centre between January 2023 and September 2023.</p> <p>Before the intervention, 33 electronic feedback forms were collected, while 15 forms were obtained from the post-intervention group two weeks after discharge. Overall, participants rated their experience above a score of seven (out of 10) in all five domains before the intervention, and above nine after the intervention.</p> <p>Regarding post-discharge information, 87.5 per cent of respondents preferred face-to-face advice, 43.8 per cent favoured electronic instructions, 40.6 per cent chose leaflets, 18.8 per cent opted for phone advice, and 15.6 per cent selected online videos.</p> <p>In the first post-intervention survey, all 15 participants agreed that the leaflet helped resolve most of their concerns before leaving the hospital. They also agreed that the information in the leaflet addressed most of their post-surgical recovery needs and contributed to a better recovery experience.</p> <p>Effective communication is essential in healthcare as it enhances patient understanding and reduces stress levels. Providing tailored educational materials to patients who have undergone life-changing colorectal cancer surgery can address their concerns, enhance their overall experience, and promote patient autonomy.</p> <p>This survey was presented at the Trust Quality &amp; Patient Experience Committee and was featured in a poster presentation at ESSO 43 (43rd Congress of the European Society of Surgical Oncology, 2-4 October 2024).</p>

Title	Actions
<p><b>Diabetes management in patients undergoing pancreatic resection at The Royal Marsden</b></p>	<p>The results from the audit show a strong negative association between HbA1c levels and good diabetes days post-surgery. This suggests that patients with elevated HbA1c levels are likely to have fewer good diabetes days and an extended length of stay. This is concerning given that 71 per cent of patients had elevated HbA1c levels (&gt;64) pre-op.</p> <p>Optimising HbA1c levels pre-op might not always be possible due to the urgency of cancer surgery. However, these results suggest that improving blood glucose control while in the hospital could potentially reduce the total length of stay for these patients.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>– <b>Pre-admission MDT discussion:</b> Patients with elevated HbA1c levels or those booked for total pancreatectomy should be discussed in a pre-admission MDT, including diabetes input.</li> <li>– <b>Referral to local diabetes services:</b> All patients anticipated to undergo total pancreatectomy should be referred to local diabetes services prior to surgery for familiarisation with insulin management and to facilitate post-operative care.</li> <li>– <b>Improving access to MDT inpatient diabetes care:</b> Explore models for improving access to MDT inpatient diabetes care for those with worsening control post-surgery.</li> <li>– <b>Education and training:</b> Provide education and training for ward nurses in diabetes management post-pancreatic surgery.</li> <li>– <b>Patient information leaflet:</b> Develop a patient information leaflet for diabetes management post-pancreatic surgery.</li> </ul>

### Taking part in clinical research

The Royal Marsden and the ICR form the largest centre for cancer research in Europe. This is important because it means that our patients and our staff are always aware of the latest research in treatments, medicines and therapies that make such a big difference to outcomes and patients’ experiences of care. To find out more about our research work, visit our website at [royalmarsden.nhs.uk](http://royalmarsden.nhs.uk).

From 1 April 2024 to 31 March 2025, we recruited 4,018 new patients to clinical research, with a portfolio of 539 studies open to recruitment.

**Table 7: Number of patients taking part in clinical research studies**

Year	Patient recruitment	Studies open to recruitment
<b>2024/25</b>	<b>4,018</b>	<b>539</b>
2023/24	3,474	491
2022/23	3,809	584
2021/22	5,181	587
2020/21	3,524	501
2019/20	4,147	514
2018/19	3,334	490
2017/18	3,983	548

### Revalidation of doctors

Between April 2024 and March 2025, the Trust advised 108 positive recommendations for revalidation (the process of making sure that doctors, except trainees, can stay registered).

We can see an increased number of doctor revalidation recommendations are becoming due throughout 2025 and the Medical Workforce Team continues to work closely with the Responsible Officer Lead and doctors directly to help progress paperwork in advance and minimise the number of deferrals.

At the end of March 2025, 95 per cent of eligible doctors (93 per cent of consultants) were recorded as having completed an appraisal in the last 12 months.

### What others say about The Royal Marsden

#### Registration with the Care Quality Commission

The Royal Marsden NHS Foundation Trust (the Trust) must be registered with the Care Quality Commission (CQC). Their current registration status is ‘registered with no conditions’.

The CQC has not taken enforcement action against the Trust during 2024/25.

The Royal Marsden has not been involved in any of the CQC’s special reviews or investigations during 2024/25.

#### Care Quality Commission ratings

The last CQC assessment was undertaken in 2019, with the Trust receiving a rating of ‘outstanding’. During the COVID-19 pandemic, scheduled inspections were paused, however, unannounced inspections were still undertaken based on the organisation’s risk. Virtual quarterly inspection meetings continued to take place and, although inspections have recommenced, the Trust is yet to be inspected.

#### Quality of information

Good quality information is very important for effectively providing the best patient care.

During 2024/25, the Trust sent all mandated commissioning datasets as required (these datasets are included in national databases which contain details of all admissions, outpatient appointments and Accident and Emergency [A&E] care at NHS hospitals in England). The percentage of the Trust’s records published in the statistics, and which included the patient’s valid NHS number, was 99.8 per cent for admissions, 99.4 per cent for outpatient appointments, and none for A&E care (The Royal Marsden does not have an A&E). The percentage of records that included the valid General Medical Practice Code for the patient’s GP practice was 99.6 per cent for admissions, 99.2 per cent for outpatient appointments and none for A&E care. See Table 8 for more information.

**Table 8:** Percentage of complete records provided

Details included		Admissions – inpatient and day case	Outpatient appointments
Patient's NHS number	2015/16	99.9%	99.9%
	2016/17	99.94%	99.93%
	2017/18	99.95%	99.94%
	2018/19	99.95%	99.94%
	2019/20	99.97%	99.97%
	2020/21	99.91%	99.92%
	2021/22	99.88%	99.93%
	2022/23	99.2%	99.2%
	2023/24	99.8%	99.5%
	2024/25 – Q1	99.69%	99.3%
	2024/25 – Q2	99.71%	99.5%
	2024/25 – Q3	99.77%	99.4%
	2024/25 – Q4	99.98%	99.5%
	<b>2024/25</b>	<b>99.79%</b>	<b>99.4%</b>
Patient's GP practice	2015/16	99.8%	99.8%
	2016/17	99.7%	99.7%
	2017/18	99.8%	99.75%
	2018/19	99.87%	99.81%
	2019/20	99.89%	99.84%
	2020/21	99.79%	99.69%
	2021/22	99.78%	99.82%
	2022/23	98.7%	98.5%
	2023/24	97.3%	98.3%
	2024/25 – Q1	99.47%	98.7%
	2024/25 – Q2	99.43%	99.3%
	2024/25 – Q3	99.75%	99.3%
	2024/25 – Q4	99.73%	99.4%
	<b>2024/25</b>	<b>99.6%</b>	<b>99.2%</b>

Although the quality of information is very good, the Trust aims for continual improvement.

The Trust performs the following actions to improve the quality of information:

- A dedicated data quality team is responsible for running routine checks and reports to identify mistakes and inconsistencies.
- Monthly communications throughout the Trust promote the importance of accurate information and data collection for all Trust staff.
- Trust-wide audits of the quality of key information points are conducted once a year.

### Data Security and Protection Toolkit (DSPT) attainment levels

The Data Security and Protection Toolkit (DSPT) is a legal framework under which NHS organisations must assess themselves against. This year, the toolkit has undergone a significant shift in focus, with the 2024/25 version now aligned with the National Cyber Security Centre's Cyber Assessment Framework (CAF). The requirements of the DSPT support key requirements under the General Data Protection Regulation (GDPR), identified in the NHS GDPR checklist.

The DSPT is available on NHS Digital's website: [dsptoolkit.nhs.uk](https://dsptoolkit.nhs.uk). The submission deadline for the 2024/25 DSPT is 30 June 2025. The Royal Marsden's Information Governance Assessment Report is expected to achieve an overall score of 'Standards Met' across all objectives, with information governance training compliance at 94.2 per cent as of March 2025.

### Information governance incidents

The Information Commissioner's Office (ICO) has had the powers to fine organisations since 2010 and The Royal Marsden has not incurred any fines to date. Additionally, the UK has implemented the EU Directive on the Security of Networks and Information Systems (known as the NIS Directive). This has now been passed into UK law with the Security of Network and Information Systems Regulation (2018). This also carries a maximum fine of £17,500,000 or four per cent of gross global turnover. Under the new legislation, organisations are required to report breaches within 72 hours of the incident discovery.

The ICO also has the power to issue undertakings, which commit an organisation to a particular course of action in order to improve its compliance and enforcement notices. Enforcement notices are issued to organisations in breach of legislation, requiring them to take specified steps to ensure that they comply with the law. Since the introduction of UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, incident reporting requirements have changed. There are now three types of breaches reportable under the new regime: confidentiality, integrity and availability.

In 2024/25, the Trust has not reported any incidents to the ICO. To date, The Royal Marsden has not been levied a fine, enforcement notice or undertaking for breaching data protection legislation or regulatory requirements.

### Payment by Results clinical coding error rate

Clinical coding is translating the medical terminology written by clinicians into a coded format for statistical, clinical and financial purposes. Clinical coding describes a patient’s complaint, diagnosis, treatment and reason for getting medical attention. We were not subject to the Payment by Results clinical coding audit during 2024/25.

**Table 9: Clinical coding**

Coding accuracy	2020/21 (figures taken from the DSPT Clinical Coding Audit signed off in March 2021)	2021/22 (figures taken from the DSPT Clinical Coding Audit signed off in March 2022)	2022/23 (figures taken from the DSPT Clinical Coding Audit signed off in March 2023)	2023/24 (figures taken from the DSPT Clinical Coding Audit signed off in March 2024)	2024/25 (figures taken from the DSPT Clinical Coding Audit signed off in March 2025)
Primary diagnosis code correct	94.5%	96.0%	96.0%	95.0%	<b>95.5%</b>
Primary procedure code correct	96.5%	97.0%	98.5%	97.5%	<b>98.0%</b>
Secondary diagnosis code correct	96.7%	95.6%	97.4%	96.7%	<b>97.8%</b>
Secondary procedure code correct	92.3%	93.2%	92.2%	97.1%	<b>98.4%</b>

### Reporting against core indicators

Please see Appendix 3 for the quality indicators where national information is available from the Health and Social Care Information Centre (HSCIC).

## Part 3

### Other information

Please see Part 2 of this report for an overview of the quality of care offered by the Trust.

### Review of quality performance (previous year’s performance)

**Table 10: National targets**

Cancer waiting times targets	Overall performance 2023/24	National target – 2024/25	Performance – Quarter 1 2024/25	Performance – Quarter 2 2024/25	Performance – Quarter 3 2024/25	Performance – Quarter 4 2024/25	Overall performance 2024/25
28 day Faster Diagnosis Standard (FDS)	83.3%	77%	89.2%	88.3%	89.4%	90.3%	<b>89.3%</b>
Combined 31 day standard (begins in Quarter 3)	94.4%	96%	94.9%	96.5%	96%	95.8%	<b>95.9%</b>
Combined 62 day submission (begins in Quarter 3)	69.2%	85%	65.7%	71.9%	70.6%	73%	<b>70.3%</b>

Patients should start treatment within 18 weeks of referral. Complex rules and guidance apply to how performance against these targets is measured and reported. As a specialist provider, receiving referrals from other Trusts, a key issue is reporting progression for patients who were first referred to other providers.

The ‘incomplete pathways’ measure in Table 11 is the proportion of patients at the end of the reporting period who are still waiting for treatment and have waited for less than 18 weeks since their initial referral.

**Table 11: Referral time to treatment**

	Overall 2020/21	Overall 2021/22	Overall 2022/23	Overall 2023/24	Quarter 1 2024/25	Quarter 2 2024/25	Quarter 3 2024/25	Quarter 4 2024/25	Overall 2024/25	National target 2024/25
Referral time to treatment (RTT), incomplete pathways	92.8	93.6%	91.8%	94.2%	95%	94.6%	95.4%	97.2%	<b>95.6%</b>	92%

This is the only NHS waiting time standard that is reported while the patient is still waiting. For this reason, it creates unique challenges in making sure the most up-to-date information is reported accurately each month. We rely on receiving information rapidly from external sources to assess whether the patient is on an 18-week pathway (18 weeks of treatment) and to determine the start date of the pathway.

**Table 12: Access targets**

	Number of operations cancelled by the Trust at the last minute	Number of cancelled operations not subsequently performed within one month
2017/18	25	0
2018/19	50	1
2019/20*	25	0
2020/21*	0	0
2021/22	21	5
2022/23	73	15
2023/24	38	5
2024/25 – Quarter 1	4	0
2024/25 – Quarter 2	6	1
2024/25 – Quarter 3	14	2
2024/25 – Quarter 4	3	0
<b>Overall 2024/25</b>	<b>27</b>	<b>3</b>

\*Data collection partially paused due to COVID-19

### Outpatient waiting times

**Table 13: Outpatient waiting times – number of patients seen, and time waited**

Period or quarter	Patients seen within 30 minutes	Patients seen after 30 minutes but within one hour	Patients seen after one hour	Grand total
Quarter 1 2024/25	61,193 (55.1%)	16,118 (14.5%)	20,549 (18.5%)	111,029
Quarter 2 2024/25	61,417 (54.1%)	17,660 (15.6%)	21,628 (19.1%)	113,491
Quarter 3 2024/25	65,063 (56.6%)	17,546 (15.3%)	19,878 (17.3%)	115,028
Quarter 4 2024/25	66,543 (56.1%)	19,130 (16.1%)	20,284 (17.1%)	118,630
<b>Total 2024/25</b>	<b>254,216</b>	<b>70,454</b>	<b>82,339</b>	<b>458,178</b>

### Rota gaps and vacancies

The Trust, in partnership with the Guardian of Safe Working, regularly reviews Exception Reports to ensure safeguards are in place to maintain safe hours of work and service commitments do not comprise the educational experience of trainees. A total of 517 exceptions were reported, of which one was highlighted as an immediate safety concern for 1 April 2024 – 31 March 2025.

Of the 517 reports, 512 were due to hours of working and four were due to service support available to the doctor.

Medical Workforce are continuing to work alongside the Guardian of Safe Working (GOSW), who is proactively engaging with the junior doctors and supporting them to report. In addition, the GOSW is directly engaging with consultant colleagues to understand the pertinent issues around workload and subsequent working hours. In addition, we are continuing to work with the divisional managers to review work schedules and their establishments.

The latest information indicates that there are 13 resident doctor posts as of March 2025.

## Appendix 1

### Statements from key stakeholders

#### Statement from NHS South West London Integrated Care Board

Thank you for sharing the Trust's 2024/25 Quality Account with the South West London Integrated Care Board (SWL ICB). Having reviewed your Quality Account, we are pleased to see the progress and commitment made by the Trust in maintaining exceptional quality of care for patients including the ongoing improvements in services.

The Royal Marsden NHS Foundation Trust's Quality Report for 2024/25 encapsulates the Trust's unwavering commitment to delivering exceptional patient safety, positive patient experience and clinical effectiveness. This is underpinned by your robust quality improvement initiatives and a culture of continuous learning.

It is evidenced in the excellent performance and innovation across multiple domains in 2024/25 as seen in your outstanding patient experience: 99 per cent of inpatients and 95 per cent of outpatients rated their care positively in the Friends and Family Test, and the reinstated 'Call for Concern' under Martha's Rule; to support improved access to clinical support via digital channels and clearer signposting.

The ICB commends the Trust for retaining and obtaining further external recognition such as the successful ISO 9001 surveillance for chemotherapy and radiotherapy, re-certified for the Customer Service Excellence Award, rated 'substantially compliant' in the annual EPRR audit, and ranked among the top nine hospitals nationally in the CQC inpatient survey, excelling in surgical care.

We fully support the Trust's clinical and digital innovation drive to include the rolling out of AI-enhanced MRI imaging and Symani robotic microsurgery, and launching a comprehensive Five-Year Genomics Strategy.

Congratulations on winning the HSJ's Patient Safety and NHS Race Equality Awards, and maintaining status as a leading European cancer research centre with over 4,000 patients across 539 studies.

We note the improved staff engagement rates, reduced staff turnover and vacancy rates. This is complemented by a well-established workforce development programme to include new apprenticeships, wellbeing initiatives and expanded support services for staff.

The ICB recommends that the Trust considers the following actions within their key priorities:

- Renewed focus is required on reducing the incidents of device-related injuries and enhancing staff training in this area.
- Chemotherapy waiting times for patients starting treatment within one hour of their appointment.
- To build on the Trust's successes, leveraging learning from challenges to drive continuous improvement and ensure the highest standards of patient care and safety.
- Continue to strengthen embedding PSIRF across the organisation.
- Your ongoing collaboration as we transition the delegated responsibilities of specialised services from NHS England to the ICB with a renewed focus on safety and quality and how we work together to manage, mitigate and escalate risks.

We look forward to continued work with the Trust under our partnership arrangements and strengthening our collaborative approach to system quality improvement.

Yours sincerely

*Elaine Clancy*  
**Chief Nursing Officer, NHS South West London South West London Integrated Care Board**

## Statement from the Council of Governors at The Royal Marsden

As with previous years, Governors, Members of the Trust and staff take part in selecting the priorities for quality improvement for the following year. Progress against these standards is monitored and results are presented each quarter to the Council of Governors. This statement reflects the Governors' observations for the year ended March 2025.

The Governors note that key achievements were made in each of the following quality account areas in 2024/25: clinical excellence and innovation; strategic advancements; patient experience and safety; workforce and culture; infrastructure and expansion; and research and recognition. All of this was reflected in the announcement in January 2025 that Their Royal Highnesses The Prince and Princess of Wales had become Joint Patrons of The Royal Marsden.

From a clinical excellence and innovation perspective, it is noted that the chemotherapy and radiotherapy departments passed the rigorous ISO 9001 assessments, reinforcing quality and consistency in care delivery. Also, artificial intelligence-driven MRI scan acceleration was implemented, reducing scan times while maintaining or improving image quality. The introduction of the Symani<sup>®</sup> system for minimally invasive cancer surgeries will explore whether it can improve recovery and patient outcomes. It is noted that the number of patients enrolled onto clinical research studies has increased this year within The Royal Marsden and the ICR, maintaining their position as the largest centre for clinical research in Europe.

Strategic advancements were also made in the form of the launch of the five-year genomics strategy to expand ctDNA, germline testing, artificial intelligence and cancer vaccine sequencing initiatives, and the continued rollout of the Connect digital health record system (Epic) which enhanced workflows and patient data accessibility. The Governors would like to commend the Trust for making these strategic advancements in spite of a challenging funding environment for the NHS.

Patient experience and safety was another area where the Trust made good progress in the past year: the Trust has been re-certified with six additional 'compliance plus' elements, highlighting staff kindness and patient engagement. Also, the Call for Concern initiative was reintroduced across both the Chelsea and Sutton sites, empowering patients and families to escalate concerns directly. Sepsis management improved in 2024/2025 where 97.5 per cent of patients received antibiotics within the NICE-recommended timeframe, with specialist staff appointment and new digital tools and training introduced. It is noted though that the target for reducing the incidence of pressure sores was not met, indicating a need for ongoing training and awareness.

In terms of workforce and culture, Governors note the big improvements in form of a reduction in nursing vacancy rates to 2.8 per cent (well below the target of seven per cent) and voluntary turnover to 8.5 per cent (below the target of 12 per cent), both of which reflect the lowest rates in recent years. This is to be especially commended. Staff wellbeing initiatives such as Health and Happiness Week, the Wagestream financial app, and the new apprenticeship programmes also supported retention and morale at the Trust.

The Governors also note the opening of the new private medical day unit at Sutton, offering 17 treatment bays in a modern, patient-focused environment. In relation to the Chelsea site expansion plans, the first phase of public consultation was completed for hospital site improvements. The Governors are looking forward to hearing more about the development plans as they evolve.

Improving patient experience is at the heart of everything the Trust carries out, and thus the monitoring and improving of patient experience remains a continuous priority. The Governors are highly appreciative of the contribution made by all staff at the Trust towards improved patient satisfaction and therefore enhanced patient experience at the hospital.

## Statement from Patient and Carer Advisory Group at The Royal Marsden

The Patient and Carer Advisory Group (PCAG) welcomes the opportunity to comment on the Trust's Annual Quality Account for 2024/25. We are pleased to see the steps taken towards achieving its quality priorities for the year and the successful outcomes of the various assessments and recertification that the Trust has undergone over the last 12 months. We particularly wish to acknowledge the commitment of staff and the Trust with regards to building a strong relationship with patients, carers and volunteers. PCAG has had meaningful input into several initiatives, and we will concentrate our comments in these areas.

PCAG has received regular updates regarding Ward Accreditation and there have been several opportunities to discuss this initiative at our meetings. We have been able to provide patient feedback and comments to help inform the process and we are delighted that staff and the Trust have embraced these. It is encouraging to see that the Trust wishes to build on this by aligning with best practice and other local and national benchmarks. The launch of the QI forum is of particular interest and reinforces the drive to engage, support and share learning with staff. This can only have a positive impact, with the aim going forward for all wards to achieve gold accreditation for infection prevention and control.

Waiting times for chemotherapy appointments is a regularly raised concern when PCAG speaks to patients about what is impacting on them, both positively and negatively. It is encouraging to see that while the Trust's target was not quite achieved, more than 80 per cent of patients started their treatment within one hour of their appointment time in the final three quarters of the year. We are pleased that the Trust will continue to work to improve waiting times further in the coming year.

We were delighted to learn that The Royal Marsden was successfully recertified for the Customer Service Excellence Award with six additional 'compliance plus' elements gained. We were proud that part of the assessment involved real-time observation by the assessor of PCAG's Listening Post initiative and that

many other activities of PCAG were used to evidence the involvement of, and consultation with, patients and carers by the hospital in developing clinical services.

PCAG recognises the importance of patients receiving safe and effective care and welcomes the efforts of The Royal Marsden in trying to reduce the incidence and severity of hospital-acquired pressure ulcers, achieving timely treatment of sepsis in accordance with new NICE guidelines and implementing 'Call for Concern', linked with the NHS Martha's Rule pilot, across both hospital sites. We look forward to further improvements from the proposed increased monitoring and reporting in the next year as outlined in the report.

Staff recruitment and retention is key to providing a safe and secure environment for patients and the Trust has taken its responsibilities seriously and employed a range of activities to support this. PCAG hears regular updates on this area, including around staff wellbeing and workplace culture. The nursing vacancy rate and the voluntary nurse turnover rate have been particularly pleasing, with the numbers reducing over the year and comparing well with other Trusts and organisations. The various initiatives have proved positive, such as Health and Happiness week, exit and starter questionnaires, Learning at Work Week and apprenticeship and Nursing Associate Programmes. Regional collaboration is another area that has had an impact, with cross-site visits being a great opportunity for learning and sharing best practice. Targets for vacancies have been surpassed significantly and reflect the impact of the support and development opportunities available to staff. PCAG has been pleased to have input into staff induction and development and has welcomed the regular feedback shared with it on staffing issues and their impact on the Trust.

In summary, PCAG commends the Trust on its Quality Account demonstrating the many and varied achievements over the past year. We look forward to continuing to work with the Trust and its staff to further improve and enhance the care, experience and engagement of the Trust's patients and carers in 2025/26.

*Carole Cook*  
Chair  
Patient and Carer Advisory Group

## Statement from NHS England

NHS England (NHSE) are happy to receive and comment on this year's Quality Account for The Royal Marsden NHS Foundation Trust (RMH).

Following delegation of specialised services, our input and engagement with RMH continues through feedback from the South West London Integrated Care Board (SWL ICB) quality colleagues attendance at the RMH Integrated Quality Meetings and a new smaller quality meeting between NHSE and RMH colleagues to discuss retained specialised services. We continue to work in partnership with SWL ICB and RMH to offer expertise and guidance for specialised services.

The Quality Account demonstrates that RMH continues to drive a culture of quality improvement and responsiveness to ensure patients and staff remain central and risks are mitigated. We recognise and are grateful to the leadership team and all staff across the organisation.

We have pulled out some key highlights below whilst acknowledging that the full report includes many other key achievements:

- We acknowledge the ongoing commitment by the Trust to fully embed the principles that underpin PSIRF. These principles reinforce the importance of a 'Just Culture' and 'Systems Thinking'; which both encourage and support an improved safety culture across the organisation.
- We were pleased to read that the Trust's radiotherapy team has adapted clinical pathways to increase the speed and accuracy of radiotherapy delivery. This shows a real intent from the Trust to bring about improvement in a meaningful way and we look forward to hearing more in the future about this important improvement programme
- It was encouraging to read that the nurse vacancy rate is much lower than the Trust's target rate set at seven per cent; representing the lowest nurse vacancy rate in recent years. We applaud the strength of commitment by the Trust to get to this position, additionally it was good to read about the new Nursing Associate Apprenticeship Programme being rolled out, with its aim to build a pipeline of future nurses.

- It was particularly encouraging to read about the implementation of a new initiative called 'Call for Concern', which is linked to Martha's Rule, giving patients, families and carers the opportunity to raise concerns about patient's deteriorating condition, knowing that their contributions lead to real learning and enhancements in patient safety and care.
- We would like to note the Trust's achievements to reduce harm from sepsis through early screening and administration of antibiotics, which is part of the newly implemented Deteriorating Patient Committee, which includes the sepsis pathway. It is also included in the Trust's 'Harm Free Care' initiative.
- We commend the Trust with their Cancer Waiting Times (CWTs), whilst acknowledging the challenges around these targets. It was positive to see that the Referral Time to Treatment (RTT) has been consistent over the last five years and in 2025 RMH was at 95.6 per cent, with a national average of 92 per cent.
- Your commitment to an open and transparent culture where speaking up is encouraged and reporting rates are good, again exemplifies a consistent focus on valuing your staff, ensuring they are prioritised and a listening and responsive culture.

In summary, RMH's focus on continuous quality improvement is clear. The impact is not just in the direct delivery of care but also in supporting system improvement, innovation, patient and staff wellbeing and delivery. We look forward to ongoing work with the Trust on your quality priorities for 2025/26:

- To embed Systems Thinking and Just Culture in the management of patient safety.
- To extend the rollout of Ward Accreditation to all areas.
- To reduce the incidence of device-related pressure sores by early monitoring and review of device-related injuries.
- Enhancing patient safety through the implementation of a digital health platform for sepsis management incorporating advanced data analytics and real-time alerting systems.

Yours sincerely,

*Marie Cummins*  
 Director of Nursing and Quality  
 Specialised Commissioning (London Region)  
 On behalf of NHS England

## Appendix 2

### Statement of Trust Directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare quality accounts for each financial year.

NHS England has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Report (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2024 to March 2025
  - papers relating to quality reported to the Board over the period April 2024 to March 2025
  - feedback from governors dated June 2025
  - Feedback from NHS England dated June 2025
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2025
  - the National Inpatient Survey 2023 published August 2024 and the National Cancer Patient Experience Survey 2023 published July 2024
  - the National Staff Survey dated March 2025
  - CQC inspection report dated 16 January 2020.

- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- the Quality Report has been prepared in accordance with NHS England's Annual Reporting Manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Approval of the Quality Report:



**Dame Cally Palmer CBE**  
 Chief Executive  
 9 July 2025



**Sir Douglas Flint CBE**  
 Chairman  
 9 July 2025

**Appendix 3**

**Quality indicators where national data is available from NHS Digital**

Since 2012/13, NHS Foundation Trusts have been required to report performance against a core set of indicators, using data made available to the Trust previously by the Health and Social Care Information Centre (HSCIC), and now from NHS Digital.

The Royal Marsden NHS Foundation Trust considers that these data are as described, as taken from the nationally defined data sources.

The Trust has taken actions to improve the percentage and so the quality of its services (see priorities for each indicator in Part 2 of this Quality Report for further information).

Not all of the core indicators are relevant to The Royal Marsden, for example those relating to the ambulance response times (as there is no A&E at the Trust). The tables that follow show those core indicators that are relevant and how the Trust compares against other Trusts. The tables show the highest and lowest national scores. The information is the latest that is made available nationally by NHS Digital. All information provided by the Trust is validated and checked before it is reported.

The Royal Marsden considers that these data are as described, as taken from NHS Digital.

*Core indicator 24.* The data made available to The Royal Marsden NHS Foundation Trust by the NHS Digital with regard to the attributable cases of C. difficile infection (COHA and HOHA) reported within the Trust amongst patients aged two or over during the reporting period. The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged two or over during the reporting period.

**Indicator 24: Rate of C. difficile infection**

2021/22 COHA/ HOHA Rates per 100,000 bed days	2022/23 COHA/ HOHA Rates per 100,000 bed days	2023/24 COHA/ HOHA Rates per 100,000 bed days	Comparator group	Comparator – Highest apportioned C. difficile COHA/HOHA infection rate per 100,000 bed days (2023/24)	Comparator – Lowest apportioned C. difficile COHA/ HOHA infection rate per 100,000 bed days (2023/24)
78.6	92.8	63.1	All acute Trusts	63.1	0

Although not yet published by NHS Digital during 2023/24, the Trust has reported 43 cases of C. difficile infection (Hospital onset, Hospital Associated or Community onset, Hospital associated).

*Core indicator 25.* The latest data made available to The Royal Marsden NHS Foundation Trust by NHS Digital with regard to the number, and where available, the rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. NHS digital have paused release of data in September 2023.

**Indicator 23: Patients admitted to hospital who were risk-assessed for VTE**

Q3 2024/25	Comparator group	Comparator – Highest (Q3 2024/25)	Comparator – Lowest (Q3 2024/25)	National average (Q3 2024/25)
98.3%	NHS Acute Trusts	100%	13.7%	90.7%

*Core indicator 20.* The data made available to The Royal Marsden NHS Foundation Trust by NHS England with regards to the Trust’s responsiveness to the personal needs of its patients during the reporting period.

**Indicator 21:1 Patient Friends and Family Test (FFT): Inpatient**

Inpatient FFT Jan 2025	National average Jan 2025	Comparator group	Comparator – Highest (Jan 2025)	Comparator – Lowest (Jan 2025)
100 %	94%	All NHS Trusts	100%	72%

*Core indicator 21.1.* Friends and Family Test – Patients. The data made available to The Royal Marsden NHS Foundation Trust by NHS England for all acute providers of adult NHS-funded care, covering services for inpatients and patients discharged from A&E (types 1 and 2). The Trust’s score from a single question survey, which asks patients overall, how was their experience of the service.

**Indicator 12b:** The percentage of patient deaths with palliative care coded at either diagnosis or specialty level.

October 2016 to September 2017	October 2015 to September 2016	National average	Comparator group	Comparator – Highest	Comparator – Lowest

Trust data not published nationally for this indicator.

## Appendix 4

### Our values

The Royal Marsden is shaped by a distinct set of values that define who we are and how we behave. Our values were developed following extensive consultation with patients and a mix of clinical and non-clinical staff from a variety of seniority levels across The Royal Marsden. All of our staff – independent of their level of seniority or role – embodies these values in their everyday work, helping make The Royal Marsden a world-renowned centre of excellence.

#### Pioneering Change

We lead the way in cancer research and drive continuous innovation to improve the lives of patients.

#### Pursuing Excellence

We strive to be experts in our field, working to deliver outstanding quality in all that we do.

#### Working Collaboratively

We work in an inclusive way bringing together different expertise, partners and resources to achieve the best possible outcomes.

#### Showing Kindness

We aspire to create a world class experience where all patients, staff and partners feel valued and respected.

The Trust Values and Behavioural Framework is integrated into every stage of the employee life cycle. The values are reflected in our recruitment, induction, training and appraisals, but most importantly it is about how our staff live them daily.

## Appendix 5

### Glossary

#### Bacteraemia

Having bacteria in the blood.

#### Care Quality Commission (CQC)

The independent regulator of health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. They also protect the interests of people detained under the Mental Health Act.

#### Chemotherapy

Treatment with anti-cancer drugs to destroy or control cancer cells.

#### Clinical coding

The process whereby information written in the patient notes is translated into codes and entered onto hospital information systems. This usually happens after the patient has been discharged from hospital and must be completed within strict deadlines so hospitals can receive payments for their services.

#### Clostridium difficile infection (C. difficile)

Bacteria that are a significant cause of infections arising in hospital.

#### CNS

Clinical Nurse Specialist.

#### Commissioning for Quality and Innovation (CQUIN)

A payment framework that lets commissioners link a proportion of a healthcare provider's income to the achievement of local quality improvement goals.

#### Customer Service Excellence (CSE) Standard

The Government's standard for customer service. This scheme replaced the Charter Mark.

#### DHR

Digital Health Record (Epic/Connect)

#### Escherichia coli (E. coli)

Bacteria that live in the intestines of humans and animals. Although most types are harmless, but some cause sickness.

#### Foundation Trust

Foundation Trusts have a significant amount of managerial and financial freedom when compared to NHS hospital Trusts. They are considered to be like cooperatives, where local people, patients and staff can become members and governors, and hold the Trust to account.

#### Friends and Family Test

A simple questionnaire to get feedback about services. Patients are asked if they would recommend the services they have used and staff are asked if they would recommend the services offered at their workplace, or if they would recommend it as a place to work.

#### Healthcare-associated infection

An infection arising in a patient during the course of their treatment and care.

#### Healthwatch

The independent consumer champion which gathers and represents the views of the public at a national and local level. Healthwatch England works with local Healthwatch groups and has the power to recommend that the CQC take action where there are concerns about health and social care services.

#### Information governance

A process that makes sure that organisations achieve good practice relating to data protection and confidentiality.

#### Key performance indicators (KPIs)

Organisations use key performance indicators to evaluate their success or the success of a particular activity.

#### Multi-disciplinary team (MDT)

A team made up of healthcare professionals from different fields who work together.

#### National Institute for Health and Care Excellence (NICE)

NICE reviews medicines, treatments and tests. It develops clinical guidelines and public health recommendations.

#### National Early Warning Sign (NEWS)

An early warning score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs.

#### Patient and Carer Advisory Group (PCAG)

Works to improve the experience of patients at The Royal Marsden. It is a self-managed group of patients, carers and members of the public who play a vital part in continually improving the care and services we provide.

#### Patient Group Directions (PGDs)

PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

#### Pressure ulcers

Bed sores or pressure sores.

#### Radiotherapy

The use of high-energy rays to destroy cancer cells. It may be used to cure some cancers, to reduce the chance of cancer returning, or to control symptoms.

#### Sepsis Situation Background Assessment Recommendation (SBAR)

The four letters of SBAR indicate the Situation (problem being discussed), Background (the medical history of the patient and treatment to date), Assessment (of the patient) and Recommendation (of the person leading the discussion).

#### Standardised mortality ratio

An indicator of the quality of healthcare. It measures whether the death rate at a hospital is higher or lower than expected.

## Life demands excellence

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At The Royal Marsden, we deal with cancer every day so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best.

That's why the pursuit of excellence lies at the heart of everything we do. No matter what we achieve, we're always striving to do more. No matter how much we exceed expectations, we believe we can exceed them still further.

We will never stop looking for ways to improve the lives of people affected by cancer. This attitude defines us all, and is an inseparable part of the way we work. It's The Royal Marsden way.

You can visit, write to or call The Royal Marsden using the following details:

### Chelsea, London

The Royal Marsden  
Fulham Road  
London SW3 6JJ  
Tel 020 7352 8171

### Sutton, Surrey

The Royal Marsden  
Downs Road, Sutton  
Surrey SM2 5PT  
Tel 020 8642 6011

**[royalmarsden.nhs.uk](http://royalmarsden.nhs.uk)**



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