The ROYAL MARSDEN
NHS Foundation Trust

Board of Directors Public Meeting

Chelsea Boardroom

19 November 2025, 12.30pm – 2.30pm

Agenda

Clinical presentation*: Leading the Next Phase of Cancer Care: De-escalation of treatment and Delivery at Scale*
Dr Emma Kipps, Medical Director for Clinical Services

1.	**Welcome, Apologies and Declaration of Interest** *Chairman*	Verbal
2.	**Minutes of the Public Board Meeting held on 26 March 2025** *Chairman*	Enclosed
3.	**Matters Arising** *Chairman*	Verbal
4.	**Strategic**	
	4.1 Quality and Safety • **Excellence Every Day & Patient Story** *Chief Operating Officer/Interim Chief Nurse*	Presentation
	4.2 Chelsea Development – Public consultation *Deputy Chief Executive*	Enclosed
	4.3 Annual Equality, Diversity and Inclusion Report 2024/25 *Chief People Officer*	Enclosed
	4.4 Annual Education and Training Report 2024/25 *Chief People Officer*	Enclosed
5.	**Operational**	
	5.1 Quality Account – September 2025 *Interim Chief Nurse*	Enclosed
	5.2 Financial Performance Report – September 2025 *Chief Finance Officer*	Enclosed
	5.3 Performance Report Q2 *Chief Operating Officer*	Enclosed
6.	**For information**	
	6.1 Communications Briefing	Enclosed

Date of next Public Board Meeting: 25 March 2026

NHS

The ROYAL MARSDEN
NHS Foundation Trust

Minutes of The Royal Marsden Board of Directors Public Meeting

26 March 2025, 12.30-2.30 pm Chelsea Boardroom

Present

Sir Douglas Flint	Chairman
Dame Cally Palmer	Chief Executive
Liz Adekunle	Non-Executive Director
Professor Ted Baker	Non-Executive Director
Jane Bentall	Non-Executive Director
Alison Dickinson	Non-Executive Director
Sofia Colas	Chief Operating Officer
Mairead Griffin	Chief Nurse
Karl Munslow-Ong	Deputy Chief Executive
Professor Nick Van As	Chief Medical Officer
Adedoyin Ogunbiyi	Chief Finance Officer

In Attendance

Steven Francis	Chief Information Officer for item 4.3
Krystyna Ruszkiewicz	Chief People Officer for item 4.5 & 5.1
Susan Sinclair	Managing Director RM Partners for item 4.4
Serena Stirling	Quality Advisor, RM
Brinda Sittapah	Company Secretary
Professor Nick Turner	Director of Clinical Research for item 4.2
Mandeep Birdi	J&J Innovative Medicine UK (via Teams)
Robin Harmer	Ocura Healthcare furniture (via Teams)
Greeba Heard	J&J Innovative Medicine UK (via Teams)
Jane Hewlett	Governor
Rebecca Kingdom-Kruszewski	Head of PR and Communications (via Teams)
Penka Nikolova	Governor (via Teams)
Mark Pridmore	Liaison Group (via Teams)

1. Welcome, Apologies for Absence and Declarations of Interest

Sir Douglas Flint, Chairman, welcomed everyone to the meeting.

Apologies were noted from, Non-Executive Directors Baroness Rona Fairhead, Professor Kristian Helin, William Jackson and Katie Bickerstaffe.

No additional interests were declared beyond those already on record.

2. Minutes of Public Board meeting held on 27 November 2024

The minutes of the Public Board meeting held on 27 November 2024 were approved as an accurate record of that meeting.

3. Matters Arising

- **HRH visit and the Royal Patronage**

The Chief Executive (CE) formally noted the recent announcement that Their Royal Highnesses The Prince and Princess of Wales have become Joint Patrons of The Royal Marsden – a significant and welcome development for the Hospital and its staff.

Her Royal Highness The Princess of Wales visited the Chelsea hospital on 14 January 2025 and met patients and staff, shared reflections on her personal cancer journey and expressed her gratitude to staff for the care they provide to patients and families every day.

The Princess expressed a particular interest in three core areas of work – research, supportive care, and psychological support – as well as the wellness experience and the integration of nature into the hospital environment.

The Board welcomed the announcement of the Joint Patronage and expressed pleasure in working with TRH Prince and Princess of Wales for the benefit of patients in the years ahead.

- **NHS England Leadership Changes**

The CE highlighted the recent leadership changes within NHS England (NHSE), which form part of a wider reform agenda initiated under the 10-Year Health Plan.

On 13 March 2025, the Prime Minister announced plans to disband NHS England, with a two-year transition period aimed at bringing the NHS back under democratic control, marking a reversal of the 2012 Health and Social Care Act reforms, which led to the creation of NHS England as an arm's-length body.

As part of this restructuring, NHSE's senior leadership has undergone major changes. Sir Jim Mackey has been appointed interim Chief Executive to lead the transition, and Dr Penny Dash has been named Chair of NHS England.

The CE reiterated the three strategic shifts identified in the 10 Year Health Plan: moving care from hospitals to community settings, accelerating digital transformation, and shifting the focus from treatment to prevention. On the national cancer agenda, the CE noted that a new cancer plan is expected to be published in late summer.

The Board received the updates.

4. Strategic

4.1 Financial Plan 2025/26

The CE highlighted key points from the 2025/26 Operational Planning Guidance, published on 30 January 2025.

The guidance emphasises the need for NHS systems to deliver more with fewer resources, with a strong focus on improving productivity. The Government has reduced the number of operational deliverables for the NHS, focusing on a smaller set of key national targets and priorities. These include the 18-week Referral to Treatment (RTT) standard, the 62-day cancer treatment target, and cancer diagnostics, with a new aim for 80% of patients to receive a diagnosis within 1–28 days.

The Chief Finance Officer (CFO) presented the Trust's financial plan for 2025/26, which has been developed through an iterative process involving Divisions, internal stakeholders, and the Integrated Care Board (ICB). The plan is based on national planning assumptions, approved business cases, and cost pressures, and aims to deliver a £0.5m surplus, supported by a robust efficiency programme. The Trust's capital plan is set at £33.9m, including charitably funded expenditure. It was also noted that, under the new capital regime, the Trust has been able to carry forward its surplus from the previous year into the capital programme for 2025/26.
The outcome of workforce planning is a flat overall workforce compared to 2024/25, with a planned 3% increase in non-NHS workforce and a 1% reduction in NHS workforce. These changes reflect the service developments and efficiency programmes expected in 2025/26.

The Board noted the position set out in the report.

4.2 ICR/RM Research Strategy

The Director of Clinical Research presented the joint Institute of Cancer Research (ICR) and Royal Marsden Research Strategy to the Board, emphasising the collaborative development of an integrated and forward-looking approach to research.

The strategy has been shaped through an extensive and inclusive process to ensure it is current, ambitious, and aligned with institutional strengths and future direction. The strategy identifies prevention science as a key area for future development, while continuing to build on the Trust's established areas of excellence. It forms one of three interlinked strategies, alongside the Clinical Strategy launched in April 2024 and the Education Strategy currently in development.

The Director of Clinical Research outlined the four core themes of the Strategy, fundamental science, innovative diagnostics, precision therapies, and changing clinical practice, underpinned by four enablers focused on ensuring the sustainability of the research ecosystem, supporting and developing research talent, strengthening strategic partnerships, and enhancing infrastructure.

It was noted that the Strategy was approved by the Research Strategy Board in November 2024 and first presented to the Royal Marsden's Trust Board in February 2025. At that meeting, the Board welcomed the emphasis on translating research into patient benefit but suggested that the strategy could more clearly reflect how insights from clinical care are fed back into research. This feedback has been incorporated into the revised version now presented for approval.

In discussion, the Board acknowledged the ambitious scope of the strategy and its alignment with institutional strengths. Regarding funding, it was noted that while current support from the Royal Marsden Cancer Charity helps sustain research activity, delivery of the Strategy will require additional investment.

The Board approved the ICR and Royal Marsden Research Strategy.

4.3 Digital, Data and Technology Strategy 2025/26 – 2028/29

The Chief Information Officer (CIO) presented the Digital, Data, and Technology Strategy for 2025/6 – 2028/9 to the Board, noting that a draft had been provided at the Board Away Day in October 2024.

He explained that the strategy outlines the priorities, principles, and deliverables that will guide the Trust's digital evolution, supporting the clinical, research, genomics, and people strategies. After consultations with over 200 individuals, including staff, patient groups, and external stakeholders, the strategy presents a vision for how increased digital maturity will improve safety, clinical outcomes, efficiency, and the experiences of both patients and staff.

The strategy is structured around four key themes: Digital Foundations, Digitally Empowering People, Data, Research, and Insights, and Innovation and Collaboration. The strategy identifies affordability, sustainability, strong governance, culture, and capacity as essential enablers for successful delivery. A capability roadmap has been developed, with an ambitious yet achievable timeline.

The CIO noted that delivering on the ambitions outlined in the strategy will require an increase in resources and acknowledged that the objectives for the next four years must strike a balance between being both realistic and aspirational.

Further discussions took place regarding the implementation of the strategy. The Chief Medical Officer (CMO) commended the progress made with the implementation of Epic, noting the significant improvements to date. The Deputy Chief Executive (DCE) also acknowledged the strength of the clinical leadership highlighting the key roles of the Chief Clinical Information Officer (CCIO) and Chief Nursing Information Officer (CNIO) in supporting the delivery of the strategy.

Usability issues were raised, with feedback from staff, including from wards, highlighting areas for improvement. The Chief Nurse (CN) added that there are challenges with administrative

medicine workflows, noting that current systems need to be easier to use. The CIO affirmed that addressing these concerns is a core objective of the strategy.

The Board approved the Digital, Data, and Technology Strategy for 2025/26 – 2028/29.

4.4 RM Partners Cancer Strategy 2025-2030

The Managing Director of RM Partners presented the 2025–2030 Cancer Strategy to the Board, which aligns with the key themes of the national 10-year plan while addressing local needs.

Building on the progress made since 2020, particularly in improving early diagnosis rates, RM Partners is now recognised as one of the top performing cancer alliances in the country, with significant improvements across cancer pathways. Key successes include the Lung Health Check Programme and impactful community-based initiatives, which have contributed to meaningful change and ensured that care is delivered effectively and cost-efficiently.

The 2025–2030 strategy focuses on four key themes. Prevention and screening are a priority, with 38% of cancers within RM Partners currently preventable, a figure expected to rise to 42% by 2030 without specific prevention efforts. The strategy emphasises tobacco cessation and HPV vaccination, which is linked to three types of cancer, alongside improving vaccination uptake, increasing tobacco cessation rates, expanding cancer screening, and ensuring equitable access to surveillance.

Early diagnosis is another central theme, with the goal of meeting or exceeding the national ambition to diagnose cancer at stages 1 or 2 by 2030. This includes continuous improvements and efforts to reduce variations in diagnosis rates across different groups.

Reducing the time from referral to treatment is also a focus, aiming to ensure that at least 85% of patients begin treatment within 62 days, with no variation based on pathway or demographic factors.

Finally, the strategy aims to position RM Partners among the top decile internationally for cancer treatment outcomes and survival, ensuring the highest standards of care and long-term survival rates.

Underpinning these areas are several enablers, including a focus on care equity and co-design, data-driven improvements, a sustainable and resilient workforce, financial models, and the adoption of technology and AI, all aimed at driving innovation and improving cancer care.

The Managing Director also highlighted ongoing challenges, particularly the inequalities across the region, with up to a 10% difference in outcomes between boroughs. As a result, the strategy places strong emphasis on community engagement, education on cancer risks, and increasing awareness and uptake of vaccination programmes. The goal is to achieve 75% early diagnosis by 2030, with faster diagnostic pathways and enhanced treatment and care.

The Board approved the RM Partners Cancer Strategy 2025–2030, noting its endorsement by the CEOs of the South West London and North West London ICBs, as well as each of the partner Trusts.

4.5 People Strategy 2025-2030

The Chief People Officer presented the "Our People Strategy 2025-2030" to the Board, noting that the strategy was developed through extensive engagement across the Trust.
She emphasised that the strategy aims to deliver the clinical strategy's core themes of a compassionate, committed, and excellent workforce, highlighting the necessity of having the right people to achieve the clinical ambitions set out in the clinical strategy.

The strategy is built around three main pillars: Attract, Retain, and Grow. The "Attract" pillar focuses on creating a compelling offer based on the Trust's strong brand and offering new routes into healthcare to attract diverse talent. The "Retain" pillar aims to recognise, reward, and develop the workforce within a compassionate and inclusive culture, ensuring a supportive

environment that values employees. The "Grow" pillar is dedicated to developing a skilled, sustainable workforce to meet future clinical ambitions, investing in training and development to ensure staff can adapt to new challenges. The strategy also emphasises key focus areas such as productivity, digitalisation, and workforce design, along with a strong commitment to Equality, Diversity, and Inclusion (EDI). The next steps involve sharing the strategy with staff and developing annual work programmes to implement the strategy effectively.

During the discussion, questions were raised about the impact of new ways of working on retention, recognising the need for a productive workforce, efficiency, and the use of digitalisation. It was also suggested to bring in an external expert to address difficult issues related to EDI and ensure the right questions are being asked.

The Board approved the People Strategy 2025-2030, recognising its importance in achieving the Trust's clinical ambitions for excellence in the delivery of service to patients.

5. Quality & Performance

5.1 Staff Survey Results

The Chief People Officer presented the Staff Survey Results for 2024 to the Board, noting that the National NHS Staff Survey was conducted between September and November 2024, with results publicly released in March 2025.

The Trust's performance demonstrated strong results both against the national average and within the Specialist Acute sector. The results revealed overall improvements across all nine categories compared to 2023, with notable gains in six areas. The highest-rated themes included "we are compassionate and inclusive" and staff engagement. Of the three priority areas identified last year, progress has been made in two, raising concerns and staff morale, which is encouraging. Moving forward, key areas for improvement include Equality and Diversity, Musculoskeletal Problems (MSK), and flexible working. Additionally, satisfaction among Administrative, Clerical, and Allied Health Professionals had declined, necessitating further analysis to uncover the underlying causes, potentially through the use of a heat map to identify key factors.

The Board acknowledged the outcomes of the 2024 Staff Survey and agreed on the next steps for action planning and continuous improvement.

5.2 Financial Performance Report – February 2025

The CFO presented the Financial Performance Report for February 2025 to the Board.

He noted that the Trust's year-to-date (YTD) surplus stands at £0.6m, in line with the plan, and showing an improvement of £2.9m compared to the position reported in January. The Trust has received £3.2m in additional income from the South West London (SWL) Integrated Care Board (ICB) to cover a shortfall in Paediatric support funding (£1.5m) and the NHS element of the unfunded pay award (£1.7m). The Trust is on track to deliver the forecast surplus and has revised its forecast from a £2.1m surplus (which was £3.2m adverse to plan) to a £5.3m surplus, in line with the original plan.

The Chief Nurse reported that the Trust remains committed to reducing spend on bank staff and confirmed that agency spend has reduced to 1.3%.

Regarding the capital programme, the Trust is £0.4m behind plan YTD. Trust-funded schemes (CDEL) are behind plan by £1.6m, while grant-funded schemes are ahead of plan by £1.2m. The Trust-funded schemes are expected to deliver as planned by the year-end, with the overall capital programme anticipated to be £0.3m behind plan.

The Cost Improvement Programme (CIP) was ahead of plan as of 28th February 2025. Despite some slippage in certain schemes throughout the year, these have been offset by other non-recurrent schemes overperforming. The CIP programme is expected to meet its target by year-end.

The reported cash position of £115.3m remains significantly behind plan by £36.6m, primarily due to a slower recovery of patient pay (PP) debt, which remains £20m behind normal levels, as well as an increase in NHS income accruals of £14.1m.

The Board noted the Financial Performance Report for February 2025.

5.3 Performance Report Q3

The Chief Operating Officer presented the Q3 2024/25 Board Balanced Scorecard Report, highlighting several improvements in performance across key metrics.

The Trust's vacancy rate was green-rated for the first time this year in Q3, marking a significant achievement. Additionally, progress was made in staging completeness, and the Trust successfully recruited the first global patient in two international trials, further emphasising the importance and reach of the hospitals research portfolio.

Infection control performance has continued on the same trajectory meaning that the Trust is likely to exceed NHS England's thresholds for 2024/25 for C. difficile, Klebsiella, and Pseudomonas Aeruginosa. Actions are in place to continue addressing these challenges and the CNO will give further detail in the Quality Account.

Waiting times for SACT/MDU infusions on the day remained amber in Q3 although most units are compliant with the 85% target, there is further work to do on the Sutton site. The Trust achieved 70.6% compliance with the 62-day cancer waits target, meeting the national ambition of 70% for the second consecutive quarter.

The Trust continues to perform strongly on the 28-day Faster Diagnosis Standard (FDS), exceeding the target with a compliance rate of 89.4%.

The Board noted and discussed the Q3 position, acknowledging the improvements and areas that will continue to require focus.

5.4 Monthly Quality Account – February 2025

The Chief Nurse presented the Quality Account for February 2025 (January 2025 data) highlighting areas of good performance and areas for improvement.

SACT performance in January was 82.3%, recovering to pre-EPIC levels but still below the 85% target. Three of the four branches—Chelsea, Cavendish Square, and Kingston—achieved the target, while Sutton remained below due to the complex patient profile and patients being unwell on the day of treatment.

The Trust has exceeded NHSE thresholds for Clostridioides difficile (C. difficile) and bloodstream infections (BSI) caused by Klebsiella and Pseudomonas aeruginosa. A detailed report on C. difficile was presented at the Quality & Risk Committee (QAR), outlining the Trust's control measures and ongoing actions. As a specialist cancer hospital, The Royal Marsden (RM) experiences a higher incidence of CDI compared to non-cancer hospitals, largely due to the complexity of its immune-compromised patient population. The Board noted that despite exceeding some NHSE thresholds, the overall infection rate has remained stable. It was suggested that consideration be given to adjusting reporting metrics, such as using FPC charting which shows the trends on an annual basis.

The report also highlighted 24 patient falls in January, with no moderate or severe harm incidents. Local harm-free care huddles have been implemented to reinforce prevention measures.

Medication incidents, particularly related to controlled drug (CD) errors, remain an area of focus. Additional training and education are underway to address this issue.

Nine acquired pressure ulcers (Category 2 and above) were reported, although the monthly incidence has declined for the sixth consecutive month, demonstrating continued improvement.

The Trust's nurse vacancy rate decreased by 0.4% to 2.8%, remaining below the Trust's target for the twelfth consecutive month, which is a positive indicator of workforce stability.

The Board noted the Monthly Quality Account for February 2025.

6. Regulatory

6.1 Mortality Review Q3

The Chief Medical Officer presented the Q3 Mortality Report to the Board, which included a comprehensive review of inpatient deaths. The report identified the clinical factors involved and provided insight into the circumstances surrounding each death. It also evaluated whether any deaths could have been prevented or avoided, supporting the Trust in monitoring care quality and informing improvements.

Between 1st October 2024 and 31st December 2024, there were 65 inpatient deaths, all of which were deemed reasonably expected, with 5 referred to the coroner.

A Structured Judgement Review (SJR) was conducted for 12 of these deaths. Of the 12, 11 were judged as definitely not avoidable, while 1 had slight evidence of avoidability due to the potential contribution of Hospital Acquired COVID-19, although advanced malignancy was the primary cause of deterioration.

The Board welcomed the inclusion of the 30-day mortality indicator as a helpful measure. Overall, the Trust was RAG-rated Green for the period between October and December 2024.

The Board received the Q3 Mortality Report.

6.2 Board Evaluation Report

The Company Secretary presented the Board Evaluation Report, noting that the Trust Board had completed its review against the 2024 CQC Single Assessment Framework, focusing on the Well-led domain.

Overall, the evaluation demonstrated a positive assessment of the Board's function and performance, with most ratings falling between "Agree" and "Strongly Agree" across all domains. The evaluation highlighted strengths such as a clear vision, strong leadership, and effective stakeholder engagement, while also identifying areas for improvement, particularly in workforce diversity, Freedom to Speak Up, and environmental sustainability.

The Board endorsed the report and approved the action plan arising from the Board self-assessment.

6.3 Risk Appetite Statement 2025/26

The Company Secretary presented the Risk Appetite Statement for 2025/26 to the Board.

The 2025/26 review confirmed existing risk tolerances remain appropriate, with one amendment: cybersecurity has been added under "Sustainable Investment through Effective Use of Resources." Cybersecurity risks, including cyberattacks, system vulnerabilities, and data breaches, are now classified with a low-risk tolerance, reflecting the Trust's commitment to protecting patient data and system security. Mitigations include senior-level oversight, strong security protocols, and regular assessments.

The Board approved the Risk Appetite Statement for 2025/26.

6.4 Board Assurance Framework

The Company Secretary presented the Board Assurance Framework (BAF) to the Board.

The Board last reviewed the BAF in November 2024. Since then, key controls, assurances, and the action plan have been revised to reflect changes in the NHS landscape, recent developments, and discussions at the Board and its sub-committees. Despite these updates, risk scores remain unchanged, which is expected given the strategic nature of the risks.

The BAF currently identifies 13 risks, 5 of which exceed the risk tolerance threshold. These high-risk areas continue to be actively managed, with their elevated status reflecting both the Board's low-risk tolerance and external factors beyond the Trust's control.

The Board recommended reviewing the workforce risk score in light of improvements in vacancy rates and workforce metrics.

The Board approved the BAF, a summary of which will be included in the Trust's 2024/25 Annual Report.

7. For information

7.1 Communications Briefing

The Board noted the Communication briefing.

7.2 Medical Appointment

The Board noted that between October 2024 and March 2025, the Trust had appointed fifteen new consultants.

7.3 Board Standing Orders Annual Review

The Company Secretary reported that in October 2024, Board members electronically approved amendments to the Board of Directors' Standing Orders to reflect changes to the Board's constitution.

She noted that, in accordance with Section 12.3 of the Standing Orders, the Trust Board is required to review them annually. Following this review, the Standing Orders were confirmed as fit for purpose.

The Board endorsed the Standing Orders.

7.4 Board Sub-Committee Terms of Reference (AFC & QAR)

The Company Secretary presented the Board Sub-Committee Terms of Reference for ratification.

She reported that the Quality Assurance & Risk Committee Terms of Reference had been reviewed, with minor amendments made. She confirmed that no changes were proposed for the Audit & Finance Committee Terms of Reference.

The Board ratified the Terms of Reference for both the Audit & Finance Committee and the Quality Assurance & Risk Committee.

Date of next meeting: *21 May 2025*

The ROYAL MARSDEN
NHS Foundation Trust

Excellence, Every Day

Jen Watson & Sofia Colas

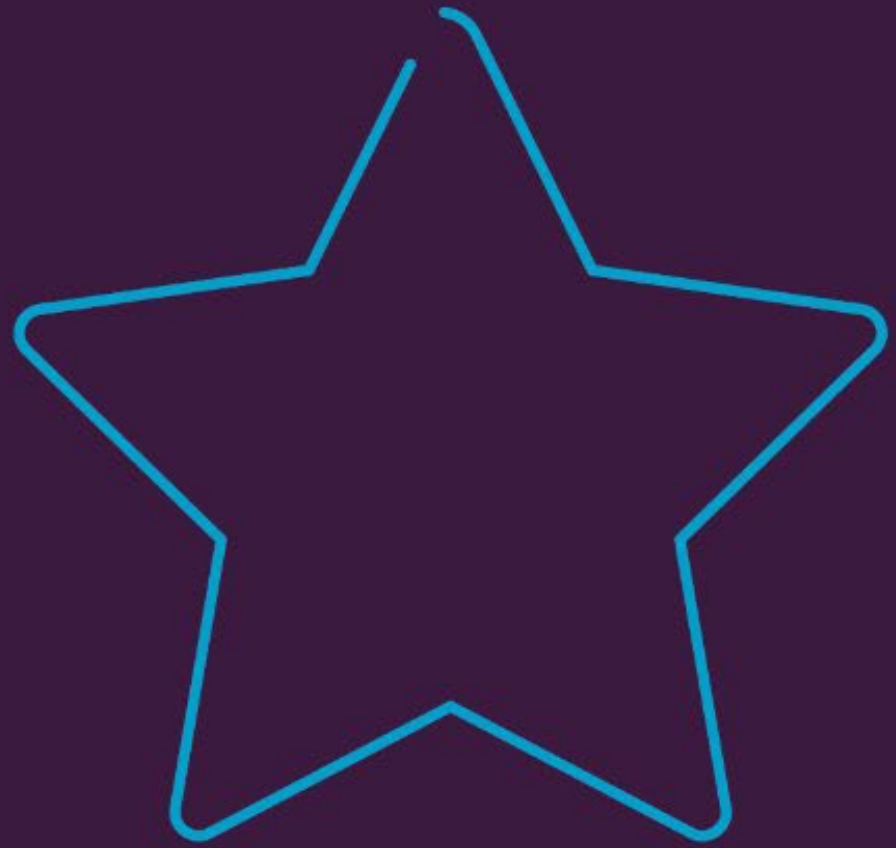
19 November, Public Board

NHS

Excellence, Every Day

It is part of everyone's job to ensure we are a consistently safe, caring, effective, responsive and well-led organisation.

We strive to be excellent, every day. For all our colleagues, patients and their families.



Find out everything you need to know on RM Matters

Excellence Every Day – what it means to patients



Excellence Every Day – what it means to staff



Themes

Words - Patients	Words - Staff
Compassion	Compassion
Kindness	Kindness
Care~and~caring	Professionalism
Respect	Integrity
Communication	Continuous improvement
Being~seen~heard~and~valued	Patient-centred~care
Quality~care	Collaboration
Consistency	Listening~and~responding
Teamwork	Safety
Humanity~and~heart	Quality~care
Timeliness	Dignity~and~respect
Dignity	Accountability
Empathy	Consistency
Making~human~connections	Courage~and~honesty
Listening	Purpose~and~meaning
Feeling~supported	Learning~and~reflection
Safety	Leadership
Professionalism	Excellence~as~a~promise
Courtesy~and~politeness	Communication
Reliability	Empathy

- **Compassion and Kindness –** Top 2 in **both** staff & patient word clouds
- Accepting even relishing challenges and building a reputation that '**this is where the impossible gets done**'
- Constructive Anxiety
- Banishing complacency
- It isn't about being perfect , it's about consistently striving to improve, learning from mistakes, and refusing to settle for less than your best.
- A mindset that prioritises quality over shortcuts.
- The willingness to put in the work even when no one is watching.
- Sticking to your values even in the face of adversity

Key areas of Improvement

🎯 Personal Growth Focus on getting better, not comparisons

🚶 Walking the Floor - Be more visible and engaged with teams – enhancing Customer Excellence

🧩 Patient Pathways - Resolve access gaps, especially for private patients

🤝 Team Connections - Strengthen links with junior doctors and key staff

💬 Communication - Improve clarity and responsiveness

📉 Complaint Themes - Analyse and learn from feedback

🔄 End-to-End Flow - Address disjointed care processes

The Royal Marsden

Mission, Strategy, Pledges and Values

RM

Our mission

Our mission is to continue to make a national and global contribution to cancer research and treatment, so that more people are cured and quality of life is improved for those living with cancer.

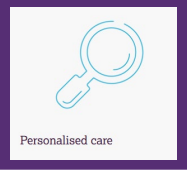
Our pledge

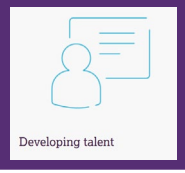
At The Royal Marsden, we deal with cancer every day so we understand how valuable life is. And when people entrust their lives to us, they have the right to demand the very best.

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.

Our clinical strategy


Personalised care


Developing talent


Sustainable investment

Our enablers

Support from The Royal Marsden Cancer Charity


Integrated NHS and Private Care model


Partnership working nationally and internationally


Investment in data and digital capabilities

Our Values: Pioneering change | Pursing excellence | working collaboratively | Showing kindness

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Excellence, Every Day: Strategic Delivery & Inspection Readiness

Engagement & Communication

- Launch of Excellence, Every Day Staff Guide
- Themed content calendar with manager briefings for cascade
- Excellence, Every Day landing page live on the intranet; #ExcellenceEveryDay integrated into 'Good Deed Feeds'
- Enhance senior leadership visibility
- Facilitate Executive Led Staff Focus groups (aligned to CQC approach)
- Well Led Guide created for executives and senior leaders

Governance & Readiness

- Excellence, Every Day Committee, chaired by CMO/CNO: Strategic oversight of inspection readiness
- Divisional & Core service preparation and readiness
- Quality sweeps, ward accreditation, external visits
- High-level milestone tracker in development alongside risk log
- Trust-level assessment & Interview preparation
- Trust Mock inspections of clinical areas (in/out of hours)
- Use peer review (UCLH, GOSH)
- Briefings and approaches to stakeholder engagement to be defined

Key messages and audiences

Key messages

- The CQC visit is an opportunity to showcase the excellent care we provide every day
- Everyone has a role to play - from clinical care to admin, estates and beyond
- The aim is not to prepare for a visit, but to show how we live our values *every day*.
- We are here to support you - tools and resources are available on RM Matters.
- Excellence, Every Day -All staff briefing slides ready to share

Audiences

– All Trust staff (clinical and non-clinical)
– Contractors and temporary staff
– Volunteers
– Team leaders and managers

Consider the development of Excellence, Every Day Ambassadors



Excellence, Every Day

We are well-led

Our shared vision and values drive continuous improvement.

We have a shared vision, strategy and culture. We foster a positive approach where people feel that they can speak up and that their voice will be heard.



Find out everything you need to know on RM Matters

Overview of new Trust-level Assessment – 8 quality statements

CQC Quality Statement	We statement
Shared direction and culture	We have **a shared vision, strategy and culture**. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
Capable, compassionate, and inclusive leaders	We have **inclusive leaders** at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty.
Freedom to speak up (F2SU)	We foster a **positive culture** where people feel that they can speak up and that their voice will be heard.
Workforce equality, diversity and inclusion	We **value diversity in our workforce**. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
Governance, management and sustainability	We have clear responsibilities, roles, systems of accountability and **good governance** to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
Partnerships and communities	We understand our **duty to collaborate and work in partnership**, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
Learning, improvement and innovation	We focus on **continuous learning, innovation and improvement** across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
Environmental sustainability	We understand any negative impact of our activities on the **environment** and we strive to make a positive contribution in reducing it and support people to do the same.

The ROYAL MARSDEN
NHS Foundation Trust

Thank you

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BOARD PAPER SUMMARY SHEET

Date of Meeting:	**Agenda item:**
19 November 2025	4.2
Title of Document:	**To be presented by:**
Chelsea Development - Public consultation	Deputy Chief Executive

1. Status: To note

2. Purpose:

Relates to:	
Strategic Objective(s)	*x*
Operational Performance	
Legal / regulatory / audit	
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

Background

- In September 2025 Trust Board were updated on the design amendments proposed for the Chelsea Development.
- The purpose of this paper is to provide an update on the phase 3 public consultation which updated key stakeholders on the amendments made.

Overview

- We have been engaging extensively with residents, stakeholders, the wider public, patients, and staff since September 2024.
- Due to the design amendments agreed in September 2025 a third phase of public consultation was completed in October, to feedback on changes to the design.
- Positive feedback was received on the changes to the colour of the brick façade and the opportunity to retain one of the protected trees, as well as the move to a more traditional Frontage Building design. Some consultees remain concerned about the building mass and impacts on daylight/sunlight, as well as servicing and traffic issues.

4. Recommendations / Actions

The Board is asked to note:

- An extensive series of public consultation events have been completed reaching a wide range of local stakeholders.
- Feedback from the latest phase of the consultation will be considered in detail, with a plan to address concerns where possible.

The Royal Marsden

The ROYAL MARSDEN
NHS Foundation Trust

The Royal Marsden Chelsea Development: Public Consultation

Public Trust Board

November 2025

NHS

Executive Summary

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3 Recommendations

Trust Board is asked to note:

- An extensive series of public consultation events have been completed reaching a wide range of local stakeholders.
- Feedback from the latest phase of the consultation will be considered in detail, with a plan to address concerns where possible.

Overview of engagement to date

We have been engaging extensively throughout the development on our proposals, ensuring that local residents, stakeholders, the wider public, patients, and staff can feedback on our detailed designs.

September 2024
Start of stakeholder engagement

November 2024
First phase of consultation

May 2025
Second phase of consultation

October 2025
Third phase of consultation

November/ December 2025
Target date to submit planning application

Total engagement in numbers (Nov 2024 – Oct 2025)

– Since our public consultation began in November 2024, we have engaged with hundreds of people interested in the Chelsea development.

122,825

People reached through social media

4,973

Visitors to the online consultation hub

301

Webinar viewers and event attendees

285

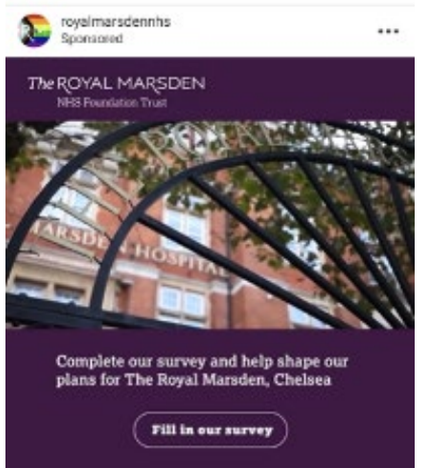
Survey respondents

6,855

Flyers delivered to local people in the first two phases

179

Of our closest neighbours kept up to date via letter









Public Consultation – 3rd Phase

- Throughout October 2025 a **series of events have been held to update key stakeholders** on the amended designs, specifically focusing on how residents' feedback from earlier consultations has been addressed. This included meetings with:
  - Dovehouse Street Residents' Association
  - Sydney Street & District Residents' Association
  - The Chelsea Society
  - RBKC ward councillors
  - RBKC Leader

  Plus:
  - A Public Webinar
  - A Development Forum hosted by the Royal Borough of Kensington and Chelsea

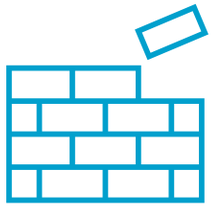
- The **core themes from the events have been**:



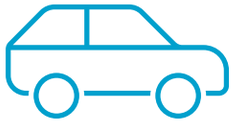
Concerns on **the impact of daylight & sunlight** on neighbouring properties



Requests to **add more greenery** on the perimeter of Gutherie Street



Positive feedback on change of façade colour from red to London stock yellow



Concerns on **the increase in traffic on Dovehouse Street** (and lack of action to address existing issues) and deliveries to site



Concerns on **building height** and requests to add more basement to resolve this



Requests to allow the community **access to the greenspace**

Next Steps

- **Consideration of feedback:** A detailed review of all feedback received is underway. Insights from the consultation are being carefully considered as the designs are refined ahead of submission, with further engagement planned on specific issues where required.

- **Planning submission** is expected to take place in late November / early December.
  - After the submission, The Royal Borough of Kensington and Chelsea (RBKC) will undertake its statutory consultation on the planning application, during which residents, local groups and other stakeholders are invited to review the submitted materials and provide comments directly to the Council via its planning portal.
  - Once the statutory consultation period concludes, RBKC's planning officers review all feedback received, along with the technical assessments and statutory responses. The case officer then prepares a detailed report and recommendation for consideration by the Planning Committee, a publicly held meeting of elected councillors.
  - Due to the size of the building the planning application will be referred to the Greater London Authority (GLA) as part of the statutory consultation process.
  - The forthcoming local elections in May 2026 will affect the dates for planning committee meetings due to purdah.

- **Planning Committee** is likely to be late spring/early summer 2026 (due to purdah). The committee will either resolve to grant, defer or refuse. Assuming the committee resolves to grant permission there will be a period of negotiation with RBKC for the Section 106 agreement. Once this is complete the GLA will review the application and RBKC's decision, any conditions plus the S106. Assuming the GLA are in agreement RBKC will then issue their formal decision notice.

The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting:	**Agenda item:**
19 November 2025	4.3
Title of Document:	**To be presented by:**
Annual Equality, Diversity and Inclusion Report 2024/25	Chief People Officer

1. Status: For Noting

2. Purpose:

Relates to:	
Strategic Objective(s)	*x*
Operational Performance	*x*
Legal / regulatory / audit	
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

This annual report demonstrates how the Trust is complying with the Public Sector Equality Duty of the Equality Act 2010.

This report also incorporates analysis required for key regulatory standards, namely: Workforce Race Equality Standard, Workforce Disability Equality Standard and the Gender Pay Regulations. Progress made against our equality and diversity priorities is also summarised, including activity against the NHS EDI Improvement Plan high impact actions.

4. Recommendations / Actions

The Board is asked to note progress made in advancing EDI during the last financial year and actively support key priorities for 2025/26 and beyond.

The ROYAL MARSDEN
NHS Foundation Trust



NHS

Annual Equality, Diversity and Inclusion Report 2024/25

At The Royal Marsden NHS Foundation Trust, we are committed to providing inclusive services that meet the diverse needs of our patients, as well as cultivating an inclusive working environment for our staff.

This report demonstrates how the Trust is complying with the Public Sector Equality Duty of the Equality Act 2010, and details progress made against workforce and patient-related equality priorities during 2024/25 to meet the statutory and mandated NHS frameworks, including the NHS equality, diversity and inclusion improvement plan.

Equality
Diversity
Inclusion

Contents

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Front cover: Arnold Dela Rosa, Senior Staff Nurse, Laura Asika, Matron, and Paola Bedoya, Healthcare Assistant, Oak Cancer Centre

1.

Introduction

The Royal Marsden opened in 1851 as the world's first hospital dedicated to cancer diagnosis, treatment, research and education. Today it operates as a specialist cancer hospital and, together with its principal academic partner, The Institute of Cancer Research (ICR), is designated as the UK's only National Institute for Health and Care Research (NIHR) Biomedical Research Centre (BRC) dedicated solely to cancer.

Together, The Royal Marsden and the ICR are recognised internationally as one of the top comprehensive cancer centres in the world for the impact of their research, and see and treat over 60,000 NHS and private patients every year. It is a centre of excellence with an international reputation for ground-breaking research and for pioneering the very latest in cancer treatments and technologies, as well as leading the way in innovative cancer diagnosis and education.

The Royal Marsden operates from four centres, in Chelsea, Sutton, Kingston and Cavendish Square in central London, and is the founder and host of RM Partners West London Cancer Alliance, which includes St George's University Hospitals NHS Foundation Trust, Imperial Healthcare NHS Trust, and other trust and integrated care board partners across north west and south west London.

Annual Equality, Diversity and Inclusion Report 2024/25



The Royal Marsden, Chelsea

2.

Equality, diversity and inclusion landscape

The Royal Marsden is committed to ensuring equality, diversity and inclusion (EDI) are central to our services and to our employment. We want to be known as an organisation that promotes inclusion and provides the best environment for our patients to receive care and treatment, as well as cultivating an inclusive working environment for our staff.

The Public Sector Equality Duty of the Equality Act 2010 helps us to put in place a framework for monitoring and measuring our equality performance against the requirements. This report illustrates how we are doing this through:

- eliminating unlawful discrimination, harassment and victimisation, and any other conduct prohibited by the Equality Act
- advancing equality of opportunity between people who share a protected characteristic and people who do not share it
- fostering good relations between people who share a protected characteristic and people who do not share it.

In addition to compliance with the Equality Act 2010, this report provides assurance on how we are performing against several other workforce equality frameworks or standards, including the gender pay gap, the Workforce Disability Equality Standard and the Workforce Race Equality Standard. Future reports will set out our progress against notable patient equality standards or frameworks, for example the Equality Delivery System and Accessible Information Standard.

Leadership and strategy

The Equality, Diversity and Inclusion Steering Group leads the equality agenda within the Trust. The group determines strategic equality priorities including the annual equality objectives, monitors equality performance through the regular review of equalities information and identifies areas for focus. Membership of the group is multidisciplinary and includes Executive Board members, clinical staff and patient representatives, as well as the chairs and other representatives of our staff networks.

Partnership working

Working in partnership is vital to progressing the EDI agenda and ensuring best practice is shared. Internally, we work closely with our staff networks and Trade Union colleagues through the Trust Consultative Committee; and externally, we work with the North West and South West London Integrated Care Boards (ICBs), NHS Employers Equality Team, and the Pan-London Equality Network. We also work in partnership with the ICR, which supports a Women in Science network and the Athena SWAN initiative to transform gender equality within higher education.

The Trust has continued to work with the South West London Learning Disability Mortality Review (LeDeR) steering group and share learning across the organisation. Stakeholders from the NIHR BRC at The Royal Marsden and the ICR, and the NIHR The Royal Marsden Clinical Research Facility are working collaboratively to design and implement inclusive approaches to cancer research, with the aim of advancing equality, diversity and inclusion for all the communities we serve. A diverse range of patient stakeholder groups are also integral to supporting us in meeting this central aim.



Mairead Griffin, Chief Nurse, with nursing team in Chelsea

3.

Achievements in 2024/25

This section summarises the achievements made during 2024/25 based on our 2023–2025 action plan (Appendix 1).

Objective 1:

Design and deliver services that are accessible, inclusive and responsive to the needs of the patients and communities we serve locally, nationally and internationally

– The EDI in Research Working Group supports the joint vision between the NIHR, The Royal Marsden and the ICR of ensuring inclusion is central to cancer research, for example through research trials or patient involvement and representation. The group has developed an EDI in Research e-learning module, which will be rolled out in 2025/26.

– A screening for staff of Unseen Unheard, a play about the experiences and barriers encountered by Black women navigating cancer treatment, was shown in May. The play not only raised awareness of the health inequalities faced by Black women but also served to remind attendees (many of whom were patient-facing) of their role in providing accessible and inclusive services. The play, which was commissioned and funded by Gilead Sciences, will be screened again in spring 2025 for those staff unable to attend the first screening.

– As part of a speaker series during diversity months, Dr Rose Hall, Clinical Research Fellow to Professor Ros Eeles, Oncogenetics Team presented thought-provoking studies being undertaken to address the cancer inequalities faced by patients from LGBT+ and BME communities. The session was designed to raise awareness of work being undertaken to address health inequalities at the Trust, as well as support the education of patient-facing staff to create an inclusive patient-centred experience or service.

Staff who attended the talk spoke of the positive impact it would have on their work and how they had a better understanding of terminology and would adapt their practices in terms of communicating inclusively with our LGBT+ patients:

> *"To adapt work practices to encourage diversity and to co-produce with patients."*
>
> *"That we can make a difference and to look out for opportunities to improve inclusion."*
>
> *"Being the best clinician for my LGBT+ patients."*



Sarah Adomah, Lead Breast Clinical Nurse Specialist, from the Softies project

– An innovative project from The Royal Marsden's breast cancer unit was recognised in the Health Service Journal (HSJ) Awards, winning the 'NHS Race Equality Award'. The team involved the development of skin tone-inclusive 'Softies', a lightweight fabric prosthesis for women post-mastectomy. Sarah Adomah, Lead Breast Cancer Nurse Specialist, spearheaded this initiative, alongside former Royal Marsden Breast Consultant Natalie Johnson. Recognising the need for skin tone-appropriate softies, they worked in partnership with Nubian Skin, with funding from The Royal Marsden Cancer Charity, to develop skin-toned softies. The HSJ said that the initiative "represents a significant step to providing equitable patient-centred care and showcases the hospital's dedication to addressing healthcare inequalities".

– There were numerous activities aimed at increasing and diversifying patient and public involvement and engagement this year, including:

  – The MyMarsden PPIE Group provided ongoing support for the MyMarsden patient portal, which allows patients to access parts of their Royal Marsden healthcare record from their own computer, tablet or mobile phone at any time.

  – Patient and public involvement groups remained central to facilitating more diverse voices, for example the EDI Patient and Public Contributors Group, the Parents Group, and the Teenage and Young Adult Forum worked to improve patient experience for different protected groups.

- There were notable increases in the diversity of new patients or members of the public affected by cancer registering their interest to participate in our patient involvement and engagement activities. For example, 35 per cent of new registrations were from ethnic groups; and 24 per cent were from people with comorbidities, mental health issues or learning difficulties.
- As part of our community work, we engaged with over 60 cancer charities and local community and faith organisations, and participated in 30 external community events. We have regular communication with Black Women Rising and the Chinese Cancer Association.
- The Cancer Patients' Voice platform has been a successful vehicle for sharing information and engaging with specific patient groups, for example the What do Black women need to support lifestyle changes after breast cancer? received 387 visits and 14 engaged visitors responded with their own comments. The platform gives patients, carers and members of the public the chance to make a difference to cancer research and care.

60

cancer charities and local, community and faith organisations engaged with

- Three PPIE grants in research were awarded in November 2024. Focusing on the UK Public Involvement Standards 'Inclusive Opportunities' and 'Impact', this year the awards were called the 'Della Ogunleye' grants in honour of Della, our first EDI PPIE Champion, who recently passed away. The three awards were for:
  - Developing web materials to raise awareness and promote engagement with genetic risk services in underserved communities at increased risk from prostate cancer.
  - An experienced based co-design project to evaluate the process of follow-up care for people following treatment for head and neck cancer.
  - I-PREPARE: increasing inclusive opportunities for PPI within the PREPARE study of patient-centred decision making at end of life.
- A number of resources to provide signposting and support to, and to obtain patient experience feedback from, our LGBT+ patients were promoted. An LGBT+ patient networking group has also been established.
  - RM Partners held a series of training workshops (delivered by brap and Health Innovation Network South London) aimed at supporting clinicians and other professionals involved in delivering cancer services to think critically about addressing systemic discrimination.

Other advances in research, innovation, treatment and care of our patients are detailed in our Annual Report and Accounts 2024/25.

Annual Equality, Diversity and Inclusion Report 2024/25

Objective 2:

Attract, recruit, retain and progress a diverse range of employees in a culture which celebrates diversity and inclusion

- The Trust continued to offer a programme of equality, diversity and inclusion training to all staff which complements the mandatory offering. Online courses, videos, guides and toolkits on a range of topics, including neurodiversity, trans and non-binary awareness, and addressing micro-aggressions in the workplace, help staff increase their inclusion awareness and understanding. Webinars, short courses and programmes for managers also help them address concerns raised in the workplace and create a positive inclusive culture for all staff working at The Royal Marsden. In total, 115 equality, diversity and inclusion courses were accessed.
- Several religious festivals were promoted and celebrated across the Trust, including Eid and Diwali events organised by the Trust's REACH Network, as well as Christmas and Easter led by our Chaplaincy team, which helped to foster a sense of community. This year, the Chaplaincy team collaborated with the Royal Brompton Hospital to increase prayer room capacity for our patients and staff during Ramadan. A prayer tree was put up in the Sutton chapel, where children and their families could hang wishes and prayers written on colourful leaves. Patients can request a Pets as Therapy dog via the Chaplaincy team or our Volunteers Service, to provide comfort and emotional support to them during their cancer treatment.



Rangoli design by Dr Vertika Tewari, Head and Neck Surgeon, for Diwali 2024 celebrations

– We continued to take steps to ensure we fairly attract and appoint the best talent from our local communities. A diverse panels pilot for Band 7+ nursing posts showed the value diverse representation on interview panels can bring by creating unbiased spaces where candidates can give their best, and panel members can objectively offer their perspectives. Feedback found that the panellists felt welcomed and valued by the panel. Line managers said they found the addition of diverse panellists enhanced objectivity, brought a different perspective and they welcomed challenge to the interview process.

> *"Great to have a variety of opinion and feel this is a robust and fair process which can be evidenced."*
>
> *"The whole panel was very welcoming and took my comments on board with a positive attitude. They made the whole process a positive experience."*

Six line manager briefings were held during the pilot to equip recruiting managers with an understanding of the trial and their role in supporting the diverse panellists. Similarly, 47 diverse panellists attended briefings to equip them with an understanding of their role within the pilot scheme. There were 47 nursing posts at Band 7 and above which were administered through the pilot, and appointments were made. Evaluation of the pilot showed an improvement in increasing the likelihood of Black, Asian or Minority Ethnic candidates being appointed. As a result of the evaluation, we will continue with the nursing pilot and extend to other staff groups that would benefit from this intervention based on further recruitment analysis.

– A new 'Fair and Inclusive' recruitment training course aimed at line managers was introduced, which covers best practice principles in relation to inclusive recruitment and selection. During 2024/25, 78 staff attended the course, with many more line managers booked to attend during 2025/26. Feedback from attendees included:

> *"Great course, very informative, and thought provoking."*
>
> *"I thought it was useful that we talked about different aspects of good recruitment, and not just bias in a vacuum. For example, we talked about points scoring and how to make that as useful and practical as possible."*

– Accelerate, a new programme aimed at developing middle manager leaders from underrepresented groups, was launched this year. Collaboratively designed by The Royal Marsden and ICR, the programme seeks to empower and support 17 of diverse staff to become leaders of the future, as well as address the underrepresentation of staff from protected characteristic groups.

Annual Equality, Diversity and Inclusion Report 2024/25

Objective 3:

Provide a working environment where employees are treated with fairness, dignity and respect

– In December 2024, we launched our Leadership and Management Behavioural Framework which sets out the standards and expectations for people managers at all levels across the organisation. The framework is built around the five core domains of leading service excellence, compassionate leadership, building inclusive environments, reflective leadership and creating high-performing teams. Managers can now complete a self-assessment against these domains as well as receive 360-degree feedback assessments from a range of colleagues. Over 100 managers have engaged with this new framework since its launch.

– Inclusion is a key aspect of the new Five-Year Nursing Vision, launched on International Nurses Day 2024 by Mairead Griffin, Chief Nurse. Developed following extensive consultation with a cross-section of nursing staff and others, the vision highlights five ambitions, one of which is for the Trust to be a truly inclusive place to work. Examples of some actions to achieve this ambition include:

  – Creating a culture where everyone is respected and can feel a sense of belonging.

  – Ensuring all nurses and healthcare support workers have equal opportunity to grow and develop.

  – Supporting the induction, integration and development of our internationally educated nurses and our early careers nurses.

  – Ensuring all HR processes, including recruitment, are fair and transparent.

– The second cohort of the reverse mentoring programme was successfully completed and attracted positive feedback from participants. The programme increases understanding of the experiences of staff with protected characteristics by pairing senior leaders with junior staff with a protected characteristic who share their lived experiences and influence leaders to create a more inclusive culture and work environment. Following the successes of cohorts 1 and 2, a third cohort was launched this year with 14 pairings.

– A tailored anti-racist leadership programme was delivered to all nurse managers, leaders and educators this year. It is designed to prompt leaders to consider how they view race, what is anti-racist practice and how individuals can personally support an anti-racist approach. This work was initiated following receipt of BME nursing staff experience feedback and forms a key component of the nursing vision referred to earlier in this section, and was endorsed by the Chief Nurse. Staff feedback on what impact the programme had included:

> *"Having to confront the reality of racism. It has also challenged my thinking, I thought I knew a lot more about this issue. I still have lots to learn."*
>
> *"Changing the way I think and do, I have much to think about! It has opened up the discussion and now I am curious from what I have learned today."*

– A range of inspiring and thought-provoking webinars for staff were held during South Asian Heritage Month, Black History Month, Disability History Month and LGBT+ History Month. Internal and external speakers helped to highlight lived experiences and inequalities faced by different groups, with the underlying message to staff to further their personal understanding of inclusion. 721 staff attended nine sessions. Feedback from attendees included:

> *"Be brave – call out racism if you see it."*
>
> *"Malvika's hugely resilient response to her disability was hugely inspiring."*
>
> *"Know that people with disabilities may require assistance at challenging times."*
>
> *"I love the staff and panel stories – it makes it more real."*

– Our REACH Network hosted a Black History Month Bake Off and celebratory events for Black History Month, Eid and a Filipino Cultural Awareness Day.

1,640

staff pledging support of LGBT+ patients and colleagues by wearing the NHS Rainbow Badge

– The number of staff pledging support of LGBT+ patients and colleagues by wearing the NHS Rainbow Badge continued to grow, with over 1,640 having signed a pledge (as at 31 March 2025), compared with 1,500 last year. The Royal Marsden participated in its first PRIDE March, alongside ICR colleagues. Fifty staff from the Trust and the ICR marched on 29 June 2024 in support of LGBT+ inclusion. Staff wearing Rainbow Badges said:

> *"I want all patients and staff to see the badge and feel comfortable to be themselves and be able to feel safe in my care."*
>
> *"I am part of the LGBT+ community and feel that it is important to support and promote equality in the workplace."*

– A Disability Advice Line was launched this year to provide vital, expert support to ensure staff with long-term health conditions and disabilities receive the reasonable adjustments needed to thrive at work. The advice line is accessible to candidates as well as line managers and staff with disabilities. Operating across south west London NHS organisations, the service has helped to improve awareness of support available to managers and staff, navigating Access to Work requests as well as contributing to an improvement in the reasonable adjustment satisfaction score captured through the NHS staff survey.

Objective 4:

Implement NHS England's EDI improvement plan framework to support the Trust's pursuit of creating a more inclusive Trust

High Impact Action 1: Chief executives, chairs and board members should put EDI objectives in place that they are personally responsible for

– EDI is incorporated in the Board Assurance Framework. Board members and senior leaders provide executive sponsorship and support to our staff networks.

High Impact Action 2: Embed fair and inclusive recruitment processes and talent management strategies that target underrepresentation and lack of diversity

– See objective 2 on page 10 for update on progress against this high impact action.

High Impact Action 3: Develop and deliver an improvement plan to eliminate pay gaps

– Pay gap analysis has been completed by gender, ethnicity and disability protected characteristics. The analyses are shared in this report on page 28.

High Impact Action 4: Develop and deliver a plan to address health inequalities among staff

– We have rolled out REACT training and management essentials training to support line managers with conducting effective health and wellbeing conversations with their staff. We have added a new 'Managing Wellbeing' course to our Management Essentials programme for people managers at all levels. We also offer a comprehensive range of health and wellbeing offers and have focused on raising the profile of menopause in the workplace through training offered by Henpicked.

– The Chaplaincy team works closely with clinical teams and staff support to offer assistance to staff members impacted by global conflicts. Individual pastoral support, group sessions and the introduction of monthly menopause support group meetings across both sites have also been organised.

– In January 2025, a Health and Happiness Week brought a diverse range of in-person and virtual talks, and health and wellbeing activities across the Trust which touched on mental health or balancing work and family life commitments, for example. The week offered staff a chance to reflect, reset and recharge for the year ahead. Feedback from staff on the week included:

> *"Thank you so much this event changed my way of thinking. I will start looking after myself and also switch off the stressful notifications. Enjoyed every moment."*
>
> *"The health and well-being webinars have been excellent and extremely useful."*
>
> *"Zen bus – I found the sessions absolutely relaxing and a very positive experience. It definitely helps you to slow down and think about yourself, your health, gratitude towards work colleagues, our families and friends."*

High Impact Action 5: Develop and deliver a comprehensive induction, onboarding and development programme for internationally recruited staff

- The Trust was awarded the National Preceptorship Quality Mark and an updated Capital Nurse Preceptorship Quality Mark in recognition of the quality of the Trust's Early Careers Programme for newly registered nurses offered at the Trust. This year we have set up new support groups for Filipino and Indian nurses to support them during the onboarding and induction processes.
- Twenty internationally educated nurses were supported on a bespoke leadership programme delivered by the Florence Nightingale Foundation.

High Impact Action 6: Create an environment which eliminates bullying, harassment and physical violence

- Active Bystander training remains part of the Trust induction programme and is designed to empower staff to respond safely and effectively where situations of harassment, discrimination, or other inappropriate behaviours arise, thereby fostering a culture of accountability and support.
- The Trust became a signatory to the Sexual Safety Charter, thereby committing to enforcing a zero-tolerance approach to unwanted sexual behaviours in the workplace. In February 2025, the Trust launched its own mandatory sexual safety online training to support the charter. A multidisciplinary group has been set up to provide oversight of the work associated with maintaining sexual safety in the workplace.
- Two Consultant Education and Clinical Supervisors Development Days were held this year. As part of the day, the Director of Medical Education and Inclusion Partner highlighted the importance of cultivating inclusive and supportive workplaces for resident doctors as evidenced by the phenomenon of differential attainment and the diverse make up of our medical workforce. Differential attainment refers to the unexplained variation in attainment between groups who share a protected characteristic and those who do not e.g. ethnicity, gender and disability.
- A managing equality, diversity and inclusion workshop was attended by 68 members of staff. The workshop was designed to enable managers to create a positive culture within their teams where all staff feel a sense of belonging and are able to contribute fully to reach their potential. The new EDI section of the Learning Hub enabled 115 staff to access materials and broaden their EDI learning.

Annual Equality, Diversity and Inclusion Report 2024/25



Inayah Momade, Scientific Officer, The Ralph Lauren Centre for Breast Cancer Research

4.

Our patients

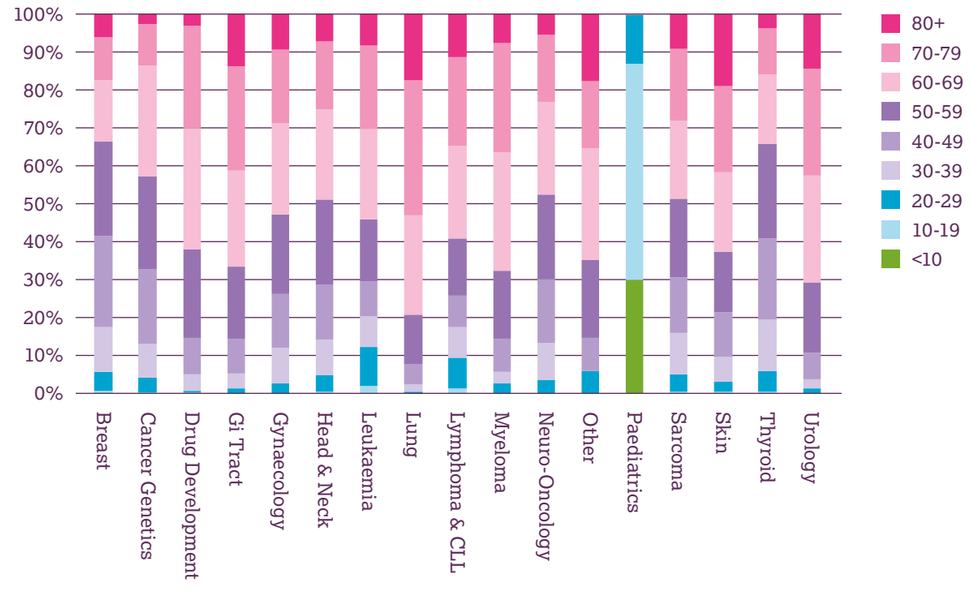
Between 1 April 2024 and 31 March 2025, 66,740 patients were seen or treated at The Royal Marsden. Overall, the demographic profile is broadly the same as last year, with minimal variation across the protected characteristic groups. Key findings from the patient equality information are:

- The highest proportions of female patients continue to be seen in the breast clinical units and the highest proportions of male patients continue to be seen in the urology clinical units.
- The gender profile of our patients is 58.6 per cent female and 41.4 per cent male.
- 70.6 per cent of our patients identified as White British or White Other, compared with 18 per cent from Black, Asian or minority ethnic patients, and 11.4 per cent of patients either did not disclose their ethnicity status or it was unknown.
- 8.7 per cent of our patients identified as Buddhist, Hindu, Jewish, Muslim or Sikh.
- The highest proportion of patients were aged between 60 and 69 and made up 21.2 per cent of patients seen.
- Marital and civil partnership findings show that 53.4 per cent of patients are either married or in a civil partnership.

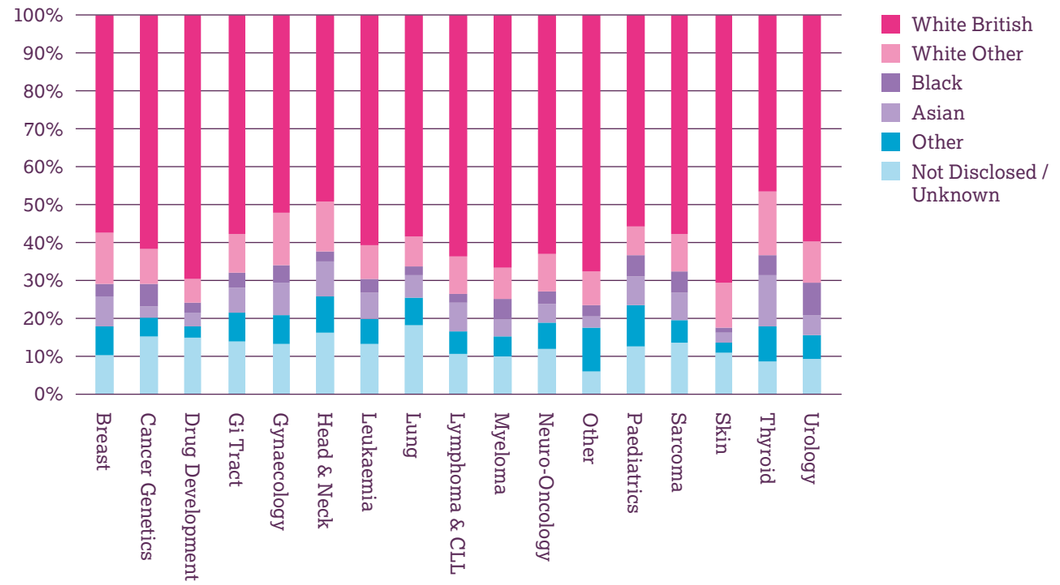
Patient demographics by clinical unit

The distribution of patients seen during 2024/25 by clinical unit and age, ethnicity and sex is shown below.

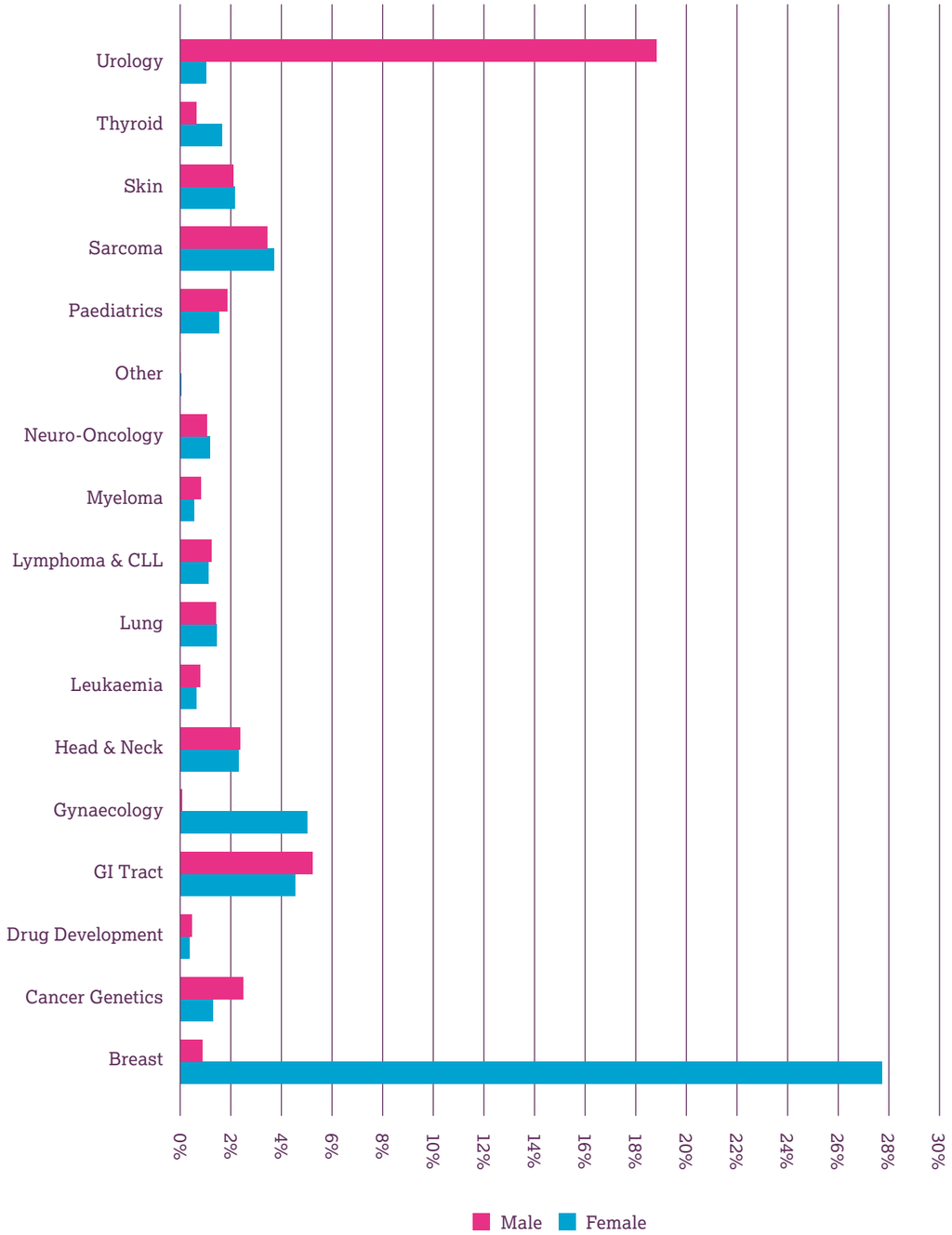
Age profile of patients seen by clinical unit



Ethnicity profile of patients by clinical unit



Sex profile of patients by clinical unit

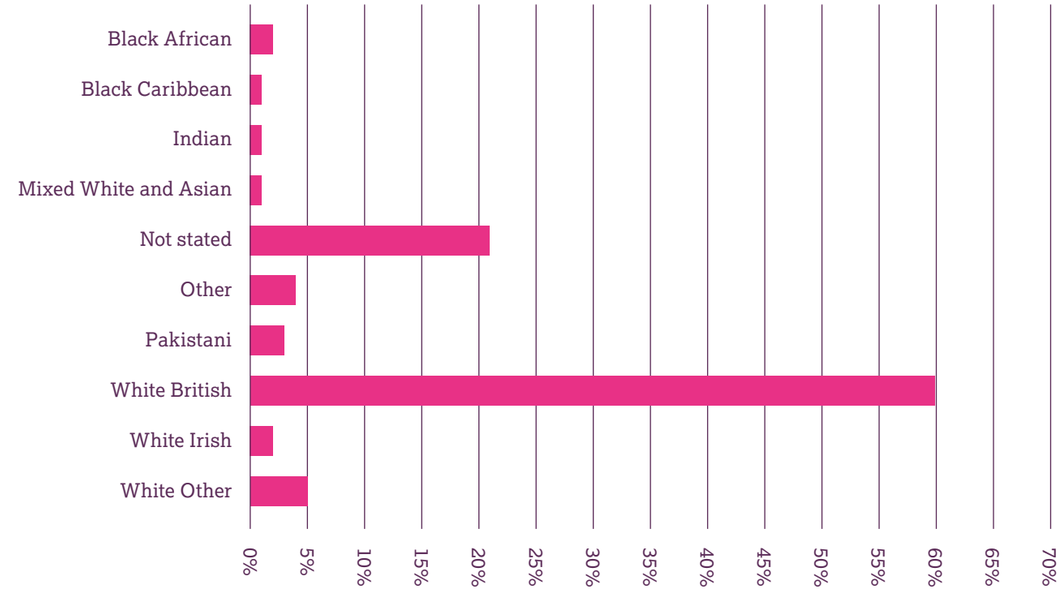


Complaints

Between 1 April 2024 to 31 March 2025, there were 108 complaints, including private care complaints. Of these, none were related to equality and diversity matters.

Very few complaints (under three per cent) were made by complainants from Black African, Black Caribbean, Indian, Mixed White and Asian, Pakistani and White Irish backgrounds. The diversity of the complainants are shown in the graph below. Of the complaints, 62 per cent were made by either relatives or someone acting on behalf of the patient. The largest proportion of complaints were made by or on behalf of people aged between 26 and 55 years.

Ethnicity of complainants



The top three most complained about themes were clinical treatment, communication and appointment-related issues.

The Trust also centrally records compliments to capture the positive feedback that we receive from our services users. There were 680 compliments received between 1 April 2024 and 31 March 2025. We are not always able to identify the protected characteristics of people who compliment or praise our staff or our services but, where this is possible, we will record this.

Membership

As a Foundation Trust, The Royal Marsden has members, which are made up of patients and carers, public and staff.

The Membership and Communications Group, a working group of the Council of Governors, plays a key role in shaping the membership strategy. It focuses on increasing representation from underrepresented groups and improving overall engagement and communication with members.

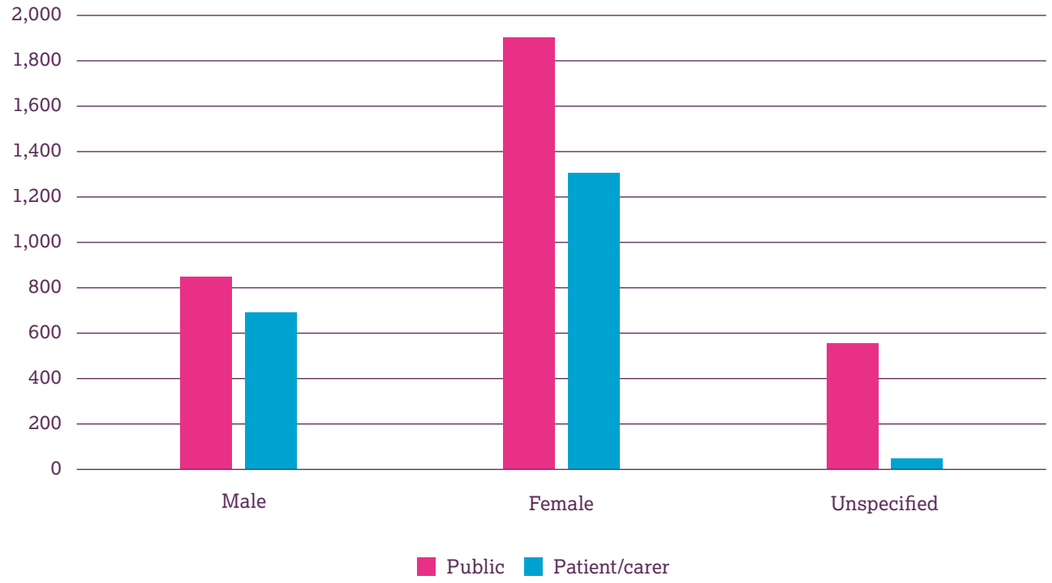
In 2024/25, the group reviewed the Membership Recruitment and Engagement Strategy 2025-2028, which was approved by the Council of Governors in December 2024. This strategy sets out the Trust's vision to build an informed, engaged and representative membership community. Key strategic priorities include:

- Enhancing accessibility and increasing involvement of members through more publicity
- Improving engagement with young people
- Expanding community outreach
- Building partnerships

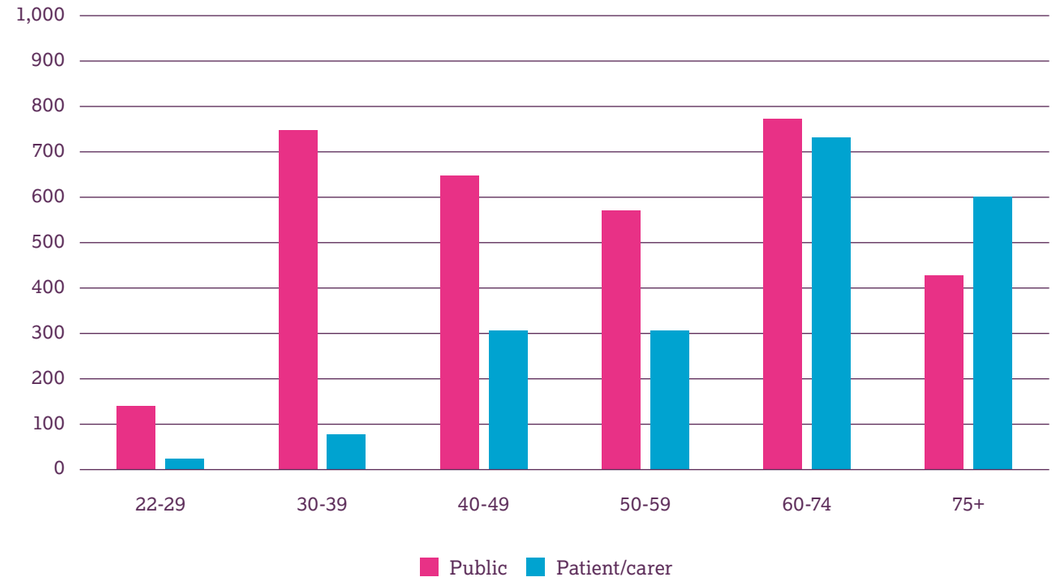
Governors from the Membership and Communications Group also contribute to the Equality, Diversity and Inclusion Patient and Public Contributors' Group. This group supports efforts to reduce inequalities and exclusion in patient and public involvement. It seeks to engage individuals who are seldom heard or have not previously been reached, aiming to develop a more diverse and inclusive group of representatives to support the Trust's work.

The charts below show our public, patient/carer membership by sex, age and ethnicity as of 31 March 2025. Staff automatically become a staff member on joining Trust – see page 26 for a breakdown of our staff data.

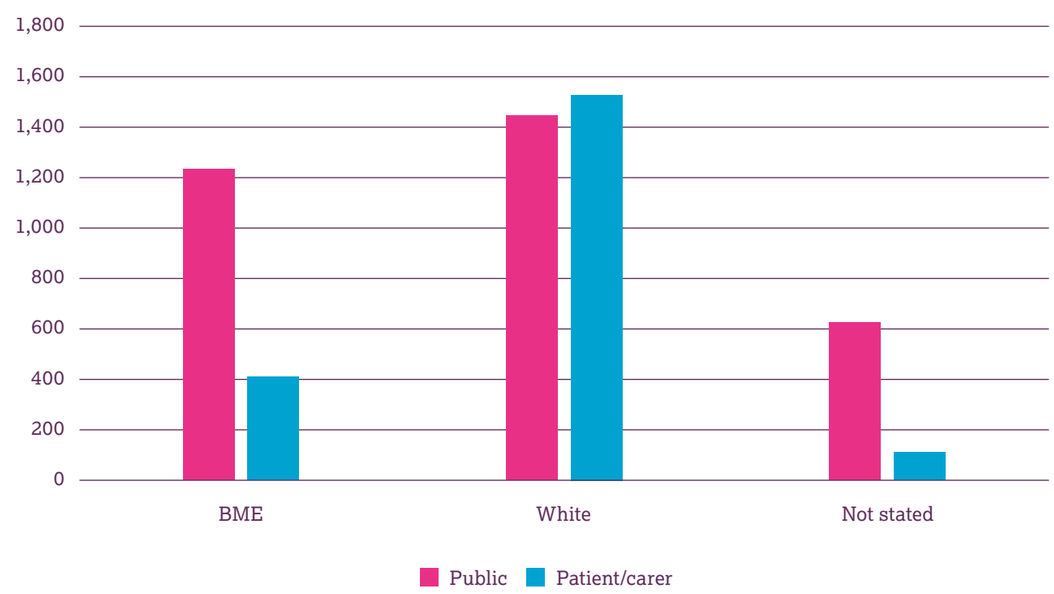
Membership by sex



Membership by age



Membership by ethnicity





Nurse Emily Pease with patient, Sam, at the Olayan Day Unit at the Royal Marsden, Sutton

How we adapt our services

As a public sector body, we recognise the importance of providing accessible services to all our patients, irrespective of their protected characteristics. Examples of how we can accommodate our patients' needs include:

Website accessibility

The Royal Marsden has partnered with ReciteMe, which provides web accessibility software that helps makes the Trust's website easier to access. This includes a screen reader, reading support tools such as magnifier, ruler and dictionary, translation into 100 different languages, and website styling, such as changing the colour scheme, and text style, size, colour and spacing.

AccessAble

Since 2017, AccessAble has provided the Trust with comprehensive accessibility information about the hospital sites, to ensure that disabled people, people with additional needs and their families can plan for visits to the hospital with ease.

Translation, interpretation and patient information

The Royal Marsden Hotline provides patients with help and support in relation to their treatment 24 hours a day, seven days a week by telephone. The Royal Marsden recognises how important it is for its patients and their carers to have fast access to information to manage side effects and any complications of treatment. Where patients need advice in another language, including British Sign Language, the hotline nurse arranges for a three-way conference call with the interpreting and translation provider.

The Royal Marsden's online patient information library is a searchable library of over 500 Royal Marsden patient information resources, including leaflets, booklets, flyers and videos. The information is also available in over 100 languages. The easy to navigate, highly accessible website allows patients, families and carers to search and browse for information, and then read, download, print or share information that is relevant to them.

DA Languages is the Trust's translation and interpreting provider and can also provide clinicians and patients with written or spoken translational services.

Patient support

The Trust provides breast prostheses and lymphoedema sleeves in a variety of different skin colour shades, and supports patients if they need specific help to source wigs that meet their personal needs, including different hair types. A more inclusive range of prostheses (also known as 'softies') for women following mastectomy is also available.

Patient pathways have been developed with Chelsea and Westminster NHS Foundation Trust to improve the experience and care of obstetric patients with cancer, to ensure the best possible treatment and outcomes for mothers and their babies.

Chaplaincy support

The Chaplaincy team provide spiritual and religious care for patients and their families and staff from all faith backgrounds including a significant proportion of people with no religion stated (24.5%). This year chaplains made 7,204 pastoral visits to 2,617 patients.

The team is made up of representatives of the Buddhist, Christian, Hindu, Jewish and Muslim Faiths. Representatives of other faith/belief traditions are also available on request through the Chaplains' office. The team has a dedicated intranet page with relevant information for staff, which also encourages them to be sensitive to the cultural and religious needs of all our patients and visitors and to seek Chaplaincy advice and support with this as appropriate. Teaching sessions on cultural and religious care have been offered to staff to aid in providing excellent care.

At both sites, multi-faith facilities are available for patients, visitors and staff to use. Various literature, photography and colouring books and artifacts (stones, holding objects and finger labyrinths) are provided to aid patients and visitors in prayer and meditation.

During significant festivals we provide guidance to staff to help them meet the needs of patients from various religious groups. We make every effort to mark and celebrate religious and cultural events. We set up creative displays, information and cards in and near our chapels and provided blogs and greetings on the intranet.

We help to ensure that patients are able to eat food that meets their religious and cultural needs, by providing Kosher, Halal, vegetarian and vegan food and adapting menus to meet specific preferences.

In addition to weekly prayer and meditation services in the hospital chapels and prayer rooms Chaplaincy leads on annual events such as Armistice Day, Ash Wednesday, Celebrate a Life, Carol Services, A Time to Remember and other remembrance activities. The service also offers vital support to staff teams during times of bereavement and loss.

Dementia

The Trust is committed to providing the highest standard of care to people living with dementia or Alzheimer's. We do this by ensuring that specific needs are identified, and reasonable adjustments are made to support the person and their family through their care and treatment journey.

A staff network of Dementia Link Practitioners Dementia Champions across the service highlight best practice and resources, and provide support to colleagues who care for patients with dementia or Alzheimer's and their family members. This has ensured appropriate support has been provided, utilising resources such as the 'This is Me' hospital passports, the dementia activity resource and providing Easy Read information.

The aim is to ensure people living with dementia or Alzheimer's experience care that is safe, caring, effective, responsive to their needs, collaborative and well led.

Learning disabilities and autism

The Trust is committed to delivering the highest standard of care to patients with a learning disability. This is reflected in the patient pathway (purple pathway) and policy which stipulates that patients with a learning disability or autism have their specific needs identified, and reasonable adjustments made to enable appropriate services to be delivered.

The Trust has a staff network of Learning Disability Link Practitioners to highlight best practice and resources, and provide support to colleagues who care for patients with a learning disability or autism and their family members.

Safeguarding vulnerable children and adults at risk

The Royal Marsden's integrated safeguarding team works in partnership with a range of stakeholders to ensure that all services have safe and effective systems in place to safeguard children, young people and adults who are at risk of abuse, neglect or exploitation.

The team provides support, advice and expertise to ensure that our staff respond appropriately and proportionately when safeguarding concerns arise. There is a robust training programme in place which includes topics such as such as Safeguarding children, Safeguarding Adults, PREVENT, Modern Slavery, Domestic Abuse, The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Patient and public involvement and engagement

The Trust is committed to having an effective structure for patient and public involvement and engagement (PPIE) at all levels within the organisation.

As an NHS Foundation Trust, governance and strategic direction is provided by the Council of Governors, of which two thirds are patient, carer and public governors. The long established Patient and Carer Advisory Group (PCAG) acts as a focus for many local patient involvement initiatives, often working alongside the governors.

The EDI Patients and Public Contributors Group, cochaired by the Trust's PPIE EDI Champion, facilitates more diverse voices in everything the Trust does. The Parents Group and Teenage and Young Adults Forum continue representing the voices of parents and young people. These groups are linked with the Trust's aim to reach and include underrepresented and seldom heard groups, such as those affected by less common cancers, and demographic groups that have not historically had strong representation or are more spread geographically.

The MyMarsden PPIE Group continues to support the Trust with the implementation of Connect, the new Digital Health Record, and with communication about, and the functionality of, MyMarsden.

The digital Cancer Patients' Voice, a unique patient and public involvement and engagement platform, has continued to involve and engage those affected by cancer, involving people more geographically spread.

5.

Our people

As of 31 March 2025, our workforce profile is broadly comparable to last year. Data shows:

- An increase of Black and minority ethnic (BME) staff since last year, from 41.4 per cent to 42.8 per cent.
- 5.58 per cent (from 4.9 per cent last year) of the workforce declared a disability.
- Where religion and belief is declared, the majority of staff identify as Christian (42 per cent), with 26 per cent of staff actively choosing not to disclose, followed by 18 per cent declaring another religion or belief, for example Islam, Hinduism or other.
- 75 per cent of the workforce is female and 25 per cent is male.
- 31.88 per cent of staff are aged between 31 and 40 years, with 7.39 per cent of staff aged over 60 years.
- 4.1 per cent of staff identify as Lesbian, Gay, Bisexual or Trans (LGBT+).

Additional workforce analyses by protected characteristics are shown in Appendix 2.



Multidisciplinary team in Chelsea

6.

Gender pay gap

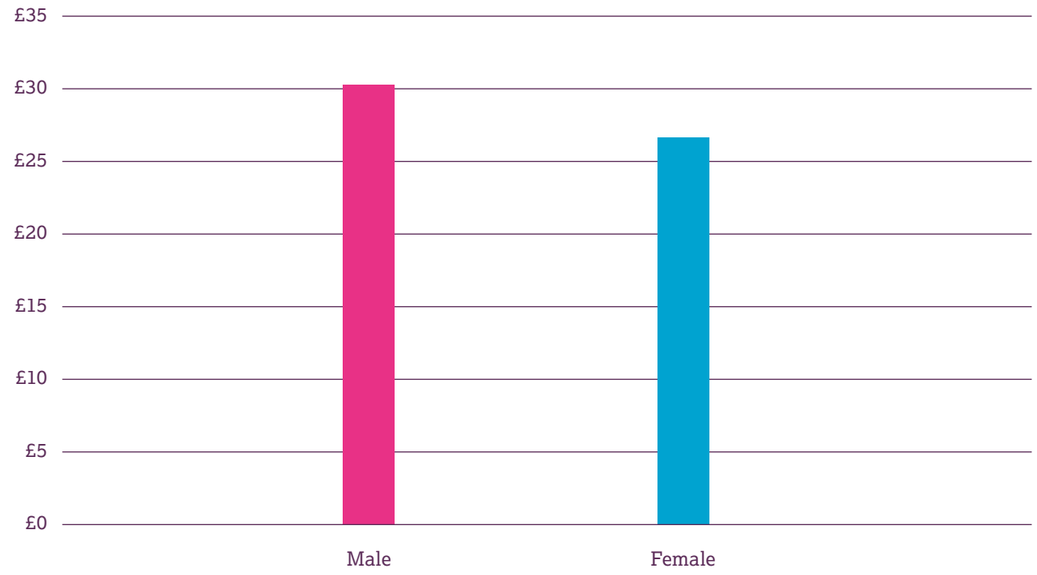
Introduced in 2017, the gender pay gap regulations highlight the average hourly earnings of men and women as at 31 March (snapshot date). The annual statutory and mandatory calculations for publication are:

1. Mean hourly rate of male and female employees
2. Median hourly rate of male and female employees
3. Mean bonus paid to male and female employees
4. Median bonus paid to male and female employees
5. Male and female employees who were paid a bonus, and
6. Male and female employees in each quartile from lowest to highest hourly pay

Analysis of our findings for a snapshot date of 31 March 2025 are shown in this section. All calculations are based on unadjusted pay gap figures as required by the Gender Pay Regulations 2017.

The mean gender pay gap increased slightly from 11.29 per cent in 2024 to 11.9 per cent in 2025. The median gender pay gap also increased from 4.15 per cent in 2024 to 5.7 per cent in 2025. The median bonus pay gap increased from 0 per cent to 33 per cent due to a nationally agreed change of terms and conditions for bonus payments. The mean bonus pay gap increased from 20 per cent to 35 per cent, which is attributed to bonus payments made to a small number of medical staff, as part of the National Clinical Excellence Scheme.

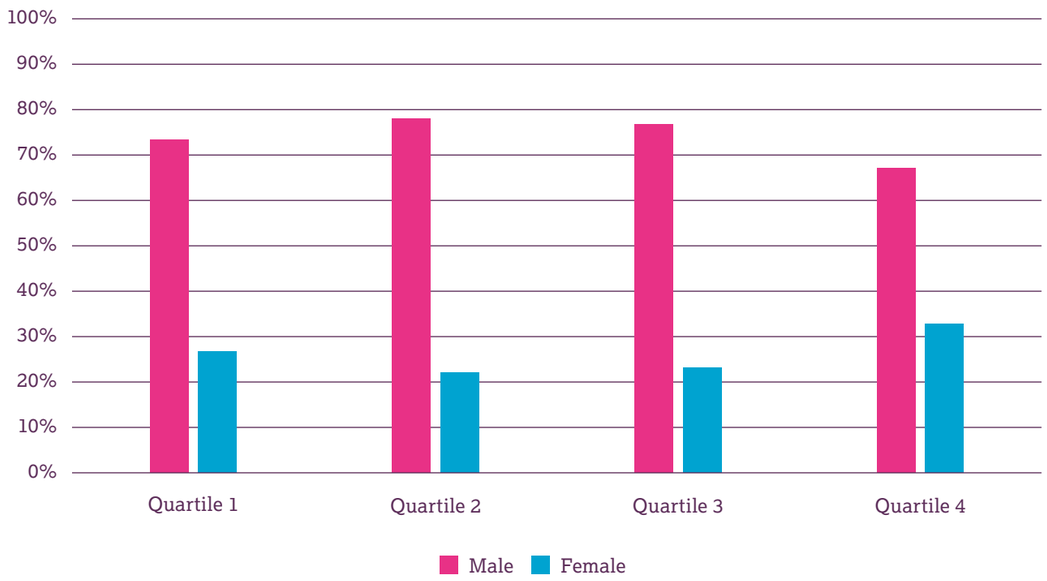
Mean pay gap in hourly rates



Mean and median hourly rates of male and female staff

Gender	Mean hourly rate (£)	Median hourly rate (£)
Male	30.25	27.17
Female	26.65	25.61
Difference	3.60	1.56
Pay gap %	11.91	5.74

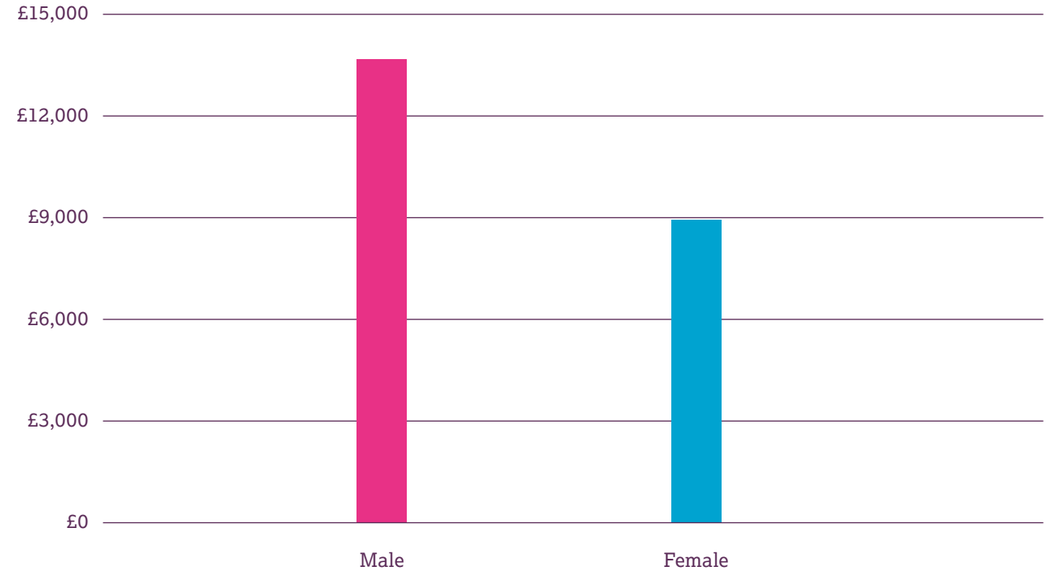
Per cent of males and females in each pay quartile



Quartiles distribution of hourly pay for male and female staff (1 is lowest to 4 highest)

Quartile	Female	Male	Female %	Male %
1	911.00	331.00	73.35	26.65
2	939.00	266.00	77.93	22.07
3	984.00	297.00	76.81	23.19
4	835.00	409.00	67.12	32.88

Mean bonus payments



Mean and median bonus payments for male and female staff

Bonus	Mean	Median
Male	13668.17	9048
Female	8947.49	6032.04
Difference	4720.68	3015.96
%	35%	33%

Further pay gap analyses were also completed to assess pay gaps by ethnicity and disability, as required by the NHS equality, diversity and inclusion improvement plan.

Mean and median hourly rates of non-disabled and staff with disabilities

Disability Grouping Summary	Avg. hourly rate	Median hourly rate
No	28.06	25.95
Yes	26.33	23.99
Unknown	31.14	26.15

Quartiles distribution of hourly pay for non-disabled and staff with disabilities (1 is lowest to 4 highest)

Quartile	No	Yes	Unknown	No %	Yes %	Unknown %
1	1068	92	83	86%	7.4%	6.7%
2	1100	70	72	89%	5.6%	5.8%
3	1120	65	59	90%	5.2%	4.7%
4	1074	46	123	86%	3.7%	9.9%

Mean and median hourly pay rates of white and BME staff

Ethnicity	Avg. hourly rate	Median hourly rate
White	31.67	27.40
BME	26.56	24.70
Not Stated	27.45	23.74
Difference	5.11	2.70
Pay Gap %	16.14	9.90

Quartiles distribution of hourly pay for white and BME staff (1 is lowest to 4 highest)

Quartile	BME	Not Stated	White	% BME	% Not Stated	% White
1	546	33	664	44%	3%	53%
2	656	48	538	53%	4%	43%
3	527	31	686	42%	2%	55%
4	407	50	786	33%	4%	63%

Taking account of all analyses for gender, disability and ethnicity, the findings can be summarised as:

- Male staff are paid 11.91 per cent more than female staff
- Male white staff are paid 16.86 per cent more than male BME staff
- Male white staff are paid 16.22 per cent more than female white staff
- Male white staff are paid 24.80 per cent more than female BME staff
- Male BME staff are paid 9.56 per cent more than female BME staff
- Female white staff are paid 10.24 per cent more than female BME staff

Next steps

The Trust will continue to focus on supporting the progression of women, particularly BME women, into senior roles and encouraging more staff to declare their disability status to enable conclusions to be drawn.

7.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) framework enables monitoring of disability equality performance across 10 WDES indicators: four focused on workforce data (indicators 1–3 and 10) and six on findings from the annual staff survey (indicators 4–9).

Findings from the Trust's 2025 submission show an increase in the number of staff declaring their disability status and no adverse treatment of staff with a disability during performance management cases. However, there remain a few metrics that require improvement. An increased emphasis on improving our WDES scores for workforce composition, career progression and generally valuing our disabled staff will feature in our action plan for 2025/26.

WDES metric		2023	2024	2025
1	Percentage of staff with a disability in Trust	4.42%	4.9%	5.58%
2	Relative likelihood of non-disabled (ND) staff being appointed from shortlisting	1.20 times more likely	1.08 times more likely	1.31 times more likely
3	Relative likelihood of staff entering the formal capability process	0	0	0
4	Percentage of staff experiencing harassment, bullying or abuse from:			
	Patients	15.6% 9.9% (ND)	26.13% 14.45% (ND)	21.54% 14.04% (ND)
	Managers	20.8% 17.7% (ND)	18.38% 7.5% (ND)	17.26% 6.76% (ND)
	Other colleagues	28.4% 26.2% (ND)	26.43% 15.19% (ND)	25.49% 13.78% (ND)
5	Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	52.9% 57.3% (ND)	48.36% 55.67% (ND)	47.35% 57.10% (ND)
6	Percentage of staff under pressure from their manager to come to work, despite feeling unwell	28.6% 20.9% (ND)	27.48% 19.88% (ND)	27.61% 18.10% (ND)
7	Percentage of staff satisfied with how the organisation values their work	37.7% 46% (ND)	35.14% 51.34% (ND)	41.37% 53.97% (ND)
8	Percentage of disabled staff saying adequate adjustments made to undertake role	72.9%	73.14%	73.14%
9a	Staff engagement score	7.0 7.3 (ND)	6.8 7.2 (ND)	6.95 7.52 (ND)
9b	Has the Trust taken action to facilitate the voices of disabled staff in the organisation?	Yes	Yes	Yes
10	Percentage difference between Board voting membership and workforce, disaggregated by: voting membership of the Board, Executive membership of the Board	-4%	-4%	-5.58%

ND, Not disabled.

8.

Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) is a mandatory requirement for all NHS providers to improve race equality within their respective organisations and comprises of nine indicators: four based on workforce data, four based on data from the national staff survey and one which considers Board composition. The metrics set out the comparison between white and BME staff against each indicator.

In summary, good progress was made under indicators one, three and four, which relate to staff composition by ethnicity, BME staff entering disciplinary proceedings and access to non-mandatory training (a figure below 1.0 indicates fewer white staff access non-mandatory than BME staff). A concerning deterioration in the likelihood of white staff being appointed was noted. Continued focus on improving the experience of BME staff based on staff survey responses, alongside recruitment and career progression, will feature as priorities in our action plan for 2025/26. It is acknowledged that progress against 5-8 has been slower than anticipated.

To accelerate progress, in 2025 we will be commissioning a third party expert to undertake a comprehensive review of our race inclusion activity to ensure our programme of work going forward is dynamic, evidence based and continues to enable all our staff to flourish, and that we are investing in interventions which actually make a demonstrable difference.

Indicator		2023	2024	2025
1	Percentage of BME people in the workforce across all staff grades and bands	39.8%	41%	42.8%
2	Likelihood of white staff being appointed from shortlisting	1.5 times more likely	1.52 times more likely	2.22 times more likely
3	Likelihood of BME staff entering disciplinary process	0.18 times more likely	1.87 times more likely	0.95 times more likely
4	Likelihood of white staff accessing non-mandatory training and CPD	0.91 times more likely	1.04 times more likely	0.94 times more likely
5	Percentage of staff experiencing harassment bullying or abuse from patients	BME 20.6% White 18%	BME 17.42% White 15.91%	BME 19.53% White 19.8%
6	Percentage of staff experiencing harassment bullying or abuse from staff	BME 20.4% White 29.9%	BME 24.23% White 19.75%	BME 23.56% White 18.23%
7	Percentage believing the Trust provides equal opportunities for career progression or promotion	BME 46.9% White 58.3%	BME 47.28% White 58.77%	BME 47.46% White 60.44%
8	Percentage experiencing discrimination from manager/ team leader or colleagues	BME 15.7% White 6.1%	BME 15.38% White 7.09%	BME 17.52% White 6.62%
9	Percentage difference between Board membership (BME) and overall workforce percentage (BME)	24.4%	-26%	-20%

9.

Our priorities for the year ahead

Our new People Strategy was launched in 2025, and articulates how we will embed equality, diversity and inclusion at every level of the Trust across the three pillars of Attract, Retain and Grow. Taking account of progress made against our 2023-25 action plan and reviewing our equality data, Appendix 1 sets out our action plan to ensure that our commitment towards creating an inclusive Trust for staff remains a central theme of everything that we do.

Our priorities for the coming year are summarised below, under each objective. Specific actions to support each objective are shown in the action plan in Appendix 1.



David Krog and Ryan Dawkins, Estates team, Chelsea

Objective 1:

Design and deliver services that are accessible, inclusive and responsive to the needs of the patients and communities we serve locally, nationally and internationally

We will continue to seek out ways to provide inclusive and responsive care to all our patients by:

- Ensuring opportunities to provide patient feedback are accessible to all with particular emphasis on for patients with a learning disability or dementia and for children and young people.
- Creating a Patient Communication Access subgroup to assess how we can support communication pathways for patients/carers with additional communication needs.
- Enhancing reporting of patients experience through MyMarsden and EPIC will be undertaken.
- Conducting a review against the Experience of Care Improvement Framework to assess our gaps in experience and identify priority areas in line with key equality standards. This benchmarking exercise will underpin the development of an Experience of Care strategy to map our plans for patient experience.
- Reviewing and assessing user experience of our PALS and Complaints services ensure our services are accessible and supportive to all patients.

Objective 2:

Attract, recruit, retain and progress a diverse range of employees in a culture which celebrates diversity and inclusion

An underpinning theme of our newly launched People Strategy is to reinvigorate and revitalise our organisational wide promotion of inclusion. Our ambition is to create a workplace culture where inclusion permeates through every level of the organisation; where everyone feels included valued and treated fairly. To achieve this aim, we will develop a transformative work programme to sustain the lasting change we want to see by:

- Undertaking a diagnostic and discovery phase to gather qualitative and quantitative feedback from staff to understand lived experiences and what has worked well or improvements to be made
- Moving into action: focusing on key groups such as the Trust Board, our staff networks and other critical functions such as workforce and communications, in order to embed responsibility for creating an inclusive future for us all
- Hosting a flagship EDI conference event to enable this transformative ambition to become a reality and re-imagine our future EDI vision together with a cross-section of staff, network leaders and senior leaders.

We will continue to seek opportunities to attract and widen opportunities for people from diverse backgrounds (particularly younger people) and our local communities by:

- Partnering with local schools to provide a comprehensive programme of work experience, summer placement schemes, career talks and fairs, and explore the introduction of T-levels for appropriate staff groups, e.g. digital or pathology.
- Establishing strong widening participation links with local programmes that support young people into employment; this includes supporting schemes through mentoring and offering placements or supported internships as bridge into employment for under-represented groups.
- Providing entry-level apprenticeships for key roles and staff groups.

We will continue to embed inclusive recruitment approaches through enhanced manager training and widen pilot initiatives such as diverse panels to benefit other staff groups beyond the nursing staff group.

We will create a further pipeline of diverse leaders through targeted leadership development to address the under-representation of senior staff with protected characteristics of disability or identify as BME for example.

We will strengthen our engagement with staff networks through principles of co-production and partnership working, and support the networks to maximise influence and impact.

Objective 3:

Provide a working environment where employees are treated with fairness, dignity and respect

We will continue to:

- Develop managers to address issues of discrimination and inequity and create inclusive working environments where all staff can thrive.
- Support managers with data and frameworks to deep dive into EDI issues within their teams and co-develop plans to address concerns.
- Co-create a shared vision for a more inclusive and equitable workplace by organising a conference for senior leaders, managers and staff.

Objective 4:

Implement NHS England's EDI improvement plan framework to support the Trust's pursuit of creating a more inclusive Trust

We will:

- Lead the cultural change needed to ensure all our people believe that they are part of an inclusive community that places respect at the forefront of everything we do.
- Adopt an intersectional approach to the elimination of pay gaps.
- Ensure our internationally educated workforce are fully supported in adapting to working in the UK and encouraged to think about career growth early in their employment.
- Continue to embed the Trust approach to sexual safety across the organisation ensuring a safe space for staff to work.
- Seek to eliminate bullying, discrimination, harassment and physical violence at work.
- Review our 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.



Iman Abdullah, Radiographer, in MR Linac

10.

Conclusion

Achievements during 2024/25 demonstrate the Trust's genuine commitment to addressing inequalities in the workplace and creating more equitable services and outcomes for patients. However, the Trust acknowledges that more work still needs to be done to achieve equity amongst different staff and patient protected groups.

The Trust remains committed to addressing and improving the experience of all our staff and patients. The action plan identified for 2025/26 will continue to support our progress towards fulfilling our obligations in accordance with the Equality Act 2010. More importantly, the work will help us create a renewed sense of purpose in how we create a positive and inclusive workplace for all our staff, as well as providing accessible and person-centred care and treatment for our patients.

I want all patients and staff to see the badge and feel comfortable to be themselves and be able to feel safe in my care.

Staff member on pledging support of LGBT+ patients and colleagues by wearing the NHS Rainbow Badge

11.

Appendices

Appendix 1: Trust Inclusion Action Plan 2025/26

Objective	Action	Expected outcome	Lead	Timescale
Objective 1: **Design and deliver services that are accessible, inclusive and responsive to the needs of the patients and communities we serve locally, nationally and internationally**	Ensure opportunities to provide patient feedback are accessible to all, with particular emphasis on patients with a learning disability or dementia, and for children and young people.	Evidence positive impact results in Q4 feedback results	Patient Experience Lead	March 2026
	Maximising opportunities for involving and engaging patients and the public with diverse protected characteristics, uncommon cancer sites, digitally excluded our international patients.	Increased involvement and engagement by protected characteristics	Head of PPIE and EDI PPC group	March 2026
	Increase engagement, improve accessibility for all and enhance reporting of patients experience through MyMarsden and Epic.	Positive patient Epic/MyMarsden experience reported	Connect Team and MyMarsden PPI group	March 2026
	Create a working group to assess how we support pathways for patients/ carers with additional needs, e.g. partnership with AccessAble, PCAG and Volunteer Voices Forum (VVF) to review accessibility of our services	Clear pathways identified and promoted	Patient Experience, Head of PPIE and PCAG/PPIE/ VVF groups	March 2026

Objective	Action	Expected outcome	Lead	Timescale
	Expand use of a broad range of patient stories as a key metric for learning from care, particularly from under-represented groups.	Evidence of patient stories shared and learning captured across all levels of the organisation	Patient Experience Lead	Ongoing
	Review and assess user experience of our Patient Advice and Liaison Service (PALS) and complaints service – this will include feedback assessment tools to explore if we are supporting service users effectively and if the services are accessible to all. Develop a more dynamic, visible approach to our PALS to increase PALS visibility and accessibility to all.	Service enhancements in place following stakeholder feedback	PALS/Quality Assurance	Ongoing
	Continue to support realisation of EDI in the Research Working Group's aims and associated action plan.	Evidence of action plan being met	Clinical Research team supported by Inclusion Partner	March 2026
Objective 2: **Attract, recruit, retain and progress a diverse range of employees in a culture which celebrates diversity and inclusion**	Expand the number of entry-level apprenticeship opportunities to widen opportunities for people from diverse backgrounds and from our local communities to embark upon a career in healthcare. Design supported internship placements within the Trust to support young people with disabilities into employment.	Greater number of apprenticeships offered to diverse people Permanent employment secured by participants	Assistant Director of Workforce Development and team supported by Apprenticeships and Widening Participation Lead	Ongoing
	Embed further inclusive recruitment approaches through enhanced manager training and extend initiatives such as diverse panels. Review and embed inclusive promotion and development interventions.	Improved WRES/ WDES 2 and Staff Survey career progression scores.	Deputy Director of HR and Assistant Director of Workforce Development supported by Head of HR Operations/ Inclusion Partner	Ongoing

Objective	Action	Expected outcome	Lead	Timescale
	Continue to create a pipeline of diverse leaders through targeted leadership development for people with a protected characteristic.	Improved Staff Survey/ WRES/ WDES scores for career progression	Assistant Director of Workforce Development support by Inclusion Partner	March 2026
	Create further opportunities for greater engagement and co-production with our staff networks through strengthened partnership working.	Agreed engagement and partnership principles formed evidence by work programme	Inclusion Partner/Staff Network Leads	Ongoing
	Reinvigorate our approach and EDI vision through: 1. Organisation-wide review of our policies, procedures and processes and interventions. 2. Qualitative feedback obtained from Trust-wide focus groups and key stakeholder interviews. 3. Creation of a communications and engagement plan to encourage staff participation.	Clear road map for delivering next phase of our inclusion plan that positively impacts staff experience, evidenced by improved Staff Survey and WRES/ WDES indicators	Chief People Officer supported by Assistant Director of Workforce Development and Inclusion Partner	March 2026
Objective 3: **Provide a working environment where employees are treated with fairness, dignity and respect**	Developing managers to address issues of discrimination and inequity and create inclusive working environments where all staff can thrive.	Managers have more in-depth understanding about workforce inclusion considerations for different staff groups.	Assistant Director of Workforce Development and team supported by Inclusion Partner	Ongoing
	Support managers with data and frameworks to deep dive into EDI issues within their teams and co-develop plans to address concerns.	Improved Staff Survey results for team working and communication, as well as harassment and discrimination question.	Operational Directors / Professional Leads	Ongoing
	Organise a conference to bring senior leaders, managers and staff together to co-create a shared vision for a more inclusive and equitable workplace with senior leaders, managers and staff.	Jointly created and agreed EDI Trust vision embedded in our new EDI action plan	Assistant Director of Workforce Development supported by Inclusion Partner	November 2025

Objective	Action	Expected outcome	Lead	Timescale
Objective 4: **Implement NHS England's EDI improvement plan framework to support the Trust's pursuit of creating a more inclusive Trust**	Adopting an intersectional approach to the elimination of pay gaps through analysis of data.	Reduction in pay gaps	Inclusion Partner supported by Workforce Intelligence team	Ongoing
	Provide supportive work environments for internationally recruited staff through structured induction, pastoral care and mentoring.	Higher satisfaction levels amongst internationally recruited staff. Greater sense of belonging	Nursing/Medical teams supported by HR	March 2026
	Ongoing promotion to embed the Trust approach to sexual safety across the organisation ensuring a safe space for staff to work. Using other data sources (e.g. Datix) to create ways to support elimination of bullying, discrimination, harassment and physical violence at work.	Reduction in complaints reported and improvement in Staff Survey scores Reduction in Datix reported cases	HR in partnership with Facilities and Divisions	October 2025
	Trust Board members to lead cultural change needed to ensure all our people believe that they are part of an inclusive community.	Develop distinct set of objectives for Board members to promote organisation-wide inclusion and accountability	Trust Board members	March 2026

Appendix 2: Workforce profiles by protected characteristics as at 31 March 2025

Figure A1:
Workforce profile by age

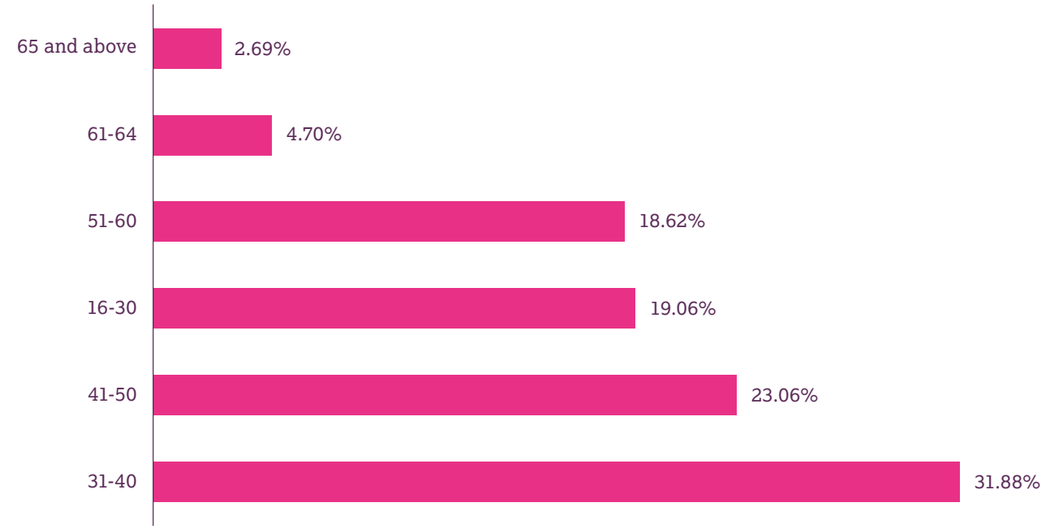


Figure A2:
Workforce profile by sexual orientation

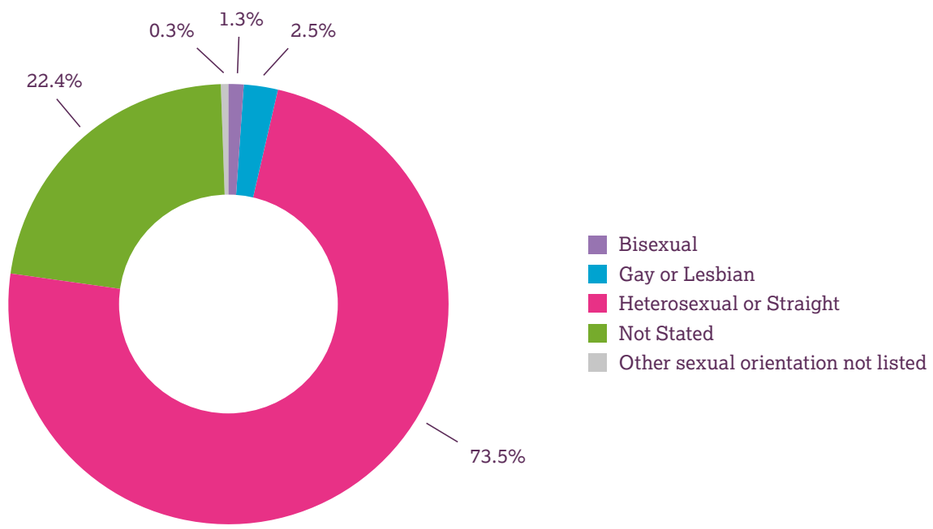


Figure A3:
Workforce profile by religion and belief

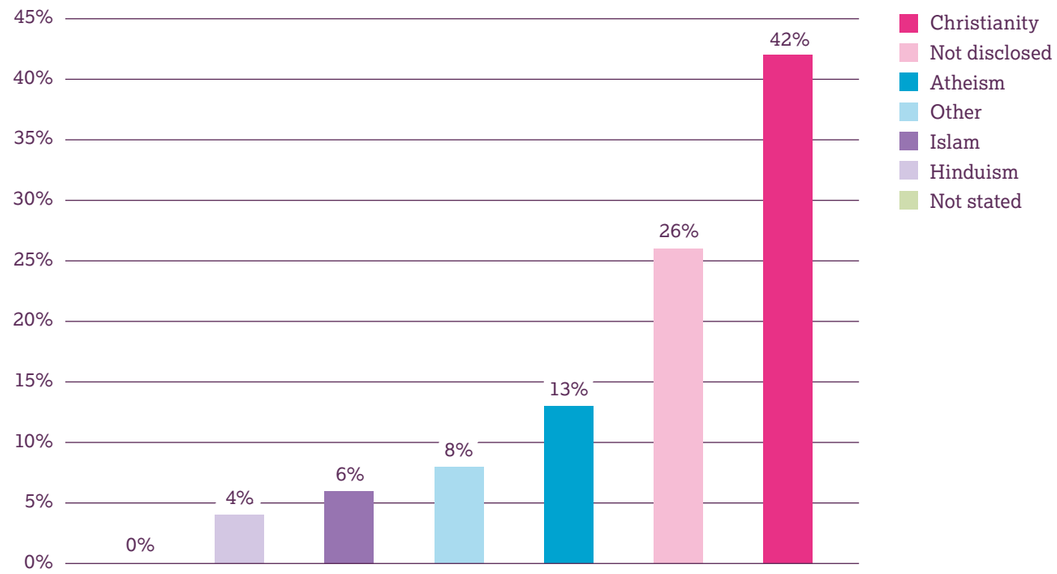


Figure A4:
Workforce profile by sex and Agenda for Change (AfC) band

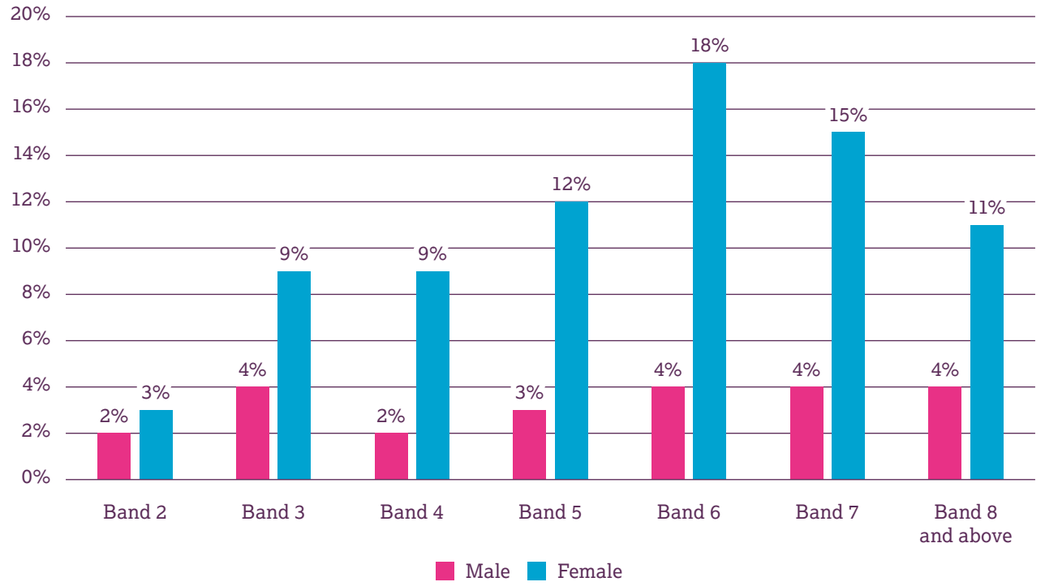


Figure A5:
Workforce profile by sex

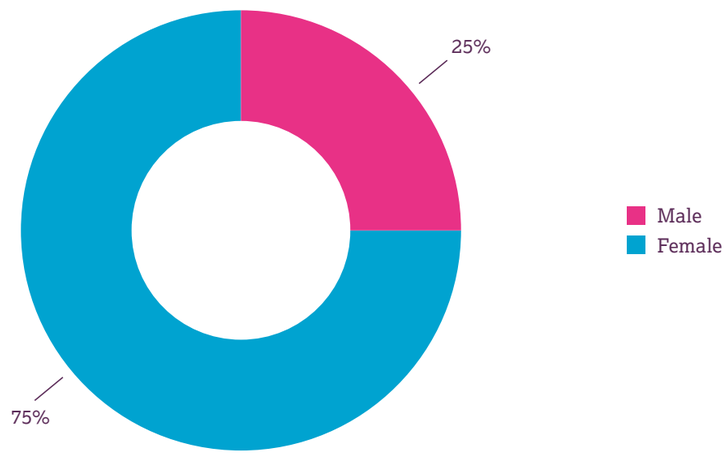


Figure A6:
Workforce profile by ethnicity

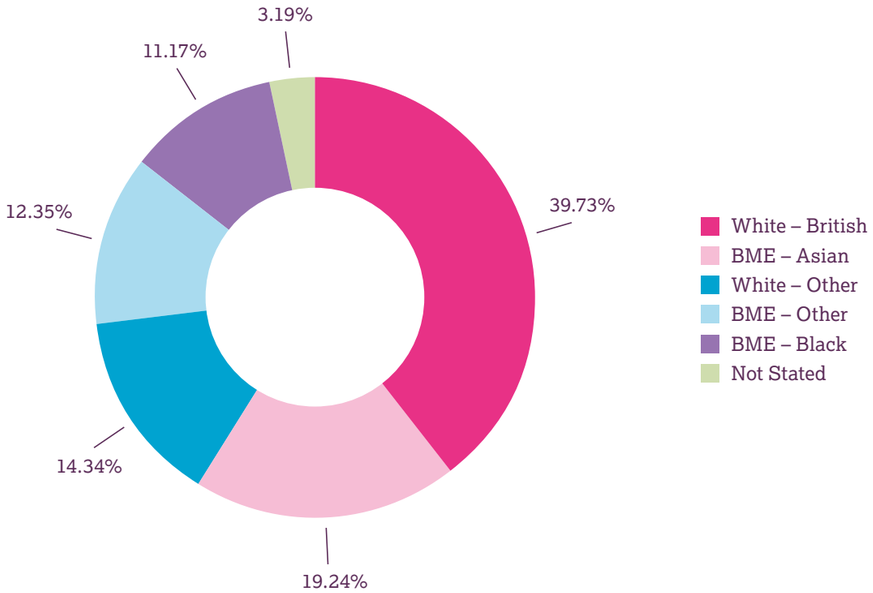


Figure A7:
Workforce profile by ethnicity and AfC band

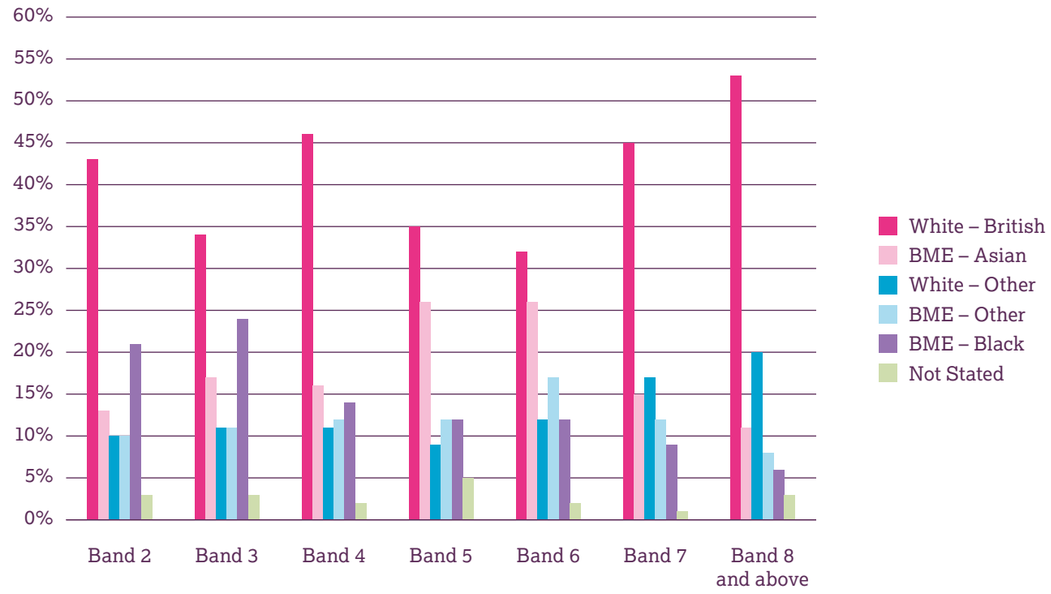
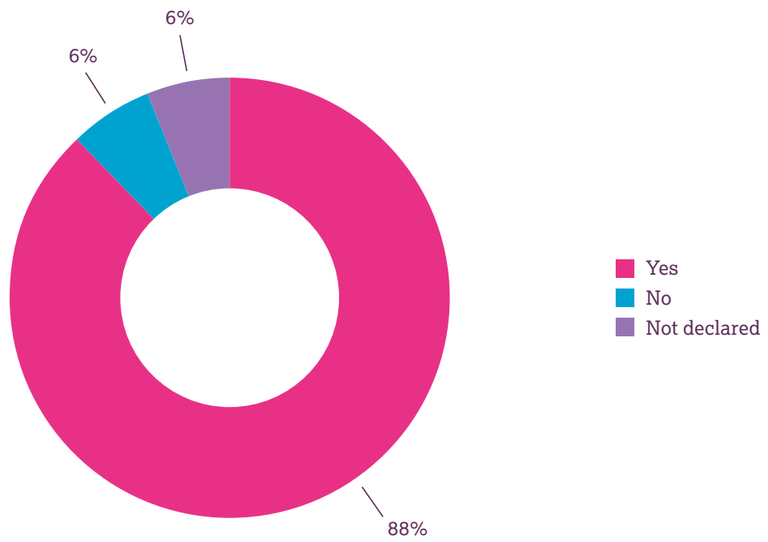


Figure A8:
Workforce profile by disability



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Radiotherapy and
Chemotherapy Services
F538021 & F538022



The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting:	**Agenda item:**
19 November 2025	4.4
Title of Document:	**To be presented by:**
Annual Education and Training Report 2024/25	Chief People Officer

1. Status: For Noting

2. Purpose:

Relates to:	
Strategic Objective(s)	*x*
Operational Performance	*x*
Legal / regulatory / audit	
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

The Annual Education Report consolidates the work of educators across all professions in the preceding financial year against the 5 strategic education priorities taken from the 2024 Education Strategy developed by Professor Noreen Colton.

The report highlights education delivery across the whole Trust including pre and post-registration student education, clinical education, commercial and other external delivery and personal and professional development.

4. Recommendations / Actions

The Board is asked to note the excellent work of educators across all professions and endorse the 6 strategic education goals for 2025/26.



Annual Education and Training report

April 2024 – March 2025

In September 2024, the Trust agreed a new multi-professional education strategy, with the aim of The Royal Marsden being recognised as a world-class leader in multi-professional oncology education and training, delivering outstanding education and development to its own workforce and the cancer workforce globally.

In the last year the Trust has broadened and enriched its education portfolio, grown the number of student placements, developed strong educational partnerships and increased its commercial education offering.

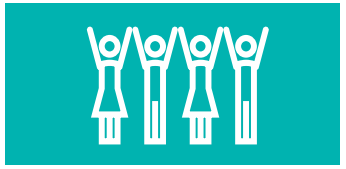
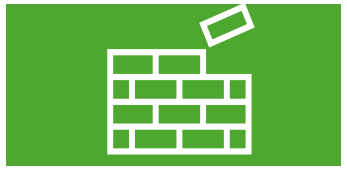
Our 5 strategic education priorities taken from the Trust's Education Strategy are as follows:

1. Strengthen and grow the Royal Marsden's education offer
2. Shaping cancer education for the future
3. Meeting the needs of our learners
4. Multi-professional learning
5. Continue to build on our reputation for research excellence

This multi-professional education and training report provides the Board with an overview of the progress made against each objective and sets out the priorities for 2025/26



Krystyna Ruszkiewicz
Chief People Officer

Priority 1		Strengthen and grow RM's education offer
Priority 2		Shaping cancer education for the future.
Priority 3		Meeting the needs of our learners.
Priority 4		Multi professional learning
Priority 5		Continue to build on our reputation for research excellence.

Executive Summary

Priority 1: Strengthen and grow RM's education offer

Key Achievement: The Royal Marsden School saw increased growth across its accredited pathways and modules, with student numbers rising from **1,114** in 2023/24 to **1,232**

Priority 2: Shape cancer education for the future.

Key Achievement: Educators across **13 professions** contributed to the delivery of external cancer-specific education programmes

Priority 3: Meet the needs of our learners.

Key Achievement: Education provided to **705** pre and post registration trainees, 21 more than last year

Priority 4: Multi-professional learning.

Key Achievement: 1301 staff funded for continuous professional development, an increase of 31% on the previous year.

Priority 5: Continue to build on our reputation for research excellence.

Key Achievement: The Trust significantly expanded non-medical professional's involvement in research with 221 publications and abstracts written or contributed to by nursing and AHP staff



Priority 1

Strengthen and grow RM's Education offer

The Royal Marsden School

During 2024/25, The Royal Marsden School saw increased growth across its accredited pathways and modules, with student numbers rising from **1,114** in 2023/24 to **1,232** in 2024/25.

> *Amazing course. So helpful and insightful."*
>
> *"Really informative… helped me feel more prepared for my role."*

The David Adams Library

966 research outputs authored by Royal Marsden staff were captured, including journal articles, conference papers and posters.

1520 article requests via the inter-library service

97 staff literature searches

51 literature searching and study skills sessions for **641** students

30 Sessions on 'finding the research' for **107** *Royal Marsden Manual* authors

- **283** students were from The Royal Marsden Hospital, which made up 25% of modules attended
- The Conference centre supported 44 events with attendance from over **3,400** learners
- A new course called **An Introduction to Cancer Care** was launched, tailored for various staff levels, including those with limited clinical exposure, including **volunteers**
- Delivered an Advanced Nurse Practitioner Development Programme, to help staff transition into the ANP role
- Provided bespoke training to external organisations including St George's and Barts
- Introduced Teaching Fellowship roles which provide opportunities for people to learn about a career in education.
- **AHPs** from across the therapies team have organised and contributed to over 16 Modules and Study Days.

Priority 1

Strengthen and grow RM's Education offer

Partnerships

International offerings

- **Pharmacy** hosted **4** overseas oncology-haematology pharmacists for their clinical attachment programme. The department partnered with the *Hong Kong Health Authority* to run a 10-week exchange programme which created an opportunity for staff to learn from differing practices.
- We have hosted **14** visiting **radiology trainees** (*10 - Italy, 1 - Greece, 2 – Australia, 1 - Hong Kong*). We have also hosted a visiting radiographer from Italy.
- *Victoria Sinnett,* Breast Consultant radiographer, has been to India to continue to deliver training to local radiographer for the injection of a new and effective treatment for advance breast cancer, as part of the KORTUC trial being run at RMH.

The Royal Marsden has been selected to support the clinical and operational development of the *Hamdan Bin Rashid Cancer Hospital (HBRCH),* Dubai's first integrated, comprehensive cancer hospital A key focus of this partnership will be using our education expertise to develop a world-class, specialised team of cancer care professionals

National delivery

- **University of Brighton** - *2 pharmacists* have delivered a series of lectures to MPharm and MSc students
- **Society of Radiographers AI special interest group** opened and co-chaired by AI hub radiographer at RMH with 163 members nationally.
- **Teaching sessions for MRI, CT and Breast intervention/Ultrasound**. This work included the design of a cannulation training programme with accreditation from the Society of Radiographers and a CT student training book that has been published.
- **AHP faculty for SW London** was created and continues to be led by Ione Ashurst, Chief Therapist. Key achievements this year include the *development of a frailty network* across the region and a frailty model used across the whole of London.
- **Great Ormond Street Hospital** – the paediatric team support the delivery of academic modules related to Paediatric Oncology pan London

Priority 2

Shaping cancer education for the future

External accomplishments

Educational events/placements

227 People (international and national) attended events relating to **Imaging, Radiation Protection** and **Radiotherapy**, over **10** sessions, hosted by the **Physics** department

2 Hospitals (Kings and St. Georges), sent trainees to the **Physics** department for 18- or 3-month placements, inline with the national scientist training programme.

9 External training courses delivered by **Psychology**.

250 Delegates attended 3 **radiography** hosted education events.

400 UK radiologists have been trained by **radiology** consultants in whole body MRI imaging interpretation and reporting training via annual interactive workshops.

"Thank you for providing an extremely interesting study day last week, there doesn't seem to be anywhere else providing that type of comprehensive detail for radiology and cancer"

Radiotherapy

Shabanaz Boodhoo, Therapeutic Radiographer, has led the service through the training and development programme for the **Radixact Linear Accelerator**. This type of radiotherapy is the first in the UK to be used.

- **Southwest London Network** *Natasha Venchard,* Physiotherapy, has developed and delivered On Call Simulation training for physiotherapists across the region.
- **British Geriatric Society** *Jane Murphy,* Senior Adult Oncology Programme (SAOP), produced an online module for Occupational Therapists.
- **The British Geriatric Society on Eating and Socialising with Upper GI Cancer.** *Megan Pattwell,* Dietetics has developed an e-learning module.
- **Transforming Cancer Services Team -** The *Chelsea Lymphedema Team* worked with the to produce a suite of short films to support with recruitment campaigns for Lymphoedema Practitioners
- **South Thames Paediatric Network**. The *Paediatric* team ran a CVAD – Train the Trainer study day for adult and paediatric nurses on how to use and care for patients with central venous access devices.

Priority 2

Shaping cancer education for the future

Clinical education

- Critical Care ran **12** team days which included simulation sessions for all staff in the unit; an additional **4** team days were completed for staff in bands 6 and 7 which also included simulation.
- *Gayle Black* and *Lucy Eldridge* delivered Nutrition sessions for staff across the trust as part of Health and Happiness week.
- Psychology delivered an internal education programme designed for Occupational and Physio therapists, titled ' Behavioural exposure for patients'.
- Smithers and Kennaway – Teaching Thursday – **48** sessions delivered throughout the year, topics include CQC preparation, freedom to speak up, safeguarding updates.
- Skills refreshers were delivered for nursing staff returning from Maternity Leave**,** 7 tailored sessions completed.
- Thrive training was introduced for users of the EPIC digital health record system to improve confidence in navigating the system, using personalisation and optimising greater functionality. The training was delivered by expert clinical superusers to over **200** clinicians in their place of work.

Study Days/Workshops - No. Staff Attended

SACT - 55
SIM SACT - 35
Venepuncture & Cannulation - 105
IV - 33
NG - 46
Clinical Assessors - 43
Altered Airway - 16
Practice Assessor SD for Students - 66
RAAUP - 99
SEPSIS - 107
Supporting the Deteriorating Patient - 24
Band 6 Future Leaders Programme - 50
Enhanced Engagement - 32
Band 5 - 6 Programme - 24

Clinical e-learning

- The **Diabetes 10-point training programme** was launched for staff working to improve their diabetes knowledge and promote safer patient care.
- The 2-tier **wound care education programme** was launched. built around the **National Core capability framework for wound care and** provides the requisite knowledge and skills for best practice wound care

Priority 3

Meeting the needs of our learners

Early career development

IEN preceptorship

22 internationally educated nurses attended this new programme to support their transition and professional development in a registered band 5 position.

ACCEND

The ACCEND Framework provides career pathways and associated education to cancer professionals at all stages. All education and development programmes, from pre-registration to post-graduate have now been mapped to the framework.

Doctor's induction

A new model of Specialty-led inductions was created for resident doctors' induction to replace the generic induction for resident doctors that had been running.

Professional Nurse Advocate

614 staff have accessed a restorative clinical supervision session with a PNA.

378 staff have accessed a career conversation with a PNA and **41** have been signposted to information about a QI project by a PNA.

This is a 136% increase of utilising PNAs around the trust.

Recognising Excellence in Preceptorship Quality

The Nursing preceptorship programme attained the National Preceptorship Nursing Quality Mark and the Capital Nurse Preceptorship Mark

The RM Rotation

programme was reintroduced with 7 staff completing an 18-month rotation programme with the opportunity to work in other areas of the Trust alongside completing a PG Certificate in Cancer Care at the Royal Marsden School.

Support worker development

The Therapies education team have developed and delivered a rolling education and peer support programme for therapy support workers working across the trust.

Early careers

34 Newly Qualified Nurses joined the Trust in September 2024 and joined this programme. There are currently **50** nurses on year 2 of the early careers programme.

Priority 3

Meeting the needs of our learners

Students

During the reporting period, the trust supported 705 pre and post registration students and trainees across professional groups.

Chit-chat Thursdays

This new initiative in Paediatrics supports pre-registration student nurses on placement. It is a drop-in session, held once a week and can discuss any concerns they might have. There are also focused teaching sessions

The **Therapies** department came top in the 'fair share' dashboard which measures the number of students per headcount across London Trusts.

Leadership workshops

For the first time, leadership development was incorporated into the pre-registration student training programme. Nurse and AHP students attended sessions on leadership styles and emotional intelligence

25 Physician Associate students across Medicine and Surgery.

193 Pre-registration nursing students on placement in the Trust.

2 Clinical research students joined under the non-clinical translational PhD studentship programme to build capacity in digital pathology, immuno-oncology, health data science, imaging/AI and innovative trial design.

262 Resident doctors were inducted by the PGME team into postgraduate training, including **114** who were locally appointed.

"Learning about how I can demonstrate leadership early on in my career was so useful"

"I was exposed to a wide range of environments including, attending various clinics and shadowing complex surgical procedures"

15 Pre-registration Pharmacists

27 **9** trainees undertaking their IBMS registration portfolio (pre-registration)
9 trainees undertaking their Scientific Training Programme (pre-registration)
9 staff members completing post-registration advanced IBMS qualifications (Specialist Diploma and Diploma of Expert Practice in Histological Dissection)

125 Students in total were trained by Radiotherapy.

56 Therapies pre-registration students over *286 weeks of pre-registration training*. This is a 26% increase from last year.

"I loved being at such a specialist hospital, it was such a good opportunity to learn from skilled therapists and work with all the team. I got to see a broad range of patients, and areas. I also had personal goals, and my educators took care to make sure I got opportunities to work on them."

Priority 3

Meeting the needs of our learners

Education programmes and development days

"It has increased my awareness of and broadened my understanding of other disciplines"

SAS Doctors' & Dental Surgeons Educational Away Day

For all Speciality and Associate Specialist doctors and Dental Surgeons to attend for a day of education, updates and invaluable networking.

Educational and Clinical Supervisors Development Days

Three Supervisors development days were arranged for Consultants Educators and Supervisors. The programme for the days outlines key areas aligned to the NHSE supervisors framework to develop the role of Consultant educational and clinical supervisors for postgraduate medical doctors in The Royal Marsden.

Pathology CPD Club

The pathology CPD club continued successfully for another year; guest speakers from across the Trust are invited to deliver presentations on their specialty

Radiographers and Radiologists have created a new **Journal club** where internal and external speakers, including patient representatives, discuss pertinent topics.

"**Donut** seminars" are regular sessions bringing together pre-clinical and clinical scientists to share work, research discussions and outputs. The overall aim is bringing ideas from the lab to the clinic.

Ione Ashurst led the implementation of the "**AHP Educator Career Framework**" across SW London and created a community of practice for AHP educators.

Practice Educator Programme

Helen O'Toole developed a Practice Educator Programme (which is mapped to the ACCEND framework) for staff interested in progressing towards a career in clinical education. In 2024/25 there were **4** staff enrolled.

"This has significantly enhanced my confidence and capability in developing engaging educational content, and contributing to ongoing improvements in clinical education"

Recognising Education Excellence

Ian Shearman won the 'Encouraging, Motivating and Confidence-building category in the King's College Physiotherapy Practice Educator awards.

Competency Framework for Educators

Clare Care, Lecture Practitioner - Radiotherapy has developed a digital competency framework for educators outlining the knowledge, skills and behaviours for those involved in the education and development of students

Priority 4

Multi professional learning

Staff development

Mandatory training compliance remained above its 90 per cent target for the whole year, ending the year at **93.9%** compliance.

Continuous Professional Development (CPD)

- **1301** staff were supported to undertake a range of education pathways, training courses and conferences. This is an ***increase of 31%*** from last year.
- This includes **234** staff who were supported through an academic pathway.
- **455** members of staff were financially supported to attend a conference.
- **92.6%** of staff felt their training provided value for money
- **83.2%** believed the l earning learnt enhanced their career prospects.



34% of staff join the Royal Marsden because the Trust offers outstanding opportunities for Learning and Development

Great with talent new starter feedback 2024/25

Personal development

- The second Royal Marsden ***Learning at Work Week*** ran in May, promoting continuous learning, creative thinking and personal growth. Over **420** staff attended one or more sessions, with **93%** agreeing that participating was time well spent, and **82%** 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%** of participants saying it had made a positive impact on their role.
- **850** staff attended one or more personal development workshops in topics such as *communication skills, project management, change management, career development* and *time management*.
- **228** staff and **98** managers attended a wellbeing development session throughout the year
- **23** staff were allocated a mentor to support their personal development

Priority 4

Multi-professional learning

Leadership and management development

In December, The Royal Marsden launched its new Leadership Behavioural Framework, setting out the Trust's expectations of all those who manage people. Over **250** staff attended a framework launch webinar and **300** have undertaken a 360 or self-assessment.

- Almost **500** staff attended one or more module of *Management Essentials,* with a positive overall evaluation score of **4.6 / 5.0.**
- Over **500** staff also attended one or more module of *Organisational Essentials*, with a positive overall evaluation score of **4.2 / 5.0.**
- **42** staff attended *Step up into Management*, a 3-day programme for aspiring managers
- **21** staff embarked on a Leadership apprenticeship programme
- A new *Conflict Management* course was introduced for senior managers to help understand and resolve conflict in the workplace. It was attended by **71** managers.
- **51** *coaching relationships* were established throughout the year, with staff at all levels working with internal and external coaches
- **8** staff attended the *Talking Health Leadership* course. This course is specifically for mid-level NHS management roles and encourages staff to step back, learn and reflect.
- 23 nurses embarked on the *Internationally Educated Nurse's Leadership Programme* run by the Florence Nightingale Foundation

Team development

The *Learning and Organisational development* team supported **16 teams** and departments with workshops, strategy sessions or development days.

7 of these sessions incorporated the use of our Lumina tool designed to enable a shared understanding of team strengths and recognise individual personality traits

"I enjoyed listening to my colleagues' stories about change"

"Really excellent course and really interactive"

Leading through Education to Excellent Patient Care (LEEP), a new programme for medical and clinical staff, was launched with **18** on the first cohort. The course teaches practical approaches to leadership and quality improvement in clinical settings.

Priority 4

Multi professional learning

Apprenticeships and Widening Participation

Work experience

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.

100%	100%	70%
Of students said the programme met their expectations	Of students felt the placement gave a better understanding of the work that happens at RMH	Of students said their placements has influenced their choice of career

> *It was amazing to see the empathy shown by all health professionals alike, their ability to maintain a sincere but nonetheless uplifting atmosphere when dealing with patients.*

> *Thoroughly enjoyed my time in the **Neuro** and **GI clinic** and would love to have the opportunity to return and work here down the line.*

> *Solidified my decision to study medicine. I would like to give a personal thanks to Dr Heba Soliman, Dr Alison Ranger, Dr Binaz Yassar and the pharmacists Thurica and Dao who all helped answer all the questions I had and were very accommodating*

Apprenticeships

There were **78** new apprenticeship enrolments last year (85% increase from last year), with the highest uptake in:

- ❑ Senior Leader Level 7
- ❑ Nursing Associate Level 5
- ❑ Business Administration Level 3
- ❑ Project Management Level 4

12 New apprenticeship programmes were offered including Digital and Technology Solutions specialist (L7), Science Manufacturing Technician (L3), Artificial Intelligence data Specialist (L7), Corporate Responsibility and Sustainability (L4), and Advanced Clinical Practitioner (L7).

Workforce development achievements

- A dietetic degree apprentice commenced on a 3-year pathway to becoming a registered dietitian
- A HCSW in theatres started the Operating Department Practitioner apprenticeship.
- An MRI radiographer completed NIHR funded Pre-Doctoral apprenticeship.

Priority 4

Multi-professional learning

Equality, Diversity and Inclusion (EDI)



The new EDI Learning Hub page enabled **115** staff to access materials and broaden their EDI learning.

68 maangers attended a **Building Inclusive Teams** workshop; a programme designed to enable managers to create a positive culture within their teams where all staff feel a sense of belonging and can contribute fully to reach their potential.

721 staff attended a range of inspiring and thought-provoking webinars for staff, held during *South Asian Heritage Month, Black History Month, Disability History Month* and *LGBT+ History Month*.

78 members of staff attended a new fair and inclusive hiring course. Its aim is to empower line managers to run a **best practice inclusive recruitment process** and make recruitment decisions fairly to attract and appoint the best talent from our **local communities**.

A tailored **anti-racist leadership programme** was delivered to **134** nurse leaders. The course is designed to prompt leaders to consider how they view race, what is anti-racist practice and how they can personally support an anti-racist approach.

A new mandatory training course was introduced to support the Trust's **Sexual Safety Charter.**

The 3rd cohort of our **Reverse Mentoring** programme commenced with **15 staff** with a protected characteristic paired with a very senior leader to share lived experiences and influence a more inclusive culture

"This training shows the importance of seeing people as individuals and supporting diverse needs - but also encourages you to think about those caring for children with diverse needs and relatives as they may also need that time to support them" –

Accelerate

Accelerate, a new programme aimed at creating a diverse pipeline of senior leaders, developed in conjunction with the ICR, was launched with **18** delegates on the first cohort.

"The training was well-organised and exceeded my expectations. I am truly grateful for the opportunity to be a part of it."

Priority 5

Research Excellence

Abstracts and publications

- Physics – 7 papers, 26 abstracts
- Radiography – 64 publications, 10 abstracts
- Radiotherapy – 8 abstracts
- Pharmacy – 9 publications
- Therapies – 15 publications, 38 abstracts
- Nursing – 50 publications, 25 abstracts

Katherine Mackay, Alexandra Taylor, Kathryn Banfill, David Bernstein, Jim Daniel, Patricia Diez, Sarah Gwynne, et al. *"Guidance on Auto-Contouring in Radiotherapy."* Clinical Oncology, for The Royal College of Radiologists.



Benjamin Thwaites. *Early and locally advanced breast cancer: diagnosis and management (NG101) – Neoadjuvant chemotherapy and ovarian function suppression* by National Institute for Health and Care Excellence.

Lucy Dean, Gemma Chilvers & Kate Dunne. *Prehabilitation in Extremity Soft Tissue Sarcoma – Opportunities and Benefits: A Case Study* Poster Presentation at British Sarcoma Group Conference, Newcastle

Priority 5

Research Excellence

Clinical research

Awards and fellowships:

- **4** postdoctoral bursaries were awarded in 2024-25 prioritising evolution and AI/imaging under the Biomedical Research Centre (BRC) postdoctoral bridge funding scheme.
- **2** students were appointed in 2024 under the non-clinical translational PhD studentship programme to build capacity in digital pathology, immuno-oncology, health data science, imaging/AI and innovative trial design.
- RMH co-invested in the **Cancer Alliances London Research Fellowship** programme alongside **Imperial BRC**.
- A clinical nurse specialist was funded in 2024 to support research aimed at *addressing and reducing the psychological distress associated with the fear of cancer recurrence* among young cancer survivors.
- **9** clinical researchers were awarded funding through the Pre-Application Support Fund (PASF). This grant enabled those who otherwise may not have sufficient opportunity to submit a competitive application to an NIHR career development scheme.

Training activities

- The **Clinical Academic Forum** runs a quarterly event with career-based talks, signposting and networking opportunities. February's event focused on industrial collaborations and Intellectual Property delivered by the *Senior Intellectual Property and Commercial Partnerships Manager* at the BRC and the ICR's Business and Innovation office.
- The **RMH/ICR BCR's** ran an event called *'Pathways to Independence for clinical academics in cancer',* to understand the impact of the programme and onward career success of past attendees. Feedback praised the programme for its grant writing, presentation skills, funders roadshow,peer review and mock interview sessions.
- The **Application Development Forum,** which provides guidance to early to mid-career researchers developing funding applications, successfully ran two iterations in 2024.
- Following the NIHR PASF block grant, we initiated *a new collaborative programme* to provide tailored guidance for the awardees in our BRC, Cambridge BRC and South London Applied Research Collaboration.
- A one-day in-person event was organised in **ICR Chelsea** in January 2025 featuring group discussions, expert guidance, tailored feedback, and useful resources to support preparation of NIHR funding applications.
- **10** mentor-mentee pairs (two repeat mentees and eight new mentees) were initiated through our 2024-25 **Clinical Academic Mentoring scheme**. Two of the past mentees are serving as mentors this year.
- We continued to promote training events organised by the NIHR and the Imperial Clinical Academic Training Office.

Our Education Vision is to be a world-leading educational provider empowering the oncology workforce to pioneer the future of innovative healthcare through accessible multimodal and research-informed education and training.

Our 6 strategic education goals are:

We will use the opportunities presented by RM's unique position and reputation to shape cancer education now and in the future, benefiting everyone.

Shape cancer education for the future

Multi-professional learning

Drive multi-professional learning through an integrated education function and improve access, quality, production, and sales processes.

Strengthen and grow RM's education offer by optimising the learning on offer for all staff groups

Optimise our learning offer



Strategic partnerships

Develop a formal, strategic partnership with a new Education partner and other similar providers

Meeting the needs of key learner populations and celebrating success will enhance the profile and reputation of the education offered at RM.

Meet the needs of our learners

Commercial expansion

Increase our understanding of our existing and potential markets and the needs of current and future customers/students.

The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting: 19 November 2025	**Agenda item:** 5.1
Title of Document: Quality Account – September (August data)	**To be presented by:** Interim Chief Nurse

1. Status: For noting

2. Purpose:

Relates to:	
Strategic Objective(s)	
Operational Performance	
Legal / regulatory / audit	✓
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

Effective Care:
Percentage of SACT/MDU infusion patients starting treatment <1hour of appointment: Performance in August was 85.4%, just above the target. Olayan day care unit continues to be the focus for improvement with several areas identified, one of which is complexities in cannulation in some patient populations. Additional training on US-guided cannulation for senior nursing staff is planned for Q3.

Safe Care:
Healthcare Associated Infections (hospital and community onset): There were four E.coli blood stream infection (BSI) in this reporting period. Assuming the NHSE threshold is equally applied across months, there is a risk of exceeding the NHSE threshold. This is related to the spike (13 cases) in July, possibly linked to high temperatures, as heightened temperatures can promote pathogen survival and spread in the environment. Some probable linked VRE colonisations on Ellis ward and some probable linked cases of CPE colonisation and CPE BSI in Smithers and Minor Procedures Suite respectively.

Patient Falls: 22 actual falls, no moderate harm incidents, 7 low harm, 22 no harm. A review of a bedside mobility assessment tool in haematology units, to improve staff competency in mobility methods to reduce falls whilst maintaining patients' mobility.

Medication incidents: There was one moderate incident of an extravasation injury from propofol in the Children's Day Unit which is still under review. There were five critical medicines incidences, which included two antibiotic omissions, one due to Medication administration review (MAR) time being moved and another due to a patient not having access as needle phobic. There were two antibiotic delayed doses due to missed administration. The antibiotic review is in progress regarding these incidents and actions.

Venous thromboembolism (VTE): Ongoing progress with VTE management. Plans for Big 4 focus on VTE prevention and an introduction to the VTE specialist consultant.

Hospital Acquired Pressure Ulcers (HAPU): There were ten acquired pressure injuries this month. PICC line and vascular access have developed a Trust flowsheet for PICC line dressings due to an increase in PICC line (medical device) pressure ulcers.

Deteriorating Patient: No Calls for Concern again this month. There is a national plan to design Call for Concern marketing to aid cross-organisational recognition. A task and finish group is to be set up to review pathways of unwell ambulatory /outpatients, as this has been identified as an area that would benefit from review and further clarity.

Caring and Responsive:
Patient experience and Complaints: Friends and Family Test (FFT): The top positive theme was staff attitude, with 704 references to personal qualities such as kind, caring and professional being highly valued. Complaints: There will be a review of documentation to include hearing loss as a potential side effect from treatment as well as plans to monitor hearing loss in patients who have received platinum-based chemotherapy to help inform future practice. The percentage of complaints responded to in the correct timescale has improved by 16%.

Well led:
Nursing Recruitment, Turnover and Retention: The nursing vacancy rate (4%) and turnover rate remains stable and below target.

Multi-professional vacancy rates and recruitment: Estates showed the highest vacancy rate at 14.4%.

4. Recommendations / Actions

The Board is asked to review and note the Quality Account.

The Royal Marsden

The ROYAL MARSDEN
NHS Foundation Trust

Quality Account
SEPTEMBER 2025 (August data)

2. Executive Summary
3-4 SACT/MDU infusion waiting times
5-7 Healthcare Associated Infections and Hand Hygiene
8. Falls
9. Medication Incidents
10. Hospital Acquired Pressure Ulcers (HAPU)
11. VTE
12. Deteriorating Patient
13. Patient Experience and patient complaints
14. Nursing Recruitment and Turnover & Retention
15. Multi-professional Vacancy rates and Recruitment

Appendices 1-4

16 & 17 Scorecards
18 Patient feedback
19 & 20 Safer staffing tables
21 Tracking data of nurse ethnicity before and after diverse panel pilot

NHS

Executive Summary

Key headlines:

Effective Care :

Percentage of SACT/MDU infusion patients starting treatment <1hour of appointment. Performance in August was 85.4%, just above the target. Olayan day care unit continues to be the focus for improvement with several areas identified, one of which is complexities in cannulation in some patient populations. Additional training on US-guided cannulation for senior nursing staff is planned for Q3.

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Patient % SACT/MDU infusion patients starting treatment < 1 hour of appointment (1/2)

Update

- Performance in August was 85.4%, just above the target.
- The average waiting time for August was 32 minutes. Of those waiting more than 60 minutes, the majority start within 90 minutes of the appointment time.
- The branch breakdown for July: Chelsea (93.7%), Cavendish Square (94.0%); Sutton (79.1%); Kingston (89.1%). Three of the four branches were above 85% for the quarter.

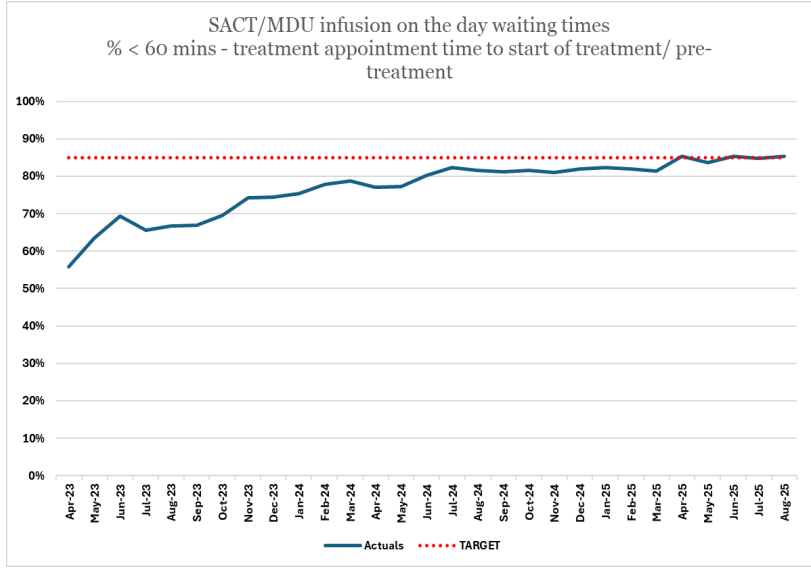
Key issues and causes:

- Scheduling identified as an area for improvement
- Patients within CDU having general anesthetic
- Within the Olayan day care unit continues to be the focus for improvement with several areas identified: Complexities in cannulation for some patient cohorts; Patients presenting with symptoms on the day, which require medical review.

Actions/next steps:

- SACT/MDU infusion waits continue to be monitored through the SACT group.
- Additional training on US-guided cannulation for senior nursing staff, Olayan – Q3
- Review of scheduling rules within SACT group (October 2025)
- Group to now look at wider group of metrics to review (Q3)

Trends:

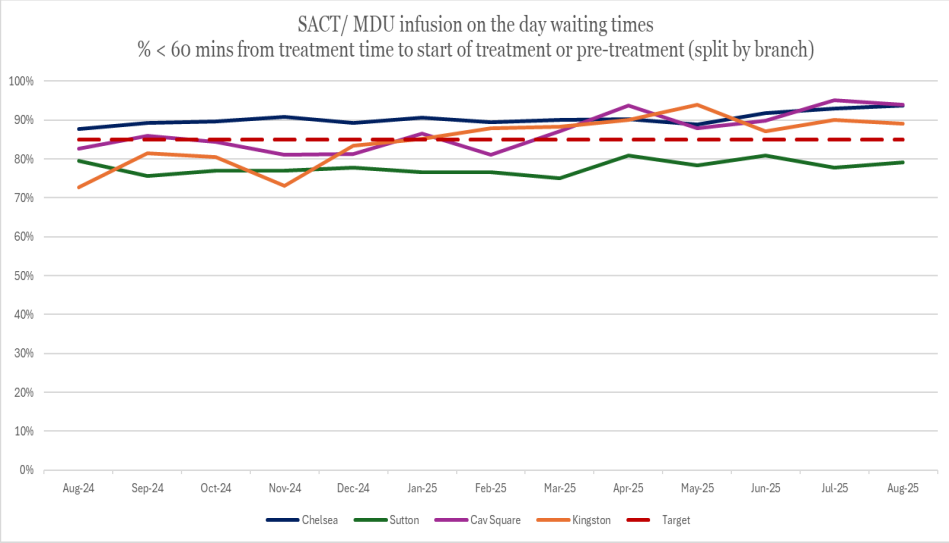


Forecast:

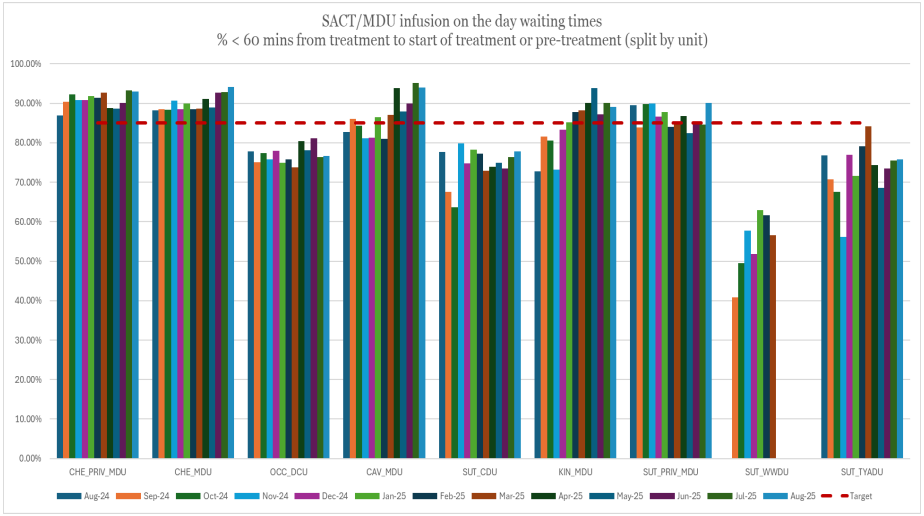
- Actions in place to improve to ensure consistency.

SACT % /MDU % infusion metric (2/2)

Branch level data:



Unit level data:



NHS Medical Day Units:

- Chelsea MDU and Kingston MDU were both >85%
- Olayan was 76.7%.
- Children's Day Unit was at 77.9% in June.

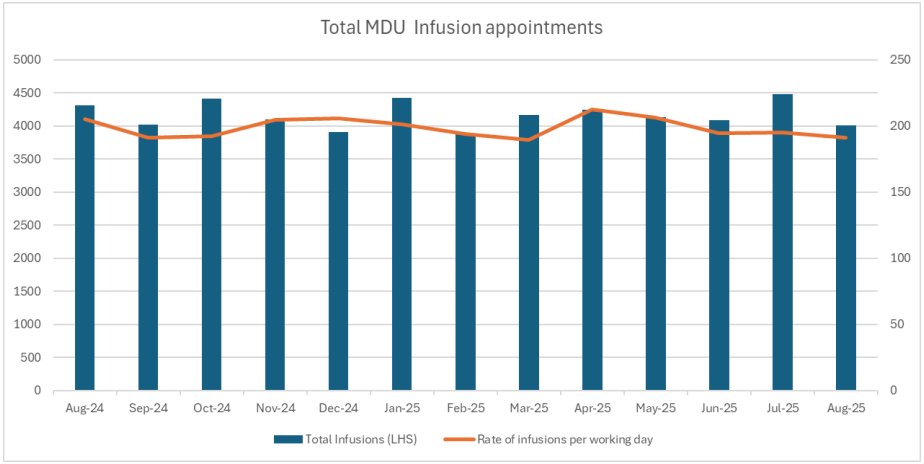
Private Medical Day Units:

- All private care medical day units were above 85% in August.

Trial protocols – now reported separately

- August 2025 was at 63.5%.

MDU infusion volumes:



Healthcare associated Infections (hospital and community onset) (1/3)

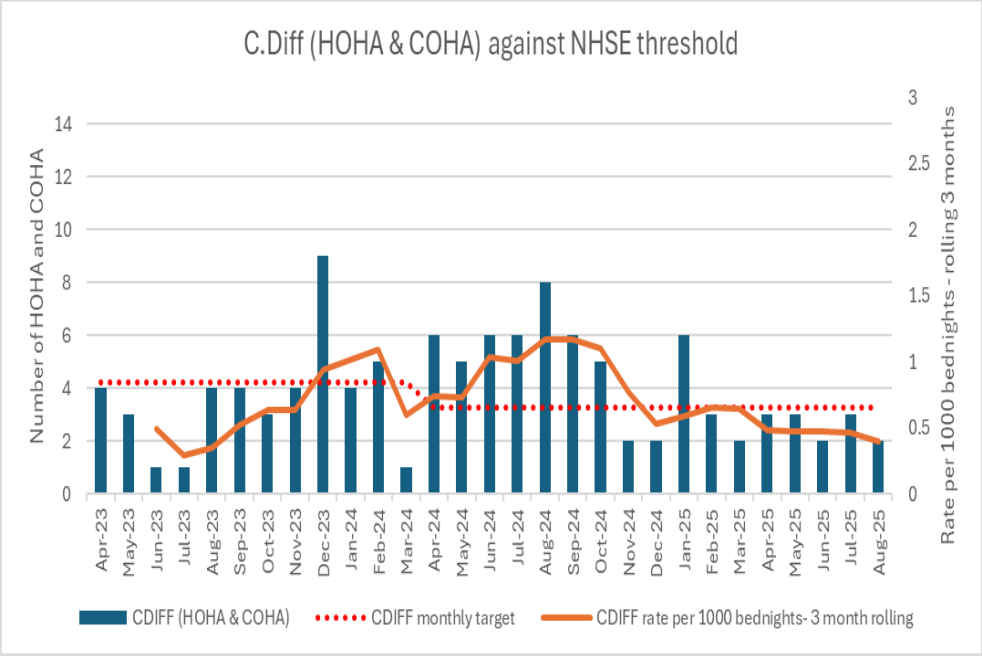
MSSA and MRSA healthcare associated cases (HCAI) BSI:

MRSA – 0 cases reported

MSSA – 0 cases reported

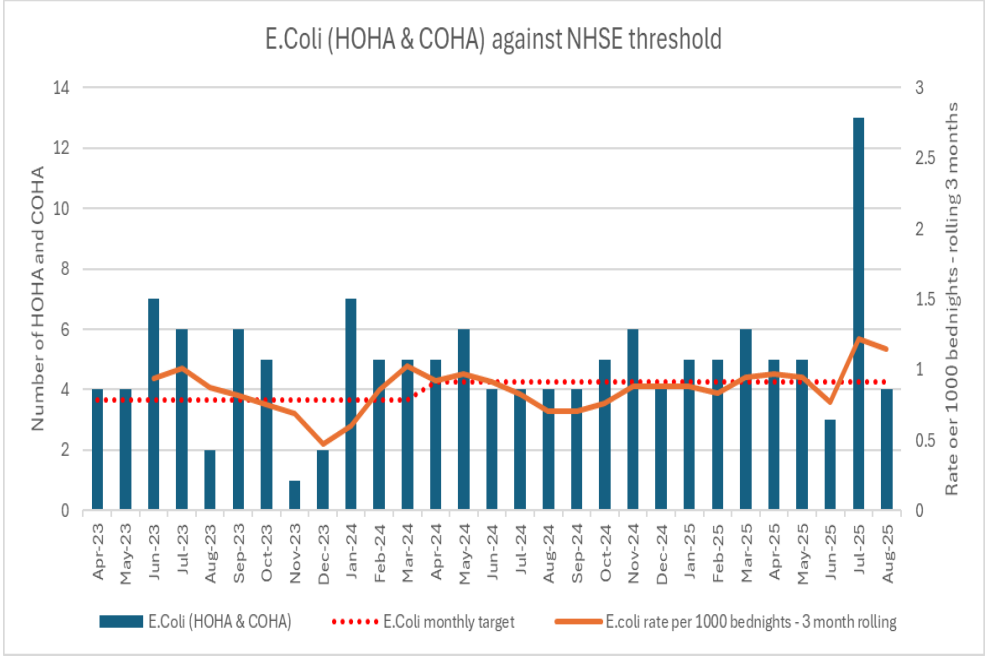
Clostridioides difficile healthcare associated infection:

- Total HCAI cases report 2: Both cases were in patients that had undergone autologous transplants.
- Assuming NHSE threshold equally applied across months, on track to be within threshold. However, CDIFF can have a seasonal increase in spring so there is some risk to meeting the annual threshold.



E.coli healthcare associated BSI

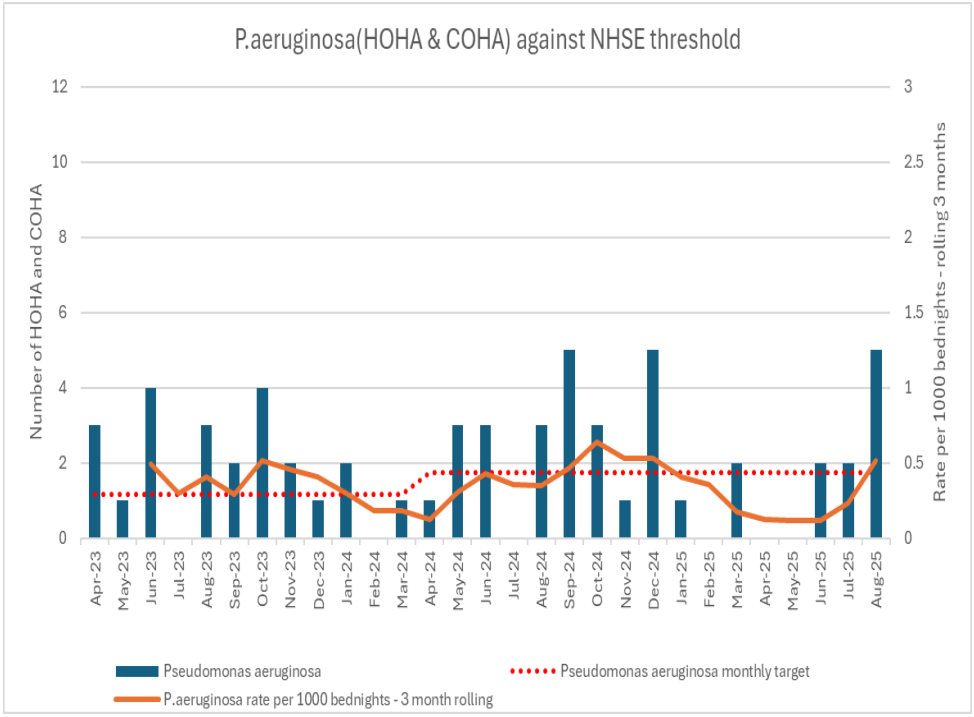
- Total HCAI cases reported 4: One patient was previously treated for an E.coli BSI; 3 haemato-oncology patients, all unknown origin;1 hepatobiliary in an upper GI patient.
- Assuming NHSE threshold equally applied across months, at risk of exceeding the NHSE threshold. This is related to July spike, possibly linked to high temperatures.



Healthcare associated Infections (hospital and community onset) (2/3)

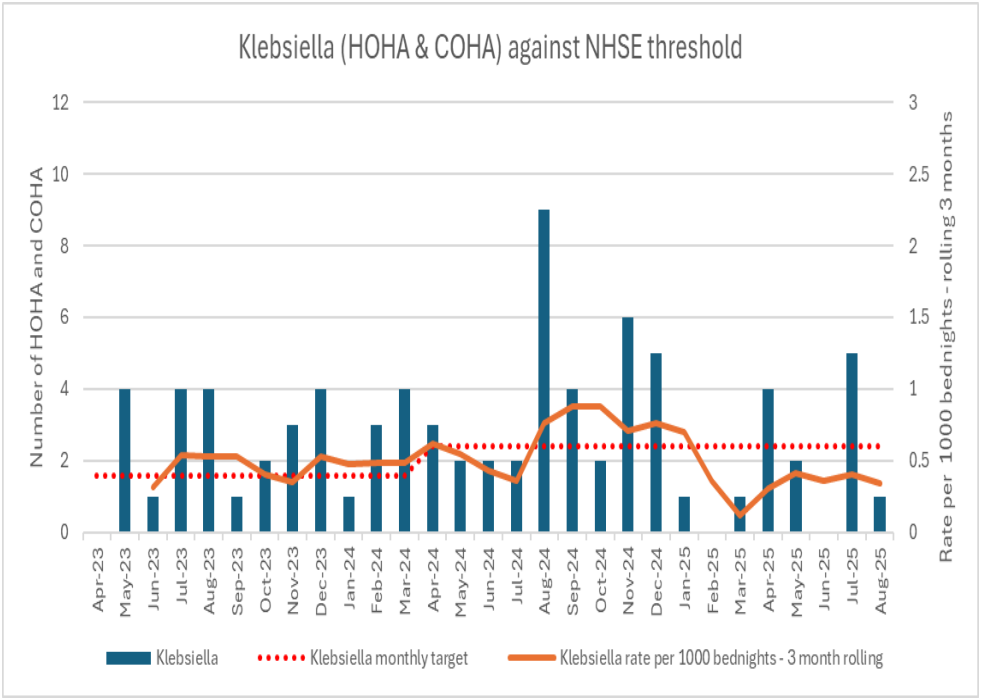
Pseudomonas aeruginosa healthcare associated BSI:

- Total HCAI cases reported 5: Of these, 1 patient had concurrent Klebsiella. 1 pt had a line infection; indicator sampling of the water outlet came back positive, plan to review possible association. Remedial works have been undertaken on the ward.
- Assuming NHSE threshold equally applied across months, on track to be within threshold.



Klebsiella spp. healthcare associated BSI:

- Total HCAI cases reported 1.
- 1 unknown focus of infection reported in a gynae-oncology patient.
- Assuming NHSE threshold equally applied across months, on track to be within threshold.



Healthcare associated Infections (hospital and community onset) (3/3)

Outbreaks and incidences: 2 incidences:

1. **Vancomycin-resistant enterococcus (VRE) Colonisation and infection control measure**

During the reporting period, six patients were identified as colonised with VRE on Ellis ward. Further investigation revealed that five of these cases had undergone surgical procedures in theatre 6. Four patients became colonised after surgery, one was known to be colonised on the day of surgery.

A review of theatre cleaning protocols was conducted, which highlighted a disparity between the existing policy and the cleaning standards required for patients with known infections as well as overall clinical oversight of cleaning standards. An action plan was developed, which included the proposal of a business case for the acquisition of a dedicated UV disinfection machine for theatres to enhance environmental decontamination.

Ellis Ward Review: Ellis Ward was also reviewed as part of the investigation. The ward has only two side rooms available, which presents challenges in isolating patients with known infections. To mitigate the risk of cross-transmission, staff were provided with targeted education on implementing contact precautions within bay areas, ensuring appropriate infection control measures are maintained even when isolation facilities are limited.

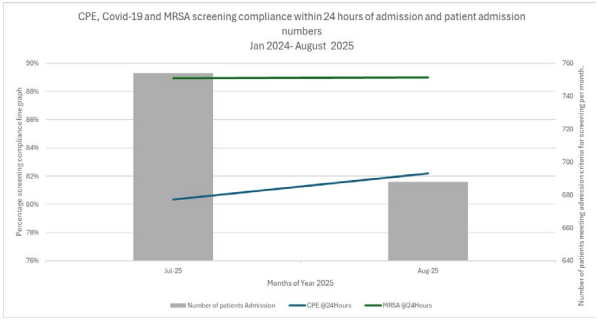
2. Carbapenemase producing Enterobacteriaceae (CPE) Positive Cases and infection control measures.

During the reporting period, 7 patients were identified as CPE positive. Of these, three patients were located on Smithers Ward, all of whom were colonised and had shared a bay. One patient was identified as the index case, with two subsequent acquisitions.

A review of the ward environment and practices was undertaken, which highlighted concerns regarding cleaning standards and clutter in shared toilet. Additionally, 2 patients on BFE Ward were identified as CPE positive in blood cultures, both of whom had undergone procedures within the previous three weeks.

A review of the processes within the Minor Procedure Suite was completed to assess potential contributing factors. An action plan was developed in response to these findings, incorporating strengthened clinical governance procedures to support improved infection prevention and control measures.

Admission Screening Compliance:.



- There was a reduction in admissions during August (from 754 in July to 688 in August). Admission Screening compliance was stable at 82% CPE and 89% MRSA.

Hand hygiene compliance:



Actions / next steps:

External Presentations – IPC Yearly Conference

The Infection Prevention and Control (IPC) team are due to showcase three posters at the annual IPC conference, highlighting key initiatives and improvements:

- Pseudomonas aeruginosa Reduction QIP
- IPC Education Plan & Link Practitioners
- Gloves off Campaign

Patient Falls

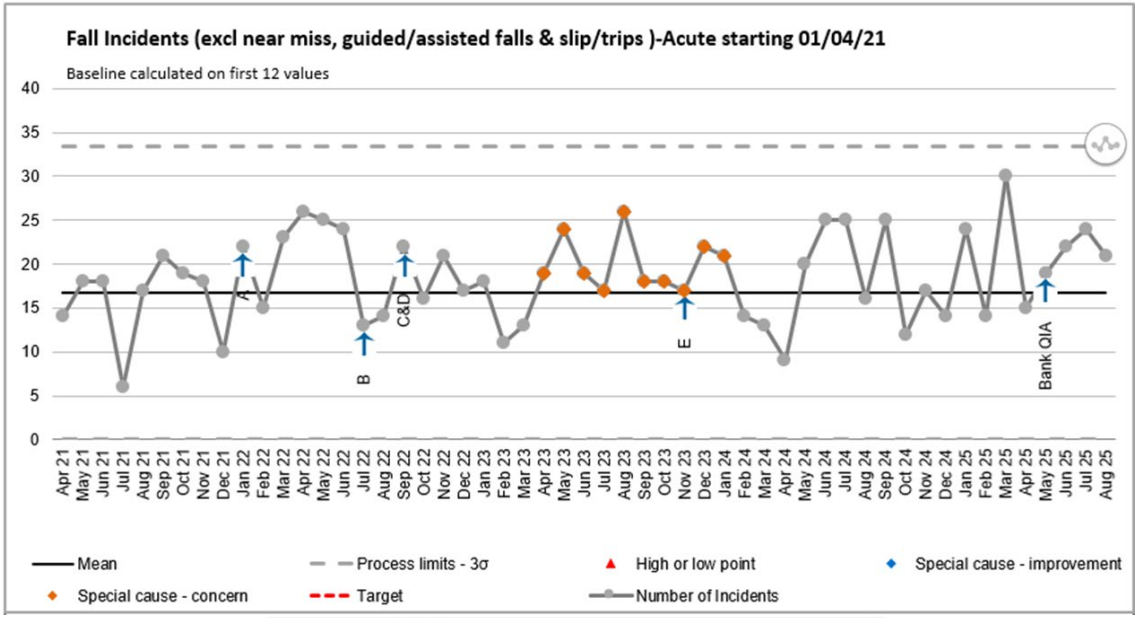
Update since previous quality account:

- 29 fall incidents reported, of which 22 were classified as actual fall (excluding near miss, slips and guided falls). Improvement from previous month.
- No moderate harm incidents, 7 low harm, 22 no harm.
- Cancer Services (14), Clinical Services (4), Private Care (11), Corporate Service (0).
- Decrease in all fall incidents compared to the previous 12 months.
- Increase in actual fall incidents compared to the previous 12 months.

Actions / next steps:

- Falls policy review underway- including review of latest NICE guidance in fall risk assessment and post fall management.
- Pharmacy to undertake a review of high-risk medications to determine if those potentially effect continence should be included in this category.
- Ongoing review of bedside alert signage following MDT feedback.
- Update of available patient information ongoing, utilizing technology moving forward.
- Staff survey regarding barriers in patient falls prevention education completed, analysis to be undertaken.
- Patient and public involvement group to be developed to review harm free care assessments and interventions.

Trends:



Key Interventions	
A	QI RAG Fall Pilot currently in Robert Tiff and Wiltshaw Ward
B	Adjustable height chairs trial on Smithers Ward
C	The Eat Drink Move project on Smithers utilising Volunteers
D	Introducing Twilight Volunteers on the Bud Flannagan wards
E	Fall prevention equipment trial in Sutton
F	Bank and agency booking QIA

Key issues:

- Ongoing review of bedside mobility assessment tool pilot in haematology units to improve staff competency in mobility methods to reduce falls whilst maintaining patients' mobility.
- Review requirement of moving and handling equipment across site for management of suspected spinal injury in line with new guidance.
- Thematic review to be undertaken when 12-month data available.
- Collaboration with falls specialist nurse from Royal Surrey Hospital- to feedback learning surrounding core themes and patient education initiatives at next steering group.

Medication incidents

Update since previous quality account:

- 157 medication incidents in August, 28% (n=44) were due to adverse reaction when used as intended.
- 124 no harm and 32 low harm. There was one moderate incident of an extravasation injury from propofol in CDU which is in case review.

Key issues and Themes:

Controlled Drug incidents (18)

•There were 10 patient involved incidents including 8 administration incidents which were 2 wrong doses, 2 wrong formulations, 2 delayed doses, an omission and a wrong frequency. This included where a SC pump had disconnected so the patient did not receive analgesia (low harm).

•There were 6 accounted for losses which included 2 register entry errors, 2 two liquid balance discrepancies, a spillage and a breakage.

•There were 2 governance incidences which included a MAR record cancelled in error and an incorrect pump setting in community.

Omitted and delayed medicines (12):

•There were 5 critical medication incidents, which included 2 antibiotic omissions; one due to the MAR time being moved and another due to patient not having access as needle phobic (patient converted to oral). There were 3 antibiotic delayed doses: One due to missed administration, pentamidine not prescribed post-transplant as per the beacon treatment plan. There was also a delayed mycophenolate & cyclosporin dose as not released from Beacon (allograft).

•There were 2 SACT administration delays of which 1 was due to aseptic preparation and the other a screening/confirmation delay.

•There were 2 supportive medication incidents which was a prescribing omission of antiemetics for SACT for an in-patient and another where IV hydration was stopped temporarily incorrectly for MATRIX.

Actions/next steps:

- T&F group to review antibiotic incidents in progress.
- Review of adjusting administration times on Epic and impact of this.
- Ongoing review of supportive medication not released from Beacon: review INC12781 regarding anti-emetics.

Trends:

Table 1: Controlled Drug Incidents

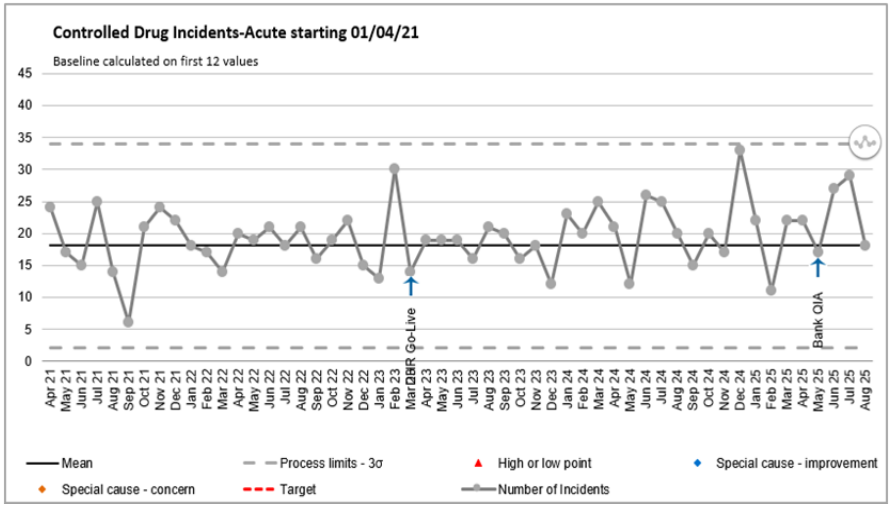
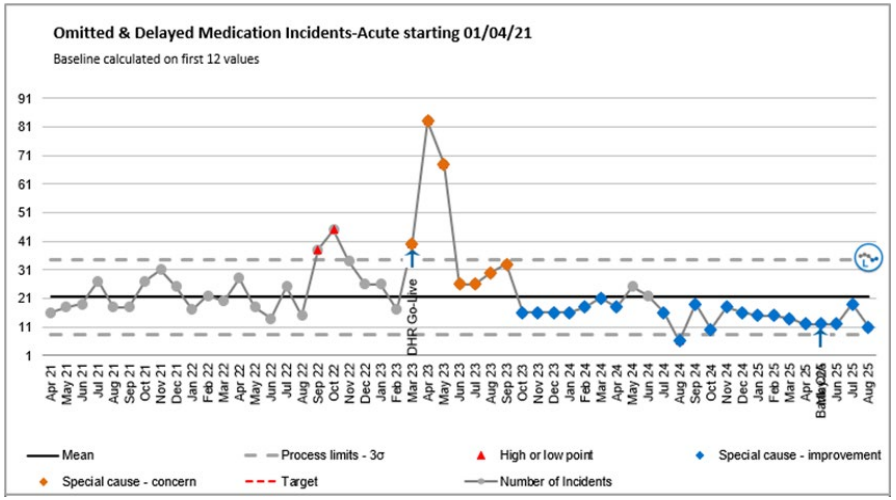


Table 2: Omitted and Delayed Medication Incidents



Venous Thromboembolism

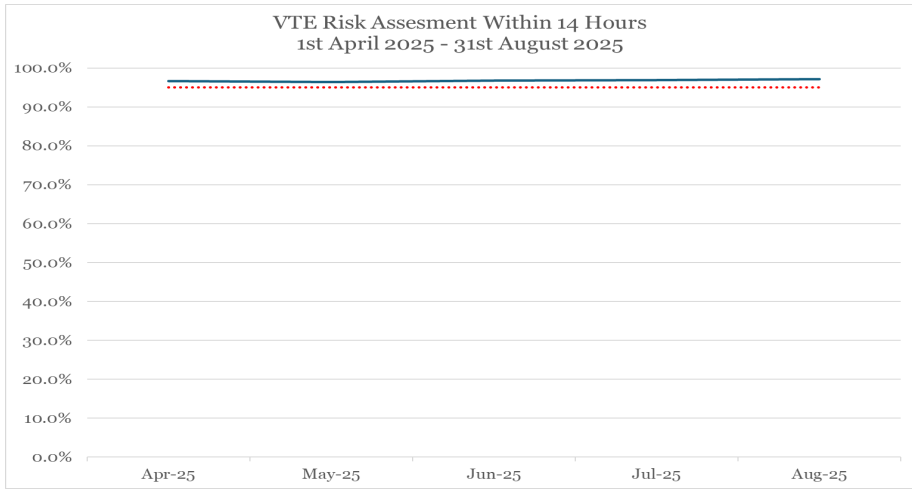
Key issues and Themes:

- Compliance across trust 97.2% above the target of 95%.
- Ongoing monitoring of inpatient VTE risk assessments.
- Education & training initiatives for patients & staff under discussion at the VTE Committee.
- Development of HFC Link practitioners across all inpatient areas.
- VTE is an important aspect of harm free care and to sustain >95% compliance for timely risk assessment.

Actions:

- Harm Free Care Link Practitioner Roles starting to embed.
- VTE ward accreditation will focus on Anti Embolic Stocking (AES) prescription and 24-hourly checking of AES and skin health.
- Policy & Procedure Development: Strengthening and updating guidelines. The VTE policy is being reviewed by the VTE committee.
- Confirmation of a robust system in Day surgery where the anaesthetic team complete the RA for all day surgery patients.
- Developing a system for VTE assessment and education for patients receiving SACT. Exploring how we assure an assessment for VTE is completed for this specific cohort.

Trends:



August 2025:

- Trust: 97.2%
- Chelsea: 95.3%
- Sutton: 96.0%
- Kingston:100%
- Cav Square:100%

Plan:

- Current review of the management of clots at IV Device Sites: Risk factors & treatment protocols (2025-2026) with Nurse Consultant Vascular access.
- Update VTE Guidelines: incorporating new evidence & refining pathways October 2025 with the aim to present to committee November.
- Review of patient VTE information August.
- Aim from the committee: all new patients will receive information on VTE risk when meeting their key worker. Current review of the patient information leaflet aligning with the new hotline and the key worker contact cards. Aim: All inpatients will receive a leaflet 'Making your stay with us safe' outlining ways they can reduce risk of VTE, PU and falls as part of their admission process.
- Pilot planned to include a wipeable or paper 'Making your stay with us safe' information sheet on meal trays in selected inpatient areas.
- Plans for Big 4 focus on VTE prevention and an introduction to the VTE specialist consultant.
- On going focus is policies, AES reviews and optimizing EPIC functionality.

Hospital Acquired Pressure Ulcers (HAPU) – excluding category 1

Update since previous quality account:

- In August there were ten acquired pressure injuries:
- n=1 unstageable, n=5 category 2, n=3 mucosal, n=1 SDTI
- 50% of acquired pressure injuries (1 SDTI. 1 Unstageable, 1 Cat 2, 2 mucosal) with an element of EOL skin changes and all patients RIP
- 50% of acquired pressure injuries caused by medical devices n= 2 PICC line, n=2 ET tube, n=1 catheter.

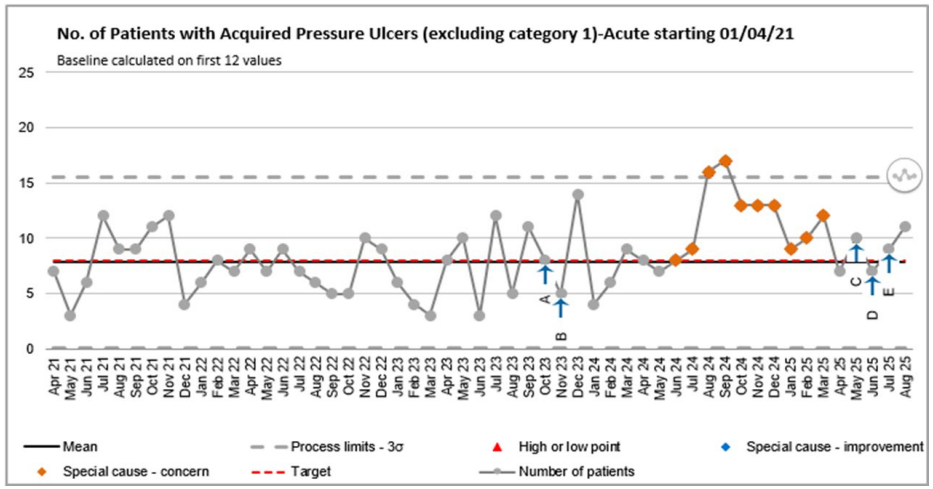
TVS Activities:

- TVN team to continue to work with Risk team to add saved queries to Datix to aid investigations of pressure ulcers and moisture associated skin damage.
- TVN team to continue to attend ward sister/charge nurse meetings regularly to raise any TVN issues/ updates.
- TVN team to continue to do monthly TV link practitioner meetings for education. TVN team to continue to work with learning hub to update education resources and monthly poster updates

Update:

- PICC line related pressure injuries still an ongoing issue. PICC line and vascular access have developed a trust flowsheet for PICC line dressings due to an increase in PICC line (medical device) pressure ulcers. This has been shared across the trust. Vascular access team liaising with dressing reps for local training.
- TVS working with clinical services DND and clinical engineering to get ARJO express ordering system onto trust computers.

Trends:



Key Interventions

A	Implementation of PURPOSE T pressure ulcer risk assessment (replacing Waterlow)
B	Trust started CQUIN: assessment and documentation of pressure ulcer risk for 23/24
C	Implementation of Pressure Ulcer Review Group
D	Tissue Viability Study Days now on Learning Hub
E	Stop the Pressure Events trustwide

Actions/next steps:

•Deep dive into device related PUs, presented in Pressure Ulcer Review Group meeting. As well as deep dive into PICC line related pressure ulcers 24/9/25

•Datix reports have been updated with questions for lead investigators, which is now live and charge nurses/sisters investigating

•Level 1 Tissue Viability course – now to be online on new TVS Learning Hub page to aid more face-to-face teaching awaiting learning hub team confirmation that it is live.

•EPIC documentation improvements tickets have been raised and to await next quarter for wound assessment improvements to be made.

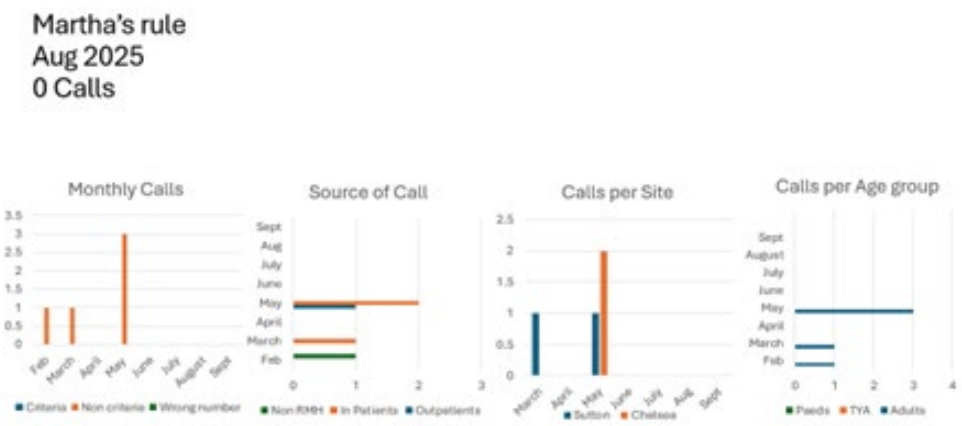
Deteriorating Patient

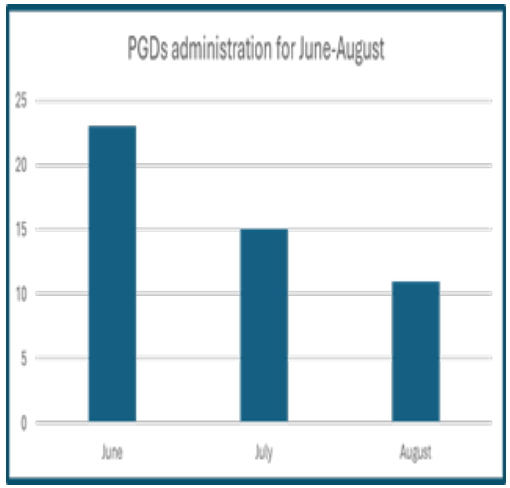
CCOT Data

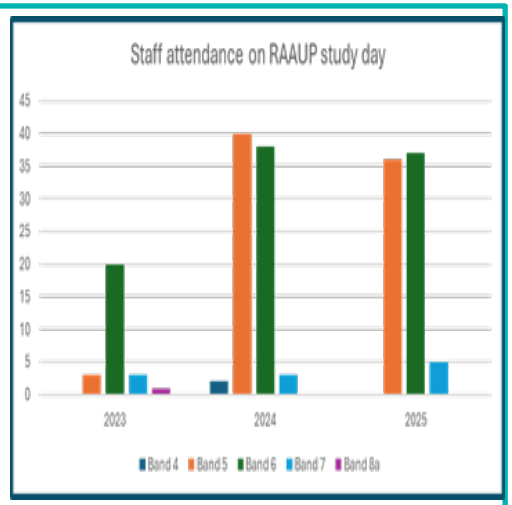
2025	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Total CCOT reviews	256	243	257	236	251	293	265	254	
CCOT referrals/ reviews	132	135	129	131	127	167	128	134	
CCOT reviews following CCU Step down	124	108	128	105	124	126	137	120	
Unplanned admissions post CCOT reviews	18	16 (post CCOT r/v) 20 (total unplanned CCU adm)	13 (post CCOT r/v) 15 (total unplanned CCU adm)	9	17	12 (post CCOT r/v) 19 (total unplanned CCU adm)	17 (post CCOT r/v) 20 (total unplanned CCU adm -3 OOH)	19 (post CCOT r/v) 21 (total unplanned CCU adm -1 OOH)	
Sutton Step Up only admissions	0	6	1	1	1	1	3	4	
CCU admissions from Step Up only	5	3	2	2	5	2	2	2	
Re-Admissions	1	1	1	2 (>72hrs)	2 (1 <24,1>72)	6 (5 > 72 hrs same pt multiple elective HF, x 1 >48hrs)	1 (1x<48 hrs)	0	
Ward CCOT Consultations with SBAR (completed by CCOT)	84.31% (61.36%)	98% (62.22%)	92% (61.24%)	96.55% (55.72%)	94% (60.62%)	98.41% (62.28%)	100% (62.5%)	100% (64.93%)	

Martha's Rule update:

- No calls for concern in August







Key updates:

- Q1 audit compliance for Sepsis showed compliance of 98.4% with 2024 NICE Guidance. Sepsis bundle monitoring ongoing; investigation and validation into what is contributing to the downward trend in usage of sepsis bundle.
- Investigating low call-for-concern numbers; communications plan in development to further align with NHS England pilot sites to ensure more national uniformity.
- AKI bundle order sets and early review triggers identified; training started, but EPIC analyst support deprioritized.
- Final phase of analyst testing for push notifications of clinical observations underway.

Next steps:

- CCOT Push notification SOP development/testing of compatibility of deployment on iPhones.
- Development of deteriorating patient navigator: stage 1 map escalation pathways.
- Task and finish group to be set up to review pathways of unwell ambulatory /outpatients patients, this has been identified as an area that would benefit from review and further clarity to improve staff confidence.

Patient experience and Complaints

Update since previous quality account:

- **Complaints:** 14 new complaints were opened throughout September 2025: Cancer Services (7), Clinical Services (3), Corporate Services (0), Private Care (4).
- **Outpatient Friends and Family Test (FFT):** July 2025 is the latest published national data - 96% of respondents would recommend RM, this is above the national average of 94%.
- **Inpatient Friends and Family Test (FFT):** July 2025 is the latest published national data – 98% of respondents would recommend RM, this is above the national average of 95%.

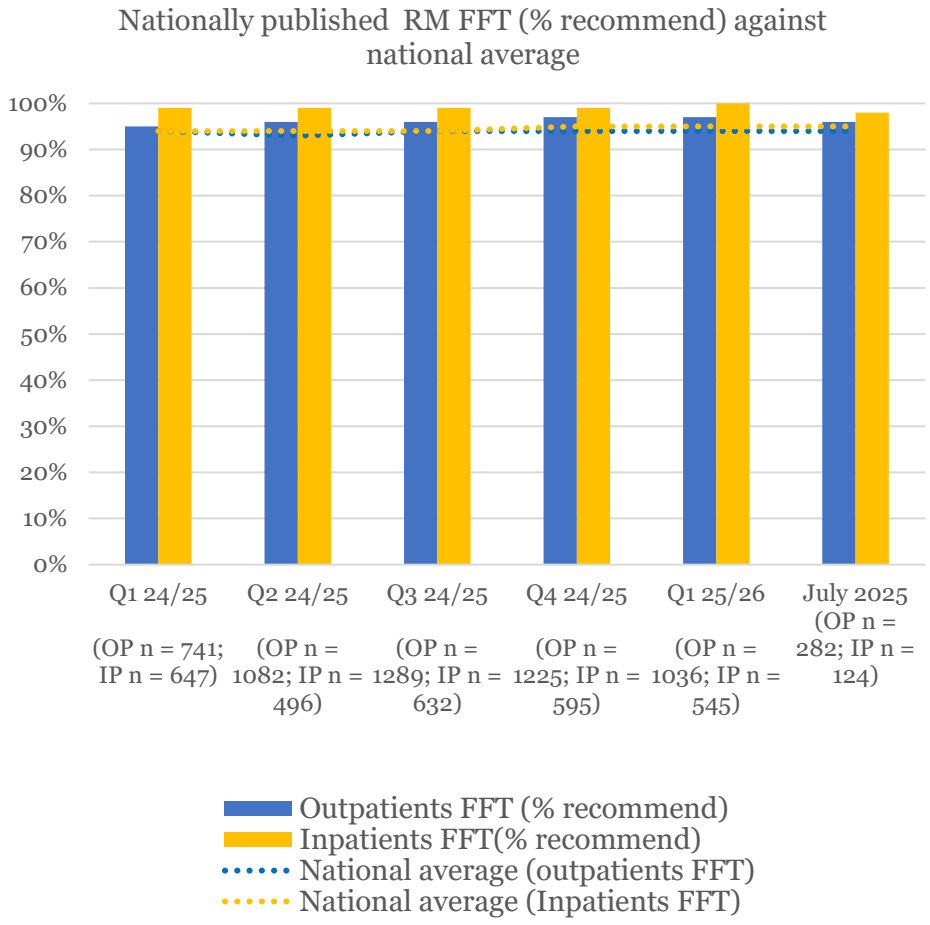
Key issues and themes:

- **Complaints:** Current theme is surrounding clinical treatment of patients.
- **Friends and Family test:** The top positive theme was staff attitude, with 704 references to personal qualities such as kind, caring and professional being highly valued. The key issues were waiting times for blood tests and lack of waiting room for patients attending APU in Sutton (refer to comments in Appendix 2).

Actions/next steps:

- **Complaints:** There will be a review of documentation to include hearing loss as a potential side effect from treatment as well as plans to monitor hearing loss in patients who have received platinum-based chemotherapy to help inform future practice.
- **Friends and Family Test:** In consideration of patient feedback re comfort in the Oak Day Unit, the chairs have been replaced.

Trends:



- Respondents continue to report high satisfaction with care consistently being reported to be above the national average.

Nursing Recruitment and Turnover & Retention

Update since previous quality account:

- The overall nursing vacancy rate increased marginally to 4% and remains well below the Trust target of 7.0%. There are 17 newly qualified nurses due to onboard in the coming months.
- All divisions continue to perform strongly, with vacancy rates at or below the 7% target.

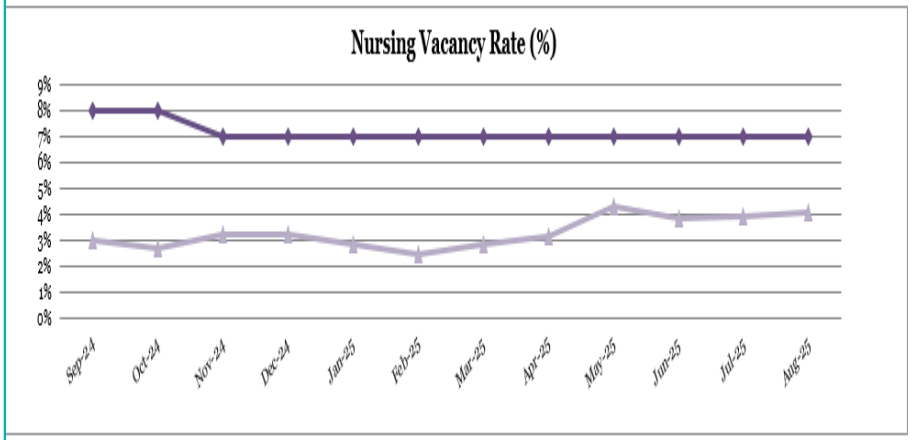
Key issues and Themes:

- The Trust will need to review all nursing job descriptions (Band 4 to Band 9) in line with national expectations now that the new profiles have been released.

Actions/next steps:

- Efforts remain focused on building a strong pipeline of future nursing talent, with continued engagement with universities and education partners.
- Controls remain in place regarding HCSW bank and agency usage. Short-term sickness cover will no longer be routinely filled through bank shifts. Further recruitment of HCSWs to the bank is under review to further reduce reliance on agency staffing.

Trends:



Forecast:

- The nursing vacancy and turnover rate remains stable and below target.

Multi-professional Vacancy rates and Recruitment

Update since previous quality account:

- The Trust's vacancy rate increased from 6.1% in July to 6.9% in August. Healthcare Scientists, Nursing, and Additional Prof Scientific & Technical staff groups reported vacancy rates below target at 3.5%, 4.0%, and 0.7% respectively.

- Estates and Ancillary, Additional Clinical Services, Allied Health Professionals, and Medical showed the highest vacancy rates at 14.4%, 10.8%, 8.7%, and 8.7% respectively, exceeding the overall Trust vacancy rate. The rise in medical vacancies can be attributed to the deanery rotations and will usually settle over the coming month.

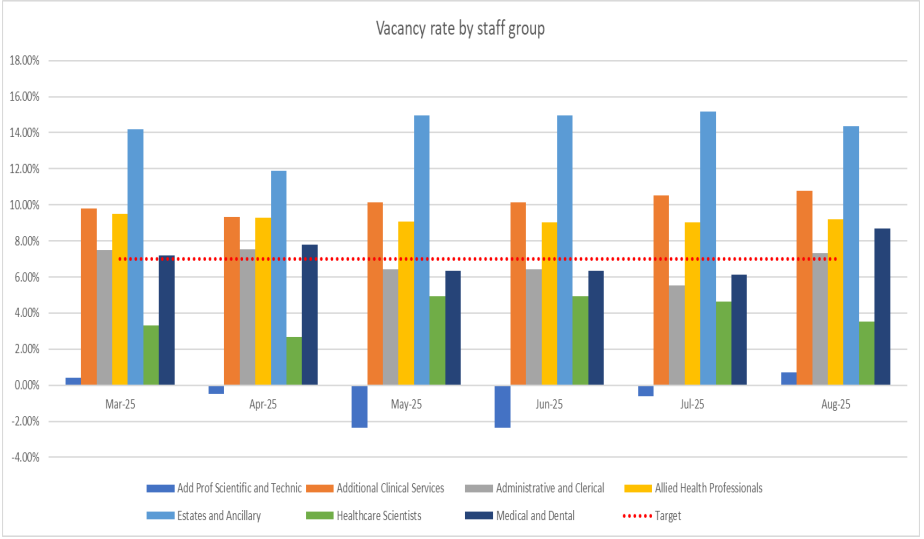
Key Issues and Themes:

- There are currently 139 WTE candidates progressing through the recruitment pipeline, of which 78 WTE candidates have confirmed start dates.

Actions/next steps:

- A number of projects are currently underway to further digitise and automate the candidate and employee experience. This includes the digitisation of new joiner and onboarding documentation, alongside the automation of key HR processes. These initiatives are designed to streamline recruitment, reduce manual administration, and enhance the overall efficiency and consistency of the employee journey.
- We continues to explore ways to improve our apprenticeship starts in Bands 2-4 to support our local community into the workforce.

Trends:



- The Trust vacancy rate currently is below target at 6.1%.

Appendix 1 – Quality Account Scorecard (1/2)

The Royal Marsden NHS Foundation Trust
Quality Account 25/26
August 2025 Data

Key
* denotes Year To Date (YTD) figures
Blue-shaded KPI denotes metric linked to BAF stategic framework
Ψ denotes NHS England metric

	Safe Care	Target	Q1 25/26 Apr-25	May-25	Jun-25	Q2 25/26 Jul-25	Aug-25	Sep-25	Q3 25/26 Oct-25	Nov-25	Dec-25	Q4 25/26 Jan-26	Feb-26	Mar-26	Trend	YTD	24/25
	CCU SMR (ICNARC) (1 Qtr. in arrears)	≤1	0.87												N/A	0.87	N/A
	Hospital Standardised Mortality Rate 100 (rolling 12 months, NHS and PP) (1 Qtr. in arrears)	≤80	77.91												N/A	77.91	N/A
	Mortality audit	Green	G												N/A	N/A	N/A
	30 day mortality post surgery	≤0.4%	0.52%												N/A	0.52%	0.37%
	30 day mortality post chemotherapy	≤1.4%	1.32%												N/A	1.32%	1.43%
	90 day mortality post radical radiotherapy	≤1%	1.00%												N/A	1.00%	N/A
	100 day SCT mortality (Deaths related to SCT)	≤5%	1.96%												N/A	1.96%	1.94%
	% screened positive for sepsis who received IV abx in line with NICE guidance - all IP and emergency patients	≥90%	98.4%												N/A	98.4%	87.6%
Ψ	% screened positive for sepsis who received IV abx in line with NICE guidance - high risk	No Target	95.2%												N/A	95.2%	N/A
	Number of Incidents reported on Datix (Reported Date)	No Target	1245												N/A	1245	5201
	Never Events	0	0	0	0	0	0									0	0
	Number of PSSI investigations	No Target	0	0	1	0	0									1	N/A
	DoLS applications	No Target	3	0	2	1	1									7	N/A
	Failure to recognise deterioration in a patient leading to death	0	0	0	0	0	0									0	N/A
Ψ	Number of diagnoses of Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia	0	0	0	0	0	0									0	0
Ψ	Number of diagnoses of Methicillin-sensitive Staphylococcus aureus (MSSA) (HOHA/ COHA)	≤6	0	1	0	0	0									1	5
Ψ*	Clostridium difficile (C. Diff)- Number of COHA and HOHA (at YTD)*	≤40	3 *	6 *	8 *	11 *	13 *									13	0
	Clostridium difficile (C. Diff)- Number of COHA and HOHA (monthly)	N/A	3	3	2	3	2									13	7
Ψ*	Number of (COHA/HOHA) E. Coli Bacterium (at YTD)*	≤51	5 *	10 *	13 *	26 *	30 *									30	57
	Number of (COHA/HOHA) E. Coli Bacterium (monthly)	N/A	5	5	3	13	4									30	57
Ψ*	Number of (COHA/HOHA) P. aeruginosa cases (at YTD)*	≤21	0 *	0 *	2 *	4 *	9 *									9	58
	Number of (COHA/HOHA) P. aeruginosa cases (monthly)	N/A	0	0	2	2	5									9	58
Ψ*	Number of (COHA/HOHA) Klebsiella spp. Cases (at YTD)*	≤29	4 *	6 *	6 *	11 *	12 *									12	27
	Number of (COHA/HOHA) Klebsiella spp. Cases (monthly)	N/A	4	2	0	5	1									12	27
	Falls- Attributable Moderate Harm Incidents while patient under RMH care	0	0	0	0	0	0									0	37
	Falls- Attributable Major Harm Incidents while patient under RMH care	0	0	0	0	0	0									0	37
	Falls- Attributable Death Incidents	0	0	0	0	0	0									0	0
	Number of patients with attributable pressure ulcers- Number of Patients	No Target	8	14	12	13	16									63	163
	Number of patients with attributable pressure ulcers: Medical Device Related	No Target	1	3	3	2	6									15	33
	Number of patients with attributable pressure ulcers: Mucosal	No Target	1	1	1	0	3									6	17
	Number of patients with attributable pressure ulcers- Category 1	No Target	1	3	5	4	3									16	25
	Number of patients with attributable pressure ulcers-DTI	No Target	0	2	1	2	1									6	10
	Number of patients with attributable pressure ulcers- Category 2	No Target	4	5	2	5	7									23	79
	Number of patients with attributable pressure ulcers- Category 3	No Target	0	1	1	1	0									3	14
	Number of patients with attributable pressure ulcers- Unstageable	No Target	2	2	2	1	2									9	31
	Number of patients with attributable pressure ulcers- Category 4	0	0	0	0	0	0									0	1
*	Number of attributable medication incidents with moderate harm and above	≤1 per month	2	0	1	0	0									3	8
	VTE Risk Assesment (14 Hours)	≥95%	96.7%	96.4%	96.8%	97.0%	97.2%									96.8%	N/A

Appendix 1 – Quality Account Scorecard (2/2)

Key

* denotes Year To Date (YTD) figures

Blue-shaded KPI denotes metric linked to BAF stategic framework

Ψ *denotes NHS England metric*

The Royal Marsden NHS Foundation Trust

Quality Account 25/26

August 2025 Data

Effective Care	**Target**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Trend**	**YTD**	**24/25**
% SACT Infusion patients starting treatment within 1 hr of appointment time- Chelsea	≥85%	90.2%	88.8%	91.8%	93.0%	93.7%									91.5%	71.3%
% SACT Infusion patients starting treatment within 1 hr of appointment time- Sutton	≥85%	80.8%	78.4%	81.0%	77.8%	79.1%									79.4%	58.1%
% SACT Infusion patients starting treatment within 1 hr of appointment time- Kingston	≥85%	90.1%	93.9%	87.2%	90.0%	89.1%									90.1%	72.7%
% SACT Infusion patients starting treatment within 1 hr of appointment time- Cav Sq	≥85%	93.9%	87.9%	89.9%	95.1%	94.0%									92.2%	74.3%
Caring	**Target**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Trend**	**YTD**	**24/25**
RMH Inpatient Friends and Family Test: % overall experience	≥95%	97.9%	99.4%	100.0%	96.8%	99.6%									98.7%	99.2%
Friends and Family Test (Inpatient and Day Care) Number of Reponses	No Target	189	178	176	126	232									901	2330
RMH Outpatient Friends and Family Test: % overall experience	≥95%	98.8%	98.2%	98.3%	96.5%	97.6%									97.9%	95.5%
RMH Outpatient Friends and Family Test: Number of Responses	No Target	412	281	359	282	552									1886	4733
Responsive	**Target**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Trend**	**YTD**	**24/25**
% of complaints responded to in required timescale	≥90%	20.0%	50.0%	60.0%	28.6%	44.4%									40.6%	71.1%
Rate of written complaints per 1,000 Day Cases and IP Discharges	≤2.00	1.29	1.07	1.36	0.87	1.67									1.25	2.17
Well-Led	**Target**	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Trend**	**YTD**	**24/25**
Relative likelihood of white staff being appointed from shortlisting across all posts (WRES 2 Indicator) - 12 months rolling (1 qtr. in arrears)	0.8-1.25	2.2												N/A	2.20	N/A
Number of Freedom to Speak Up (FTSU) Alerts	No Target	31												N/A	31	96
Trust vacancy rate	≤7%	6.3%	6.7%	6.3%	6.1%	6.9%									6.5%	6.9%
Trust Sickness rate (rolling 12 month average)	≤3%	3.9%	3.9%	3.9%	3.9%	3.9%									3.9%	3.7%
Trust voluntary staff turnover rate	≤12%	7.8%	7.9%	7.8%	7.9%	7.7%									7.8%	9.0%
% Compliance with Phase 1 of Oliver McGowan training	≥90%	94.4%	94.9%	95.2%	95.7%	95.7%									95.2%	89.0%
Mandatory Training	≥90%	94.2%	94.3%	93.8%	93.7%	93.5%									93.9%	92.7%
Sexual Safety training compliance	≥90%	68.5%	74.7%	78.2%	81.0%	84.0%									77.3%	N/A
Adult Safeguarding: % of staff compliant with training 1	≥90%	96.5%	96.6%	96.3%	96.5%	96.0%									96.5%	96.0%
Adult Safeguarding: % of staff compliant with training 2	≥90%	95.2%	95.1%	94.5%	95.0%	94.0%									94.7%	95.1%
Adult Safeguarding: % of staff compliant with training 3	≥90%	82.4%	84.7%	85.4%	85.0%	83.0%									70.8%	42.3%
Child Safeguarding % of staff compliant with training – Level 1	≥90%	96.8%	96.6%	96.1%	96.0%	96.0%									96.3%	96.4%
Child Safeguarding: % of staff compliant with training – Level 2	≥90%	94.1%	93.7%	93.2%	93.6%	93.0%									93.6%	94.2%
Child Safeguarding: % of staff compliant with training – Level 3	≥90%	86.7%	87.6%	87.6%	88.0%	91.0%									88.2%	89.9%

*at YTD figures show the running total for the YTD against each month.

Appendix 2 – Patient feedback

- The patient comments below are captured via our Friends and Family Test (FFT) comments cards in July 2025.
- Information is fed back directly to ward teams. Ward Sisters, Matrons and clinical leads review the data as it arrives and action appropriately.
- The information is also reviewed at the CBU Performance Review meetings and the monthly Divisional Quality, Safety and Risk meetings.
- The Trust patient experience webpage is updated quarterly to include examples of 'you said, we did' and information displays throughout the Trust are updated.

Positive Patient Comments:

Kennaway Day Unit, Sutton – Daughter has a learning disability and has been treated very sympathetically throughout, excellent staff.

PET/CT, Sutton – Good experience because staff made sure that I understood the procedure giving detailed information which eased my anxiety. The staff showed kindness and empathy which again helped me control my anxiety. Thank you.

Smithers ward, Sutton – All the staff were exceptional in their duty of care and provided a customised experience around the clock. Even the catering staff took genuine interest in choices being made.

Wilson ward, Chelsea – It is very difficult being ill and away from all that is familiar – fear sets in, and you feel lonely. I was cared for by (name) who was kind, caring and did his best to alleviate my fears. I was in such a state, but due to his calm and professionalism, I came through smiling.

Radiotherapy, Chelsea – Everyone is unfailingly kind, clear, informative, thorough, and committed to delivering the absolute best treatment. I felt seen, heard, treated with respect, dignity and compassion. Thank you all for being such a wonderful example of superb healthcare and world class knowledge.

CUC, Chelsea – Every person we came into contact with was courteous, efficient, effective and many other positive attributes. Most importantly they demonstrated an empathy with us and our issues which goes much further than the technical/medical issues. In my opinion it is this additional layer which marks out the 'Excellent/Best in Class'.

Patient Comments requiring Action:

Oak Day Unit, Sutton - The staff are all so kind and considerate. Nothing is too much trouble. I really look forward to my days spent in Oak Ward as I can usually catch up on my rest between blood tests and actually receiving my treatment. I just wish the waiting room chairs were a little more comfortable!

Outpatients/Blood testing, Sutton – Blood test times are unrealistic causing excessive waiting times.

Admissions and Pre-assessment Unit, Sutton
- First time at Sutton usually go to Fulham Road. Only comment is, it would be nice to have a waiting room rather than being seated in a corridor. Pre-ops assessments can be daunting, but patient was made to feel comfortable.
- Attentive staff, friendly and greeting. The waiting area at pre-assessment unit is in the corridor, it doesn't allow for easy wheelchair access past the seating area.

Radiotherapy, Chelsea - 1. More timely information about changes in appointment times.2. Some sort of wipes to get rid of the ink marks as it rubs off on your clothing & leaves stains.

MyMarsden- Please don't assume that everyone knows how to use the 'my chart' app. I am struggling with the app. I keep getting locked out. I miss letters and messages. I think to be more inclusive, support people more to use the app. I don't want to miss important appointments or messages or letters.

Appendix 3b: Safe Staffing: (Day Areas)

RAG rating
Green ≥95%
Amber ≥ 85% <95%
Red -<85%

Data Owner: Sharyn Crossen, Safer Staffing
Fill% - RDAC Sutton– staffing less than 85% RN fill rate – small unit with high levels of sickness: RDAC Chelsea staff redeployed to support Outpatients Safe staffing on all other units.
Sickness: High levels of sickness across some units –Staff redeployed to support where able.
Red Flags: 11 red flags reported in outpatients Chelsea due to high levels of sickness staff redeployed from RDAC C to support
Data being presented has been updated to include
Maternity leave: % of Registered staff on maternity leave
Controllable headroom: Those units with low WTE may fluctuate above the 18% but will over year
Nurse Sensitive indicators: Available from September 25 will include medication errors; patient falls and extravasation

Quality account; Safe Staffing - Dashboard Day areas														
	Establishment		Staffing metrics			Workforce				Rostering KPI				
Aug-25	Budgeted Establishment (WTE)	Establishment Actual (WTE)	Registered Fill rate %	HCSW Fill rate %	Red Flags (Open)	Vacancy %	Turnover %	Sickness %	Maternity (Registered %)	Roster Approval (Publication)	Temp staff total	Controlable headroom %	Friends % Family results	
Target (If applicable)			>95%			7%	12%	<3%		100%		18%		
Cancer Services														
CDU	22.7	23.7	85%		1	-4.5%	5.3%	5.9%	10%	Y	0.3	16%	100%	
MDU C	36.81	36.1	101%	100%		1.9%	22.8%	3.5%	6%	Y	0.7	15%	100%	
MDU K	17.01	15.7	90%	50%		8.0%	26.8%	4.8%	0%	Y	1.2	24%	n/a	
MPS	3.95	3.9	144%			1.1%	0.0%	6.2%	0%	Y	1.7	21%	100%	
Olayan	50.6	52.1	85%	92%	2	-3.0%	1.8%	6.0%	6%	Y	3.2	20%	99%	
Oak DU	metrics combined with Oak ward		85%						0%	Y	0.2	27%	100%	
West Wing	25.6	24.7	105%	85%		3.7%	11.4%	11.7%	0%	Y	0.3	21%	100%	
Clinical services														
APU C	13.91	14	86%	79%		-0.6%	7.1%	7.4%	0%	Y	0.0	18%	100%	
APU S	5.3	5	86%	77%		4.9%	30.0%	6.8%	0%	N	0.0	11%	97%	
CUC L	22.32	19.5	97%	106%		21.4%	33.7%	4.3%	0%	N	4.6	15%	100%	
CUC Oak	10.3	9.8	95%	93%		4.7%	15.8%	4.1%	4%	N	0.3	19%	100%	
DSU	12.56	9.5	99%	77%		18.0%	0.0%	10.3%	0%	N	1.5	14%	100%	
Endoscopy chelsea	20.6	20	85%	103%		2.9%	27.0%	4.4%	0%	N	0.5	19%	100%	
EndoscopyOak	16.52	9	90%	60%		44.1%	20.0%	5.2%	0%	N		13%	100%	
OPD C	37.45	36.4	98%	97%	11	0.1%	8.8%	6.50%	0%	Y	3.3	14%	86%	
OPD Oak	52.2	50.7	85%	123%		1.6%	4.4%	5.50%	0%	Y	1.0	20%	88%	
RDAC C	16.9	15	81%	66%		11.1%	13.8%	2.2%	0%	Y	0.0	15%	100%	
RDAC Oak	9.7	8.1	82%	74%		16.2%	0.0%	8.0%	0%	Y	0.1	20%	96%	
Theatres C	97.09	93.9	96%	73%		3.3%	13.1%	5.5%	6%	Y	8.7	16%	n/a	
Theatres S	24.56	22.8	105%	85%		7.2%	0.0%	4.1%	0%	N	0.5	13%	n/a	
Private Pts														
Cavendish Square	26.2	25.5	91%	78%		1.9%	8.0%	6.0%	0%	N	0.0	13%	n/a	
PPMDU C	24	25.1	100%	83%		-4.5%	4.3%	7.8%	5%	Y	0.0	17%	100%	
PPOPD C	20.9	22.9	85%	77%		-9.7%	0.0%	13.1%	11%	N	0.1	19%	100%	
PPMDU S	15.8	18.3	92%	105%		-15.9%	0.0%	7.6%	0%	Y	1.1	20%	99%	
PPOPD S	7.3	6.8	92%	66%		6.9%	0.0%	21.5%	0%	Y	0.6	14%	91%	
PPDSU	7.6	7.1	95%			7%	25.70%	3.80%	0%	Y	0.3	18%	99%	

Appendix 3b: Safe Staffing: (Inpatients)

RAG rating
Green ≥95%
Amber ≥ 85% <95%
Red -<85%

Data Owner: Sharyn Crossen, Safer Staffing
Occupancy %: Increased occupancy across majority of wards .
Fill rate: Safe staffing across all units with no units with fill rates of less than <85%
CHPPD: Overall CHPPD continues to drop largely linked to the higher occupancy. To Note: Horder directly align to budgeted CHPPD.
Red flags: Total open red flags 10 with Robert Tiffany with 4 – linked to staff absences and staff shortages.
Data presented has been updated to include:
Maternity leave: % of Registered staff on maternity leave
Controllable headroom: % of unavailability(headroom) that can controlled/planned i.e. Annual Leave: working day: study leave target is 18% Matrons working with teams to manage this going forward
Friends & Family: Patient survey response
Nurse sensitive indicators : Will be available from September 25 to include medication errors, Falls, Hospital acquired pressure ulcers.

Quality account: Safe Staffing - Dashboard
Inpatients

	Staffing metrics					Census	Workforce				Rostering KPI				FFT
Aug-25	Budgeted CHPPD	Actual CHPPD	Registered Fill %	HCSW Fill %	Red Flags (open)	Pt census at 2400	Vacancy%	Turnover%	Sickness%	Maternity Registered %)	Roster approval (publication)	Net hours	Temp staff (WTE)	Controllable headroom (AL, SL, WD)	% Extremely likely or likely
Target			95%			86%	7%	12%	3%		100%	2/-2 %		15%	
Burdett Coutts	7.3	8.2	102%	105%	0	93%	10%	18%	4%	2%	Y	2%	3.9	16%	100%
Ellis	7.9	8.8	99%	112%	1	91%	3%	4%	3%	9%	Y	11%	3.0	17%	100%
Horder	11	11	92%	103%	0	92%	11%	11%	4.1%	4%	Y	1%	3.8	12%	100%
Wilson	7.4	7.7	96%	87%	0	91%	9%	4%	7%	0%	N	-4%	5.0	18%	97%
Kennaway	7.9	9.8	105%	146%	2	96%	2%	4%	6%	0%	Y	-1%	6.2	18%	100%
Smithers	6.9	9.1	100%	100%	1	78%	-3%	7%	7%	7%	N	-1%	5.0	20%	100%
Bud Flanagan East	10.7	12	95%	106%	0	94%	9%	6%	6%	0%	Y	-1%	3.4	15%	100%
Bud Flanagan West	8.7	9.5	113%	163%	2	97%	19%	5%	8%	0%	Y	-1%	9.7	15%	100%
Mc Elwain	9.5	12.4	87%	78%	0	62%	-4%	15%	6%	3%	Y	1%	2.2	15%	n/a
Teenage & Young Adult	9.4	12.3	98%	118%	0	77%	6%	13%	6%	0%	Y	0%	3.1	15%	100%
Oak Ward	10.7	20.9	93%	100%	0	79%	13%	6%	5%	1%	Y	2%	0.4	18%	100%
CCU	26.3	29.8	86%	71%	0	74%	9%	8%	5%	2%	Y	4%	8.3	17%	100%
Granard House 1	9.69	13.10	99%	104%	0	86%	13%	0%	6%	0%	Y	0%	3.7	17%	98%
Granard House 2	9.69	12.70	98%	101%	0	88%	11%	14%	6%	0%	Y	-3%	1.9	8%	98%
Granard House 3	9.69	12.30	99%	98%	0	90%	11%	3%	3%	0%	Y	1%	0.1	19%	98%
Markus	10.23	11.20	95%	98%	0	87%	2%	6%	4%	0%	Y	1%	1.3	14%	97%
Robert Tiffany	9.69	11.20	94%	94%	4	90%	12%	15%	4%	0%	Y	0%	3.1	14%	99%
Wiltshaw	9.94	11.40	95%	119%	0	90%	-4%	7%	4%	7%	Y	1%	2.0	20%	98%

Appendix 4: 6-month Diverse Panel Pilot

- The 6-month Diverse Panel pilot focused specifically on recruitment of nursing roles Band 7and above, commenced in October ’24.
- The relative likelihood of white candidates appointed versus BAME candidates was 1.37 x more likely with a diverse panel and 2.17 x more likely without a diverse panel.

A breakdown of registered nursing staff by grade and ethnicity.		
November 2024		
Band	% of white staff	% of BAME staff
Band 5	36%	64%
Band 6	42%	58%
Band 7	73%	27%
Band 8a	79%	21%
Band 8b	82%	18%
Band 8c	92%	8%
Band 8d	100%	0%
Band 9	100%	0%

A breakdown of registered nursing staff by grade and ethnicity.		
November 2025		
Band	% of white staff	%of BAME staff
Band 5	39%	61%
Band 6	39%	61%
Band 7	70%	30%
Band 8a	77%	23%
Band 8b	78%	22%
Band 8c	93%	7%
Band 8d	100%	0%
Band 9	100%	0%

The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting:	**Agenda item:**
19 November 2025	5.2
Title of Document:	**To be presented by:**
Financial Performance Report - September 2025	Chief Finance Officer

1. Status: For Information

2. Purpose: To provide a summary of the financial position as at 30th September 2025

Relates to:	
Strategic Objective(s)	*X*
Operational Performance	*X*
Legal / regulatory / audit	
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

As at 30th September 2025, the key headlines are as follows;

- The Trust reports £1.7m deficit as at 30th September 2025 in line with plan.
  - Income - £2.7m favourable to plan YTD, delays to PP and Commercial programs are offset by Genomics and R&D Clinical trials Income.
  - Pay - £1.5m favourable to plan YTD, due largely to the delays in the PP and Commercial programs which has also resulted in lower income.
  - Non-pay - £4.5m adverse to plan YTD, due to over performance of High cost drugs, clinical and non clinical supplies, reflecting higher levels of activity.

- Total capital expenditure as at 30th September 2025 was £8.9m, £6.4m behind plan for the year. Of which:
  - Trust funded schemes (CDEL) were £4.3m behind plan YTD
  - Charity-funded schemes were £2.1m behind plan YTD. This is due to Estates (£3m) and ICT (£1.3m) programs behind plan YTD.

- The cash balance at 30th September 2025 was £124.7m, £17.4m off plan YTD. Driven by NHS, Non-NHS and PP debt recovery which has been slower than planned.

4. Recommendations / Actions

The Board is asked to note the report.

Finance Report

1. Introduction

The paper provides a summary of the financial position as at 30th September 2025.

2. Background

The Trust Board has approved the following financial plan targets for 2025/26:

- A £5.5m surplus control total;
- A £41.8m capital plan, of which £23.8m was Trust-funded (CDEL), £5.3m additional Public Dividend Capital (PDC) funded, and £12.7m charitably funded;
- A planned cash balance of £140.3m at 31 March 2026.

3. Executive Summary of financial position

As at 30th September 2025, the key headlines are as follows:

- The Trust reported a control total of a £1.7m deficit, in-line with plan year-to-date. The statutory position, which adjusts for the impact of donated asset income and depreciation, reports a deficit of £0.9m which is £2.1m adverse-to-plan due to the timing on purchasing capital equipment via donated asset financing.
- Income is £2.7m favourable-to-plan year-to-date. Patient care income reports behind plan by £0.5m, driven by Private patient Income (£0.7m, improvement of £0.6m in-month) and Commercial Consultancy (£1.6m) adverse-to-plan year-to-date, due to delays in the mobilisation of initiatives. This is offset by NHS Income reporting ahead-of-plan year-to-date (£1.7m, improvement of £2.6m in month).
- The £2.6m income improvement is due to the recognition of £1.6m elective activity rechargeable to NHSE, over which there is some uncertainty over payment as a result of which discussions are ongoing with commissioners. The successful conclusion of the arbitration process related to the NHS Genomics contract the impact of which year to date has been included in the month 6 income position (£1.2m).
- Other operating income reports ahead-of-plan by £3.2m YTD, driven by R&D Income (£3.3m) and Commercial Genomics (£1.6m), offset by RM Partners Income reporting behind plan (£2.3m).
- Pay costs report £1.5m favourable-to-plan year-to-date in part driven by vacancies associated with the delays to the mobilisation private care schemes (£0.7m) and the Commercial Consultancy program (£0.6m). The in-month position reports slightly behind plan due to the timing of an additional week of banks costs (£0.3m).
- Non-pay reports £4.5m adverse-to-plan year-to-date representing £4.8m adverse movement in month. The key drivers of the adverse position in month are high-cost drugs (£1.4m) (partially offset by NHS Income), Cost of clinical trials (£0.6m) (offset by Income), Clinical (£0.1m) and non-clinical supplies (£0.2m), RM Partners (£0.9m) all driven by increased activity. A provision has been made against non-payment NHSE elective activity, due to the unresolved contractual uncertainty mentioned above under Income (£1.6m). The YTD position has been driven by High-cost drugs (£4.2m), Clinical Trials costs (£1.0m) (offset by income) and Clinical/non-clinical supplies (£0.5m). This has been partially mitigated by premises (£1.0m) and RM Partners expenditure reporting behind plan (2.1m) (offset by reduced income).
- Total year-to-date capital expenditure at Month 6 was £8.9m, £6.4m behind plan. Trust-funded schemes and PDC-funded schemes (taken together forming CDEL capital) reports £4.3m behind plan year-to-date, with donation-funded schemes £2.1m behind plan year-to-date.
- The cash balance at 30th September 2025 was £124.7m, £17.4m off plan year-to-date. Driven by NHS, non-NHS and PP debt recovery which has been slower than planned.

2. Income & Expenditure September 2025

Status	Aug-25	Sep-25
	●	●

September				Year to Date			Annual Budget
Budget £'000	Actual £'000	Variance £'000		Budget £'000	Actual £'000	Variance £'000	£'000
	0						
(28,219)	(30,451)	2,232	NHS Acute Income	(172,900)	(174,611)	1,711	(341,900)
(17,556)	(18,135)	579	Private Patients Income	(98,201)	(97,489)	(712)	(200,645)
(267)	0	(267)	Commercial Income	(1,600)	0	(1,600)	(3,200)
(46,041)	**(48,586)**	**2,544**	**Total Patient Care Income**	**(272,701)**	**(272,180)**	**(520)**	**(545,745)**
(853)	(1,182)	329	R&D income	(5,120)	(6,649)	1,529	(10,240)
(2,727)	(3,672)	946	Commercial clinical trials	(16,360)	(17,344)	985	(32,719)
(2,119)	(1,784)	(334)	Grants income (Charitable contributions to Income)	(13,092)	(13,970)	879	(25,760)
(965)	(1,241)	276	Education income	(4,088)	(4,666)	578	(8,339)
0	0	0	Top up income	0	0	0	0
(3,385)	(3,690)	305	Other Operating Income	(20,076)	(21,586)	1,510	(40,558)
(1,654)	(2,391)	737	Other Operating Income - RMP	(12,190)	(9,924)	(2,267)	(22,967)
(11,703)	**(13,960)**	**2,257**	**Total Other Income**	**(70,926)**	**(74,139)**	**3,214**	**(140,582)**
(57,744)	**(62,545)**	**4,801**	**Total Operating Income**	**(343,626)**	**(346,319)**	**2,693**	**(686,327)**
29,808	29,569	239	Substantive	178,526	176,688	1,838	357,065
1,356	1,736	(380)	Bank	8,138	8,509	(371)	16,276
163	106	57	Agency	980	916	64	1,961
31,328	**31,412**	**(84)**	**Total Operating Pay**	**187,644**	**186,113**	**1,531**	**375,302**
10,896	12,277	(1,381)	Drugs	63,517	67,743	(4,226)	128,381
4,891	4,990	(99)	Clinical Supplies	29,346	29,574	(228)	58,692
1,046	1,343	(297)	Non Clinical Supplies	6,278	6,810	(531)	12,557
2,167	2,093	74	Premises	12,765	11,719	1,046	25,540
4,242	6,431	(2,190)	Other Non Pay	26,136	28,752	(2,617)	42,449
1,298	2,233	(935)	Other Non Pay - RMP	10,007	7,916	2,091	18,631
24,541	**29,368**	**(4,827)**	**Total Operating Non Pay**	**148,049**	**152,514**	**(4,465)**	**286,250**
55,869	**60,779**	**(4,911)**	**Total Operating Expenditure**	**335,693**	**338,627**	**(2,934)**	**661,552**
(1,875)	**(1,766)**	**(110)**	**Total Operating (Surplus)/Deficit**	**(7,933)**	**(7,692)**	**(241)**	**(24,775)**
407	407	(0)	PDC	2,440	2,440	(0)	4,879
(414)	(414)	(1)	Finance (Income)/Costs	(2,486)	(2,593)	107	(4,972)
(462)	186	(648)	Donated Asset Financing	(7,635)	(5,379)	(2,256)	(12,717)
2,396	2,264	132	Depreciation	14,405	14,137	268	28,793
0	(1)	1	(Profit)/Loss on Disposal of Fixed Assets	0	(3)	3	0
1,927	**2,441**	**(515)**	**Total Non operating Income and Expense**	**6,723**	**8,602**	**(1,878)**	**15,983**
51	**675**	**(624)**	**Total (Surplus)/Deficit**	**(1,210)**	**909**	**(2,119)**	**(8,792)**
462	(186)	648	Deduct: Donated Asset Financing	7,635	5,379	2,256	12,717
(785)	(777)	(8)	Add back: Depreciation on Donated Assets	(4,712)	(4,610)	(102)	(9,425)
(272)	**(287)**	**15**	**Control Total (Surplus)/Deficit**	**1,713**	**1,678**	**35**	**(5,500)**

4. Income and Expenditure

The Month 6 I&E position is set out in more detail below.

Income

In-month: £62.5m, £4.8m favourable-to-plan, year-to-date £346.3m 2.7m favourable -to-plan.

NHS Income
The table below shows NHS acute income reporting £1.7m ahead-of-plan year-to-date, an improvement of £2.2m in-month.

The year-to-date position is driven by over-performance of high-cost drugs £5m, of which £3.3m related to prior year true-up payments from NHSE. Other variable activity (£2.3m) and PET-CT (£0.3m) also reports over-performance year-to-date. This has been offset due to crystalising income risk, relating to shortfalls in NHSE Paediatrics support (£1.5m year-to-date and £3m FYE) and overseas visitors allocation (£1.1m year-to-date and £2.3m FYE).

CAR-T position has improved in-month as expected with patients completing their treatment but remains behind plan year-to-date (£0.2m).

NHS Income @ Month 6	Plan	Actuals	Variance
Fixed	57,104	57,104	0
Elective	26,542	26,564	21
Variable	13,439	15,805	2,366
Drugs	40,269	45,298	5,029
Devices	565	543	(23)
CAR T	958	741	(217)
PET-CT	13,131	13,459	327
GLH	5,871	5,871	0
GLH Arbitration	1,250	1,250	0
OSV	4,340	3,211	(1,129)
Paediatrics	1,500	0	(1,500)
LVA	4,219	4,219	0
Other	3,712	547	(3,165)
Total	**172,900**	**174,611**	**1,711**

Elective activity reports on-plan which represents £1.6m improvement in-month, due to the recognition of rechargeable NHSE activity, which has not previously been reported due to contractual complexities. However, there are two complexities affecting the understanding of this position:

1. Commissioner contract baselines related to Specialist Commissioning delegation and their interaction with retained services. Work is ongoing with commissioners to understand the baseline, and their relation to fixed and variable elements, in order to then determine the correct level of variable income.
2. Changes in recording since the implementation of Epic. Counting and coding continues to evolve as use of the system matures. This is leading to richer data which is periodically assessed against coding rules.

Discussions remain ongoing with commissioners in both regards to work through to the accurate position

GLH arbitration process has been successfully concluded and reports-to-plan in the table above, an improvement in-month of £1.2m. The variance on other NHS income is due to the current understanding of contract offers from commissioners which are £2.6m lower than the assumption included in the plan.

Private Patients and Commercial Consultancy programme
Private Patients income remains behind plan by £0.7m year-to-date but continues its improvement against plan in-month by £0.6m. The PP Division continue to drive the initiatives planned for the year, it is likely not all benefits will be delivered in year, creating a financial risk to the in-year forecast.

The Commercial Consultancy programme is £1.6m behind plan, due to the ongoing tendering process and the subsequent delays to the project. The shortfall in the income position is unlikely to be recovered in year, as such gives rise to a financial risk to the delivery of the overall financial plan.

Other Income
Total other income is £3.2m favourable-to-plan, key drivers are the R&D Income reporting ahead-of-plan (£1.5m), and the Research division recognising a £1.5m contribution relating to prior year SPF funding. Over-performance of the commercial genomics program (£1.6m) improves the position further. This is offset by RM Partners programme is behind plan for the year, by £2.3m.

Pay

In-month: £31.4m, £0.084m in month. year-to-date £186.1m, £1.5m favourable-to-plan.

The favourable variance YTD is driven by lower costs associated with lower than planned private patient activity (£0.7m), the delayed commencement of new commercial activity (£0.6m) and holding of vacancies across other divisions has further reduced costs, above cost improvements assumed in the efficiency program. An additional bank payment made in September (£0.3m) has driven an increased pay cost run rate in month

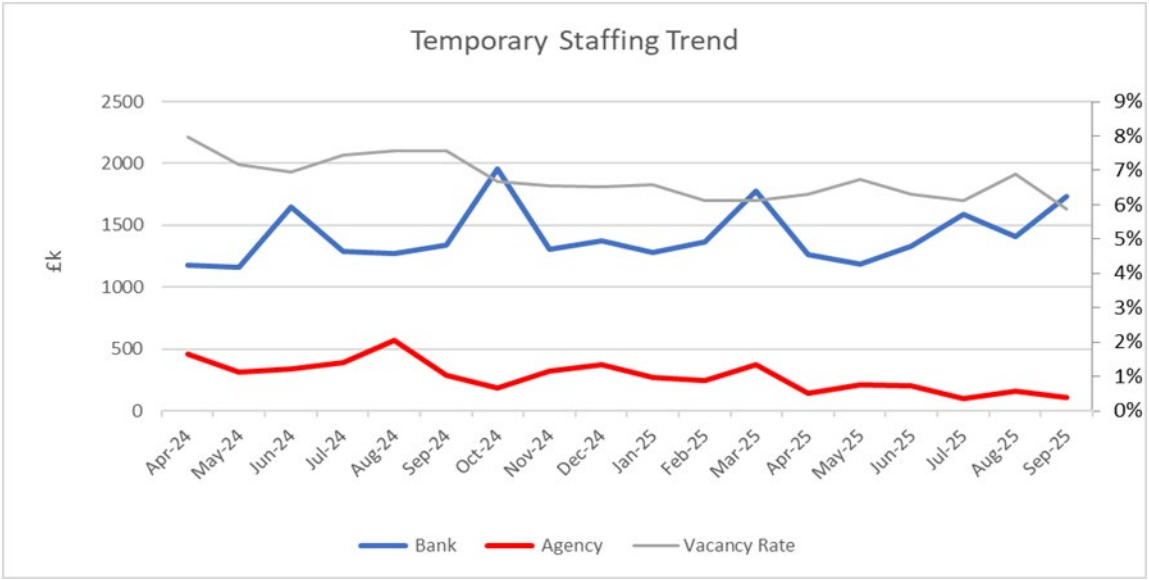
The divisional pay budget has been increased to reflect the pay award. This has been partly funded through an adjusted cost uplift factor (CUF) of £1.7m, the remaining gap of £1.7m is identified as a forecast risk.

Temporary Staffing

Bank and agency costs were £9.4m year-to-date, which represents a reduction on the average run rate in 2024/25.

Bank costs were £8.5m year-to-date an average of £1.4m per month, which is in-line with 2024/25 average of run rate. There has been a rise in bank usage through the summer months to cover annual leave during the holiday season. Also an additional bank payment made in September which has added to the increased run rate.

Agency costs are £0.9m year-to-date (0.5% of pay spend) compared to 1.2% in 2024/25, a 58% reduction on 2024/25 run rate, ahead of the national ask of 30% reduction on 2024/25. The costs have been controlled via grip and control measures at the monthly Flexible staffing group.



The trend graph above, shows during 2024/25 bank costs remained steady, at an average £1.4m per month a reduction from £1.5m average per month incurred in the previous year. Bank costs in 2025/26 have remained in-line with 2024/25 levels at a monthly average of £1.4m per month. Although bank costs have been higher through the summer months due to the holiday season.

Agency usage has also fallen during the same period, which reflects the Trust's robust monitoring of agency usage through its flexible staffing group.

Non-pay expenditure

In-month: £29.4m, £4.8m adverse-to-plan. year-to-date £152.5m £4.5m adverse-to-plan.

The adverse variance in month has been driven by high-cost drugs (£1.4m), costs of clinical trials (£0.6m) offset by income and non-clinical supplies (£0.3m, additional BMTs), driven by increased activity. £1.6m provision has been made against non-payment of NHSE rechargeable elective activity (as discussed under Income above). In addition, RM Partner activity has increased causing an in-month pressure (£0.9m).

The year-to-date adverse position is driven by High-cost drugs cost overspend of £4.2m of which £1.4m relates to private patients. The high-cost drugs relating to NHS activity (£2.8m) is largely recovered through NHSE income. There is an overspend relating to increased clinical trials costs (£1.0m) (offset by Income), clinical supplies reflecting the overperformance of the Genomics program (£0.2m), and non-clinical (£0.5m) due to higher tissue typing costs linked to additional BMT activity. This is offset by RM Partners reporting behind plan (£2.1m) and premises (£1.0m) due to one off benefits from VAT recovery (£0.3m) and rates rebates (£0.7m).

Efficiency plans

In order to deliver the Trust's planned surplus in 2025/26, the Trust has set a £36m efficiency target (6.9% of influenceable costs). The target has assumed additional income growth of c£41m which will deliver additional contribution of £28m, which represents a significant element of the programme.

Classification	M6 YTD Plan £'000	M6 YTD Actual £'000	M6 Variance £'000	25/26 Annual Plan £'000	25/26 Annual Forecast £'000	25/26 Annual Variance £'000
In-Year Additional Non-Recurrent	0	2,072	2,072	0	2,072	2,072
Non-Recurrent	7,467	8,440	973	14,634	15,336	702
Recurrent	11,067	9,400	(1,666)	21,366	18,593	(2,773)
Total	**18,534**	**19,912**	**1,378**	**36,000**	**36,000**	**0**

The table above shows that the Trust reports £19.9m savings as at 30th September 2025, £1.4m ahead-of-plan. Under-performance of Private patients initiatives (£1.2m) and commercial consultancy program (£0.8m) is offset by over-performance of commercial Genomics (£0.8m) and vacancy control (£0.6m). As the table shows the under-performance on recurrent schemes has been supported in part by non-recurrent prior year upsides recognised in the year-to-date position (£2m).

The Trust will need to deliver recurrent savings going forward, to reduce reliance on one-off benefits to remain financially sustainable in the future and deliver its financial strategy objectives.

Adjusted financial performance

The adjusted run rate analysis describes the financial position when one-off cost pressures or benefits are removed, showing an unadjusted view of the Trust's financial performance. The summary below shows the reported position as at Month 6 compared with areas of adverse performance underneath the reported position. The analysis shows the financial pressures caused by the delayed starts to the PP, commercial consultancy programme and the emerging financial pressure being generated by the NHS Income position.

The table below shows the adjusted run rate position at Month 6 has improved from £7.5m in Month 5 to £7.2m at Month 6. This has largely been due to the improving PP position as reported above.

Year-to-date performance analysis	**£m**
Reported position	(1.7)
Private care	(1.8)
Dubai Health consultancy	(0.8)
Paediatrics income	(1.5)
Overseas patient income	(1.1)
Elective income	(1.6)
Improvements in run-rate	1.3
Unadjusted financial position year-to-date	**(7.2)**

The reported position includes £5.5m of non-recurrent benefits to deliver the reported position. This is unchanged from the Month 5 reported position. The table below sets out the non-recurrent adjustments used to bring the overall position in-line with plan.

	£m
Prior year SPF adjustment	1.5
Prior year Drugs true-up payment	3.3
Prior year rates rebate	0.7
Total one-off benefits year-to-date	**5.5**

Forecast

The full year forecast is to deliver the plan.

At Month 6, forecast assurance is based on agreed budgets with all budget holders and an assessment of risk of the current financial position.

The following risks and opportunities to the plan identified at this stage:

Risk	Total
Stretch Surplus	(5.0)
NHSE Paediatric Support funding	(3.0)
Overseas Visitors	(2.3)
Pay award	(1.7)
PP Income	(4.0)
Commercial Income	(1.5)
NHS contract offers	(2.6)
Reported Risks	**(20.1)**

Opportunities	Total
Commercial Opportunities	4.0
Asset Valuation	1.5
Balance sheet management	4.7
Prior year Income release	2.7
Rates rebate	0.7
VAT recovery	0.6
Reported Opportunities	**18.4**

The table above sets out the risk and opportunity position as at Month 6. The table shows the previously reported risks associated with the stretch surplus target and crystalising the income risks driven by shortfalls in Paediatric support funding (£3.0m), Overseas Visitors allocations (£2.3m), and the difference between planned income and contract offers (£2.6m). Also included in the table are the risks identified at Month 5 relating to the forecast financial risk generated by the delayed starts to the PP Income efficiency program (£4m) and the commercial consultancy scheme (£1.5m). Overall the Trust is reporting £1.7m of unmitigated risk which relates to the unfunded element of the NHSE pay settlement for 2025/26.

5. Capital Expenditure

The Trust Board approved a capital plan for year of £41.8m, consisting of:

- Trust-funded schemes of £23.8m
- PDC-funded schemes (cash-backed) of £5.3m
- Donation-funded schemes of £12.7m.

The Trust has subsequently received additional PDC capital funding (cash-backed) of £4.2m.

The detail below shows the performance of the overall program for the year so far, and an estimated year end forecast.

Year-to-date position

Total capital expenditure as at 30th September 2025 was £8.9m, £6.4m behind plan for the year. Of which Trust funded schemes were £4.3m behind plan year-to-date, Charity-funded schemes were £2.1m behind plan year-to-date. The additional PDC schemes are expected to deliver in the second part of the year.

Funding source	Year to Date Budget £000	Year to date Spend £000	Year to Date Variance £000	Full Year Plan £000	Full Year Forecast £000	Variance £000
Trust-funded	7,689	3,339	4,350	23,852	20,947	2,905
PDC	160	213	(53)	5,254	4,248	1,006
Donated	7,472	5,378	2,094	12,717	11,854	863
Capital Plan Approved	**15,321**	**8,931**	**6,391**	**41,823**	**37,049**	**4,774**
Additional PDC	**0**	**0**	**0**	**4,150**	**4,150**	**0**

The main drivers of the £4.4m year-to-date variance relating to Trust-funded schemes are as follows:

- £2.7m slippage relating to the Aseptics scheme. The latest forecast outturn indicates a £2.3m underspend, up from £1m at M5. Forecast underspends in this financial year are expected to slip into capital expenditure in the next financial year.
- £0.4m of slippage relating to the PP MDU scheme. This is expected to catch-up by the end of the year and spend materially all budget allocated to it.
- £0.5m of slippage relating to the Mobile Signal Coverage scheme. The business case has been approved and the spend will be recognised when the lease commences. This expected to occur before the end of the year.
- £0.5m of slippage relating to the On Premises Compute & Storage scheme. This scheme is expected to have low spend in this financial year and has been replaced by other schemes.

The main drivers of the £2.1m year-to-date variance on donation-funded capital expenditure are as follows:

- £3.3m of slippage relating to the Chelsea Development scheme. RIBA stage 4 (the stage at which spend will begin to be capitalised) was planned to commence in June and is now expected to commence towards the end of this financial year.
- £0.6m of slippage relating to a replacement Brachytherapy system.
- £1.8m of overspend relating to a linac that was planned to be purchased in the previous financial year, but which was only delivered in M3 of this financial year (No CDEL impact).

Forecast outturn

At 30th September, the full-year forecast shows the program will be behind plan by £4.8m (as per the table above), of which £2.9m relates to trust-funded capital and £1.0m relates to PDC funded schemes (these are the elements of capital expenditure which impacts the Trust's capital allocation – CDEL).

The PDC schemes relate to constitutional standards PDC Linac and CT replacement, for which the Trust has requested to receive the PDC in 2026-27 as part of the recent capital reforecasting exercise. Assuming this is granted, the forecast underspend will not create a pressure on next year's capital plan.

The Trust-funded underspend of £2.9m has been included in the forecast submitted to NHSE, but is not expected to create a pressure on next year's capital plan because it is funded by NHSE's new flexible reward capital, which can effectively be deferred to next financial year if it is not spent in year (up to a maximum of £5.3m which is RMH's revenue surplus for 2024-25).

Note: Not included in these figures and tables is a £7m uplift in system capital allocation, which the Trust has agreed to hold on behalf of the SWL system.

6. Cash

Current position

The cash position as at 30th September 2025 was £124.7m, £17.7m behind plan year-to-date.

The key drivers of the cash position are as follows;

- NHS debt is £3.8m behind forecast and plan, with GOSH of £5.0m the main contributor. Non-NHS debtors are also higher than expected by £6.8m, largely due to RMCC £3.6m and R&D £2.7m.

- Private patient debt is higher than planned by £3.7m. An increased level of invoicing in recent months have increased the debt balances lowering the work in progress (WIP) balance. The WIP balance rose sharply due to issues caused by the Compucare upgrades in June rising to c£19m. This has reduced to £13.5m. following a number of fixes put in place in September but remains £5.4m higher than at year end.

- The fluctuations in cash balances month on month are caused in part by timings of cash payments. In September the impact of this was c£8m due to payments made on 30th September, rather 1st October.

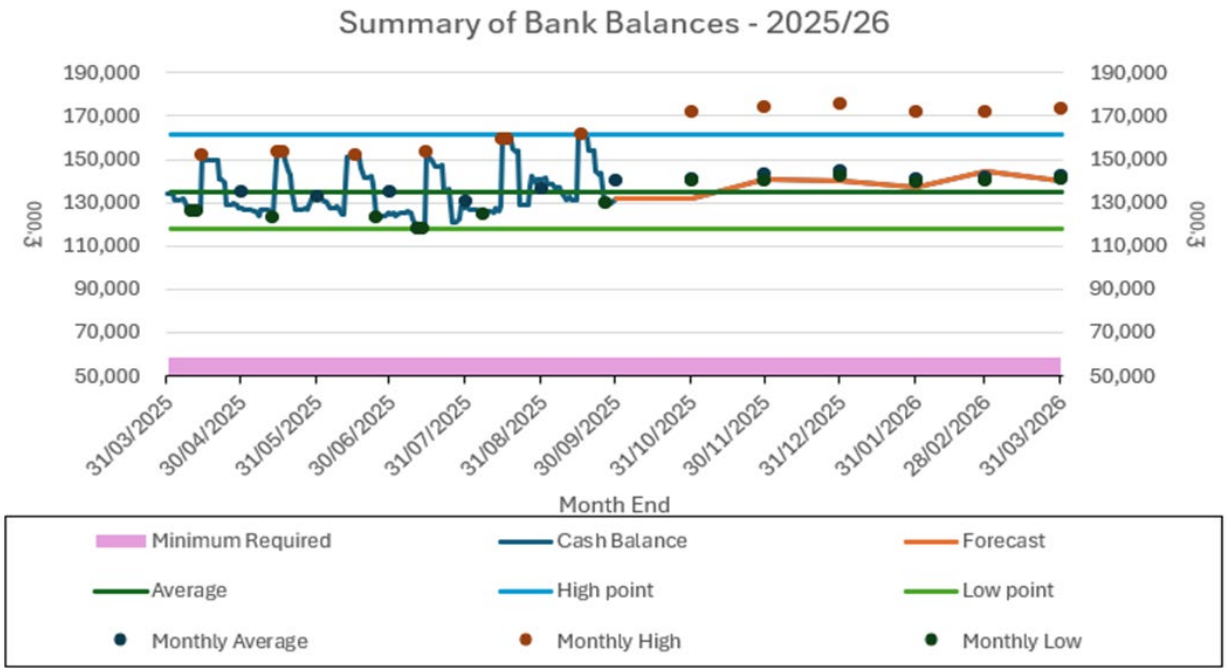
Cash Reporting Metrics
Below are key metrics used widely by organisations to monitor their cash position and liquidity.

Cash Reporting Metrics		**M4 2025/26**	**M5 2025/26**	**M6 2025/26**
Cash Days	*Number days operating expenditure in cash*	67	77	67
Debtor Days	*Average days taken to turn income into cash*	83	81	81
Quick Ratio	*Ratio of cashable assets relative to short-term liabilities*	1.77	1.75	1.81
Working Capital Ratio	*Ratio of short-term liquidity to short term liabilities*	1.86	1.84	1.90
Creditor Days	*Average days taken to pay creditors*	147	147	121
Better Payment Practice Code £	*Value % paid in target (95%)*	95%	95%	95%
Better Payment Practice Code Volume	*Number % paid in target (95%)*	91%	92%	92%

Forecast

The updated forecast expects the cash position to recover by November 2025, with the timing of creditor payments returning to more normal levels, and the PP debt recovery to be in-line with plan. The forecast then expects to follow the budgeted cash through to 31st March 2026.

Cash high points in the month are reflective of the date NHS payments are received, 15th of the month, with the low points following the staff pay date, 25th of the month.



7. Recommendation

The Board is asked to note the position set out in the report.

The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting: 19 November 2025	**Agenda item:** 5.3
Title of Document: • Q2 25/26 Board Balanced Scorecard Report • Appendix A: Q2 Board Balanced Scorecard	**To be presented by:** Chief Operating Officer

1. Status **Information / Discussion**

2. Purpose:

Relates to:

Strategic Objective(s)	*X*
Operational Performance	*X*
Legal / regulatory / audit	
Accreditation / inspection	
NHS policy / consultation	
Governance	
Other	

3. Summary

This report provides an update on the Trust's performance for quarter 2 25/26.

4. Recommendations / Actions

The Board is asked to note and discuss the quarter 2 position.

The Royal Marsden NHS Foundation Trust

25/26 Q2 Performance Report

1. Executive Summary
2. Key Areas of Improvement
3. 62 Days (Cancer Waiting Time Target)
4. Other red-rated metrics
5. Appendix 1 : Scorecard

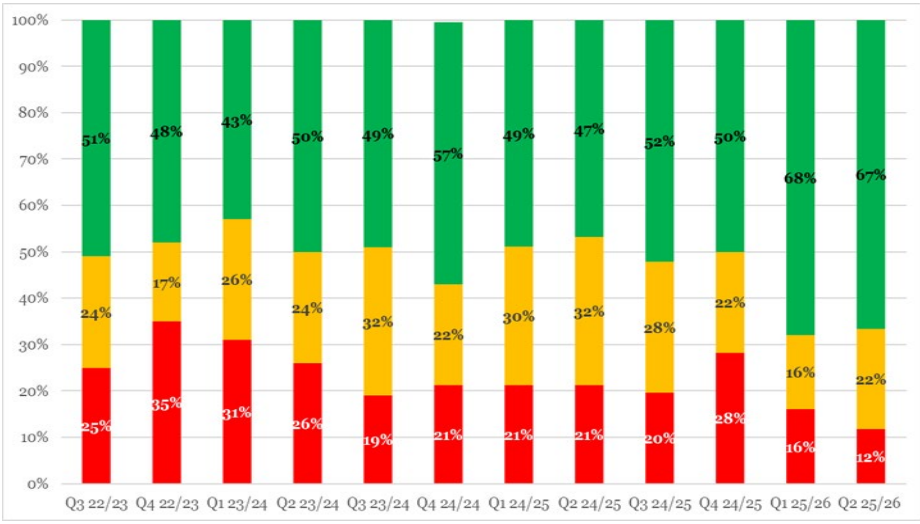
NHS

Executive Summary

Key headlines:

- Q2 has seen continued strong performance, with the overall percentage of red rated metrics decreasing.
- Bed occupancy pressures remain a key challenge this quarter, with Chelsea bed occupancy remaining high at 91.0%. CCU Bed occupancy also remains elevated at 77.4%, above the upper threshold, and this is anticipated to persist as we approach winter. While Sutton Bed occupancy is green-rated in Q2, this is unlikely to be sustained in future quarters due to haematology capacity constraints.
- Theatre session utilisation decreased in Q2 during the summer annual leave period. However, overall theatre activity was higher than in the same quarter in the previous year (11% increase in operating hours), reflecting better planning and fewer cancelled sessions over the summer period.
- Whilst three of the four IPC metrics are green-rated in Q2 ***(slide 3)***, E.Coli is amber rated at 33 cases year to date, against an annual threshold of 51 and is at risk of breaching the annual trajectory. This is primarily driven by a seasonal increase in cases (likely linked to higher temperatures).
- Finance: The cash position shows consistent improvement over the last 18 months but remains slightly behind plan largely due to slower than planned legacy debt recovery. Capital expenditure is behind plan reflecting timing differences. ***(slide 5)***

Scorecard KPI Performance:



NHS Oversight Framework (NOF):

- The new NHS Oversight Framework Segment ratings were published in early September 2025. The metric has now been added to the scorecard. Given the timings of publication, this will be shown one quarter in arrears.
- RM was placed in segment 1, ranked in sixth place nationally.
- Implied Productivity (year-on-year change from 2023/24 to 2024/25) is included in the NOF. This is a new measure and is still under consultation. The latest data available is up to March 2025 and the Trust is working with the national team to better understand how to monitor the metric internally.

Key areas of improvement:

- RM continues to perform well against RTT 18 weeks, 28 day Faster Diagnosis Standard and the Trust also achieved the 31 day cancer waiting times standard.
- Achievement of Efficiency Programme YTD has improved to green rated in Q2.
- Appraisal & PDP rate: Improved from the seasonal drop in Q1 (79.9%) to 85.1% in Q2, moving from red to amber.
- Completed induction: Improved to 96.0% in Q2, maintaining a green rating.
- Research: Commercial contract interventional trials where RM is lead NHS site improved to 45.2% in Q2, remaining a green rating. All other research metrics also remained strong in the quarter.
- Three of the four IPC metrics (CDIFF, Klebsiella and P. aeruginosa) were rated green in Q2 2025/26, each showing a reduction in COHA/HOHA reported cases compared to the same period in the previous year (Q2 2024/25). There can be a seasonal impact for CDIFF in Spring and therefore whilst currently on track there is some risk to exceeding the trajectory for CDIFF and this continues to be monitored closely.

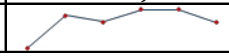
Medium Term Planning Framework 26/27 - 28/29:

The Medium Term Planning Framework was published by NHS England in October 2025. The key points are set out below:

- Emphasis on financial sustainability and use of the NHS Oversight Framework for performance management.
- Expectation of 2% annual productivity improvement over next 3 years.
- Sets out the following key expectations around waiting times:
  - -28 day FDS: >=80%
  - -31 day: interim target of 94% 26/27, rising to 96% in 28/29
  - -62 day: >=80% by March 27, rising to 85% in 28/29.
- Review of provider/commissioner funding changes is being undertaken.
- New quality standards (National Care Delivery Standards) are under development and due to be released in March 2026.
- A Foundation Trust framework will also be published in November for consultation.

62 Days (Cancer Waiting Time Target)

	Target	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Ψ 62 Days (Cancer Waiting Time Target)	≥85%	65.7%	71.9%	70.6%	73.0%	73.1%	70.6%

Latest data	Trend (exc. latest data)	Year End Forecast
N/A		●

Update since previous quarter:

- Performance against the 62-day cancer standard in Q2 was 70.6% (Q1 was 73.1%).
- The Trust met the 31-day cancer waiting time standard and continued to perform very well against the 28-day Faster Diagnosis and 18 weeks targets.

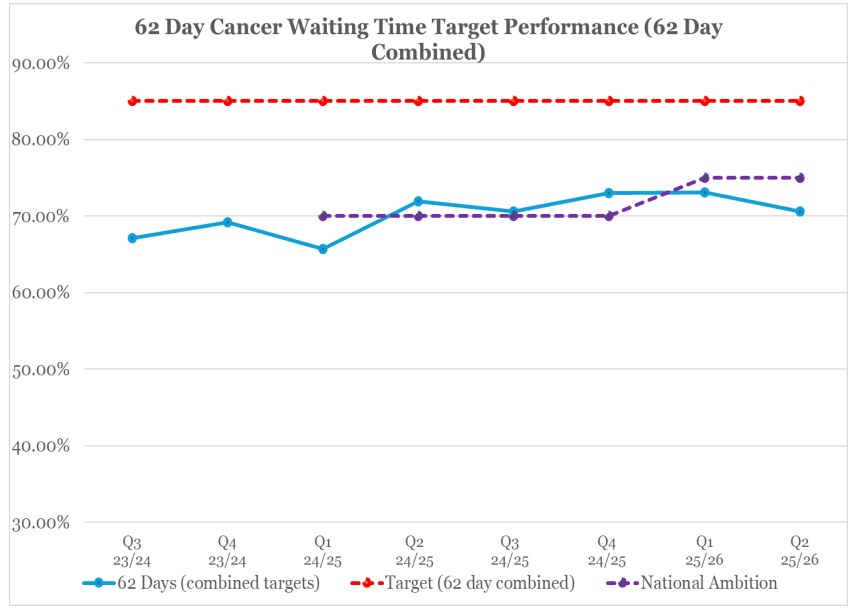
Key issues and causes:

- The most significant factor affecting 62-day performance in Q2 was increased late referrals, combined with higher activity compared with the same quarter last year. This increases the pressure on the trust to provide treatment within a limited timeframe.
- Elective surgical capacity and outpatient capacity constraints continued to impact the Trust's ability to meet the 62 day standard for late referrals.

Actions/next steps:

- A revised CBU action plan is now in place focusing on the key drivers of the three cancer waiting times standards.
- Key elements of the plan include improving time to diagnosis in head and neck and lower GI and surgical capacity within gynae.
- The action plan is being actively monitored through Performance Group and includes defined baseline / target metrics to enable us to measure success against each of the actions.

Trends:

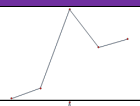
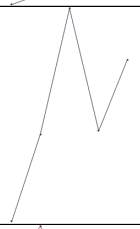
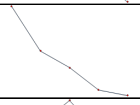
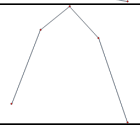


The Trust also monitors performance nationally via benchmarking. September 25 national data is not yet published. The Trust's 62 Day CWT figure was just below the national average for July-25; however, it was above national average in August-25.

Forecast:

- Performance against the 62-day target is expected to remain below the 85% threshold in Q3.
- The trust has submitted a plan to meet the 75% national ambition by March 2026

Other red-rated metrics to note:

Metric	Target	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Trend	Forecast	Narrative
Cash (£m)	YTD Plan	**101.9**	**105.8**	**136.2**	**121.6**	**124.7**		🟡	The cash position shows consistent improvement over the last 18 months. Cash has been slightly behind plan YTD largely due to slower than planned legacy debt recovery. At month 6 there was a specific working capital timing issue that moved cash further behind plan for the month, but is expected to be recovered.
PP activity Income Variance YTD (£000)	YTD Plan	**109**	**433**	**904**	**447**	**712**		🔴	PP income at Q2 YTD ran at 8.5%, significantly more than the annual growth rate of 2.5% in 24/25, but below the challenging plan set for 25/26. The key driver is continued declines in embassy income driven by Kuwait (-40%), with the strong growth in PMI (+14%) and self-pay (+23%) not able to fully compensate for this given the significant differences in profitability by payor group. The Trust has put a range of actions into place to address these challenges, including multiple service and billing improvements and a series of international visits to key referral institutions, which we expect to have an impact from Q3.
PP Aged debt at >6months	<£8.0m	**22.8**	**24.6**	**21.9**	**17.5**	**16.1**		🔴	PP aged debt continued to improve in Q2 due to progress as part of the debt recovery project, reporting £16.1m (representing 8% of forecast full year income). Given the historic annual growth rates in private care, an increased focus on debt as a % of income is proposed rather than monitoring an absolute number. This was discussed at AFC in September with a plan to move towards monitor total effective debt as percentage of income before the next set of quarterly results.
Non-PP Debtors >6 Months (£m) - absolute value at month end	<£3.0m	**6.0**	**5.2**	**4.9**	**4.5**	**4.4**		🔴	The Trust has set a challenging target to return to pre-Epic levels of debt. These debt levels are continuing to progress towards the target and the trust continues to work with its credit control provider to reduce the levels of non PP debtors.
Capital Expenditure (CDEL) Variance YTD (£000) - variance to plan in £m	YTD Plan	**-5.3**	**-0.9**	**0.5**	**-1.4**	**-6.4**		🟢	£6.4m behind plan on Trust-funded spend. Estates schemes and ICT are the biggest drivers of the under delivery, reflecting timing differences and the rephasing of projects approved. The Trust intends to use the flexibility over its surplus capital incentive to move capital budget to the next financial year and avoid the loss of capital resources.

Appendix A

The Royal Marsden NHS Foundation Trust

Balanced Scorecard Q2 25/26 Published 6th November 2025

Key

* denotes Year To Date (YTD) figures

Blue-shaded KPI denotes metric linked to BAF stategic framework

Ψ denotes NHS Oversight Framework metric

denotes change in threshold or definition

	1. Safe Care	Target	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Trend	Forecast
Ψ	MRSA positive cultures (cumulative)	0	0	0	0	0	0		●
Ψ	Number of Hospital Associated (HOHA/COHA) E. Coli Bacterium (at YTD)	51	27*	42*	58 *	13*	33*		●
Ψ	C Diff - Number of Reportable Cases (COHA/HOHA) (at YTD)	40	37*	46*	57 *	8*	18*		●
	Number of Hospital Associated (HOHA/COHA) P. aeruginosa cases (at YTD)	21	15*	24*	27 *	2*	10*		●
	Number of Hospital Associated (HOHA/COHA) Klebsiella spp. Cases (at YTD)	29	22*	35*	37 *	6*	15*		●
	% screened positive for sepsis who received IV abx in line with NICE guidance (inpatients & emergency	90%				98.4%	99.1%	N/A	●
	Never Events	0	0	0	0	0	0		●
	Hospital Standardised Mortality Rate 100 (rolling 12 months, NHS and PP) (1 Qtr. in arrears)	≤80				77.91	73.68	N/A	●
	Mortality audit	G	G	G	G	G	G	N/A	●
	30 day mortality post surgery	≤0.4%	0.36%	0.13%	0.64%	0.52%	0.44%		●
	30 day mortality post chemotherapy	≤1.4%	1.13%	1.67%	1.40%	1.32%	1.46%		●
	100 day SCT mortality (Deaths related to SCT)	≤5%	4.55%	1.45%	1.75%	1.96%	4.17%		●
	90 day mortality post radical radiotherapy	≤1.0%				1.00%	0.90%	N/A	●
	Staging data completeness (1 qtr in arrears)	≥80%	83.9%	86.4%	87.8%	87.4%	84.1%		●
	2. Effective Care	**Target**	**Q2 24/25**	**Q3 24/25**	**Q4 24/25**	**Q1 25/26**	**Q2 25/26**	**Trend**	**Forecast**
Ψ	28 day Faster Diagnosis Standard (FDS): All Cancers	≥80%	88.3%	89.4%	90.3%	89.9%	87.9%		●
Ψ	31 Days (Cancer Waiting Time Target)	≥96%	96.5%	96.4%	95.8%	96.0%	96.4%		●
Ψ	62 Days (Cancer Waiting Time Target)	≥85%	71.9%	70.6%	73.0%	73.1%	70.6%		●
Ψ	18 weeks. % RTT incomplete pathways < 18 weeks	≥92%				93.5%	94.8%	N/A	●
Ψ	18 wks. pathways - patients waiting > 52 wks. % of waiting list	<1%				0.3%	0.1%	N/A	●
	18 wks pathways - patients waiting > 65 wks. (distinct patients across the quarter)	0	4	2	2	1	0		●
	6 week diagnostic waiting times (DMO1)	95%	94.6%	95.4%	97.2%	98.1%	99.1%		●
	Cash (£m)	YTD Plan	101.9	105.8	136.2	121.6	124.7		●
	Delivery against planned control total YTD (£m) - variance to plan	YTD Plan	1.4	2.3	0.0	0.0	0.0		●
	Achievement of Efficiency Programme YTD (%)	YTD Plan	104.6%	109.3%	100.1%	83.6%	100.0%		●
	Agency Spend as a % of total pay bill	YTD Plan	1.44%	1.32%	1.18%	0.60%	0.50%		●
	PP activity Income Variance YTD (£000)	YTD Plan	109	433	904	447	712		●
	PP Aged debt at >6months	<£8.0m	22.8	24.6	21.9	17.5	16.1		●
	Non-PP Debtors >6 Months (£m) - absolute value at month end	<£3.0m	6.0	5.2	4.9	4.5	4.4		●
	Capital Expenditure (CDEL) Variance YTD (£000) - variance to plan in £m	YTD Plan	-5.3	-0.9	0.5	-1.4	-6.4		●
	Bed occupancy - Chelsea	≥82% ≤87%	88.8%	90.1%	91.2%	91.1%	91.0%		●
	Bed occupancy - Sutton	≥82% ≤87%	82.5%	80.5%	86.7%	80.9%	84.1%		●
	Bed occupancy - Critical care Chelsea	≥67% ≤75%	70.6%	71.4%	77.1%	75.4%	77.4%		●
	Session theatre utilisation - Chelsea	≥85%	87.6%	84.2%	87.1%	90.6%	83.2%		●
	Session theatre utilisation - Sutton	≥70%	66.0%	69.8%	67.6%	73.0%	67.8%		●
	Research: Confirmed No. of 1st UK pts recruited in last 12 months	12	24	28	21	23	20		●
	Research: Confirmed No. of 1st European pts recruited in last 12 months	3	4	4	7	5	5		●
	Research: Confirmed No. of 1st global pts recruited in last 12 months	1	1	2	2	2	2		●
	% of commercial contract interventional trials where RM is lead NHS site	≥35%	49.0%	54.6%	48.7%	43.0%	45.2%		●
	3.Caring	**Target**	**Q2 24/25**	**Q3 24/25**	**Q4 24/25**	**Q1 25/26**	**Q2 25/26**	**Trend**	**Forecast**
	Friends and Family Test (Inpatient and Day Care): % overall experience	≥95%	99.19%	99.2%	98.9%	99.1%	98.8%		●
	Friends and Family Test (Outpatients) : % overall experience	≥95%	96.4%	96.6%	97.3%	98.5%	97.2%		●
	Percentage SACT Infusion patients starting treatment < 1 hour of appointment time (Excluding Trials)	≥85%	81.7%	81.5%	81.9%	84.8%	84.4%		●
	4. Responsive	**Target**	**Q2 24/25**	**Q3 24/25**	**Q4 24/25**	**Q1 25/26**	**Q2 25/26**	**Trend**	**Forecast**
	Number of patients moved to Patient Initiated Follow Up/Open Access against trajectory	Q2 ≥ 357	409	406	429	449	399		●
	Rate of written complaints per 1,000- day cases and IP discharges	≤2.00				0.99	1.41	N/A	●
	5. Well Led	**Target**	**Q2 24/25**	**Q3 24/25**	**Q4 24/25**	**Q1 25/26**	**Q2 25/26**	**Trend**	**Forecast**
Ψ	NHS Oversight Framework (1 Qtr. in arrears)	1					1	N/A	●
	Vacancy rate	≤7%	7.6%	6.6%	6.4%	6.4%	6.3%		●
	Voluntary staff turnover rate	≤12%	8.9%	8.7%	8.3%	7.8%	7.6%		●
Ψ	Sickness rate	≤3%	3.8%	4.3%	4.3%	3.5%	3.8%		●
	Consultant appraisal (number with current appraisal)	≥95%	94.0%	94.0%	94.5%	85.0%	94.0%		●
	Appraisal & PDP rate	≥90%	82.0%	83.8%	86.5%	79.9%	85.1%		●
	Completed induction	≥85%	84.0%	83.2%	88.1%	93.6%	96.0%		●
	Statutory and Mandatory Staff Training	≥90%	92.2%	92.9%	94.3%	94.1%	93.8%		●

BAF Strategic Objectives

Research and innovation

BAF 1. Revisiting and Strengthening the RM/ICR relationship. This includes developing an ambitious plan to function as a joint comprehensive cancer centre with a fully integrated governance and service delivery model.

BAF 2. Improving Patient Outcomes globally through the active research and development of new ways to diagnose and treat patients across the full cancer patient journey.

Compassionate, committed and excellent workforce

BAF 3. Attract: Develop a strong employer brand to maintain and promote RM's position as a globally competitive, 'employer of choice' for clinical and non clinical staff wishing to work in oncology.

BAF 4. Retain: Introduce differentiated retention and inclusion strategies to secure a skilled and sustainable workforce

BAF 5. Grow: Develop robust plans to grow our staff skills through provision of our own world class clinical education offer and access to the best non clinical learning support possible.

Pioneering and personalised diagnostics, treatment & Care

BAF 6.Provide leadership in introducing personalised and innovative diagnostics, treatment and care into standard of care patient pathways, pulling through the latest advances in technology and techniques from research into practice.

BAF 7.As the host and an active member of RM Partners, the West London Cancer Alliance, we will support the development and deployment of initiatives across the whole patient pathway aimed at improving patient outcomes for the wider regional population.

BAF 8. Maintain a high quality specialist paediatric service and minimise disruption to global leading paediatric research until this service is relocated to an alternative provider in line with the NHSE decision.
There is currently an integrated service and research model on the RM Sutton site which cannot be easily replicated.

BAF 9. Maximise existing and future investment in digital capabilities and available data to support innovation & productivity which benefits patient's diagnosis, treatment & care.

BAF 10. Address capacity constraints at our Chelsea site, particularly in inpatients with a short, medium and long term plan that seeks to expand and realise efficiencies in existing facilities, and seeking off site capacity opportunities.

Sustainable investment through effective use of resources

BAF 11. Work with stakeholders at the Sutton site to develop a new site strategy which maximises the opportunities for improving the quality and efficient use of the whole site for the benefit of patients, staff and the local community, including a strong element of positive 'placemaking'.

BAF 12. Deliver the Private Patients and wider commercial strategy, ensuring a high-quality offer which meets demand and generates returns that are reinvested into the Trust.

BAF 13. Deliver the overall financial plan, ensuring efficient use of resources, diverse but clearly contracted income streams and the ability to reinvest capital into infrastructure.

The ROYAL MARSDEN
NHS Foundation Trust

BOARD PAPER SUMMARY SHEET

Date of Meeting: 19 November 2025	**Agenda item:** 6.1
Title of Document: Communications Briefing	**To be presented by:** For information

1. Status: For Information

2. Purpose:

Other	Board Briefing

3. Summary

The enclosed report updates the Board on relevant communications and PR coverage.

4. Recommendations / Actions

The Board is asked to note the enclosed communications briefing for information.

Communications Briefing – June to November 2025

ESMO

The European Society for Medical Oncology (ESMO) held its annual Congress in Berlin in October. The Royal Marsden featured heavily on the programme of activities with more than 40 presentations and panel discussions featuring Royal Marsden clinicians. Several presentations attracted media attention:

Beamion LUNG-1, led by Professor Sanjay Popat, Consultant Medical Oncologist, investigated the use of a targeted drug, zongertinib, to reduce lung cancer tumours for people with HER2 genetic mutation. The study attracted regional and national attention with almost 300 articles published, including in The Daily Mail, The Independent, and The Evening Standard.

Research led by Professor Kevin Harrington, Consultant Clinical Oncologist at The Royal Marsden and Professor of Biological Cancer Therapies at the Institute of Cancer Research, London. The trial investigated the injection of drug, amivantamab, into head and neck cancers. More than 40 outlets published articles including The Guardian, The Daily Mail and Yahoo News UK and the coverage featured a Royal Marsden patient who is benefiting from being on the trial.

Professor Stephen Johnston, Consultant Medical Oncologist and Head of the Breast Unit, presented seven-year data from the monarchE trial. The trial investigated the use of targeted drug, abemaciclib, with hormone therapy for treatment of HR+ and HER2- breast cancer patients. The results attracted coverage in industry titles including Biospace and MedpageToday.

RESEARCH & INNOVATION

There was coverage in early June of research presented at the American Society of Clinical Oncology (ASCO) Annual Meeting 2025 the previous month. There were more than 850 pieces of coverage, across UK and international outlets relating to Royal Marsden-led research. Trials featured in the news included SERENA6, led by Professor Nick Turner, Director of Clinical Research. Inavo120, also lead by Professor Turner, Keynote-689 presented by Professor Kevin Harrington, Consultant Oncologist, Stampede presented by Professor Nick James, Consultant Medical Oncologist, and C-144-01 led in the UK by Dr Andrew Furness, Consultant Medical Oncologist and Solid Tumour Cellular Therapy Lead.

The Royal Marsden NHS Foundation Trust and The Institute for Cancer Research, London (ICR) are collaborating with national gym chain, PureGym, and leading Olympian, Sir Chris Hoy, to offer a structured exercise programme for prostate cancer patients who are undergoing hormone therapy.

Patients undergoing hormone therapy – which can produce side effects including weight gain, muscle loss and fatigue – will be offered a year-long free PureGym membership. The announcement was made in September ahead of a cycling challenge held in Scotland. The ride and the collaboration were covered in more than 400 national and regional news articles including on the BBC, The Daily Mail, The Sun and The Times. Professor Nicholas van As, Chief Medical Officer, Professor Nick James, Professor of Prostate and Bladder Cancer Research at The Institute of Cancer Research, London, and Consultant Clinical Oncologist at

The Royal Marsden NHS Foundation Trust, and Mr Pradeep Kumar, Consultant Urological Surgeon, took part in the cycle ride.

A new drug, taken once daily to treat Grade 2 IDH-mutant glioma brain tumours, has been given approval by the Medicines and Healthcare Products Regulatory Agency in September. The drug, vorasidenib, represents an alternative treatment for patients to radiotherapy and chemotherapy. The Times ran an article leading on the impact of this drug. Dr Liam Welsh, Consultant Clinical Oncologist, who was The Royal Marsden lead on the INDIGO study that showed the potential of the drug, was quoted in the article.

A study into the use of whole-body MRI scans to detect myeloma attracted national and broadcast coverage including ITV Wales in August. The iTIMM study was led by Professor Christina Messiou, Consultant Radiologist, and tracked myeloma patients who were having a stem cell transplant. They were all given a whole-body MRI before and after the treatment. The study found that one in three patients had signs of residual disease on whole body MRI after treatment. Coverage also featured Royal Marsden patient Fin Monahan, who has relapsed twice since his first diagnosis in 2009 but thanks to whole body MRI scans, his cancer was detected much earlier than would have been possible with a traditional CT scan.

The Royal Marsden's SPEED pathway was highlighted as an example of innovative diagnostics in The Daily Telegraph in August. Other outlets, including The Independent and The Times, also covered the story. The SPEED pathway has been running for approximately five years at The Royal Marsden and focuses on triaging prostate cancer patients by seeing them face to face rather than just using data. Unique in its nurse-led design, the SPEED pathway empowers nurses to take central roles in patient assessments. The pathway reduces MRI usage significantly and the number of patients receiving biopsies.

Findings of the IMPORT LOW trial have shown that in breast cancer patients limiting radiation to only the tumour area is just as effective as treating the whole breast, therefore reducing radiation exposure. At the 10 year follow up mark, the team showed that recurrence rates for the less aggressive technique - known as partial breast radiotherapy - were three per cent, the same as for whole breast radiotherapy. Dr Anna Kirby, Consultant Clinical Oncologist and Chief Clinical Co-ordinator of the IMPORT studies, commented in articles published in BBC News, The Independent and My Science as well as regional outlets in July.

Results from the POD1UM-303/InterAACT2 trial, led by Dr Sheela Rao, Consultant Medical Oncologist, were published in The Lancet in July. The results demonstrated that combining chemotherapy with immunotherapy drug, retifanlimab, significantly improved progression-free survival for patients with anal cancer. Alongside appearing in The Lancet, it has also featured in Drug Discovery World, Cancer Network, Biospace, Stockwatch and Incyte.

STAFF PROFILING

Dr Alison Ranger, Consultant Clinical Oncologist, provided expert opinion in July on a Daily Mail article exploring issues relating to breast cancer, screening programmes and the level of information women are given about breast density and risk.

An article was published by The Telegraph in July that explored the reasons why people are living longer with Stage 4 cancer. Three Royal Marsden oncologists were featured in the article: Dr Ben O'Leary, Honorary Consultant, Dr Anna Wilkins, Honorary Consultant, and Professor Nicholas Turner, Director of Research and Development.

Dr Richard Lee, Consultant Physician in Respiratory Medicine and Champion for Early Cancer Diagnosis, was interviewed by BBC Middle East in July on early diagnosis of lung cancer. In the interview, he flagged the importance of catching the cancer early to improve patient outcomes and encouraged people to go for their screenings.

Dr Lee was also interviewed for a feature in The Telegraph in July. Dr Lee offered advice about what people should be checking to identify potential early signs of cancer.

Adrian Fautly, Cancer Exercise Specialist in the Physiotherapy Team at The Royal Marsden, was interviewed in July as part of an article in Runner's World. He shared step-by-step advice on how to return to running safely following surgery, and in particular after surgery such as mastectomy where care needs to be taken, particularly if reconstruction has also taken place, to ensure the body has fully healed.

The Sun newspaper ran a news story in August about the potential of a new vaccine for pancreatic cancer. Dr Magnus Dillon, Clinical Scientist at the Institute of Cancer Research, London and Consultant Clinical Oncologist at The Royal Marsden, was invited as an expert in the field to talk about the importance of the development. He was quoted talking positively about the vaccine but cautioning that more information is still needed about the vaccine's effectiveness in preventing relapse in some patients.

The KORTUC study, led by Dr Navita Somaiah, Consultant Clinical Oncologist at The Royal Marsden, is examining whether injecting a slow-release hydrogen peroxide gel into breast cancer cells increases the effectiveness of radiotherapy. The Daily Mail published an article in August about the use of hydrogen peroxide in cancer treatment across the world and Dr Somaiah was quoted regarding her work leading the KORTUC study. Early results found that the treatment is safe and effective, improving the tumour-shrinking effects of radiotherapy.

Miss Fiona MacNeill provided her expert opinion for a feature in The Mail on Sunday in August that discussed the choices young women with a high risk of breast cancer face with regards to surgery. Miss MacNeill, Consultant Breast Surgeon at The Royal Marsden, advised that while a mastectomy significantly reduces the risk of breast cancer, it is a big decision for a woman to take which risks affecting their confidence and removes their ability to breastfeed in the future.

A journalist from Kuwaiti news outlet, AlQabas, interviewed Professor David Cunningham, Consultant Medical Oncologist and Head of the Gastrointestinal and Lymphoma Unit, in August. The article explored why there has been a significant increase in incidences of colorectal cancer in recent years. Professor Cunningham also discussed the treatment options available to patients.

Dr Emma Nicholson, Consultant Haematologist, was also interviewed in August by Kuwaiti media outlet, Al Qabas. She provided a comprehensive overview of targeted immunotherapy and the pioneering research taking place to improve treatment of blood cancers, particularly leukaemia, non-Hodgkin lymphoma and multiple myeloma.

Miss Rachel O'Connell, Consultant Oncoplastic Breast Surgeon, provided an interview to regional magazine series, Life, in September. In the interview, she talked about how The Royal Marsden Private Care's breast cancer care is tailored to the individual.

To coincide with Gynaecological Cancer Awareness Month (September), Bella magazine included a feature from Mr John Butler, Consultant Gynaecological Oncology Surgeon at The Royal Marsden and Lady Garden Foundation Medical Director. The feature was also included in Take a Break magazine. Mr Butler explained the signs and symptoms of the five

gynaecological cancers, as well as the importance of attending cervical screening and getting the HPV vaccine.

Professor Nick James, Professor of Prostate and Bladder Cancer Research at the Institute of Cancer Research, London and Consultant Clinical Oncologist at The Royal Marsden, spoke to The Daily Mail in September about the drug, abiraterone, not being available on the NHS in England for early stage prostate cancer patients. It is only available for stage 4 patients whose cancer has spread.

Professor Nicholas van As, Chief Medical Officer and Consultant Clinical Oncologist, was interviewed by journalist David Cox for The Daily Telegraph in September. The subsequent piece looked at prostate cancer tests including a 'futuristic' test where a digital twin - or AI version of a patient - is created to predict the risk of prostate cancer. The article also covered prostate cancer treatments and the best standard of testing and care for patients.

Professor van As also provided advice to David Cox about the various approaches to treating prostate cancer. This was published in a separate article in The Telegraph in October, discussing both treatments and the potential side effects that can present as a result.

Dr Angela George, Consultant Medical Oncologist and Consultant in Oncogenetics, and Ms Marielle Nobbenhuis, Head of Surgery and Gynaecological Oncology Surgeon, appeared on the podcast ‘Changing the Ovarian Cancer Story’ in October. CNN Chief International Anchor, Christiane Amanpour, discussed her treatment for ovarian cancer with her doctor, Dr Angela George. She spoke of her very personal experience with cancer, talking about the support she received when diagnosed and that many women are initially misdiagnosed by their GP. Marielle and Christianne then talked about the significance of having female medical professionals in her care team.

The Sun published an article in October on signs and symptoms for people to look out for that might indicate cancer, specifically those that may occur in the morning. Dr Richard Lee, Consultant Physician in Respiratory Medicine and Champion for Early Cancer Diagnosis, and Mr Philip Charlesworth, Consultant Urological Surgeon, both provided their expert advice suggesting that a persistent cough, blood in urine and unusual bowel movements are signs that people should be checked by their GP.

An article in The Sunday Times looking at the current situation regarding testing and screening for prostate cancer quoted Dr Alison Tree, Consultant Clinical Oncologist. She advised that if GPs wait for symptoms before recommending men at risk be tested, prostate cancer can often have already spread. Professor Nick James, Professor of Prostate and Bladder Cancer Research at The Royal Marsden and The Institute of Cancer Research, London (ICR), was also quoted in the article under his ICR title.

Regional radio station, Radio Jackie, reported in October that Laura Marandino, Clinical Research Fellow, was awarded the José Baselga Fellowship by The European Society for Medical Oncology.

PRIVATE CARE

The Royal Marsden Private Care was proud to announce in June that it is the first in the UK to treat multiple myeloma private patients with CAR-T cell therapy, outside of clinical trials. The story was initially published by UK Health Pavillion, Harley Street Bid, Harley Street Health District and Laingbuisson News. There was further coverage throughout the summer in lifestyle magazines and in Healthcare Today.

Legal firm, Browne Jacobson, published a blog in July with legal media outlet specialist, Lexology, on the importance of private patient units in generating revenue for NHS trusts. As part of this, The Royal Marsden was highlighted as a successful example of this integrated NHS and Private Care model.

THE ROYAL MARSDEN CANCER CHARITY

The Royal Horticultural Society, working with notable breeder Harkness, launched a new rose named in honour of Her Royal Highness, The Princess of Wales, in May. The news has attracted hundreds of pieces of coverage over the past months. Joint Patron of The Royal Marsden, The Princess planted 50 of the roses at Colchester Hospital in early July which received widespread coverage. The rose then became available to purchase at B&Q stores in September which again attracted further coverage. A percentage of proceeds from Catherine's Rose are donated to The Royal Marsden Cancer Charity to provide funding towards a specific prehabilitation and rehabilitation programme being led by The Royal Marsden NHS Foundation Trust, helping patients live well with, and beyond, cancer.

The June edition of Fundraising Magazine included a feature about the tenth anniversary of partnership between The Royal Marsden Cancer Charity and leading security provider Banham, the title sponsor of The Banham Marsden March and The Banham Marsden March at Home. The piece looked back over the partnership and how it has developed, highlighting the importance of stewardship and shared values. The article was also published on Civil Society.

Chat magazine published an interview in July with sarcoma patient, Sue. She has supported the Charity by taking part in The Banham Marsden March. The piece, published during Sarcoma Awareness Month, included key messaging about the event and the Charity, and signposted the Charity's website to find out more.

The new location for the Ever After Garden was announced in September. The beautiful remembrance garden, which raises money for The Royal Marsden Cancer Charity, will be hosted in Duke of York Square, on the Kings Road, Chelsea for the first time this year. The news has been shared in more than 20 news and listing articles including The Financial Times, Visit London and London on the Inside.

In their roundups of Christmas lights on display in London, Time Out, Secret London and London Reviews included that the Ralph Lauren Giving Tree for Bond Street in aid of The Royal Marsden Cancer Charity will be back outside Ralph Lauren's flagship store at 1 New Bond Street. Visitors are invited to make a donation and dedicate a personalised star in honour of someone special.

Brown's Hotel hosted the Six Chefs' Dinner at its acclaimed restaurant, Charlie's, in aid of The Royal Marsden Cancer Charity in September. The event saw some of the UK's most celebrated, Michelin-starred chefs unite to create a multi-course menu. Ahead of the meal, there was coverage in a variety of food and hospitality industry media titles, such as Dine Out and The Staff Canteen, and following the event there was coverage in The Daily Mail.

RAD magazine included an article about the installation of a new interventional radiology system at The Royal Marsden in Chelsea in October. The equipment and refurbishment of the Interventional Radiology Suite was funded by The Royal Marsden Cancer Charity, following a £1 million donation from the Bowelbabe Fund for Cancer Research UK.

The Royal Marsden Cancer Charity supported a press release by Nationwide in October which highlighted their participation in the 'Walk50K' event. Walk50K is the newest Charity challenge event, which encouraged supporters to walk, run or roll 50 kilometres over the course of a month. The story was covered by The Mirror, The Express, Bristol Post, Liverpool Echo and MSN.

The family of a paediatric patient, Joules Smith, who sadly died in December last year from an aggressive brain tumour, was nominated in August for a Pride of Britain award run by The Daily Mirror group. Inspired by the six-year-old's strength, kindness and love of dancing, Joules's family established A Touch of Joules, a not-for-profit company to help and support other families whose children have life-limiting or terminal illnesses. Parents, Joe and Elisha, have raised thousands of pounds for The Royal Marsden Cancer Charity through the Dancing for Joules campaign.

Patient Kevin Webber marked his 10 year 'cancerversary' last year by completing a run between his home and The Royal Marsden in Sutton, fundraising for The Royal Marsden Cancer Charity in November 2024. People Magazine interviewed Kevin and retold his story in August. Kevin was diagnosed with incurable pancreatic cancer in 2014 and referred to The Royal Marsden. He credits the hospital with not only prolonging his life but allowing him to continue running the long-distance events he loves to take on.