

Board of Directors Public Meeting

Denise Coates Education Room 1, Oak Cancer Centre, Sutton

21 July 2026, 12pm – 1.30pm

Agenda

- | | | |
|-----------|---|----------|
| 1. | Welcome, Apologies and Declaration of Interest
<i>Chairman</i> | Verbal |
| 2. | Minutes of the Public Board Meeting held on 25 March 2026
<i>Chairman</i> | Enclosed |
| 3. | Matters Arising | Verbal |
| 4. | <u>Strategic</u> | |
| | 4.1 Chief Executive's Report
<i>Chief Executive</i> | Enclosed |
| | 4.2 Chelsea Development
<i>Chief Executive</i> | Enclosed |
| | 4.3 RM Partners Cancer Alliance Plan 2026-2028
<i>Managing Director Royal Marsden Partners</i> | Enclosed |
| 5. | <u>Operational</u> | |
| | 5.1 Cladding Business Case at Sutton site
<i>Chief Operating Officer</i> | Enclosed |
| | 5.2 Performance Report Q4
<i>Chief Operating Officer</i> | Enclosed |
| | 5.3 Quality Account June (May 2026 data)
<i>Chief Nurse</i> | Enclosed |
| | 5.4 Financial Performance Report – May 2026
<i>Chief Finance Officer</i> | Enclosed |
| 6. | <u>Regulatory</u> | |
| | 6.1 Safer Staffing Annual Review – Nursing
<i>Chief Nurse</i> | Enclosed |
| | 6.2 Mortality review Q4
<i>Professor Sanjay Popat PhD FRCP, Consultant Medical Oncologist,
Professor of Thoracic Oncology, Institute of Cancer Research</i> | Enclosed |
| | 6.3 Freedom to Speak Up Annual Report
<i>Chief Nurse</i> | Enclosed |
| | 6.4 Audit Committee and Finance Committee Terms of Reference
<i>Company Secretary</i> | Enclosed |



7. **For information**

7.1 Membership Report

7.2 Communications Briefing

Enclosed
Enclosed

Date of next meeting: *30 September 2026 – Public Board*

Minutes of The Royal Marsden Board of Directors Public Meeting

25 March 2026, 12.30-2.30 pm Chelsea Boardroom

Present

Sir Douglas Flint
Professor Ted Baker
Katie Bickerstaffe
Jane Bentall
Alison Dickinson
Karl Munslow-Ong
Sofia Colas
Dr Emma Kipps
Adedoyin Ogunbiyi
Jen Watson

Chairman
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Deputy Chief Executive
Chief Operating Officer
Interim Chief Medical Officer
Chief Finance Officer
Interim Chief Nurse

In Attendance

Krystyna Ruskiewicz
Brinda Sittapah
Catherine Taylor
Rebecca Kingdom-Kruszewski
Karen Hopson
Vernon Bailey
Louann Heale
Philippa Leslie

Chief People Officer for item 4.4
Company Secretary
Paediatric oncology registrar, GOSH
Associate Director, PR and Communications
Clinical Research Committees and Strategy Manager
Governor
Governor
Governor

1. Welcome, Apologies for Absence and Declarations of Interest

The Chair welcomed Board members and attendees to the meeting.

Apologies were received from Dame Cally Palmer, Chief Executive, Baroness Rona Fairhead, Non-Executive Director, Professor Kristian Helin, Non-Executive Director & Chief Executive of the ICR, William Jackson, Non-Executive Director & Senior Independent Director and Liz Adekunle, Non-Executive Director.

No additional declarations of interest were made beyond those already recorded in the Trust's Register of Interests.

2. Minutes of Public Board meeting held on 19 November 2025

The minutes of the Public Board meeting held on 19 November 2025 were approved as an accurate record of that meeting.

3. Matters Arising

There were no matters arising. All relevant updates were covered elsewhere on the agenda.

4. Strategic

4.1 NHS Oversight Framework Rating Q3

The Deputy Chief Executive presented the Quarter 3 NHS Oversight Framework outcome.

He was pleased to report that the Trust had ranked first among all acute and specialist trusts. It was emphasised that this was under a revised national methodology and that the margin between organisations at the top of the table was very small.

The Board recognised that while the ranking was encouraging, the Trust's principal objective is to remain within Segment 1 of the Oversight Framework, given the associated freedoms. The Board noted that ending the year in first position was nonetheless a positive reflection of sustained performance across finance, quality, workforce and leadership, and welcomed the suggestion that this achievement should be acknowledged and shared with staff.

The Board welcomed the consistent performance within the top decile across all three quarters since the methodology had been introduced.

4.2 Chelsea Development

The Deputy Chief Executive provided an update on progress with the Chelsea Redevelopment Programme since the public Board last received an update in November 2025.

He explained that submission of the planning application had coincided with a significant cyber incident affecting the Royal Borough of Kensington and Chelsea, which temporarily disrupted access to the planning portal. Despite this, the application had been successfully submitted prior to Christmas and had now been validated and made live, enabling the formal consultation process to begin.

He advised that Planning Committee consideration was currently anticipated for July 2026, with active engagement underway to explore the potential for an earlier June slot. Subject to approval and agreement of Section 106 obligations, formal planning consent remained targeted for October 2026.

The Deputy Chief Executive set out the forward programme, including submission of the Outline Business Case to the Board in May 2026, progression through RIBA Stage 4 design across all elements of the scheme, market engagement and testing later in the year to confirm build costs, and Final Business Case approval in early 2027, enabling construction to commence in summer 2027.

The Board noted the decant strategy, recognising the complexity of maintaining a fully operational specialist hospital throughout the construction period. The Deputy Chief Executive outlined the approach to on-site reprovision of essential clinical and support services, alongside the identification of off-site accommodation for services that could safely relocate within close proximity. He confirmed that planning in this area had advanced significantly and that the Royal Marsden Cancer Charity was playing an important role in securing suitable off-site space.

The Deputy Chief Executive reported on the outcomes of the three phases of public consultation, noting that feedback had informed a number of design refinements. These included changes to façade colour to better reflect the local context, enhanced green space and public realm, and strengthened logistics planning to minimise disruption to hospital operations and the surrounding community. Further clarification had also been provided in response to concerns regarding building height and massing. The Board was reassured that the Trust had engaged constructively with all stakeholders and that the Royal Borough of Kensington and Chelsea remained supportive of the programme.

The Board noted and welcomed the progress reported.

4.3 Financial Plan 2026/27

The Chief Finance Officer presented the Trust's 2026/27 multi-year plan, which had been submitted to NHS England in February 2026.

He confirmed that the plan met all statutory requirements with the exception of the 62-day cancer standard, where non-compliance was driven by late referrals from other NHS Trusts. He advised that this position had been discussed with NHS England, which recognised the system-wide nature of the challenge and the need for a coordinated response across the pathway.

The Chief Finance Officer explained that the Trust had submitted a break-even plan, despite forecasting a surplus position for 2025/26, reflecting uncertainty around final contract income and the delivery of a significant efficiency programme. He noted that a proportion of the current

year's efficiencies were non-recurrent, increasing the level of recurring savings required in 2026/27.

In discussion, the Board considered the ambition and deliverability of the efficiency programme and sought assurance that financial recovery would not adversely impact quality or patient safety. The Chief Medical Officer and Interim Chief Nurse outlined the governance arrangements in place, including quality impact assessments for all schemes, multi-layered clinical review and approval processes, and ongoing engagement with clinical teams and staff representatives.

The Board also explored the Trust's engagement with the Integrated Care Board, noting the importance of maintaining a strong system relationship in agreeing a sustainable financial position. Discussion also covered the Trust's continued investment in digital infrastructure and its approach to artificial intelligence. The Deputy Chief Executive confirmed that an AI governance framework had been established to support safe and ethical adoption, with initial applications focused on areas such as radiology and administrative processes.

The Board noted the plan submitted to NHS England and approved the delegation of authority to members of the Audit and Finance Committee to agree and submit a revised plan should the Trust's financial position improve.

4.4 Staff Survey Results

The Chief People Officer presented an early summary of the 2025 NHS Staff Survey results.

She reported that the Trust had seen improvements across all seven NHS People Promises, alongside an increased response rate, and had achieved the largest year-on-year improvement among specialist acute trusts. She highlighted areas of particular strength, including staff engagement, morale, compassion and inclusion, and noted the continued high proportion of staff who would recommend the Trust as a place for treatment.

The Board explored the results in more detail, focusing on areas identified for further improvement, including flexible working, equality, diversity and inclusion, and sexual safety. The Chief People Officer explained that increased reporting of inappropriate behaviour, particularly involving patients and third parties, may reflect growing confidence among staff to speak up.

The Board discussed variation across staff groups and locations, noting that some groups, including estates and scientific staff, continued to report lower levels of engagement. The Chief People Officer advised that detailed divisional-level analysis had been shared with managers and that further work was underway to triangulate survey findings with workforce data and qualitative insights to inform targeted interventions.

The Board noted the report and welcomed the positive results and transparency regarding areas for further focus.

5. Quality & Performance

5.1 Quality Account – Quarter 3

The Interim Chief Nurse presented the Quarter 3 Quality Account, highlighting strong SACT performance, particularly at Chelsea, alongside improvements in infection prevention indicators, including reductions in *C. difficile*, MRSA and *Pseudomonas* infections.

She advised that, while the Trust had exceeded the national threshold for *E. coli*, this reflected a wider national trend, and actions were in place locally to address this.

She also provided assurance on the implementation of Martha's Rule, confirming low call volumes and appropriate escalation, and noting its positive cultural impact in empowering patients and families.

The Board noted the report and welcomed the revised format of the Quality Account.

5.2 Infection Prevention Control Board Assurance Framework and Antimicrobial Resistance and Stewardship

The Interim Chief Nurse presented the Infection Prevention and Control (IPC) Board Assurance Framework alongside an update on Antimicrobial Resistance (AMR) and Stewardship.

She advised that the framework provides high-level assurance that IPC standards are being met, gaps are understood, and the Trust continues to strengthen resilience through robust governance and sustained improvement.

She highlighted strengths in governance and leadership, cleanliness, laboratory support, occupational health safeguards, and collaboration with estates teams. Emerging risks rated amber included microbiology capacity, overseas patient screening, fit testing coverage, and isolation capacity, while red-rated risks related to waste management, decontamination services, catering oversight, and limitations in antimicrobial stewardship data reporting. All risks have clear ownership, defined timelines, and active action plans, with progress monitored through committees.

Ongoing quality improvement initiatives include enhanced environmental monitoring, strengthened cleaning oversight, improved decontamination processes, better patient flagging, and a fidaxomicin trial for *C. difficile* treatment.

She emphasised that AMR is a risk given the high proportion of immunocompromised patients, and that antibiotic use remains above the national average due to clinical necessity. While stewardship arrangements are well established, the Trust is unlikely to meet the national “Access” target of 70%, reflecting the need to treat high-risk infections effectively. Bloodstream infection rates are influenced by the Trust’s complex case mix, particularly in haematology and gastrointestinal oncology, and resistance patterns continue to evolve, requiring ongoing monitoring and adaptation.

The Board discussed the balance between stewardship and patient safety, recognising the Trust’s specialist role. Assurance was provided that robust governance arrangements are in place, including multidisciplinary review of antibiotic use, active surveillance of resistance patterns, and committee oversight.

The Board noted the report for assurance.

5.3 Emergency Preparedness, Resilience and Response

The Chief Operating Officer (COO) presented the Annual Report on Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity.

She advised that the Trust continued to meet its statutory duties as a Category 1 responder and retained an overall Level 1 rating. The assurance framework showed two amber ratings, with all other domains assessed as green and no red ratings.

The COO highlighted the active programme of testing and learning undertaken during the year, including participation in a London-wide major incident live exercise. This exercise provided insight into the Trust’s ability to respond as a specialist provider during a major incident elsewhere, including the need to adjust activity rapidly to release capacity for partner organisations. Lessons learned from real incidents and internal exercises, including tabletop testing of EPIC downtime arrangements, had informed a refocus of business continuity planning, with greater attention to downtime equipment readiness, escalation decisions, and staff familiarity with procedures.

The Board discussed key resilience risks over the year, including security threats, power disruption, and infrastructure failures. Recent incidents such as lift failures, a power outage, and ward flooding had required operational responses and informed strengthening of contingency arrangements.

The COO updated the Board on preparations in response to the Terrorism (Protection of Premises) Act (Martyn’s Law), noting a small number of imminent actions required to ensure readiness,

including site lockdown capability, access control, and broader security arrangements. Preparatory work was underway while awaiting further national guidance.

The Board noted clear priorities for the coming year, including continued preparation for Martyn's Law, further emergency preparedness training, and work with suppliers to strengthen continuity of critical services. The Board was assured that these actions were progressing within an established governance framework.

The COO confirmed that the Trust remained resilient, compliant with statutory requirements, and demonstrated a strong learning culture in emergency preparedness.

The Board noted the report and took assurance.

5.4 Mortality Review Q3

The Interim Chief Medical Officer presented the Mortality Report for Q3 to the Board.

Between 1 October 2025 and 31 December 2025, there were 76 inpatient deaths, all of which were reasonably expected. Seven patients underwent a Structured Judgement Review (SJR) of their care, with no problems identified. The Interim Chief Medical Officer confirmed that all deaths reviewed were expected and no care concerns were identified. Overall, the Trust is rated Green for the period. Board Members noted positively the Trust's strong performance in supporting patients to die in their preferred place of care.

The Board noted the report.

5.5 Financial Performance Report – February 2026

The Chief Finance Officer reported that the Trust was ahead of plan for February and year to date, with a forecast year-end surplus of £7m, noting the impact of non-recurrent benefits.

The Trust reported a year-to-date control total surplus of £1.7m, £1.7m ahead of plan due to additional funding received. The efficiency programme is £4.0m ahead of plan for the year so far, with overperformance on non-recurrent schemes offsetting underperformance on the recurrent position. As at 28 February 2026, the cash balance was £117.8m, £26.8m behind plan year to date. Total capital expenditure for the year so far is £28.1m, £1.2m behind plan. Trust-funded schemes were £0.8m behind plan, PDC spend £2.8m ahead of plan, and donated-funded schemes £3.1m behind plan.

The Board discussed private care performance, income composition and margins, and capital expenditure, and was assured regarding the strength of the underlying strategy and monitoring arrangements.

The Board noted the report.

5.6 Performance Report Q3

The Chief Operating Officer (COO) presented the Quarter 3 performance position to the Board.

The Trust continues to perform strongly, with improvements across key operational and quality metrics. Inpatient capacity remains tight, with Chelsea, Sutton, and CCU bed occupancy amber-rated due to increased activity. Theatre utilisation at Chelsea improved to 86.9%, showing progress compared to both Q2 and the same quarter in 2024/25. Private patient aged debt over six months improved, and workforce metrics show reduced vacancies, lower voluntary turnover, and higher consultant appraisal rates.

Infection prevention and control remain mixed: CDIFF and P. aeruginosa are green-rated, while E. coli and Klebsiella remain at risk of exceeding NHSE targets. The 62-day cancer standard remains red-rated at 69.2% but previous deep dive has demonstrated the proportion of tertiary 62-day referrals to the Trust (80%) and the proportion of these that were late (40%) affecting compliance and being outside the Trusts direct control. The Trust is working in collaboration with NHSE and RMP to collectively improve compliance. FFT scores remain strong, though response volumes are temporarily lower due to system changes.

The Board discussed pressures on inpatient and critical care capacity, day-of-surgery cancellations, 62-day cancer performance, private patient aged debt, and research performance. Members were assured regarding the Trust's strategy, metrics, and oversight arrangements.

The Board noted the report.

6. Regulatory

6.1 Risk Appetite Statement 2026/27

The Company Secretary presented the Risk Appetite Statement, which sets out the level of residual risk the Trust is willing to accept, tolerate, or justify in delivering its healthcare, education, training, and research objectives. The Board is required to set specific limits on risk at least annually and review them during periods of increased uncertainty or significant change.

In May 2024, the Board approved the Risk Appetite for 2024/25 in line with the Trust's new clinical strategy. Each year, it is also summarised in the Trust's Annual Report. The Risk Appetite for 2025/26 was reviewed and approved with no major changes. For 2026/27, a small number of updates are proposed to reflect recent Board discussions on strategic risks and maintain alignment with the Trust's evolving risk profile.

The Board discussed the positioning of reputational risk alongside patient safety and agreed that reputational risk should be clearly distinguished to avoid misinterpretation.

The Board approved the Risk Appetite Statement subject to this amendment.

6.2 Board Assurance Framework – end of year position and principal risks

The Company Secretary presented the Board Assurance Framework (BAF), which provides oversight of the Trust's most significant strategic risks and the effectiveness of controls in place.

She confirmed that the refresh incorporates Board feedback, strengthens coverage of reputational, regulatory, and system leadership risks, and introduces a new strategic risk on the Trust's ESG agenda. Cyber risk and private patient income risk have been explicitly included following previous discussions.

The updated BAF now includes sixteen strategic risks, three of which exceed agreed tolerance levels and are identified as the Trust's top strategic risks: maintaining a high-quality specialist paediatric service, addressing capacity constraints at Chelsea, and delivering the overall financial plan. All other risks remain within tolerance or are closely monitored. Operational risks continue to be managed separately.

The Board approved the Board Assurance Framework.

6.3 Review of Board Standing Orders

The Company Secretary presented proposed amendment to the Board Standing Orders to clarify delegated authority to the Audit and Finance Committee in relation to approval of the Trust's Annual Report and Accounts.

The Board approved the revised Standing Orders.

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

The Chairs of the Audit and Finance Committee and the Quality Assurance and Risk Committee confirmed that the revised Terms of Reference had been approved by their respective committees.

The Board ratified the Terms of Reference.

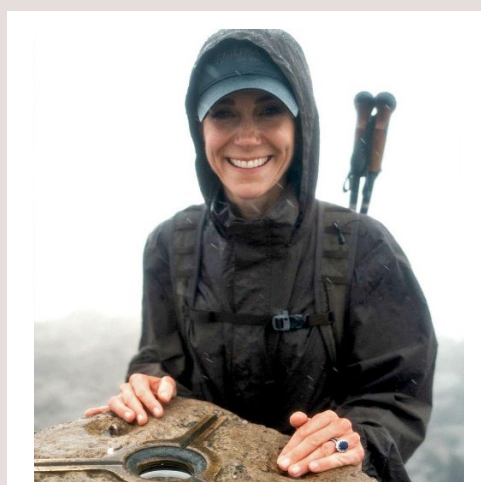
Date of next Public Board meeting: 21 July 2026

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 4.1
Title of Document: Chief Executive's Report		To be presented by: Chief Executive
1. Status: To note		
2. Purpose:		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	x	
<i>Operational Performance</i>	x	
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>	x	
<i>Governance</i>		
<i>Other</i>		
3. Summary		
The Chief Executive's report provides updates on several key areas of organisational and national significance, including: • HRH The Princess of Wales, 3 Peaks Challenge & Development of Holistic Care • Chelsea Development • National Oversight Framework • Biomedical Research Centre Application • Aseptic Unit • New Appointments and Departures		
4. Recommendations / Actions		
The Board is asked to note the Chief Executive's Board Report.		

Chief Executive's Board Report | July 2026

HRH The Princess of Wales, 3 Peaks Challenge & Development of Holistic Care



Source: @princeandprincessofwales on Instagram (left Sunday 28 June; right Sunday 5 July)

Her Royal Highness The Princess of Wales, Joint Patron of The Royal Marsden, is supporting The Royal Marsden Cancer Charity and the Hospital to advance holistic cancer care. While significant advances in cancer treatment have improved survival and outcomes, many patients continue to experience physical, psychological and emotional challenges that affect their ability to tolerate and complete treatment. The Princess is an advocate for the healing power of nature and greater integration of evidence-based supportive therapies – including psychological support, physical activity and prehabilitation, nutrition, complementary therapies and nature-based interventions – within mainstream cancer pathways.

The Princess's completion of the National Three Peaks Challenge was announced via social media, including collaborative posts with TRH The Prince and Princess of Wales promoting The Royal Marsden Cancer Charity with a link to their website. Funds will support the development of a new Centre for holistic wellbeing and recovery at The Royal Marsden that will reshape the future of what cancer care looks like, and the creation of a specialist programme for transforming access to holistic care, alongside clinical treatment, for patients across the UK, to enhance physical, psychological and emotional recovery. The Royal Marsden will draw on its research expertise and established programmes to help generate evidence, evaluate outcomes and support wider adoption across the NHS.

This is a significant opportunity to improve quality of life, support treatment tolerance and recovery, and reduce inequalities in patient experience. It also aligns closely with The Royal Marsden's commitment to delivering whole-person care and to sharing research and best practice nationally, ensuring that innovations developed at the Trust can benefit patients across the UK.

We are very grateful to The Princess for her outstanding support for The Royal Marsden and The Royal Marsden Cancer Charity in undertaking the National Three Peaks Challenge.

Chelsea Development

Following extensive stakeholder consultation the Trust's' application for an extension and modernisation of the Chelsea site will be considered by the RBKC Planning Committee on 13 July. If approved, the main construction contract will be signed in July 2027, with enabling work on the site this Autumn. This scheme is funded by a partnership between the NHS and the Royal Marsden Cancer Charity in a similar model to the Oak Cancer Centre in Sutton which opened in 2023. It will provide up to 50% additional capacity which is essential to enable us to treat the increasing level of referrals and increasing incidence of cancer, and will also allow us to plan for the latest advances in cancer care when the new building opens in 2031.

We are immensely grateful to William Jackson, Senior Independent Director and Co-Chair of the Appeal Board for his leadership of the Global Cancer Appeal which seeks to raise £200m for this development towards the total cost of £300m. We are also very grateful for the extensive public support we have received from local residents and key stakeholders in response to our communication and briefing about the development.

The Trustees of the Royal Marsden Cancer Charity have generously acquired a building, Emmanuel Kaye in Manresa Road, 5 minutes from the Chelsea site, to enable us to decant cellular pathology, the Royal Marsden School of Nursing/AHPs and corporate services which will allow us to optimise the Chelsea site for patient care and research. We expect to complete this acquisition this month and will then refurbish the building for the services relocating from the main Hospital site.

Images of the proposed development and an artist's impression of the green spaces are attached for information.

National Oversight Framework

The 2026/27 NHS Oversight Framework introduces significant changes, including the move from quartile-based assessment to fixed segmentation thresholds and an increase in the number of scored metrics applicable to The Royal Marsden from eight to fifteen. High-level modelling indicates that these additional measures are likely to adversely affect the Trust's overall NOF score compared with 2025/26; however, the Trust is expected to remain within Segment 1.

The areas presenting the greatest potential risk to performance are flu vaccination uptake, temporary staffing costs, relative cost differences and the Data Quality Maturity Index. There is also some uncertainty associated with several new metrics and evolving methodologies.

Management actions are underway to update the Trust's Performance Framework, strengthen data ownership and validation processes, seek clarification from NHS England on a number of new metrics and exemptions, and monitor improvement plans in key risk areas.

Biomedical Research Centre Application

The next NIHR Biomedical Research Centre (BRC) funding round opened in early June for the funding period 2028-2033. This places a strong emphasis on collaborative, early-phase translational research that delivers patient benefit, supports implementation, and contributes to economic growth. Applications must embed research inclusion and address health inequalities, demonstrate extensive partnerships across the NIHR infrastructure and include a strategy for collaborating with life sciences companies to support industry and economic growth.

The national funding envelope has reduced from £790 million to £600 million, with individual BRC applications capped at £50 million over 5 years. The current RM/ICR BRC award is £30m over 5 years and so there is an opportunity to apply for increased funds. BRCs with substantial industry partnerships may apply for an additional £5 million of funding, supported by matched industry investment and expertise.

The deadline for outline applications is 17 September 2026, with the outcome known in December. Full applications will have a deadline of 24 March 2027, with a Panel Interview during the week of 14 June 2027. The funding decision will be made in September 2027.

Aseptic Unit

The Royal Marsden has opened a new Aseptic Pharmacy Unit at Sutton, representing a significant investment in patient care, research and operational capacity. The highly specialised facility provides a carefully controlled environment for the preparation of medicines used in routine cancer treatment and clinical trials and is the first fully paperless aseptic unit in the UK using the EPIC Digital Health Record system.

The new Unit has been designed to meet increasing demand for cancer treatments and clinical research activity. The Royal Marsden currently prepares more than 1,700 chemotherapy doses each month and supports over 400 clinical trials annually. The expanded facility will enable the Trust to support up to 120 additional clinical studies each year, including more advanced, first-in-human and vaccine trials.

The facility includes five specialist isolators, increased production capacity and sophisticated environmental monitoring systems operating 24/7 to maintain the highest standards of quality and safety. By increasing our ability to prepare complex and personalised medicines closer to the point of care, the Unit will help reduce treatment delays, improve responsiveness for patients and support future developments in advanced therapies.

This development strengthens The Royal Marsden's position as a leading centre for cancer research and innovation, enabling more patients to access cutting-edge treatments while supporting the continued growth of our clinical trials portfolio.

New Appointments and Departures



Prof. Sanjay Popat

I am delighted to announce some new appointments to the Executive Team. Professor Sanjay Popat, Consultant Medical Oncologist and currently Head of the Lung Unit will take up post as Chief Medical Officer on 1 September. My thanks to Professor Nick van As for his exemplary leadership as CMO over the last 10 years, and to Dr Emma Kipps who has been Interim CMO for the last 6 months.



Prof. Nick van As

Both will continue to be important advisers and leaders in the Trust going forward.



Dr Emma Kipps

Ed Rose, currently Chief Strategy Adviser, has been appointed as Deputy Chief Executive and will take up post on 7 September. My thanks and congratulations to Karl Munslow Ong who has been appointed as Chief Executive



Ed Rose

at Great Ormond Street after 8 years as COO and then Deputy CE at The Royal Marsden.



Karl Munslow Ong

Recruitment is under way for a Chief People Officer, following Krystyna Ruszkiewicz's departure in September after 6 years. My thanks to Krystyna for her contribution to the staff and patients of The Royal Marsden, most recently with the development of our People Strategy 2025-2030 and our Equality, Diversity and Inclusion Programme.



Krystyna Ruszkiewicz

Chelsea Development (1)

We will **increase our capacity by up to 50 per cent** which will enable us to help more people to survive cancer, locally, nationally and globally.



Theatre and day surgery capacity



Research space



Inpatient beds



Medical Day Unit



Interventional Radiology suite

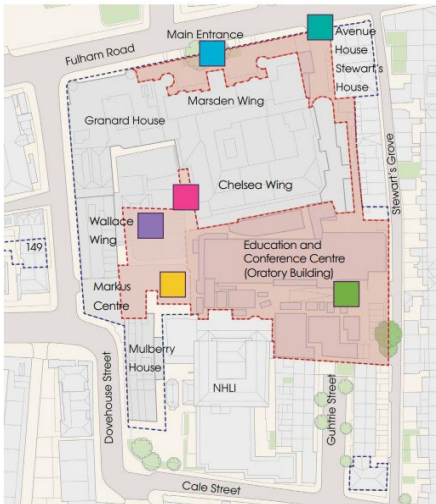


Integrated Diagnostic Centre



- A new accessible entrance
- Improved connectivity
- Fulham Road frontage and service

- Extension at the back of the hospital
- Winter Garden for patients and staff
- Chelsea Research Centre



The Royal Marsden

Chelsea Development (2)



BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 4.2
Title of Document: Chelsea Development		To be presented by: 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		
<u>Background</u> The purpose of this paper is to provide an update on the planning application, progress and key milestones for 2026.		
<u>Overview</u> Planning Application Following the initial delay to the application due to the RBKC cyber-attack in late 2025, the application was validated in March 2026 enabling the statutory consultation period to commence. The statutory feedback has been positive, for example the Greater London Authority (GLA) have concluded that they do not require a Stage 2 review of any consent granted by RBKC. The response from the public consultation has included objections from immediate neighbours focusing on height and massing, daylight, construction disruption and loss of property value. The programme team has endeavoured to mitigate these concerns throughout the process including stepping back the upper levels of the building, minimising impact on daylight and developing a comprehensive construction management plan to minimise disruption to neighbours and the existing hospital. The application has also received significant public support including a letter from The Chelsea Society.		

RBKC have confirmed that the application will be heard at the Planning Committee on 13th July and the planning officer's recommendation is that the committee "resolves to grant planning permission". Should the planning committee agree, the conditions will then be negotiated with the expectation that they will be finalised and formal consent granted by RBKC in October 2026.

- **Key Milestones for 2026**

Key areas of progress this year include the conclusion of RIBA Stage 3 design, approval of the Outline Business Case (OBC) and a successful Gateway 2 review (DHSC led independent review). The programme is on track for 2031 completion, with the next 6 months being critical as several workstreams and approvals processes converge to enable construction to start. Key activities include RIBA Stage 4 design, development of a fixed price offer from Kier, planning permission, development of the Full Business Case and commencement of decant and enabling works.

4. Recommendations / Actions

The Board is asked to note that:

- RBKC have confirmed that our planning application is due to be heard at a Planning Committee on the 13th July and that the officers have recommended that the committee "resolves to grant" permission. If the committee agrees, the detailed conditions will then be negotiated with the expectation that formal consent will be granted by RBKC in October 2026.
- That the programme remains on track with a combination of different workstreams and approvals processes all converging in the year ahead.

The Royal Marsden Chelsea Development

Public Trust Board

21st July 2026



Executive Summary

1	Background/ purpose	The purpose of this paper is to provide an update on the planning application, progress and key milestones for 2026.
2	Overview	Planning Application – Following the initial delay to the application due to the RBKC cyber-attack in late 2025, the application was validated in March 2026 enabling the statutory consultation period to commence. The statutory feedback has been positive, for example the Greater London Authority (GLA) have concluded that they do not require a Stage 2 review of any consent granted by RBKC. The response from the public consultation has included objections from immediate neighbours focusing on height and massing, daylight, construction disruption and loss of property value. The programme team has endeavoured to mitigate these concerns throughout the process including stepping back the upper levels of the building, minimising impact on daylight and developing a comprehensive construction management plan to minimise disruption to neighbours and the existing hospital. The application has also received significant public support including a letter from The Chelsea Society. - RBKC have confirmed that the application will be heard at the Planning Committee on 13th July and the planning officer's recommendation is that the committee "resolves to grant planning permission". Should the planning committee agree, the conditions will then be negotiated with the expectation that they will be finalised and formal consent granted by RBKC in October 2026. Key Milestones for 2026 – Key areas of progress this year include the conclusion of RIBA Stage 3 design, approval of the Outline Business Case (OBC) and a successful Gateway 2 review (DHSC led independent review). The programme is on track for 2031 completion, with the next 6 months being critical as a number of workstreams and approvals processes converge to enable construction to start. Key activities include RIBA Stage 4 design, development of a fixed price offer from Kier, planning permission, development of the Full Business Case and commencement of decant and enabling works.
3	Recommendations	The Public Board is asked to note that: - RBKC have confirmed that our planning application is due to be heard at a Planning Committee on the 13th July and that the officers have recommended that the committee "resolves to grant" permission. If the committee agrees, the detailed conditions will then be negotiated with the expectation that formal consent will be granted by RBKC in October 2026. - That the programme remains on track with a combination of different workstreams and approvals processes all converging in the year ahead.

Planning Application Update

Planning Application Update

The planning application was submitted to RBKC on the 19th December 2025.

The cyber-attack experienced by RBKC in November 2025 led to major delays to all areas of council operations including planning applications, and our application was eventually validated (checked for completeness) by RBKC in March 2026 and the statutory and public consultation process was able to begin.

The statutory consultation feedback to date has been generally positive, reflecting the extensive engagement with planning officers. For example, the Greater London Authority (GLA) have concluded that there are no strategic planning issues and that they do not require a Stage 2 review of any consent granted by RBKC or any conditions negotiated.

The public response to the proposals has included 71 letters of objection from immediate neighbours objecting on the basis of height and massing, potential for loss of daylight, construction disruption and loss of property value. The programme team has endeavoured to mitigate these concerns throughout the process, including stepping back the upper levels of the building, minimising impact on daylight, amending the colour of the façade and developing a comprehensive construction management plan to minimise disruption to neighbours and the existing hospital. There is also a good level of public support, with 117 letters of support including a letter from The Chelsea Society.

The date for the Planning Committee has been confirmed as 13th July 2026 and the planning officers report has been published on the RBKC planning portal. The officers report recommends that the Planning Committee resolves to grant permission.

Should a resolution to grant permission be made at the committee, the conditions will then be negotiated prior to formal consent being granted. The anticipated date for this is October 2026.

Recommendation – Public Board is asked to:

- **Note that the planning application is due to be heard at a Planning Committee on 13th July 2026.**
- **Note that the planning officers report recommends the committee to resolve to grant permission.**
- **Note that should the planning committee resolve to grant permission, the associated conditions are expected to be negotiated and concluded by October 2026, after which the programme will have formal planning consent.**

Key Milestones for 2026

The programme is on track for 2031 completion. Key areas of progress this year include:

- RIBA Stage 3 design stage was concluded
- The Outline Business Case (OBC) was approved at Trust Board in May 2026.
- The Programme had a successful Gateway 2 review (DHSC led independent review) in May 2026.
- RIBA Stage 4 (technical design) has started for the Main Building, Frontage Building and Winter Garden.
- The Decant programme has progressed with detailed plans in development for the moving of services out of the Oratory School.

The focus for the remainder of 2026 is:

- Achieve Planning Consent
- Complete the RIBA Stage 4 technical design for the Frontage Building and Winter Garden (Main Building will be Feb 2027).
- Competitively tender the work packages for all the buildings – leading to the finalisation of construction pricing and signing of construction contracts in early 2027.
- Development of the Full Business Case
- Commence initial decant and enabling works

Recommendation – Public Board is asked to:

- **Note that the programme is on track for 2031 completion with the next 6 months being critical as a number of different workstreams and approvals processes converge to enable construction to start.**

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 4.3
Title of Document: RM Partners Cancer Alliance Plan 26-28		To be presented by: Susan Sinclair, Managing Director RM Partners
1. Status: For noting		
2. Purpose:		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	<i>x</i>	
<i>Operational Performance</i>	<i>x</i>	
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>	<i>x</i>	
<i>Governance</i>	<i>x</i>	
<i>Other</i>	<i>Cancer Alliance Strategy and System Transformation</i>	
3. Summary		
RM Partners has secured multi-year funding for a further three years to support delivery of the NHS Cancer Plan. The Alliance's programme remains strongly aligned to national policy, with increased emphasis on performance improvement, cancer prevention, digital transformation and delivery of care closer to home. The 2026-2028 programme focuses on: - Prevention and screening, including expansion of Lung Cancer Screening to full population coverage, improving HPV vaccination uptake, smoking cessation support and reducing inequalities in screening access. - Early diagnosis through public awareness campaigns, primary care quality improvement programmes and targeted support for underserved populations. - Referral-to-treatment pathway transformation, including digital patient portals, pathway redesign, operational resilience initiatives and reducing variation in cancer waiting times.		

- Treatment, care and survival improvements through genomics, personalised stratified follow-up pathways, prehabilitation and rehabilitation, supportive oncology and expanded home-based treatment models.
- Research, innovation and workforce development, including continued investment through the RM Partners Innovation Fund, deployment of AI-supported diagnostics and workforce capability programmes.

The paper highlights significant achievements during 2025/26, including delivery of lung cancer screening across 13 boroughs, implementation of innovative diagnostic pathways, improvements in genomic turnaround times, deployment of a new cancer information system and multiple research and innovation initiatives.

The update also outlines key delivery risks and challenges currently being managed as we deliver the programme.

4. Recommendations / Actions

The Board is asked to acknowledge and note the update on the Alliance's forward plan and recent achievements.

RM Partners Plan 2026/27

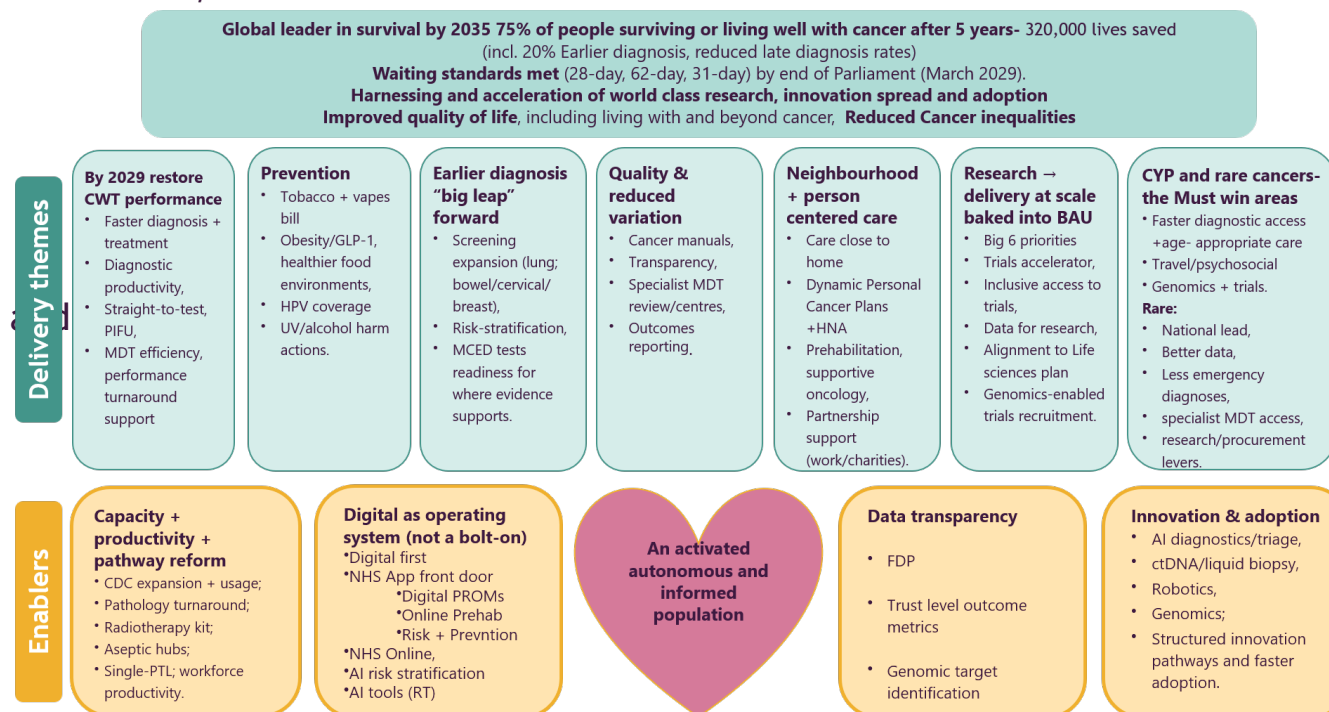
Hosted by The Royal Marsden NHS Foundation Trust



Context

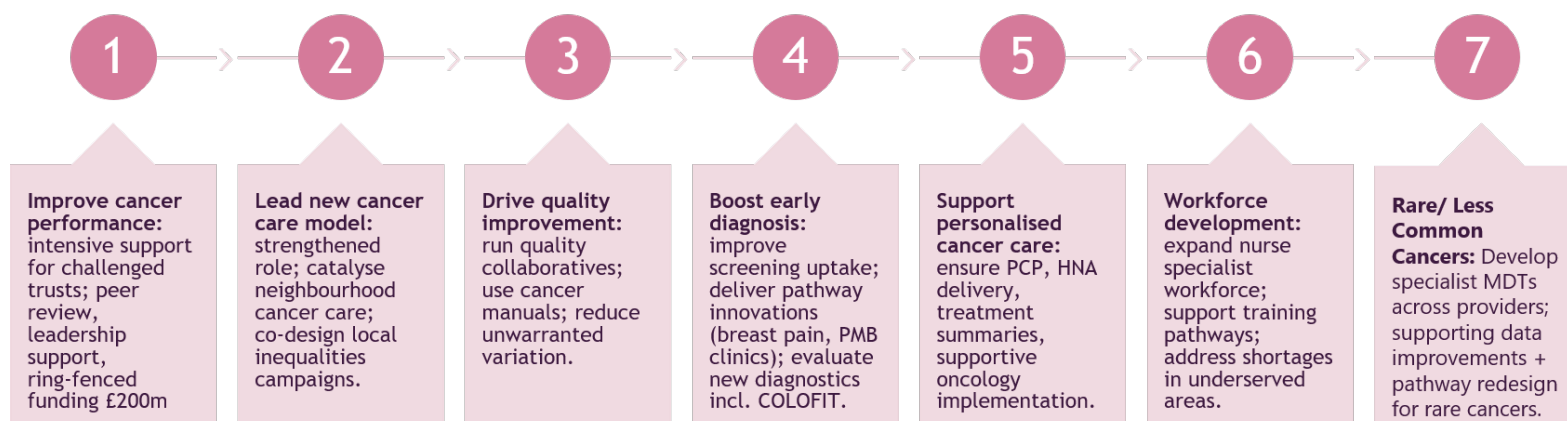
- Multi-year planning round
- Alliances funded for next 3 years, in order to deliver the commitment of the NHS Cancer Plan
- Strong alignment between the NHS Cancer Plan and the RMP existing strategy, with increased emphasise on performance, and the three shifts (prevention, digital, community).
- Role of cancer alliances confirmed through strategy

Ambition; Deliverables and Enablers: NHS Cancer Plan



Expectations of Cancer Alliances

Function	Details of Core Functions	How Alliances Inform & Enhance Statutory Responsibilities
Strategic planning and delivery	Lead local cancer delivery plans; translate national priorities; use insights/data; ensure modern diagnostics/treatments and capacity.	Ensure alignment of Alliance-led cancer plans with wider system planning.
Performance improvement	Develop pathway improvement plans; monitor ringfenced funding; coordinate expert improvement resources.	Advise on cancer performance targets in ICB plans.
Convening cancer expertise	Bring clinicians/stakeholders together; share best practice; widen trial access.	Provide specialist advice to support ICB commissioning.
Cancer transformation	Deliver national/local transformation programmes.	Use national priority programmes for population health gains.
Innovation & digital transformation	Pilot/scale innovations; implement digital tools; advance digital-first approach.	Support digital shift; feed local innovation into national pipeline.
Engagement & neighbourhood health	Co-design with patients/communities; improve neighbourhood care; embed lived experience.	Support shift to community-based models.
Working in partnership	Coordinate leaders/providers; collaborate across sectors.	Enable cross-organisational collaboration.



RMP Programme Plan summary 26-28

Prevention & Screening		Early Diagnosis		Referral to Treatment		Treatment, Care & Survival	
Prevention		Patient Interval		Delivering CWT Compliance through Collaboration	Demand reduction through transforming pathways	Access to Treatment & Pathway Sustainability	Cancer Recovery
- Improving HPV Vaccination Uptake- no school under 50% - Tobacco Reduction Support for Lung Cancer Screening to reduce smokers aged 55+		- Croydon Bowel Town - Campaign delivery and approach - Preparing for a GP Appointment		- Operational Resilience - SWL Head & Neck Pathway - Breast Pathway Reconfiguration - EUS/ERCP Access - Lung Pathway Innovation	- Gynae WID-easy - Integrated Dermatology Service - ColoFIT - Breast Pain	- SACT Capacity - Treatment Variation Audits - Sustainable PSFU Pathways - Neighbourhood Simulation Event	- Personalised Care Interventions - Prehab/Rehab - Supportive Oncology - Improving Access to Exercise Provision
Screening		Referral Interval		Digital Efficiency (Universal)		Personalisation & Genomics	Survival
- Lung Cancer Screening - Lung Cancer Screening Promotional Campaign - Liver Surveillance - National Cancer Screening Programmes (and other campaigns)		- Year 3 Primary care QI programme (9 borough reach) - SMI Enhanced Support (prevention and earlier diagnosis) - Enhancing Community Health and Wellbeing Worker Model role - Actioning the insights from CQIS		Digital Efficiency & Patient Portal programme		Access to Genomics testing	Survival Outcomes
Innovation		- RMP Research & Innovation Fund 26/27 - Galeas Bladder Test		- AI BRACE 2 - Research & Innovation Showcase			
Workforce		- ACCEND - Nurse Hysteroscopy		- Sarcoma - Skin Nurse Development		Head & Neck Workforce Development	

Key Achievements & Headline Priorities until 2028

Programme	2025/26 Key Achievements	2026/27 Priorities	2027/28 Priorities
Prevention & Screening	<u>Lung Cancer Screening:</u> Live in 13 boroughs - 51% uptake is above national average; 89% of GP practices have invited their eligible cohort; 95,000 lung health checks and 42,000 CT scans carried out since Nov 23. <u>HPV Vaccination:</u> Targeted social media in NWL postcodes near low-performing schools generated >1.3 million impressions with >186,000 unique users <u>Smoking Cessation:</u> 510 patients supported to stop smoking since new Imperial service commenced, 1,000 NHS stop smoking licences purchased <u>Cervical Screening:</u> 36 practices live with the London HPV self-screening programme	<u>Lung Cancer Screening:</u> Roll out and deliver to remaining boroughs for 100% coverage and re-invite low participation boroughs from pilot years (4 boroughs). Pilot digital health check through NHSAPP. <u>HPV Vaccination:</u> No school under 50% campaign working at school level with the 90 schools u50% <u>Smoking Cessation:</u> Offer tobacco reduction support to all current smokers accessing lung screening programme. <u>SML:</u> Targeting support to people with SMI to access screening via primary care pilot	<u>Lung Cancer Screening:</u> Sustain 100% population coverage and establish repeated screening invite cycle for non-responders through supporting NHSE in reviewing protocol. <u>HPV Vaccination:</u> No school under 75% uptake <u>Smoking Cessation:</u> Offer tobacco reduction at every contact. Move to BAU
Early Diagnosis	<u>Patient Interval:</u> Implemented 3-tier communication approach to raising cancer awareness - Campaigns delivered for Bladder (Sep 25), Bowel (Oct 25) and on track for Oesophageal (Feb 26). Working with 82 grassroots organisations. <u>Referral Interval:</u> Completed first 91 practices Cancer QI scheme (CQIS); and started next 126 for Wave 2; Shared clinical insights through clinical audit of 3,262 cancer diagnoses across 96 practices; Shortlisted by HSJ	<u>Patient Interval:</u> Re-use existing resources from 25/26 for to reiterate patient cancer awareness; Work collaboratively Pan-London with other London Cancer Alliances; Use outcomes of neighbourhood simulation to define areas of focus. <u>Referral Interval:</u> Rollout CQIS to remaining 9 boroughs in across NWL and SWL in 2 waves, with focussed offer.	<u>Patient Interval:</u> Re-use existing resources from 25-27 for further 'bursts' of patient cancer awareness; Work collaboratively Pan-London with other London Cancer Alliances; Use data to determine specific tumour type focus <u>Referral Interval:</u> Complete the remaining rollout
Research & Innovation	<u>Innovation Fund 25/26:</u> 2 projects awarded: enhancing UGI surgery for improved outcomes; use of ctDNA to detect interval breast cancers <u>CANS:</u> Launch of Chelsea Anogenital Neoplasia Service, serving NW & SW London for prevention of anal cancers <u>Cancer-SMART:</u> Launch of service at SGH to support patients with SMI along cancer pathway <u>SBRI:</u> Awarded 4 SBRI/National Cancer Innovation Open Call awards. 3 projects completed in 25/26	<u>Innovation Fund 26/27:</u> continue RMP 2026/27 with budget of £400K <u>AI-BRACE 2 (Deployment):</u> Prospective interventional study assessing clinical utility of AI in breast symptomatic pathway across RMP <u>Support SBRI and other National innovations</u> with potential for high impact for RMP patients/ providers	<u>Innovation Fund 27/28:</u> Evaluation of MCEDs, implementation of AI and/or genomics (eg polygenic risk scores to risk stratify) at scale

Key Achievements & Headline Priorities until 2028

	2025/26 Key Achievements	2026/27 Priorities	2027/28 Priorities
Referral to Treatment	<u>Digital</u>: Procured and implemented new Cancer Information System (£200k p/a saving for SWL); Patient portal pathways mapped within implementation Q4 of first pathways <u>Lung</u>: Nav Bronch business case at ICHT approved, supported by RMP; Mutual aid via Barts <u>Gynae</u>: 2 Trusts live with WID-easy rule out tests – (first Alliance nationally) >100 patients through pathway so far <u>LGI</u>: Stratified LGI Triage pathway and FIT<10 pathway agreed at all trusts, Fit@80 live in 2 <u>Urology</u>: £140,547 p/a saving for trusts converted to nurse-led prostate OP biopsy - HSJ award finalist project <u>Breast</u>: Breast pain pathways BAU in 4 trusts	<u>Digital</u>: Patient portal rollout to key tumour types (Breast, urology and GI) to improve diagnostic efficiency in secondary care and patient experience <u>Performance</u>: Performance oversight - targeted operational resilience funding; 62-day improvement projects e.g. breast, NWL urology, SWL head & neck <u>Pathway redesign focus</u>: <u>Gynae</u>: WID-easy within all secondary care endometrial diagnostic pathways, and consider consolidation to achieve more rapid access to treatment with released capacity <u>Breast</u>: redesign pathway across RMP based on process engineering <u>Dermatology</u>: Sector-wide solution for telederm provision reducing referrals into secondary care Equity <u>Lung and H&N</u>: focus on equity of time to treatment for THH patients lung and CUH.	<u>Performance</u>: Fill achievement of all CWT targets. Continue performance oversight with operational resilience funding; Monitor data for new performance and pathway focus <u>Gynae</u>: Exploration for delivery of WID-easy within non secondary care settings <u>LGI</u>: Implement use of ColoFIT in secondary care pathways and pathology centres <u>Digital</u>: Further rollout of patient portal technology and evaluation <u>Dermatology</u>: Finalise telederm implementation
Treatment, Care & Survival	<u>Genomics</u>: 45% reduction in lung genomics TATs at ICHT <u>Cancer Pain</u>: >250 Healthcare professionals attended Cancer Pain Network Education Events <u>SACT</u>: 15 Number of SACT units where Capacity and Demand audit was completed in 25/26; Business case for move to Breast Subcutaneous SACT self-administration completed for NWL Trusts (SWL in progress) <u>Workforce</u>: 195 Clinicians attended Webinars on Physical Activity or Dietary advice <u>Survival</u>: Data review of OG/ Endometrial conducted	<u>Genomics</u>: Reduce genomic waiting times to improve treatment access for all referring Trusts in RMP <u>SACT</u>: implement at home chemo model for x3 Breast regimes across RMP, and ePROMS to reduce hospital visits <u>PSFU</u>: Implement digital PSFU pathway in Prostate <u>Prehab</u>: Through simulation understand opportunity for left shift in cancer. prehab/rehab training in the professional community, and use of SELCA tools for patients. <u>Cancer Pain</u>: provide interventional approaches in hospices and community settings <u>Survival</u>: Continue to work on understanding differences in survival against the national average	<u>SACT</u>: Maximise at-home sub-cut opportunities for other tumour sites and drugs where appropriate using model developed for Breast <u>PSFU</u>: Implement sustainable PSFU pathways across other high volume tumour sites including Breast and Colorectal <u>Prehab</u>: implement community rehab offer based on simulation outputs <u>Survival</u>: Implement changes to pathways based on survival analysis

RMP Current Delivery Risks

Risk	Programme	Risk Level	Mitigation	Mitigated Score
HPV Vaccination - Detailed data for each school uptake - held by NHSE currently, risks not being able to target sufficiently or measure impact	Prevention & Screening		Vaccination teams have been requested to hold this data locally and to share aggregated or anonymised data - is required to ensure that evaluation is robust	
CWT 62 Day performance is not regularly meeting the 80% target required for March 2026.	Referral to Treatment		RMP have a number of initiatives across tumours seeking to improve 62 day performance (including lung, breast and urology); RMP/NHSE targeted funding has been awarded to initiatives aimed at improving 62 day performance. RMP meet regularly with Trust cancer operational leads to find solutions to capacity challenges; Hillingdon are being managed under the Tiering process and are showing improvements over the past 6 months; Early indications show RMP will meet the 75% March target.	
The navigational bronchoscopy capacity available to RMP Trusts had been reduced by 2/3s at RBH. The waits could therefore increase to 10+ weeks. RMP still do not have its own service.	Referral to Treatment		RBH reviewing and triaging referrals to ensure appropriate patients can be seen under CT Guided Biopsy instead. RMP RAB risk mitigation document developed and signed off by pathway group. RMP seeking short term capacity initiatives through other London providers. The capital has been approved and delivered. Training underway and ICHT RAB is likely to be online in late Q1 2026/27	
Risk of failure to deliver programmes and targets due to challenged general capacity across providers impacted by workforce recruitment and retention. Reliance on waiting list initiatives and budget	Referral to Treatment		Continue to mitigate as feasible (insourcing etc) and monitor impact on performance which could indicate poorer patient experience and pathway times. Operational resilience funding secured again for each Trust with this spend being ringfenced for cancer specific activity. Explore opportunities to expand use of tech and AI to reduce workforce pressures. RM Partners are developing models of training to support development of nursing and AHP diagnosticians. Continued lobbying with Health Education England to support additional training places across specialties.	
Histopathology - NWL Pathology 7-day turnaround is challenged by ongoing digital and recruitment delays	Referral to Treatment		Workforce expansion underway: Recruitment to 8 WTE posts (multi-specialty) approved and largely in progress, with phased starts through 2026 to increase reporting capacity. Service redesign and productivity review completed: Identified actions include workforce growth, increased outsourcing, home working, and MDT process improvements to boost capacity. Automation investment progressing: £2.5m NHSE-funded histopathology automation installed (training and validation underway); short-term TAT risk during transition, with expected long-term efficiency gains. Digital pathology implementation: £473k secured; high-throughput scanner installation in progress, delayed by IT access issues but with delivery plan in place. Outsourcing in place to manage demand: Targeted outsourcing to two providers reduces pressure on TAT, prioritising retention of complex/high-risk cases in-house, with digital transfer planned to further improve turnaround times.	
PET CT tracer supply issues could impact waiting times	Referral to Treatment		Work has commenced on longer term configuration of PET consortium which will aim to add additional capacity. Although, it is understood tracer issues are likely to impact for a further 12 months.	
Significant operational change in wider NHS could mean less focus on cancer programme delivery. Also, change in ICBs in both NWL and SWL are likely which may further destabilise focus.	Referral to Treatment		Ensure any cancer transformation spend is separated out from other spend in SWL/NWL and ensure delivering value for money longer term with focus on invest to save. New national cancer plan expected soon to reiterate importance.	
Capital: restrictions on capital reducing implementation of improved diagnostic approaches e.g. TNE, navigational bronchoscopy and outpatients prostate biopsy.	Referral to Treatment		RMP have compiled master list of capital and take advantage of any national funding and are working with ICBs and Trusts to find solutions. Capital allocation now agreed for next 3 years with ICBs which allows for future planning RMP secured additional ad-hoc capacity of >£2m in February (including EUS)	
Variation in implementation across providers may lead to inequalities in access, experience, and outcomes across the programme	Treatment, Care & Survival		Develop and implement standardised SOPs, guidance, and pathway specifications to support consistent delivery across providers; Provide targeted implementation support to providers, including training, onboarding, and ongoing operational guidance; Share best practice and learning across providers to strengthen capability; Monitor delivery and performance across providers with targeted support to areas with identified capability gaps	

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 5.1
Title of Document: Cladding Business Case		To be presented by: Chief Operating Officer
1. Status: To Approve		
2. Purpose:		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	*	
<i>Operational Performance</i>	*	
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>	*	
<i>NHS policy / consultation</i>		
<i>Governance</i>	*	
<i>Other</i>		
Executive Summary: The condition of the Bud Flanagan buildings now presents a material and growing risk to the Trust's operations, finances and reputation. The attached business case sets out the proposal to invest £14.5m Bud Flanagan Façade Overcladding Programme, providing a proportionate, affordable and deliverable solution whilst supporting the Trust's longer-term estate strategy. The case provides a practical and affordable solution to these issues, whilst supporting the Trust's wider estate strategy and ambitions for the Sutton campus. The business case sets out three options that have been considered: • Option 1 – Do Minimum: Continue the current approach of managing issues through reactive maintenance. • Option 2 – Full Cladding Replacement: Complete removal and replacement of the existing façade. • Option 3 – Overcladding (Preferred Option): Install a new cladding system over the existing façade, alongside replacement windows and roof waterproofing works.		

Financial Position

The total capital investment requirement is £14.5m.

NHSE has earmarked £8.5m of national capital programme funding in 2027/28 towards the scheme, however there are live discussions underway with NHSE, which is aware that this scheme could commence earlier and that an additional £6m would be required. NHSE is currently expected to reassess the funding position at the end of Q1 2026.

There is a small transitional revenue impact during the construction period, however the scheme is expected to generate recurring benefits through reduced maintenance expenditure, lower energy consumption and fewer operational disruptions.

Board is asked to consider and support the proposal, subject to confirmation of NHS England capital funding.

3. Recommendations / Actions

The Board is asked to approve the business case for the overcladding solution, subject to confirmation of NHS England capital funding.

The Royal Marsden NHS Foundation Trust

Bud Flanagan Façade Overcladding Programme

Board Summary

Purpose

Board is asked to support the proposed £14.5m investment in the Bud Flanagan Façade Overcladding Programme, subject to confirmation of NHS England capital funding.

The proposal addresses a growing and increasingly significant estate risk affecting the main inpatient block at Sutton. It provides a practical and affordable solution to issues relating to water ingress, mould, façade deterioration and energy inefficiency, whilst supporting the Trust's wider estate strategy and ambitions for the Sutton campus.

Background and Strategic Context

The Bud Flanagan buildings and West Wing remain a critical part of the Sutton estate, accommodating four inpatient wards, research facilities and a range of clinical support services. Whilst these buildings have benefited from extensive internal refurbishment over many years, the external fabric remains largely unchanged since original construction in the 1960s.

The condition of the façade and roof structures has deteriorated significantly and is now creating increasing operational, financial and safety challenges. Water ingress has resulted in recurrent leaks, mould growth and ward disruption, particularly within Bud East and Bud West, where some of the Trust's most vulnerable haemato-oncology patients are cared for. At the same time, sections of the external façade have become unstable, creating an increasing safety risk.

These buildings also perform poorly from an energy efficiency perspective. Heat loss, draughts and inadequate insulation contribute to higher operating costs, poorer environmental conditions and increased carbon emissions.

The buildings will continue to play an important role within the Trust's long-term Estates Masterplan. Whilst future inpatient redevelopment is planned, the existing structure is expected to remain a key component of the Sutton campus and will act as an important support spine for future developments. Investment is therefore required to ensure the building remains safe, functional and fit for purpose.

Business Needs

The Trust is already experiencing the consequences of the deteriorating building fabric.

During 2025/26, estate-related works contributed to approximately 820 blocked bed days. Current reactive maintenance costs are around £200k per annum, with annual energy expenditure of approximately £290k. Both figures are expected to increase if the underlying issues are not addressed.

The scheme also directly mitigates a number of risks currently held on the Trust Risk Register, including mould within inpatient areas, façade failure and backlog maintenance associated with the building envelope.

Without intervention, the Trust is likely to see increasing service disruption, higher maintenance costs and greater risks to patients, staff and visitors.

Options Considered

Three options have been assessed.

Option 1 – Do Minimum

This option would continue the current approach of managing issues through reactive maintenance. Whilst requiring the lowest upfront investment, it does not address the underlying causes of deterioration and would leave the Trust exposed to escalating costs, continued operational disruption and increasing safety risks.

For these reasons, this option has been discounted.

Option 2 – Full Cladding Replacement

This option would involve complete removal and replacement of the existing façade.

Whilst it would provide a comprehensive long-term solution, it would require significant decant of clinical services, substantial enabling works and an estimated capital investment of approximately £30m. The level of disruption and affordability challenge make this option difficult to justify.

Option 3 – Overcladding (Preferred Option)

The preferred solution is to install a new cladding system over the existing façade, alongside replacement windows and roof waterproofing works.

This approach addresses the key issues of water ingress, mould, safety and energy performance while allowing services to remain operational throughout the programme. It avoids the need for large-scale decant arrangements and delivers the required benefits at less than half the cost of full replacement.

The project team considers this option to provide the best balance between affordability, operational deliverability and long-term estate improvement.

Benefits of the Preferred Option

The proposed scheme will create a fully weatherproof building envelope and significantly improve the resilience of the estate.

Key benefits include:

- Elimination of façade-related safety concerns.
- Significant reduction in water ingress and mould risk.
- Reduced disruption to clinical services and fewer estate-related bed closures.
- Lower reactive maintenance requirements.

- Improved energy efficiency and reduced utility costs.
- Enhanced patient, visitor and staff experience.
- A modern external appearance more consistent with the Trust's reputation as a leading specialist cancer centre.

In addition to addressing immediate risks, the scheme supports the Trust's wider ambitions around sustainability, estate modernisation and the continued development of the Sutton campus.

Financial Position

The total capital requirement is £14.5m.

Whilst there is a small transitional revenue impact during the construction period, the scheme is expected to generate recurring benefits through reduced maintenance expenditure, lower energy consumption and fewer operational disruptions. Financial modelling demonstrates a positive net revenue impact following completion of the works.

The proposal therefore represents both a risk mitigation investment and a contribution to the longer-term financial sustainability of the estate.

I&E	2026/27 Year 1	2027/28 Year 2	2028/29 Year 3	2029/30 Year 4	2030/31 Year 5	2031/32 Year 6	2032/33 Year 7	2033/34 Year 8	2034/35 Year 9	2035/36 Year 10	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Energy cost savings (existing vs new façade)	0	20	249	262	275	288	297	306	315	325	2336
Maintenance savings	138	214	222	230	238	246	254	263	273	282	2359
Interim parking costs	-8	-11	0	0	0	0	0	0	0	0	-19
Reduction in bed closures on Bud East	0	0	306	315	325	335	345	355	366	377	2723
EBITDA impact	130	223	777	806	837	869	896	924	953	983	7399
Depreciation	0	-20	-242	-242	-242	-242	-242	-242	-242	-242	-1953
PDC	-106	-358	-502	-494	-486	-477	-469	-460	-452	-443	-4247
Incremental Net Surplus/(Deficit)	24	-155	33	71	110	150	186	222	260	298	1199

Delivery and Governance

The programme will be delivered through a phased construction approach designed to minimise disruption to clinical activity.

Subject to approval and funding confirmation, procurement will commence in summer 2026, with construction beginning in August 2026 and practical completion anticipated in February 2028.

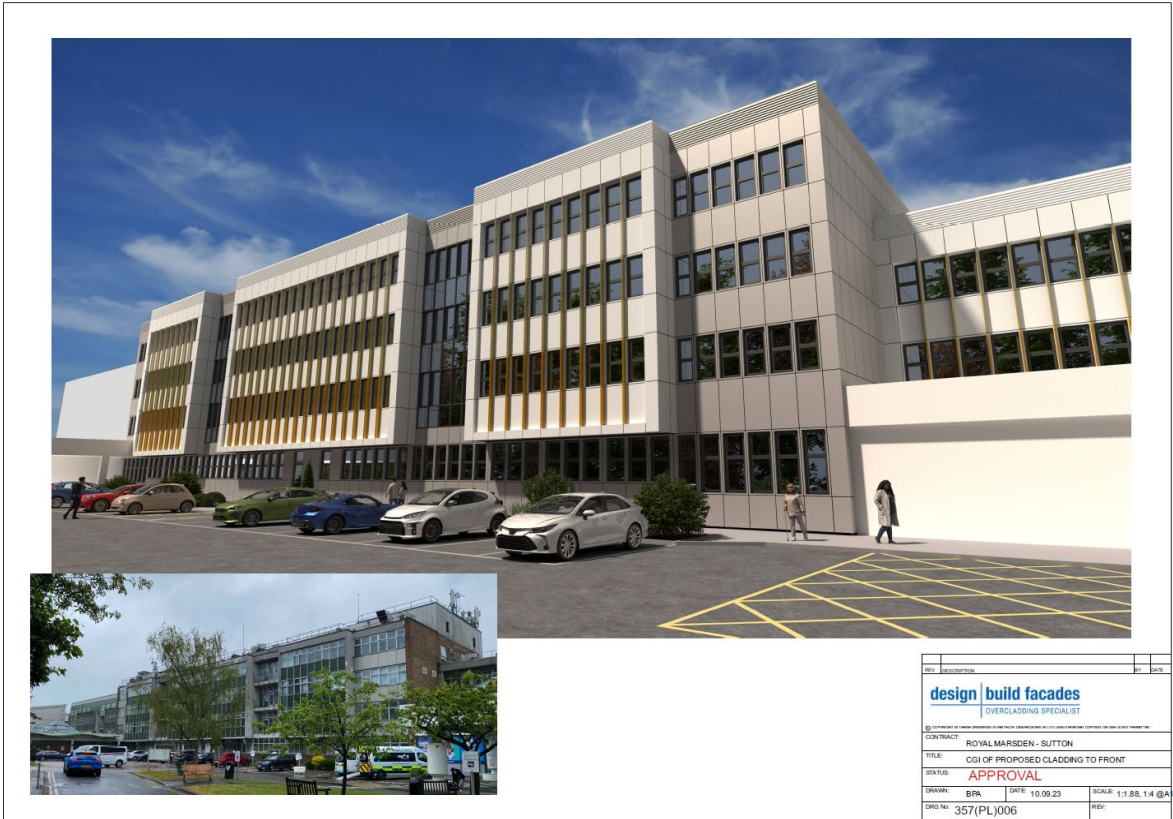
Appropriate governance arrangements are in place through Estates, Operational, Clinical and Infection Prevention and Control leads to ensure safe delivery of the programme.

Recommendation

The condition of the Bud Flanagan buildings now presents a material and growing risk to the Trust's operations, finances and reputation.

The proposed overcladding scheme provides a proportionate, affordable and deliverable solution that addresses these risks whilst supporting the Trust's longer-term estate strategy.

Board is therefore asked to support the preferred option and endorse the £14.5m investment, subject to confirmation of NHS England capital funding.



BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 5.2
Title of Document: Performance Report Q4 - Q4 25/26 Board Balanced Scorecard Report - Appendix A: Q4 Board Balanced Scorecard		To be presented by: Chief Operating Officer
1. <u>Status:</u> Information / Discussion		
2. <u>Purpose:</u>		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	<i>X</i>	
<i>Operational Performance</i>	<i>X</i>	
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>		
<i>Governance</i>		
<i>Other</i>		
3. <u>Summary</u>		
The report provides an update on the Trust's performance for quarter 4 25/26.		
4. <u>Recommendations / Actions</u>		
The Board is asked to note and discuss the quarter 4 position.		

25/26 Q4 Performance Report

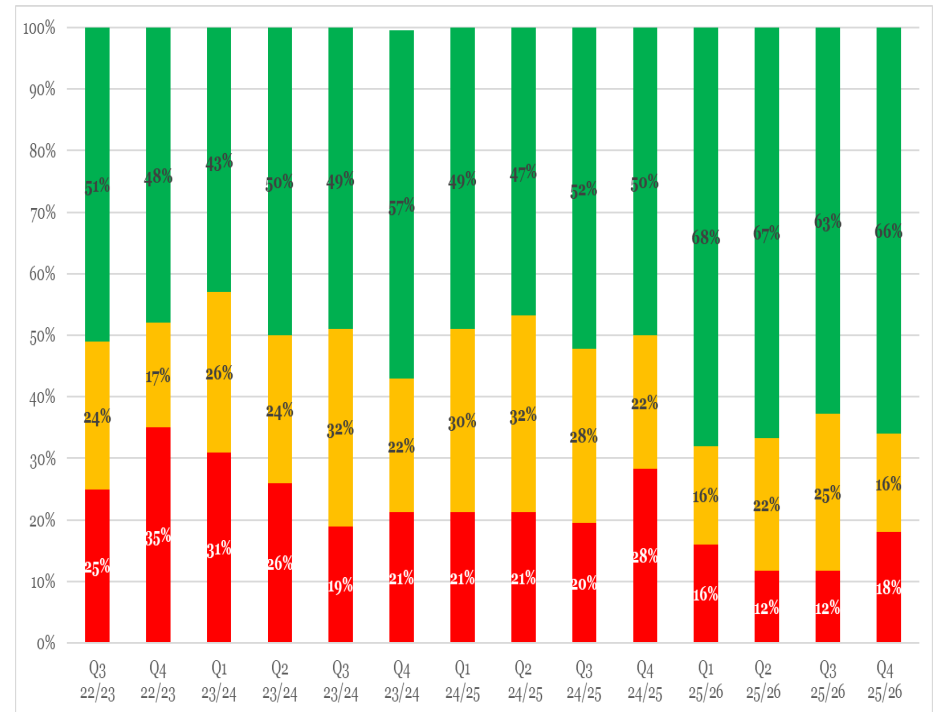
1. Executive Summary
2. Infection Metrics
3. 62 Days (Cancer Waiting Time Target)
4. Appendix 1 : Scorecard

Executive Summary

Key headlines:

- Q4 has seen continued strong performance across the Trust, with sustained improvements in key operational and quality metrics.
- Despite increased NHS referrals (4.7% increase in accepted referrals in 25/26 compared to previous year) and activity, the Trust continued to achieve compliance against the 28-day faster diagnosis standard, 31-day cancer waiting times standard and the 6-week diagnostic wait standard. Quarter 4 also saw improvement in performance against the 62-day standard, reaching 76.9% in March (above the 75% end of year target).
- Infection Prevention and Control KPIs exceeded the 25/26 NHS England-set thresholds for C.diff, E.coli and Pseudomonas Aeruginosa. The thresholds do not take patient cohort (disease and treatment) into account. The trust's specialist case mix therefore impacts its ability to stay below those thresholds. Actions are in place **(Slide 3)**.
- Increased activity is continuing to put pressure on beds, with bed occupancy at Sutton and Chelsea both above threshold. Sutton adult bed occupancy is red-rated at 92.8% and Chelsea amber-rated at 90.6% for Q4.
- Several financial metrics remain red-rated in Q4. Mitigating actions are in progress, with expectations for improvement in early 2026/27.
- The 90-day mortality post radical radiotherapy KPI moved to amber (1.35%) for the quarter. This equated to 14 deaths within 90 days (previous quarter was 8). There is no national published benchmark for this measure and therefore RM has used the 24/25 outturn as the benchmark. The Clinical Oncology Lead and Lead Radiographer have reviewed the cases and confirmed that none were related to radiotherapy, and no concerns were raised. The service is looking to set up a Morbidity and Mortality review to align with other modalities.

Scorecard KPI Performance:



NHS Oversight Framework (NOF):

- Q3 NHS Oversight Framework Segment ratings were published in early March 2026. RM remained in segment 1, ranked in first place nationally. Q4 is expected to be published in late May.
- The key areas of risk for the Trust relate to the Implied Productivity metric (where the Trust is seeking greater understanding of the KPI methodology); discharge readiness data and IPC, where performance is measured against NHSE set thresholds.
- NHS England are expected to publish the revised 26/27 NOF metrics during May.

Infection Metrics

	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
Number of Hospital Associated (HOHA/COHA) E. Coli Bacterium (at YTD)	51	58*	13*	33*	47*	62*
C Diff - Number of Reportable Cases (COHA/HOHA) (at YTD)	40	57*	8*	18*	30*	42*
Number of Hospital Associated (HOHA/COHA) P. aeruginosa cases (at YTD)	21	27*	2*	10*	16*	25*
Number of Hospital Associated (HOHA/COHA) Klebsiella spp. Cases (at YTD)	29	37*	6*	15*	24*	27*

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

Update since previous quarter:

- The Trust exceeded 2025/26 NHS England thresholds for E. coli, P. aeruginosa and C. diff. However, C. diff and P. aeruginosa at the end of 25/26 were lower than in 2024/25, while E. coli increased to 62 (from 58).
- There have been no MRSA bacteraemia cases since 2023. The Trust was also below the NHS England threshold for Klebsiella.

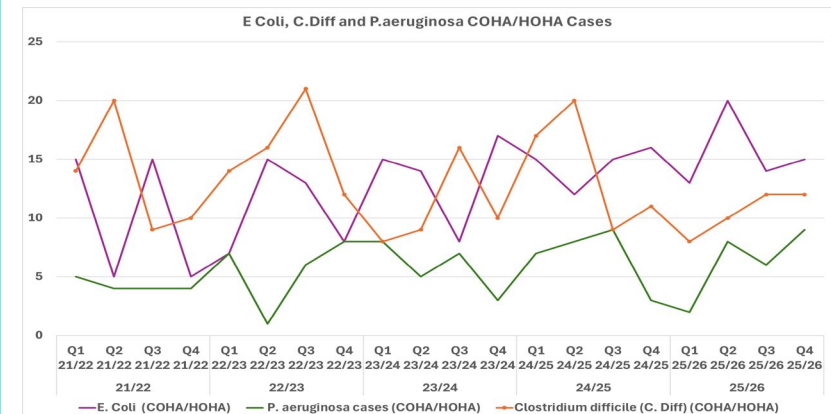
Key issues and causes:

- The patient population at RM presents several risk factors, including cancer diagnosis, treatments for cancer, age, prior healthcare or hospital attendances, use of antimicrobials, proton pump inhibitors, as well as enteral feeding. The RM cohort are also more likely to be colonised prior to being admitted/tested.
- Isolation can be challenging due to side room availability.
- A review of E. coli cases (Apr 2025–Oct 2025) identified patient cohort as a key factor. A peak in July 2025 aligned with increased GI surgical activity. E-coli prevalence is higher in GI patients. The review was shared with SWL ICB.

Actions/next steps:

- Personal care decision tool QI project launched to guide personal hygiene approaches (including whether to use water).
- Patient placement improved following Ambin move, releasing two inpatient bays and reducing GI colonisation risk for haem patients.
- Scoping work with microbiology to explore potential changes to testing processes to enable more timely results for suspected GI infection.
- “Gloves Off” campaign delivered, with 400+ staff completing eLearning.
- Ward accreditation IPC metrics to support improvement monitoring.
- Additional Quality Account 2026/27 KPI will track hospital-associated infection rates per 100,000 bednights, reflecting activity-adjusted trends.

Trends:



Benchmarking data (Fingertips, 12 months rolling to Jan 2026)

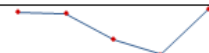
- RM benchmarks as the highest rate of hospital-onset healthcare-associated infections (per 100,000 bed nights) for both E. coli and P. aeruginosa. Notably, the second- and third-highest rates for E. coli, and the third-highest rate for P. aeruginosa, are also seen in specialist cancer hospitals.
- The Trust has the second-highest rate of C. difficile (with the highest rate also observed in a specialist cancer hospital) and the fifth-highest rate for Klebsiella.

Forecast:

- The Trust is awaiting the publication of the 2026/27 NHSE thresholds. Forecasts will be updated once the new thresholds are released.

62 Days (Cancer Waiting Time Target)

	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26
Ψ 62 Days (Cancer Waiting Time Target)	≥85%	73.0%	72.9%	70.6%	69.2%	73.3%

Latest data	Trend	Forecast
TBC		

Update since previous quarter:

- Performance against the 62-day cancer standard improved in Q4 to 73.3% (from 69.2% in Q3).
- The metric was rated red as the aggregate quarter performance was below the 75% target as a result of lower performance in January, with improvement through the quarter consistent with expected seasonal trends.
- The trust met the national ambition to achieve 75% compliance in March 2026. However, further sustained focus is required to deliver consistent performance against the target.
- In Q4, The Trust continued to meet the 31-day cancer waiting time standard, the 28-day Faster Diagnosis standard and 18 weeks referral to treatment standard.

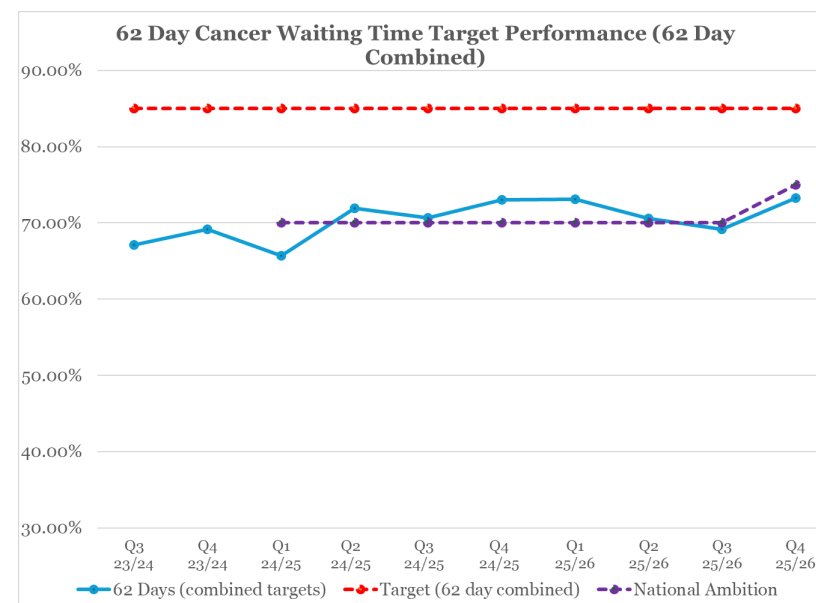
Key issues and causes:

- The Trust met the constitutional standard on internal (direct from GP) 62-day pathways with 86.7% compliance in this cohort.
- Breast performance improved to 85.6% in Q4, from 75.8% in Q3.
- Delays at external Trust remained the most common main breach reason, followed by complex pathways, outpatient capacity and surgical capacity

Actions/next steps:

- Additional off-site capacity continues to reduce the gynae surgical waitlist
- Operational teams are working through the CBU action plan to address internal barriers to compliance.
- RMP has a programme of work to address diagnostic waits across the system.
- NHSE has committed to working with local providers to minimise late referrals. RM is also holding COO-COO meetings with referring Trusts to identify opportunities to reduce late referrals.

Trends:



- The Trust also monitors performance nationally via benchmarking. The Trust's 62 Day CWT figure was above the national average in January and February 2026. (March national average figure is not yet published).

Forecast:

- The Trust has agreed a trajectory with NHSE to meet 80.0% compliance by March 2027.
- To drive further improvement in future years and support delivery of the Trust's ambition to meet the constitutional standard, a significant reduction in late referrals is required.

Appendix A

The Royal Marsden NHS Foundation Trust
Balanced Scorecard Q4 25/26 Published 11th June 2026

Key

* Denotes Year To Date (YTD) figures
Blue-shaded KPI denotes metric linked to BAF strategic framework
Ψ Denotes NHS Oversight Framework metric
! Denotes change in threshold or definition

1. Safe Care	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 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	58 *	13*	33*	47*	62*		N/A
Ψ C Diff - Number of Reportable Cases (COHA/HOHA) (at YTD)	40	57 *	8*	18*	30*	42*		N/A
Number of Hospital Associated (HOHA/COHA) P. aeruginosa cases (at YTD)	21	27 *	2*	10*	16*	25*		N/A
Number of Hospital Associated (HOHA/COHA) Klebsiella spp. Cases (at YTD)	29	37 *	6*	15*	24*	27*		N/A
% screened positive for sepsis who received IV abx in line with NICE guidance (inpatients & emergency)	90%		98.4%	99.1%	98.4%	99.1%		●
Never Events	0	0	0	0	0	0		●
Hospital Standardised Mortality Rate 100 (rolling 12 months, NHS and PP) (1 Qtr. in arrears)	≤80		77.01	73.68	70.15	66.50		●
Mortality audit	G	G	G	G	G	G	N/A	●
30 day mortality post surgery	≤0.4%	0.64%	0.52%	0.44%	0.51%	0.36%		●
30 day mortality post chemotherapy	≤1.4%	1.40%	1.32%	1.46%	1.62%	1.26%		●
100 day SCT mortality (Deaths related to SCT)	≤5%	1.75%	1.96%	4.17%	3.23%	0.00%		●
90 day mortality post radical radiotherapy	≤1.0%		1.00%	0.90%	0.82%	1.35%		●
Staging data completeness (1 qtr in arrears)	≥80%	87.8%	87.4%	84.1%	80.3%	79.5%		●
2. Effective Care	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Trend	Forecast
Ψ 28 day Faster Diagnosis Standard (FDS): All Cancers	≥80%	90.3%	89.9%	87.9%	88.7%	91.5%		●
Ψ 31 Days (Cancer Waiting Time Target)	≥96%	95.8%	96.0%	96.4%	96.1%	96.0%		●
Ψ 62 Days (Cancer Waiting Time Target)	≥85%	73.0%	72.9%	70.6%	69.2%	73.3%		●
Ψ 18 weeks: % RTT incomplete pathways < 18 weeks	≥92%		93.5%	94.8%	94.8%	94.4%		●
Ψ 18 wks. pathways - patients waiting > 52 wks. % of waiting list	<1%		0.3%	0.1%	0.1%	0.2%		●
18 wks pathways - patients waiting > 65 wks. (distinct patients across the quarter)	0	2	1	0	1	0		●
6 week diagnostic waiting times (DM01)	95%	97.2%	98.1%	99.1%	98.4%	98.7%		●
Cash (£m)	YTD Plan	136.2	121.6	124.7	126.3	117.7		●
Delivery against planned control total YTD (£m) - variance to plan	YTD Plan	0.0	0.0	0.0	1.5	6.4		●
Achievement of Efficiency Programme YTD (%)	YTD Plan	100.1%	83.6%	100.0%	120.2%	110.6%		●
Agency Spend as a % of total pay bill	YTD Plan	1.18%	0.60%	0.50%	0.45%	0.41%		●
PP activity Income Variance YTD (£000)	YTD Plan	904	447	712	3748	10,121		●
PP Aged debt at >6months	<£8.0m	21.9	17.5	16.1	8.8	10.8		●
Non-PP Debtors >6 Months (£m) - absolute value at month end	<£3.0m	4.9	4.5	4.4	4.8	4.3		●
Capital Expenditure (CDEL) Variance YTD (£000) - variance to plan in £m	YTD Plan	0.5	-1.4	-6.4	-5.9	9.5		●
Bed occupancy - Chelsea	≥82% ≤87%	91.2%	91.1%	91.0%	89.8%	90.6%		●
Bed occupancy - Sutton (excluding McElw+TCTU+Oak+RadNuc)	≥82% ≤87%	86.5%	90.9%	93.2%	91.2%	92.8%		●
Bed occupancy - Critical care Chelsea	≥57% ≤75%	77.1%	75.4%	77.4%	76.3%	74.5%		●
Session theatre utilisation - Chelsea	≥85%	87.1%	90.6%	83.2%	86.9%	88.3%		●
Session theatre utilisation - Sutton	≥70%	67.6%	73.0%	67.8%	69.9%	73.6%		●
Research: Confirmed No. of 1st UK pts recruited in last 12 months	12	21	21	20	19	19		●
Research: Confirmed No. of 1st European pts recruited in last 12 months	3	7	5	5	7	6		●
Research: Confirmed No. of 1st global pts recruited in last 12 months	1	2	2	2	2	4		●
% of commercial contract interventional trials where RM is lead NHS site	≥35%	48.7%	43.0%	45.2%	45.2%	43.6%		●
3. Caring	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Trend	Forecast
Friends and Family Test (Inpatient and Day Care): % overall experience	≥95%	98.9%	99.1%	98.8%	99.0%	98.4%		●
Friends and Family Test (Outpatients): % overall experience	≥95%	97.3%	98.5%	97.2%	98.0%	96.6%		●
Percentage SACT Infusion patients starting treatment < 1 hour of appointment time (Excluding Trials)	≥85%	81.9%	84.8%	84.4%	83.7%	84.1%		●
4. Responsive	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Trend	Forecast
Number of patients moved to Patient Initiated Follow Up/Open Access against trajectory	Q4 ≥ 371	429	449	399	423	435		●
Rate of written complaints per 1,000- day cases and IP discharges	≤2.00		0.99	1.41	1.86	2.20		●
5. Well Led	Target	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Trend	Forecast
Ψ NHS Oversight Framework (1 Qtr. in arrears)	1			1	1		N/A	●
Vacancy rate	≤7%	6.5%	6.4%	6.3%	5.9%	5.8%		●
Voluntary staff turnover rate	≤12%	8.5%	7.8%	7.6%	6.9%	6.2%		●
Ψ Sickness rate	≤3%	4.3%	3.5%	3.8%	4.1%	4.0%		●
Consultant appraisal (number with current appraisal)	≥95%	94.5%	85.0%	94.0%	94.4%	92.2%		●
Appraisal & PDP rate	≥90%	86.5%	79.9%	85.1%	89.3%	87.8%		●
Completed induction	≥85%	88.1%	93.6%	96.0%	89.8%	89.6%		●
Statutory and Mandatory Staff Training	≥90%	94.0%	94.1%	93.8%	94.1%	93.8%		●

BAF Strategic Objectives**Research and innovation**

BAF 1. Re-vitalising and Strengthening the RM/CR 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.

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 5.3	
Title of Document: Quality Account June (May 2026)		To be presented by: Chief Nurse	
1. <u>Status:</u> For noting			
2. <u>Purpose:</u>			
<i>Relates to:</i>			
<i>Strategic Objective(s)</i>			
<i>Operational Performance</i>		✓	
<i>Legal / regulatory / audit</i>		✓	
<i>Accreditation / inspection</i>			
<i>NHS policy / consultation</i>			
<i>Governance</i>			
<i>Other</i>			
3. <u>Summary</u>			
Effective Care:			
Patient % SACT/MDU infusion patients starting treatment < 1 hour of appointment: Performance in May 2026 was stable at 84.4%. Three of the branches continue to perform > 85%. A full suite of performance metrics is in development for each MDU, including one-stop vs two stop pathways and activity and utilization measures.			
Safe:			
Healthcare associated Infections (hospital and community onset): One Clostridioides difficile healthcare associated infection. Six E.coli, one Klebsiella, two Pseudomonas aeruginosa this month. The 26/27 thresholds have not yet been published.			
Patient Falls: 22 incidents classed as an actual fall. 13 no harm incidents, 12 low harm incidents and 0 moderate harm incidents. Post fall CT protocol for haematology patient population to be reviewed in relation to increased bleeding risk and harm.			
Medication Incidents: Two moderate incidents; INC 18828 patient administered remimazolam despite allergy, and INC 18846 two doses of etoposide chemotherapy administered, one after the other– both incidents are currently under investigation.			

Hospital Acquired Pressure Ulcers (HAPU) – excluding category 1: There were six acquired pressure ulcers, all low harm injuries. Nasogastric (NG) Securement trial results from Chelsea (NGs can cause device related ulceration)– overwhelmingly positive, initiated trial in Sutton.

Venous Thromboembolism: The proposed VTE policy and VTE guideline were reviewed at CGPC and was signed off pending minor changes, going to IGRM in July. Once the policy and guideline are finalised, the VTE Committee will prioritise reviewing the EPIC assessment, refine the definitions of low, medium and high VTE risk, and review the VTE data which is collected monthly.

Deteriorating Patient: One Call for Concern, from a relative, CCOT attended and provided reassurance and support to the relative as the patient was nearing the end of life.

Caring and Responsive:

Patient experience: Friends and Family Test feedback has a focus on delays and high demand for blood tests, exemplified by this comment **Outpatients, Sutton** – 'We always have excellent service except for blood tests, no matter what time the appointments, we always have to wait a minimum of 45 minutes, up to 2 hours. The system does not seem to work'. Positive feedback from **Critical Care Unit, Chelsea** – I feel the team genuinely supported in areas where I needed it (autism), so quieter spaces etc. The nurses were so kind, and I felt they genuinely wanted to make my stay as comfortable as possible.

Well Led:

Nursing Recruitment and Turnover & Retention: The Nursing vacancy increased marginally to 3.6%- National job profiles being worked through systematically.

Multi-professional Recruitment: work continues to modernise recruitment and onboarding processes.

4. Recommendations / Actions

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

Quality Account JUNE (May 2026 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 1-3b

- 16-17 Scorecards
- 18 Patient feedback
- 19-20 Safer staffing tables



Key headlines:
Effective Care:

Patient % SACT/MDU infusion patients starting treatment < 1 hour of appointment: Performance in May 2026 was stable at84.4%%. Three of the branches continue to perform > 85%. A full suite of performance metrics is in development for each MDU, including one-stop vs two stop pathways and activity and utilization measures.

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Well Led:

Nursing Recruitment and Turnover & Retention: The Nursing vacancy increased marginally to 3.6%- National job profiles being worked through systematically.

Multi-professional Recruitment: work continues to modernise recruitment and onboarding processes.

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

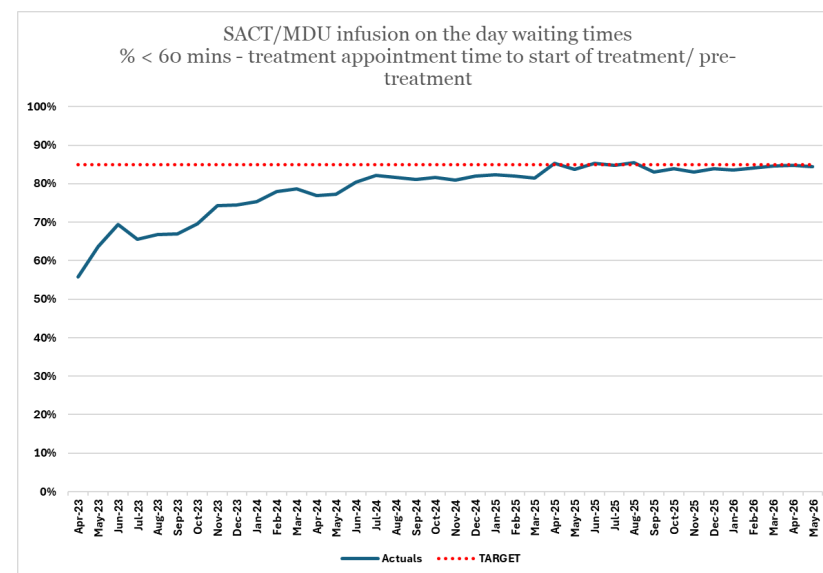
Update:

- Performance in May 2026 was stable at 84.4%% (April: 84.7%). Performance continues to be marginally below the 85% target. The Trust met the 85% standard in April 2025, June 2025 and August 2025.
- The average waiting time for May 2026 was 34 minutes (33 minutes in April)
- Three of the branches continue to perform > 85%. The branch breakdown for May: Chelsea (90.4%); Cav Square (95.1%); Kingston (90.6%). Sutton was (78.7%)
- All three private medical day units (Chelsea PP MDU, Sutton PP MDU and Cav Square) meet the 85% standard.

Key issues & actions/next steps:

- Sutton performance is primarily driven by Olyan Day Care Unit and the Children/Teenage % Young Adult (TYA) day units.
- **Olyan Day Care Unit:** Performance deteriorated slightly to 78.3%, (April 80.8%) returning to March 2026 levels
- **Children's Day Unit:** Performance also deteriorated slightly to 62.7%.
- **Meric development:** A full suite of performance metrics is in development for each MDU, including one-stop vs two stop pathways and activity and utilisation measures. Data has been produced in draft and will be sense checked with the teams first before sharing with SACT group.

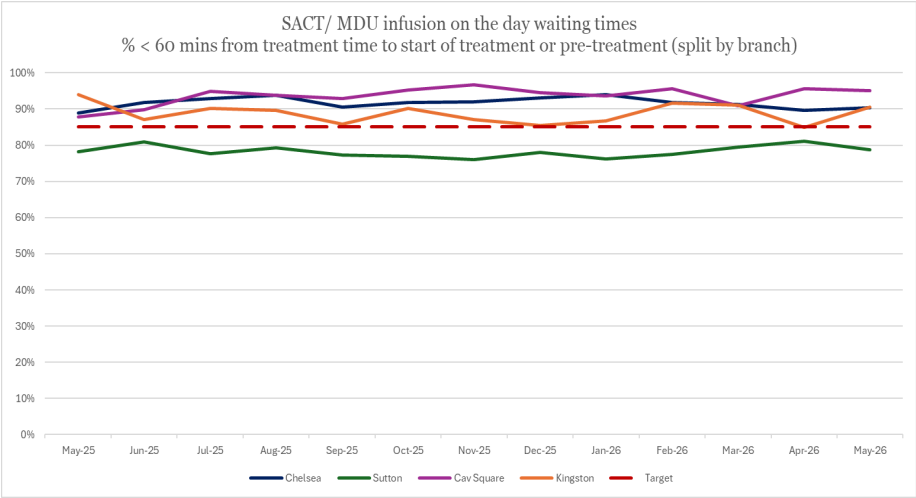
Trends:



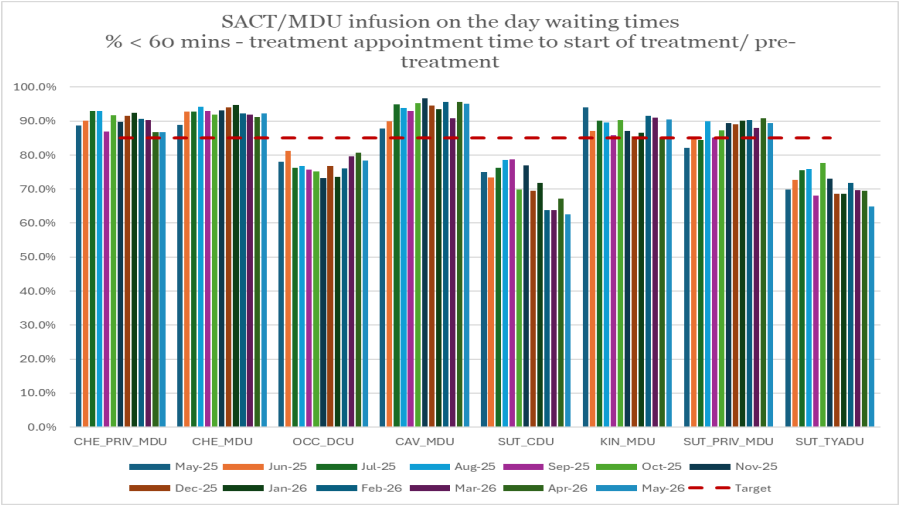
Forecast: Work continues to further improve % performance at Sutton.

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

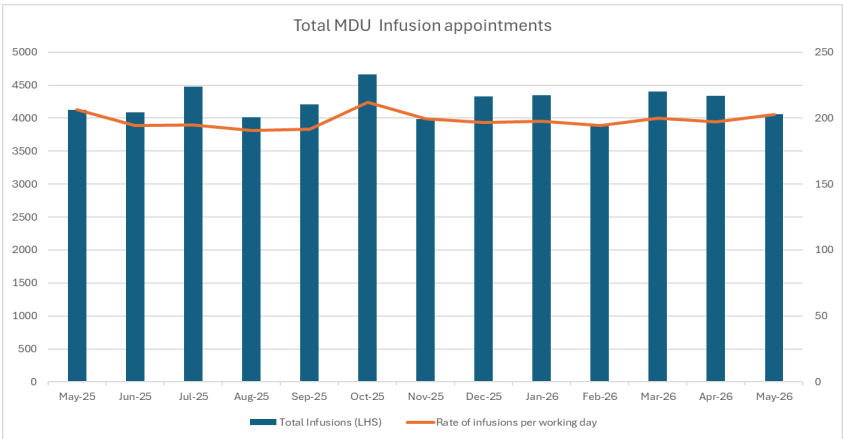
Branch level data:



Unit level data:



MDU infusion volumes (non -trial):



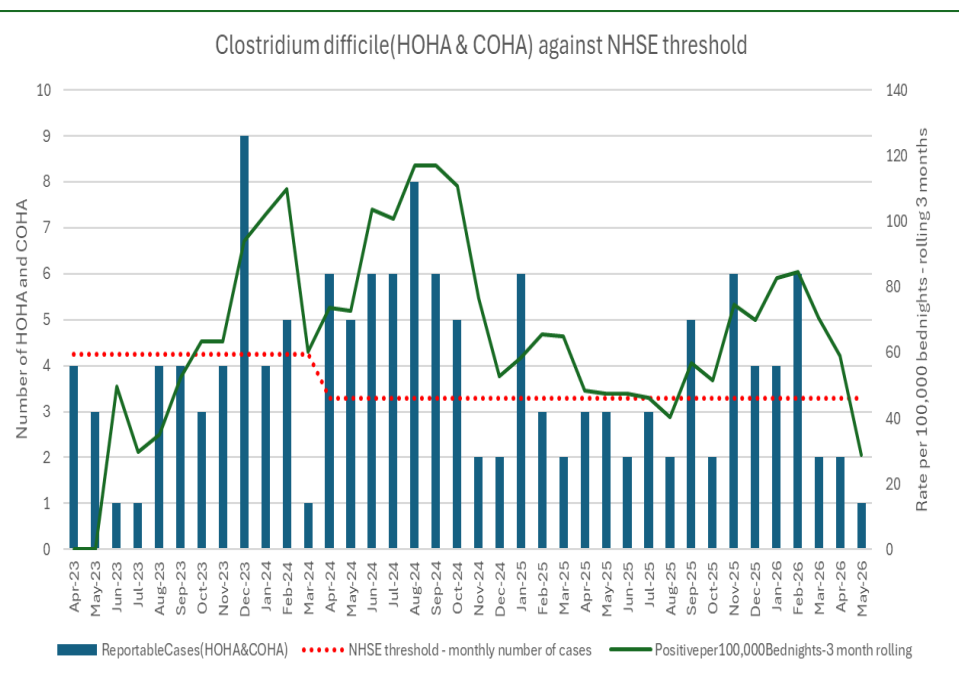
Healthcare associated Infections (hospital and community onset) (1/3)

MSSA and MRSA healthcare associated cases (HCAI) BSI:

- Zero cases of MRSA and MSSA cases in May 2026.

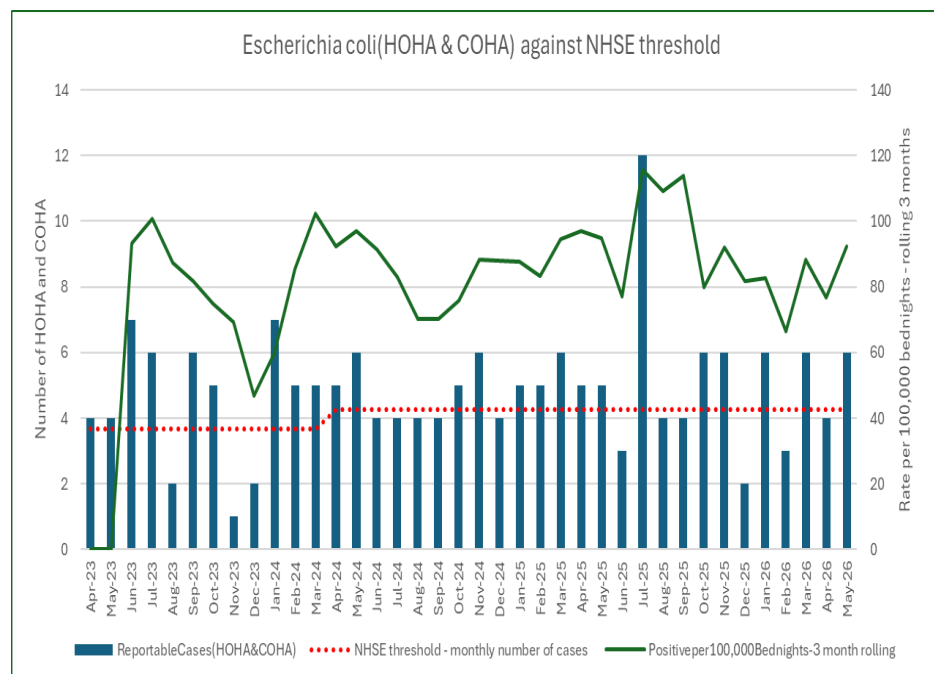
Clostridioides difficile healthcare associated infection:

- One HOHA/COHA case reported in May 2026.
- The 26/27 NHSE-set thresholds have not yet published. The graphs therefore show 25/26 threshold.



E.coli healthcare associated BSI:

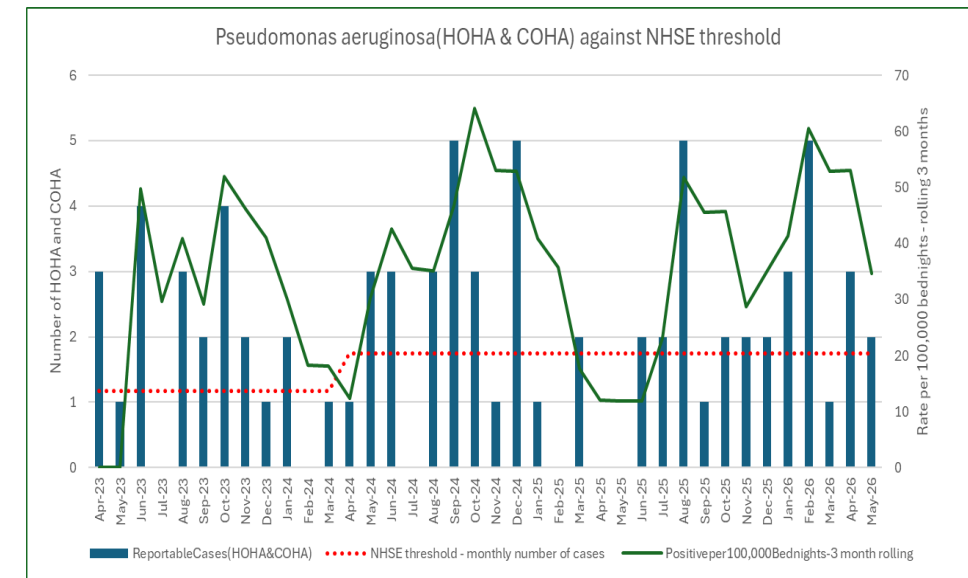
- Six HOHA/COHA cases reported in May 2026.
- The 26/27 NHSE-set thresholds have not yet published. The graphs therefore show 25/26 threshold.



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

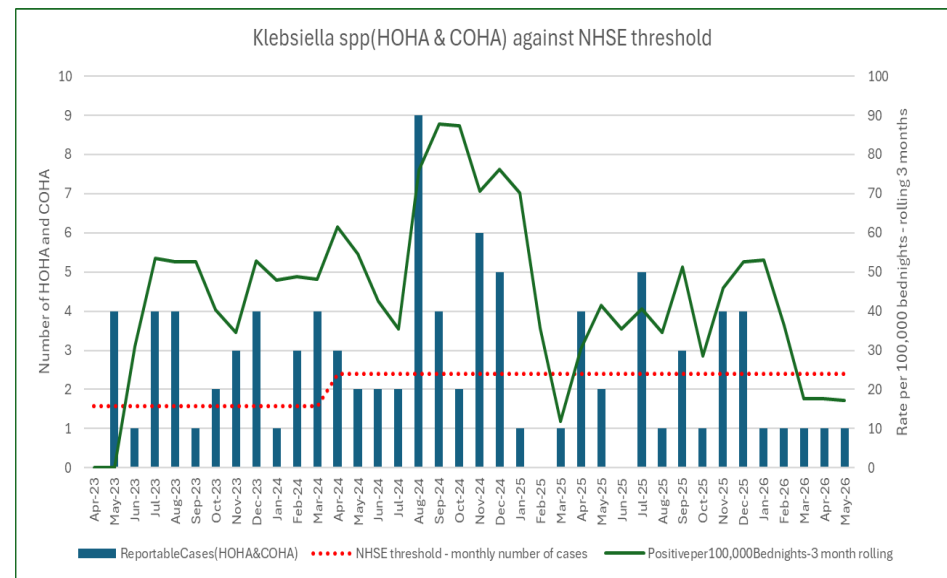
Pseudomonas aeruginosa healthcare associated BSI:

- Two HOHA/COHA cases reported in May 2026.
- The 26/27 NHSE-set thresholds have not yet published. The graphs therefore show 25/26 threshold.



Klebsiella spp. healthcare associated BSI:

- One HOHA/COHA case reported in May 2026.
- The 26/27 NHSE-set thresholds have not yet published. The graphs therefore show 25/26 threshold



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

Incidences:

Tuberculosis (TB) (respiratory) case -

A TB incident meeting was held to review a complex cross trust TB case. An international patient, developed a complex respiratory infection. Numerous TB tests were undertaken, both at The RM and other local hospitals, with multiple negative samples prior one positive sputum sample. A multi-disciplinary team, including The South West London Health Protection Unit, Chelsea and Westminster TB team, occupational health and the patients consulting team concluded that there was a low transmission risk to staff and other patients.

The meeting highlighted initial staff exposure risks and the importance of early precautions, clear communication and the use of evolving clinical evidence to guide de-isolation decisions.

The TB Consultant from Chelsea and Westminster thanked the IPC team for their support during the investigation of the case.

Innovations and training:

Innovation activity was reflected on the exploration of a suitable "pee-in-pot" device to reduce single use plastics.

Link Nurse Practitioner training was undertaken in Sutton. The training day was well attended and focused on cleaning and decontamination. The training schedules follows the 10 criteria of the Health and Social Care Act (2008)

The IPC CNS has started a rolling programme of training with the volunteers.

Hand Hygiene

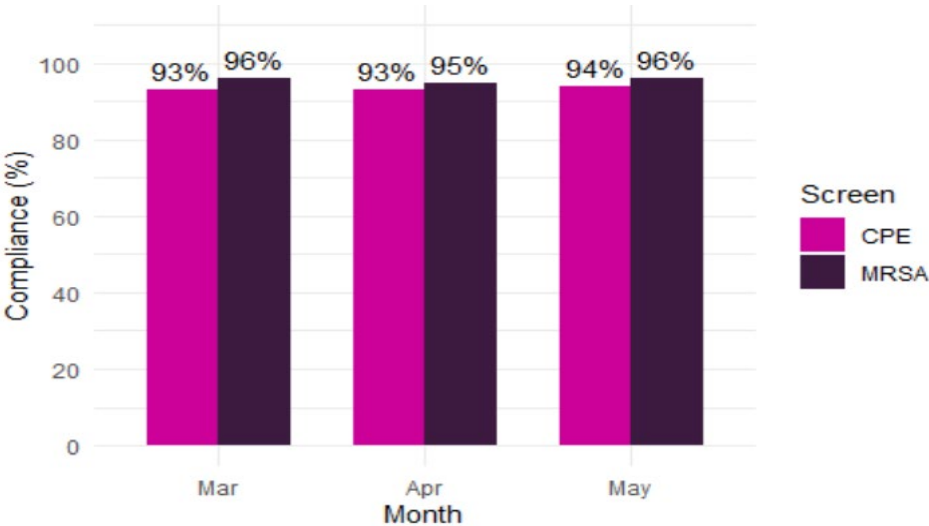
Compliance

89.8%

1471 observations

From May 1, 2026 to May 31, 2026

MRSA and CPE screening compliance



Patient Falls

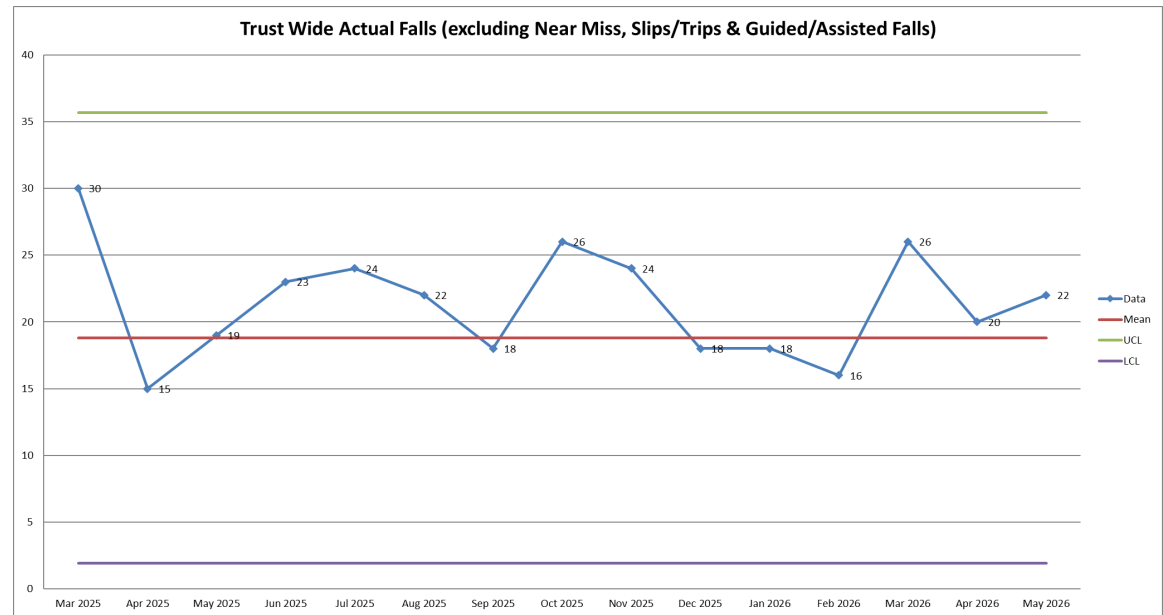
Update since previous quality account:

- 25 incidents in May, the same number as in April.
- 22 incidents classed as an actual fall (excluding near miss, slips/trips and guided/assisted falls).
- Majority of falls were from standing or walking.
- Increased number of falls from raised surfaces (chair/bed/toilet), 8 incidents compared to 6 the month prior.
- 13 no harm incidents, 12 low harm incidents and 0 moderate harm incident.
- 10 incidents on the Chelsea site, 15 incidents on the Sutton site.
- Cancer Services (17), Clinical services (4), Private Care (4), corporate services (0).
- 2 incidents in pediatrics.
- Increase in all fall related incidences compared to the previous 12-month period.
- Increase in actual fall related incidences compared to the previous 12-month period.

Key issues:

- Fall related incidents have stabilized across the Trust.
- Post fall CT protocol for hematology patient population to be reviewed in relation to increased bleeding risk and harm potential.
- Theme emerging regarding decline to engage with fall prevention strategies. Review declining care processes: exploration, capacity, risk mitigation, escalation and documentation.

Trends:



Actions / next steps:

- Continence questions and assessment has been added to the falls risk assessment flowchart in EPIC.
- Ongoing roll out of outpatient-based falls education project.
- Falls section of harm free care dashboard to be finalised.
- Mobility scooter SOP to be developed.
- Falls prevention patient information leaflet to be finalised at next steering group meeting.
- To examine how falls assessment and patient education can be utilized in MyMarsden bedside project.

Update since previous quality account:

129 incidents for May, 40% (51) adverse reactions when drug used as intended.

115 no harm, 12 low harm and 2 moderate incidents; INC 18828 referenced below and INC 18846 wrong chemotherapy administration – currently being investigated.

Key issues and Themes:

Controlled Drug incidents (24)

- 6 incidents were patient-related, including 4 administration incidents: one omitted dose following incorrect syringe driver preparation and 2 wrong dose incidents. Two further incidents involved failure to remove a patch and administration of remimazolam despite a documented allergy (INC18828).
- There were 16 accounted for losses: 6 spillages, 5 recording errors where doses were not signed out of registers, 2 running balance discrepancies and 1 breakage. There was an inaccurate count of a patient's own fentanyl patches at admission which led to incorrect documentation and a correction of a discrepancy when it was found.
- 2 incidents related to governance: use of a patient's own oxycodone as ward stock and an unattended pre-prepared remifentanyl syringe found outside the CD cupboard in Theatres.

Omitted and delayed medicines (17)

- There were 7 SACT delayed administration incidents, 5 of which were due to aseptic preparation delays and one which was not prescribed. There was also an omission due to a scheduling issue.
- 5 SACT trial administration delays: 3 were due to aseptic preparation delay, one due to a dispensing delay. There was also an administration delay due to an EPIC build issue.
- There were 3 supportive medication incidents which included an omission of iron infusion prior to discharge, an omission of furosemide due to a fluid documentation error and an omission of pre-meds prior to SACT which was identified and resolved before administration.
- There were two critical medication incidents: an omission of mycophenolate due to it being unintentionally discontinued, and an administration delay of antibiotics due to patient factors.

Actions/next steps:

- There is a planned Quality Thursday focus on patient's own CDs and documentation.
- A SWARM review regarding the remifentanyl syringe in Theatres highlighted a focus on documentation and CD disposal going forward.

Trends:

Table 1: Controlled Drug Incidents

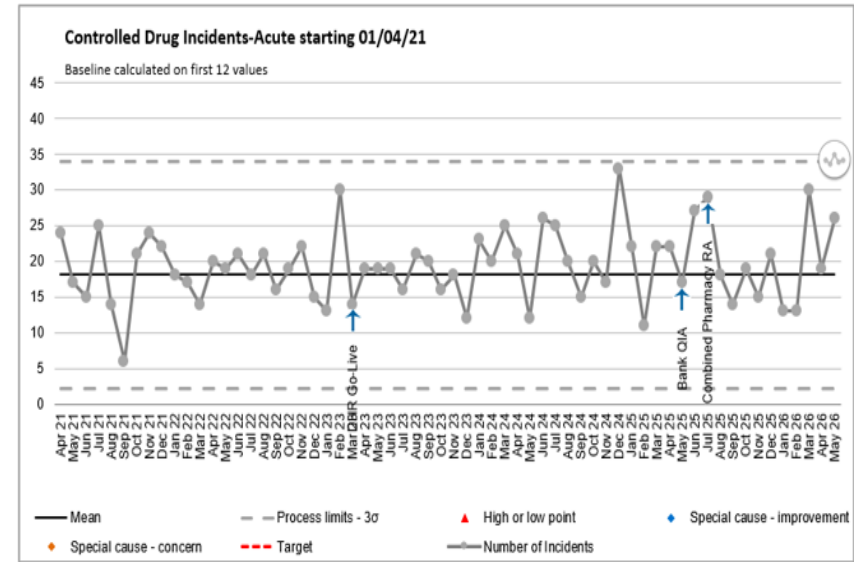
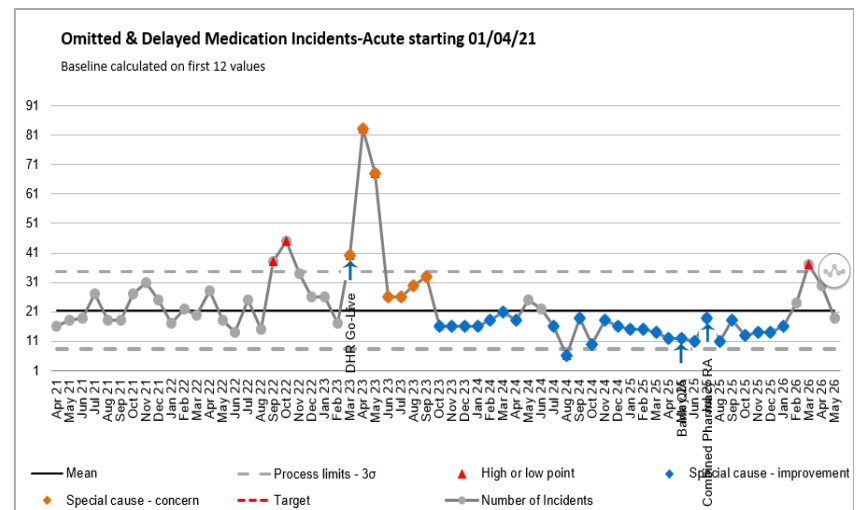


Table 2: Omitted and Delayed Medication Incidents



Hospital Acquired Pressure Ulcers (HAPU) – excluding category 1

May 2026 - Pressure Ulcer Figures

In May, there were n=6 acquired pressure ulcers, themes noted were:

N=5 injured or vulnerable skin identified

N=5 missed opportunity to optimise care, escalate to a repositioning regime

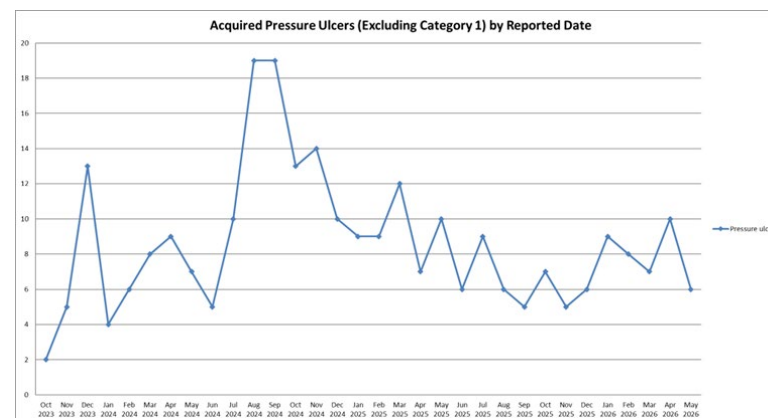
N=2 RIP and element of SCALE

N= 1 MDRPU – AES (*clinically complex, significant surgery)

Main theme- Prevention of injury and prevention of deterioration.

All low harm injuries

Trends:



TVS Actions/Activities and Next Steps

•Arjo app Super user roll out date tba- pending Cybersecurity and IG authorization

•Arjo news: await ARJO update on recruitment: next mattress audit, ward walk

Sutton dates	Chelsea dates
Thursday 2nd July	Friday 10 th July
Thursday 30 th July	Friday 24 th July

- KPMG external audit of Tissue Viability Service completed- 18/06, report pending
- Delayed and pending EPIC update – per optimization of TVS-related documentation areas

Key Interventions

- A Tissue Viability Study Days now on Learning Hub
- B Stop the Pressure Events trustwide
- C Bank & Agency QIA
- D Quarterly TVN input into non-inpatient areas
- E Revised the list of Link Practitioners

Update

- Face to Face training workshops for Negative Pressure Wound Therapy – May dates completed.

In response to April rise in MDRPU data

- NG Securement trial results from Chelsea – overwhelmingly positive, initiated trial in Sutton 11/06/26 – may have slightly less data but less patient cohort and less prevalent in Sutton
- TVS attended VTE committee to raise awareness of MDRPU from AES per April data
- PUP completed- RMH intranet publication shortly

Updates:

The proposed VTE policy and VTE guideline was reviewed at CGPC and was signed off pending minor changes on 12 June.

The next steps are for final approval at IGRM July 2026.

The lead haematology consultant, Rita Peralta, has drafted version 1 of a Standard Operating Procedure outlining indications for anticoagulation. This will need to be integrated with the peri-procedural guidance.

Key issues and Themes:

Compliance with timely VTE risk assessments across the Trust continues to remain above the national KPI of 95%.

The proposed VTE policy and guideline has not been published.

The chair is meeting the VTE Consultant Lead Rita Peralta for face to face meetings to review the relevant VTE documents.

VTE risk assessment figures:

Trust: 97.5%

Chelsea: 95.9%

Sutton: 96.6%

OCC: 99.4%

Kingston: 100%

Cav Square: 100%

Total Admissions: 7727

Actions / next steps:

The VTE committee are actively working towards developing three distinct VTE documents:

1. VTE Prevention Policy
2. VTE Diagnosis and Treatment Guideline
3. Anticoagulation SOP

The chair will continue to monitor the progress of the proposed VTE policy and guideline and continue to invite all members to additional VTE meetings for their support in reviewing these documents.

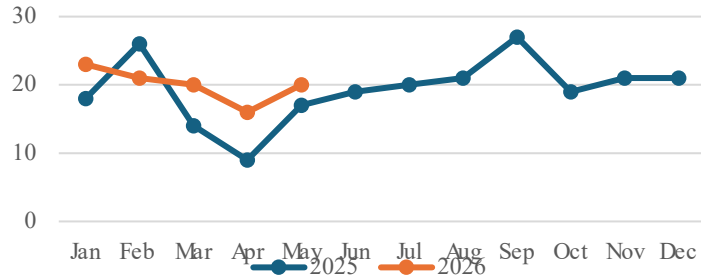
Once the policy and guideline are finalised, the VTE Committee must prioritise reviewing the EPIC assessment, refine the definitions of low, medium and high VTE risk, and re-examine the VTE data that is collected monthly.

The VTE Committee will also continue with ongoing review and monitoring of the delivery of the 11 areas of improvement/actions as documented in INC11779 unexpected death PSII publication (December 2025) and provide monthly updates to the CNO and CMO and Harm Free Care Committee with the support of the Patient Safety Team.

Deteriorating Patient

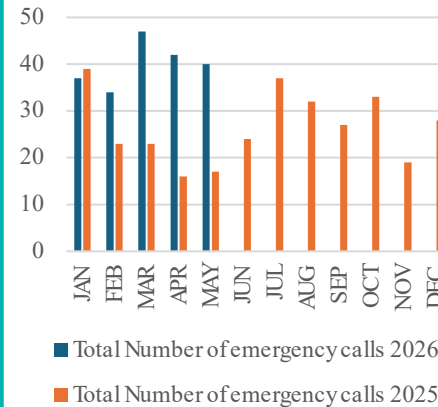
Quality Account- RMFT :-JUNE (May 2026 data)

Unplanned CCU Admissions

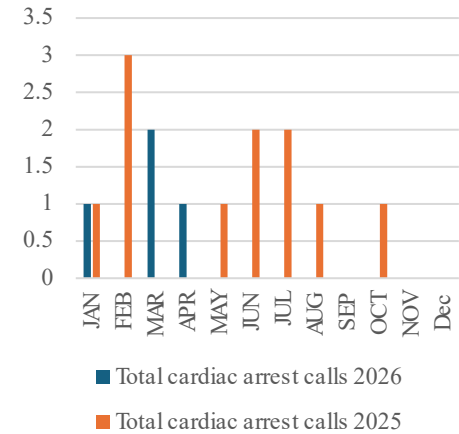


Martha's Rule: 1 Call from Relative. CCOT attended and provided reassurance and support to the relative as the patient was nearing end of life

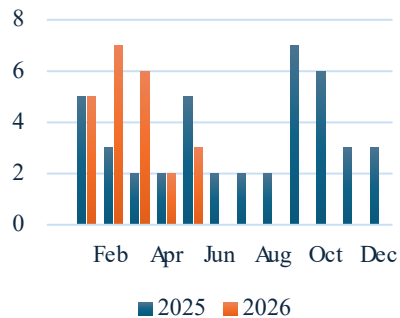
Total Number of Emergency Calls (non cardiac arrest)



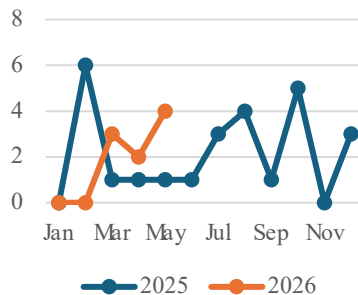
Total number of cardiac arrests both sites



CCU Admissions from Step -UP



Step Up Only Admissions



Key updates

- Sepsis Policy updated and approved
- News 2 High frequency observation order with NEWS compliance optimisation
- NEWS 2 outpatient reporting in progress
- AKI flowsheets and dashboard pre go-live training and support in progress
- Push notification optimisation in progress
- Deteriorating patient navigator in progress
- Deteriorating patient dashboard build request awaiting prioritisation
- Review and re-prioritisation of RAAUP and Sepsis study days

Patient experience and Complaints

Update since previous quality account:

- **Complaints:** 19 new complaints were opened throughout May 2026: Cancer Services (7), Clinical Services (4), Corporate Services (1), and Private Care (7)
- **Inpatient Friends and Family Test (FFT):** April 2026 is the latest published national data – 99% of respondents rated their overall experience positively, this is above the national average of 95%.
- **Outpatient Friends and Family Test (FFT):** April 2026 is the latest published national data – 96% of respondents rated their overall experience positively, this is above the national average of 94%.

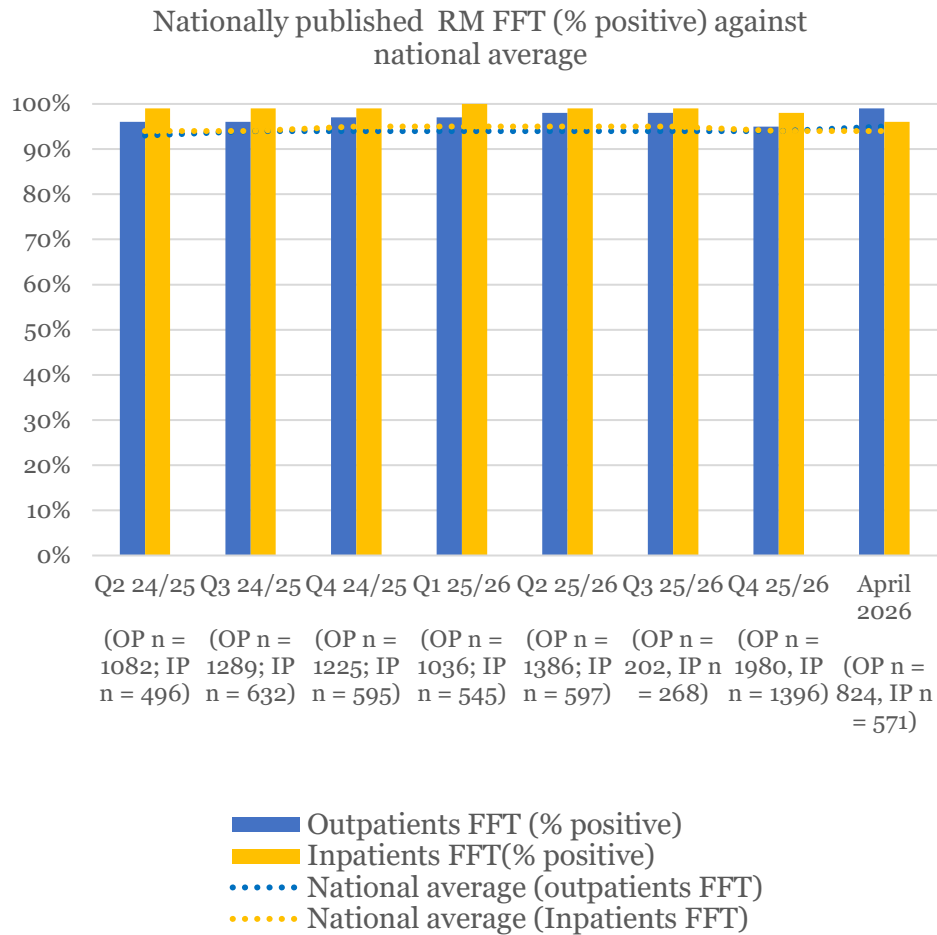
Key issues and themes:

- **Complaints:** Current themes continue to be surrounding clinical treatment of patients and concerns regarding communication
- **Friends and Family test:** Delays in treatment preparation, alongside high demand for blood test appointments, are identified as key contributors to waiting times (*see appendix 2*).

Actions/next steps:

- **Complaints:** Reinforcing guidance on recognising and responding to patient distress, including timely emotional support and the use of private spaces
- **Friends and Family Test:** Communications have been sent to service leads requesting feedback on the new FFT service provision. This will help identify what is working well and where improvements are needed, ensuring staff can respond effectively to FFT feedback.

Trends:



- Engagement and response rates continue to improve, alongside consistently positive patient experience.

Nursing Recruitment and Turnover & Retention

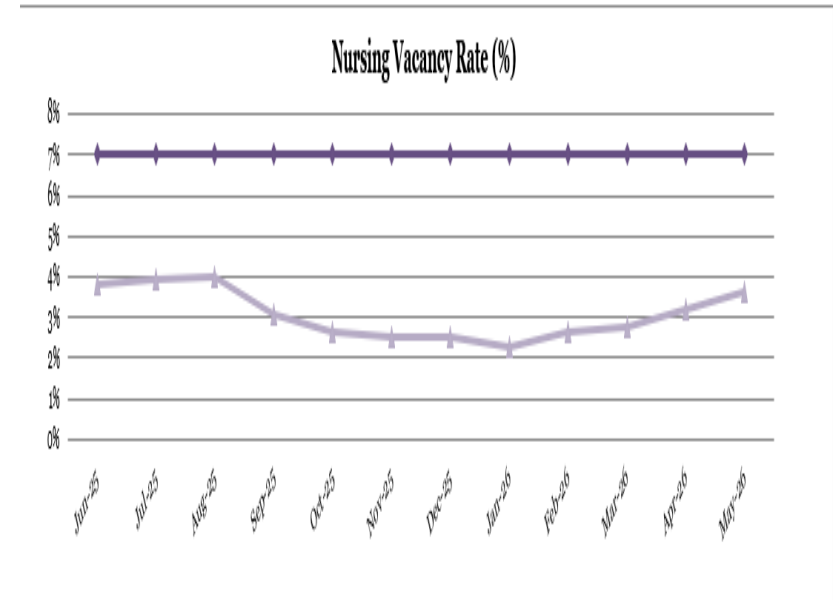
Update since previous quality account: The Trust nursing vacancy rate has increased marginally to 3.6% in May, compared to 3.2% in April. Despite the small increase, the vacancy rate remains low overall. Vacancy levels remain stable across most divisions. Cancer Services continues to report a particularly low vacancy rates of (2.5%), while Clinical Services and Clinical Research remain broadly stable at 5.4% and 4.9% respectively. Overall, the Trust continues to maintain a strong nursing workforce position, with vacancies remaining low.

Themes: Continued to focus on targeted recruitment, retention, career development, wellbeing, and inclusive recruitment initiatives to support long-term workforce sustainability.

Actions/next steps:

- Interviews for the September/October Newly Qualified Nurse intake have been completed. Successful candidates are expected to commence in post from September through to October, supporting planned workforce capacity and succession planning.
- Progressing a full review of all nursing job descriptions (Band 4–9) to align with the newly released national profiles. A dedicated working group is meeting fortnightly to ensure timely implementation and consistency, supporting role clarity, career progression and compliance with national standards.

Trends:



Forecast: The nursing workforce position is forecast to remain stable over the forthcoming period, with vacancy and turnover levels anticipated to remain comparatively low as a result of sustained recruitment and retention initiatives.

Administrative and Clerical vacancies increased slightly to 8.4%, with Additional Clinical Services at 10.9%. Estates and Ancillary vacancies reduced significantly from 14.7% to 11.3% following the TUPE transfer of facilities. Overall, the Trust continues to maintain vacancy levels below target.

Key Issues and Themes: There is a strong pipeline of candidates progressing through recruitment and pre-employment checks. Whilst vacancy and turnover remain stable across most staff groups, targeted focus continues with specialist and hard to recruit areas to support operational resilience and reduce reliance on temporary staffing.

Actions/next steps:

- Work continues to modernise recruitment and onboarding processes. The automation of new joiners onto ESR is now live, supporting a more efficient and consistent onboarding experience.
- Improvements to the Recruitment intranet pages are underway to provide managers with clearer guidance and easier access to self-service resources.

Vacancy rate by staff group

Month	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental
Dec-25	-0.20%	9.00%	8.50%	5.80%	13.20%	4.50%	4.80%
Jan-26	-2.80%	9.20%	8.30%	7.50%	13.40%	3.00%	4.50%
Feb-26	-4.20%	8.80%	8.30%	7.50%	14.20%	3.00%	4.00%
Mar-26	-4.20%	10.00%	7.80%	6.80%	14.80%	3.00%	3.80%
Apr-26	-1.20%	10.00%	7.80%	6.50%	14.50%	3.80%	4.50%
May-26	-0.80%	10.80%	8.30%	5.80%	11.20%	3.80%	6.20%

Target: 7.00%

Appendix 1 – Quality Account Scorecard (1/3)

The Royal Marsden NHS Foundation Trust

Quality Account 26/27

May 2026 Data

Key

Blue-shaded KPI denotes metric linked to BAF strategic framework

[illegible]

Appendix 1 – Quality Account Scorecard (2/3)

Key

Blue-shaded KPI denotes metric linked to BAF strategic framework

The Royal Marsden NHS Foundation Trust

Quality Account 26/27

May 2026 Data

Safe care	Target	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Trend	YTD	25/26
Falls Attributable Death Incidents	0	0	0											N/A	0	0
%hospital spells with pressure ulcer	<=0.43	0.21	0.11											N/A	0.15	N/A
Number of patients with attributable pressure ulcers- Number of Patients	N/A	12	8											N/A	20	143
Number of patients with attributable pressure ulcers: Medical Device Related	N/A	7	2											N/A	9	41
Number of patients with attributable pressure ulcers: Micosal	N/A	0	0											N/A	0	15
Number of patients with attributable pressure ulcers: Category 1	N/A	1	2											N/A	3	39
Number of patients with attributable pressure ulcers: DTI	N/A	2	0											N/A	2	14
Number of patients with attributable pressure ulcers: Category 2	N/A	6	3											N/A	9	52
Number of patients with attributable pressure ulcers: Category 3	N/A	0	3											N/A	3	11
Number of patients with attributable pressure ulcers: Unstageable	N/A	3	0											N/A	3	11
Number of patients with attributable pressure ulcers: Category 4	0	0	0											N/A	0	0
Number of attributable medication incidents with moderate harm and above	<=1	0	2											N/A	2	6
Medication Incidents (CD and Abx)	N/A	31	28											N/A	59	N/A
VTE Risk Assessment (within 14 hours)	>95%	97.3%	97.5%											N/A	97.4%	97.2%
Effective	Target	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Trend	YTD	25/26
%SACT Infusion patients starting treatment within 1 hr of appointment time- Chelsea	>85%	89.7%	90.4%											N/A	90.0%	91.8%
%SACT Infusion patients starting treatment within 1 hr of appointment time- Sutton	>85%	81.0%	78.7%											N/A	79.9%	78.2%
%SACT Infusion patients starting treatment within 1 hr of appointment time- Kingston	>85%	84.9%	90.6%											N/A	87.6%	89.0%
%SACT Infusion patients starting treatment within 1 hr of appointment time- CavSq	>85%	95.6%	95.1%											N/A	95.3%	93.3%
Bed occupancy- Chelsea	>82% <=87%	84.5%	91.0%											N/A	87.7%	N/A
Bed occupancy- Sutton	>82% <=87%	85.6%	78.6%											N/A	82.0%	N/A
Bed occupancy- Sutton (excluding Paeds and Oak DDU)	>82% <=87%	94.3%	86.7%											N/A	90.3%	N/A

Appendix 1 – Quality Account Scorecard (3/3)

The Royal Marsden NHS Foundation Trust

Quality Account 26/27

May 2026 Data

Key

Blue-shaded KPI denotes metric linked to BAF strategic framework

Caring	Target	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Trend	YTD	25/26
Friends and Family Test (Inpatient and DayCare): %overall experience	≥95%	98.6%	97.1%											N/A	98.0%	98.6%
Friends and Family Test (Inpatient and DayCare) Number of Responses	N/A	577	414.00											N/A	991	2818
Friends and Family Test (Outpatients): %overall experience	≥95%	95.8%	94.3%											N/A	94.9%	97.2%
RMH Outpatient Friends and Family Test: Number of Responses	N/A	824	1,250											N/A	2,074	4688
Responsive	Target	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Trend	YTD	25/26
Rate of written complaints per 1,000- daycases and IP discharges	≤2.00	2.5	2.5											N/A	2.5	1.7
%of complaints responded to in required timescale	≥90%	73.3%	33.3%											N/A	61.9%	51.7%
Number of Re-opened Complaints	N/A	2.0	2.0											N/A	4.0	N/A
Number of Fully Upheld Complaints	N/A	2.0	2.0											N/A	4.0	N/A
Duty of Candour	100.0%	100%	100%											N/A	100%	N/A
Number of occurrences of patients in breach of sleeping accommodation guidelines	0	0	0											N/A	0	0
Well led	Target	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Trend	YTD	25/26
NHS Oversight Framework	1													N/A	N/A	N/A
Relative likelihood of white staff being appointed from shortlisting across all posts (WRES2 Indicator)	0.8-1.25													N/A	N/A	N/A
Number of Freedom to Speak Up (FISU) Alerts														N/A	N/A	127
Trust vacancy rate	≤7%	6.1%	6.3%											N/A	6.2%	6.1%
Sickness rate (one month in arrears)	≤3%	3.8%	3.7%											N/A	3.7%	3.9%
Voluntary staff turnover rate	≤12%	6.3%	6.4%											N/A	6.4%	7.1%
Mandatory Training: %of staff compliant with training	≥90%	94.1%	95.5%											N/A	94.8%	93.9%
%of staff compliant with adult's safeguarding level 1	≥90%	97.0%	97.5%											N/A	97.2%	96.9%
%of staff compliant with adult's safeguarding level 2	≥90%	95.0%	95.4%											N/A	95.2%	94.6%
%of staff compliant with adult's safeguarding level 3	≥90%	91.0%	89.3%											N/A	90.1%	84.5%
%of staff compliant with Children's safeguarding level 1	≥90%	96.2%	97.3%											N/A	96.7%	96.5%
%of staff compliant with Children's safeguarding level 2	≥90%	94.1%	94.6%											N/A	94.4%	93.5%
%of staff compliant with Children's safeguarding level 3	≥90%	90.1%	93.5%											N/A	91.8%	89.8%
Sexual Safety training compliance	≥90%	95.3%	96.4%											N/A	95.8%	85.7%
Oliver McGowan Training- Phase 1 Compliance	≥90%	97.2%	97.4%											N/A	97.3%	N/A

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 st July 2026		Agenda item: 5.4
Title of Document: Month 2 Finance Report		To be presented by: Chief Financial Officer
1. <u>Status</u> For noting		
2. <u>Purpose:</u> To brief the Board about the monthly financial performance		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	x	
<i>Operational Performance</i>	X	
<i>Legal / regulatory / audit</i>	x	
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>		
<i>Governance</i>		
<i>Other</i>		
3. <u>Summary</u>		
The report presents the Trust financial performance as at 31st May 2026. The Trust Board has approved the following financial plan targets for 2026/27: • A breakeven income and expenditure control total; • An efficiency plan requirement of £26.1m; • A £79.3m capital plan comprising: ▪ £48.5m capital departmental expenditure limit (CDEL) plan (£29.9m Trust-funded and £18.6m Public Dividend Capital (PDC) funded). ▪ £30.8m donated funds (£28.3m RMCC and £2.5m is NIHR funded). • A planned cash balance of £125.4m at 31 March 2027 Key Headlines • The Trust reported a control total of a £0.7m deficit in May, in line with plan and a £1.4m deficit YTD in line with plan. • As at 31st May 2026 the cash balance was £106.8m, £11.7m behind plan due to additional RMCC and private patients' debt. • Total capital expenditure YTD was £5.9m against a plan of £4.9m. Of which Trust funded and PDC schemes were £0.5m ahead of plan year-to-date, schemes funded by donations were £0.4m overspent year-to-date.		
4. <u>Recommendations / Actions</u>		
The Board is asked to note the position set out in the report.		

Finance Report

1. Introduction

The paper provides a summary of the financial position as at 31st May 2026.

2. Background

The Trust Board has approved the following financial plan targets for 2026/27:

- A breakeven income and expenditure control total;
- An efficiency plan requirement of £26.1m;
- A £79.3m capital plan comprising:
 - £48.5m capital departmental expenditure limit (CDEL) plan (£29.9m Trust-funded and £18.6m Public Dividend Capital (PDC) funded).
 - £30.8m donated funds (£28.3m RMCC and £2.5m is NIHR funded).
- A planned cash balance of £125.4m at 31 March 2027.

3. Financial performance summary

As at 31st May 2026, the key headlines are as follows:

- The Trust position is on plan in-month with a £0.7m deficit and a £1.4m deficit year-to-date. The plan moves from deficit at the start of the year to a surplus later in the year, due to the phasing of initiatives due to deliver later in the year.
- The underlying run-rate – the position after adjusting for any non-recurrent items – is a deficit of £0.7m per month for the first two months of the year. This run-rate is in line with the exit position in Quarter 4 of last year.
- Total operating income is £0.6m ahead of plan in-month with overperformance primarily attributable to the RM Partners programme (£1.1m) and grants supporting the Chelsea development (£0.5m). Patient care income is net behind plan in-month (£1.1m) with private patients' income having overperformed by £0.5m, due to plan phasing at the start of the year. The NHS income position year to date is estimated, the data suggests underperformance on elective and pass-through drugs underperformance.
- Pay costs are £0.2m favourable to plan in-month and £0.5m favourable year-to-date, with underspends in research and private patients.
- Non-pay costs are £0.8m adverse to plan in-month, with £1.1m of adverse variance on RM Partners as the main driver.
- In the two months to end of May, the Trust incurred £4.3m CDEL spend against a £3.7m plan, and £1.6m donated spend against a £1.2m plan, with the overperformance attributable to schemes running ahead of schedule.
- The cash position is £106.8m as at 31st May 2026, £11.6m behind plan. The variance to plan is driven by overseas private patients' debt, greater than planned RMCC debt and additional capital expenditure payments.

2. Income & Expenditure May 2026

Status  **Apr-26**  **May-26**

May				Year to Date			Annual Plan £'000
Plan £'000	Actual £'000	Variance £'000		Budget £'000	Actual £'000	Variance £'000	
(30,621)	(29,062)	(1,559)	NHS Acute Income	(61,241)	(59,075)	(2,166)	(367,448)
(16,003)	(16,539)	535	Private Patients Income	(31,690)	(32,688)	998	(200,929)
(46,624)	(45,600)	(1,024)	Total Patient Care Income	(92,932)	(91,764)	(1,168)	(573,308)
(1,342)	(632)	(709)	R&D income	(2,683)	(1,756)	(927)	(16,098)
(3,437)	(4,256)	819	Commercial clinical trials	(6,875)	(7,785)	910	(41,247)
(1,626)	(2,295)	669	Grants income (Charitable contributions to Income)	(3,252)	(3,873)	621	(19,514)
(859)	(916)	57	Education income	(1,717)	(1,513)	(204)	(10,303)
(2,027)	(1,894)	(132)	Commercial income	(4,053)	(3,565)	(488)	(27,635)
(1,696)	(1,468)	(228)	Other Operating Income	(3,500)	(2,329)	(1,171)	(20,456)
(1,859)	(2,973)	1,115	Other Operating Income - RMP	(4,069)	(3,564)	(505)	(24,065)
(12,844)	(14,435)	1,591	Total Other Income	(26,150)	(24,385)	(1,765)	(159,319)
(59,468)	(60,036)	567	Total Operating Income	(119,081)	(116,149)	(2,932)	(732,627)
32,556	30,992	1,564	Substantive	65,648	62,084	3,564	392,110
96	1,285	(1,188)	Bank	193	2,972	(2,780)	1,156
1	115	(114)	Agency	1	212	(211)	6
32,653	32,391	262	Total Operating Pay	65,842	65,268	574	393,273
11,877	10,096	1,782	Drugs	23,750	21,202	2,548	145,878
5,065	5,090	(25)	Clinical Supplies	10,130	9,743	387	62,380
1,563	1,603	(40)	Non Clinical Supplies	2,710	2,800	(90)	18,341
2,306	2,360	(55)	Premises	4,624	4,171	454	28,433
3,468	4,850	(1,382)	Other Non Pay	6,656	8,262	(1,606)	43,673
1,464	2,629	(1,164)	Other Non Pay - RMP	3,271	2,759	511	19,434
25,743	26,627	(884)	Total Operating Non Pay	51,141	48,937	2,203	318,139
58,396	59,019	(622)	Total Operating Expenditure	116,982	114,205	2,777	711,412
(1,072)	(1,017)	(55)	Total Operating (Surplus)/Deficit	(2,099)	(1,944)	(155)	(21,215)
507	507	(0)	PDC	1,014	1,014	(0)	6,086
(342)	(320)	(22)	Finance (Income)/Costs	(685)	(678)	(7)	(4,108)
(903)	(1,159)	256	Donated Asset Financing	(2,709)	(1,593)	(1,116)	(30,092)
2,449	2,333	116	Depreciation	4,899	4,661	238	29,393
0	(0)	0	(Profit)/Loss on Disposal of Fixed Assets	0	(5)	5	0
1,711	1,361	350	Total Non operating Income and Expense	2,519	3,399	(880)	1,279
639	344	295	Total (Surplus)/Deficit	420	1,455	(1,035)	(19,936)
903	1,159	(256)	Deduct: Donated Asset Financing	2,709	1,593	1,116	30,092
(846)	(807)	(39)	Add back: Depreciation on Donated Assets	(1,693)	(1,611)	(82)	(10,155)
696	696	0	Control Total (Surplus)/Deficit	1,437	1,438	(1)	0

4. Income and Expenditure

In-month: £0.7m deficit, on plan; year-to-date £1.4m deficit, on plan

Income

In-month: £60.0m, £0.6m favourable to plan, year-to-date £116.1m, £2.9m worse than plan.

NHS Income

In-month NHS income is £1.6m behind plan, and £2.2m behind plan year-to-date. The key drivers are underperformance on the pass-through drugs element of income and underperformance on variable elective activity.

Elective activity income at Month 2 is an estimate. The current data indicates elective activity is behind plan but is being reviewed to enable to position to be reported based on actual activity numbers in future months.

The Trust has agreed contract values with the majority of commissioners, but discussions are on going to finalise the split of income between contract elements. Once finalised the finance plan will be updated to reflect agreed values. There is not expected to be a gap to the total plan but if any is identified this will be managed through the risks and opportunities.

£m	Year to date		
	Plan	Actual	Variance
Fixed	19.8	19.8	0.0
Elective	10.1	9.5	(0.7)
Variable	5.8	5.6	(0.2)
Drugs	15.4	14.3	(1.2)
Devices	0.2	0.2	0.0
CAR-T	0.3	0.1	(0.2)
PET-CT	5.1	5.1	0.0
GLH	2.6	2.6	0.0
OSV	1.4	1.4	(0.0)
LVA	1.0	1.0	0.0
Other	(0.5)	(0.5)	0.1
Total	61.2	59.1	(2.2)

Private patients

Private Patient income is £0.5m ahead of plan in May (£1.0m year-to-date). The mix of activity for Private Patient's is generating a stronger margin due to a lower proportion of drug pass-through income. This has resulted in a £0.8m in-month favourable variance at the bottom line (£1.8m favourable year-to-date).

Research

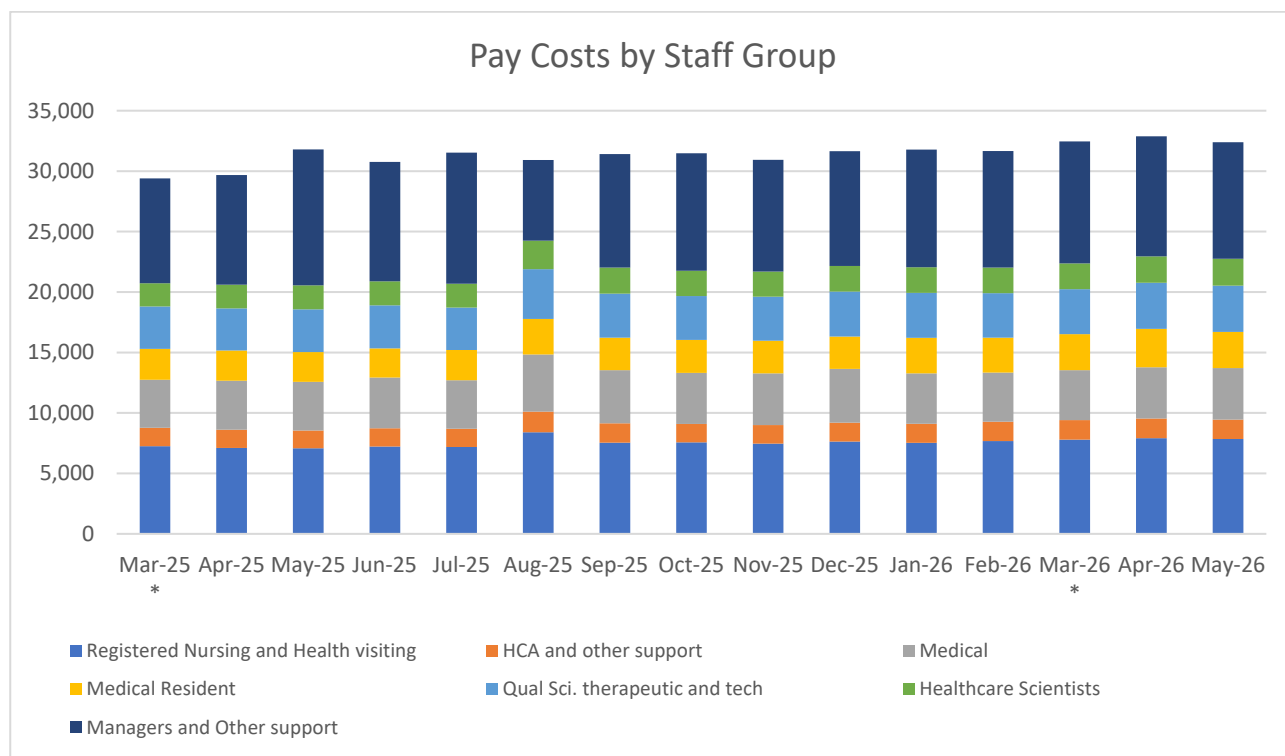
Commercial Clinical trials income continues to perform strongly, with £0.8m positive variance to plan in-month. This is offset by other R&D income which is behind plan by £0.7m.

Other income

Other income is £1.6m ahead of plan in-month, with RM Partners contributing £1.1m of this (matching an offsetting cost overspend). Grants income is £0.6m favourable to plan, reflecting higher income recognition associated with profiling of the Chelsea development grant and associated expenditure.

Pay

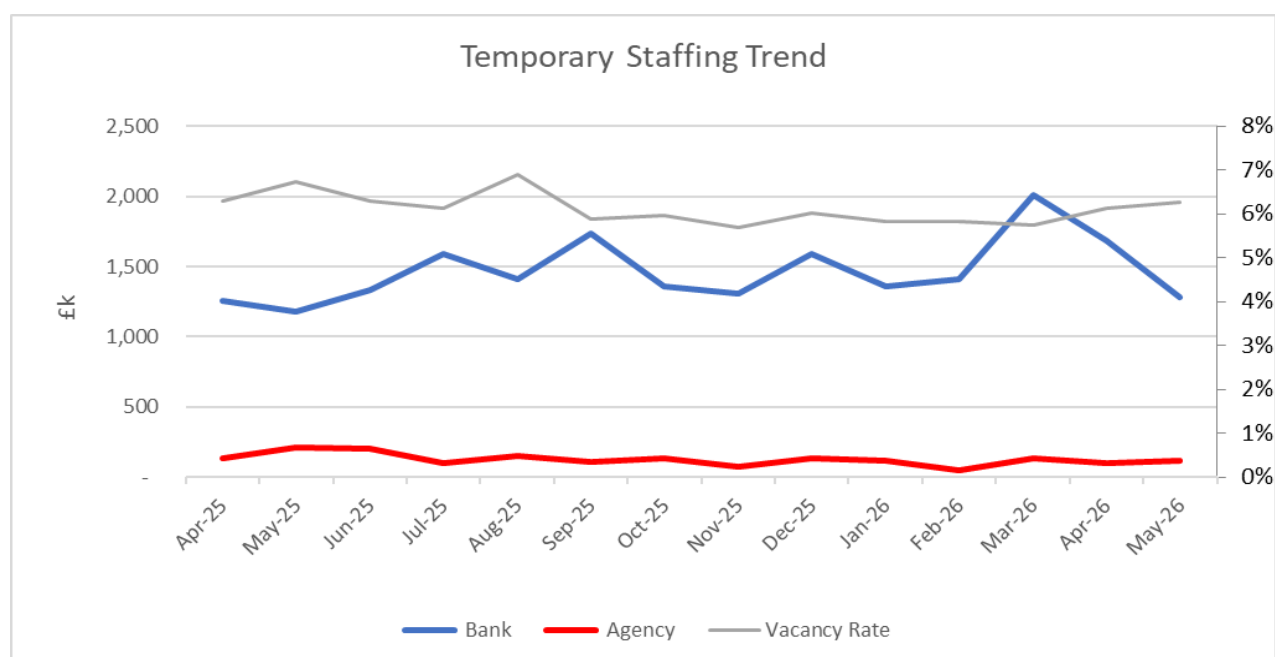
Pay costs are £32.4m in-month £0.3m better than plan, £65.3m year-to-date, £0.6m better than plan.



Substantive Staffing

Substantive pay costs are £31.0m, a £0.1m reduction from Month 1. Pay costs are below plan year to date in research, which is offset in income, and private patients. Overall the staff pay awards have been approved at a level greater than indicated in planning guidance which will drive a risk over the course of the financial year.

Temporary Staffing



Bank costs were £1.3m in Month 2, a reduction of £0.4m from the levels seen in April and £0.1m lower than the 2025/26 average. The Trust has a bank cap of £16.7m for the year, £1.4m a month assuming equal phasing of spend. The Trust is under the cap in month, but over year to date due to high spend in April. Assuming the Trust maintains May spend it will be below the cap for the year, however if costs increase the cap may be breached. The focus on reducing bank spend must be maintained to ensure that the Trust is able to meet the target. Agency costs were £0.1m which continues the low spend throughout 2025/26.

The trend shows the position on temporary staffing costs and vacancy rate in 2025/26 and the first two months of 2026/27. There has been a steady state of bank costs during last year, with an increase in March, this reduced in April and further in May bringing the total costs back in line with trend. Agency costs have remained low in 2025/26 and in 2026/27, which reflects the Trust's monitoring of agency usage through its flexible staffing group.

Non-pay expenditure

In-month: £26.6m, £0.9m adverse to plan. year-to-date £11.2m £2.8m better than plan.

Non-pay costs are adverse to plan in-month primarily reflecting a £1.1m variance within RM Partners.

The plan with NHSE in February has fixed phasing which cannot be adjusted. The final phasing of plans agreed with Divisions subsequently adopts a different phasing. As a result, phasing differences between the plan agreed with NHSE in February and the final position agreed with Divisions are reconciled through other non-pay giving rise to variances which are not reflective of actual financial performance. This is the driver of £xm of the other non-pay variance. Other non-pay also includes a £0.6m overspend within Estates, driven by costs recognised on the Chelsea development grant, with a corresponding income offset.

These pressures have been more than offset by a favourable variance in drug expenditure of £1.8m in-month (£2.5m year-to-date), reflecting planned cost increases that have not yet materialised.

Summary of year-to-date performance

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 Month 2 adjusted run-rate is £0.7m deficit, in line with the actual reported position and the average position at the end of last financial year.

	Month 1	Month 2	Year to date
Report	(£0.7m)	(£0.7m)	(£1.4m)
One-offs	-	-	-
Adjusted	(£0.7m)	(£0.7m)	(£1.4m)

Risks

The Trust is planning to deliver a break-even position although there are risks to this plan. The main risks identified in the position are pay award uplift costs, efficiency identification and industrial action.

Risk	£m
Pay Award shortfall	(£3.0m)
Unidentified efficiency target	(£2.3m)
Industrial actions	(£0.5m)
PP Drugs	TBC
Reported Risks	(£6.8m)

Trusts are advised on the level of pay increase to assume during the planning process with the actual level of pay increase determined by national review bodies at different points during the year. As a significant proportion of the Trust's income arises from non-NHS sources, differences between the advised and actual level of pay award tend to adversely impact the Trust due to the fact that the pay awards are adjusted through

NHS income, which makes a proportionally smaller amount for the Trust when compared to other NHS entities. Where possible the Trust reflects these prices in non-NHS activities too but as prices are set for non-NHS activities in advance of the year the increases can only be recovered in the subsequent period creating an in-year pressure.

The risk relating to the efficiency programme was initially identified as £3.3m due to unidentified efficiency schemes. This has improved to £2.3m at the end of June. This is expected to be mitigated through identification of additional schemes or from the deployment of enhance controls. The position will be reviewed from Month 3 when the reported position on individual schemes is available.

The risk relating to private care drugs is evolving and as no exposure has been finalised at this point, no value has been assigned but the risk is acknowledged as being significant.

5. Capital Expenditure

The total planned capital expenditure for the 2026-27 financial year is £79.3m, a significant increase compared to the prior year when the Trust delivered a £45.5m capital programme. The increase is mainly due to Chelsea New Development project, expected to reach RIBA4 stage from which capitalisation of costs commences.

£m	In-month			Year-to-date			Full year		
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	FOT	Variance
Trust-funded	1.6	2.8	(1.1)	2.7	3.7	(1.0)	29.9	29.9	0.0
PDC	0.6	0.3	0.3	1.0	0.5	0.4	18.6	18.6	0.0
CDEL	2.2	3.1	(0.9)	3.7	4.2	(0.6)	48.5	48.5	0.0
Donated	1.2	1.2	(0.0)	1.2	1.6	(0.4)	30.8	30.8	0.0
Gross capital	3.3	4.2	(0.9)	4.9	5.9	(1.0)	79.3	79.3	0.0

CDEL (Trust-funded and PDC) expenditure

In the two months to end of May, the Trust spent:

- £3.7m on Trust-funded projects against a £2.7m plan.
- £0.5m on Public Dividend Capital (PDC) funded projects against a £1.0m plan.

The key variances are:

- £0.8m accelerated spend on Aseptics suite project. Total lifetime cost of the project is expected to stay at £10.3m.
- £0.9m spend on Compute & Storage Phase 1, which was profiled for later in the year.
- £0.5m underspend on PDC projects (MRI, CT scanner estates works), expected to recover later in year.

Donated spend

In the two months to end of May, the Trust spent £1.6m on donated projects, which is £0.4m ahead of £1.2m plan year-to-date.

The key variances are:

- £0.3m overspend on donated RMCD, which is under investigation and may require moving to revenue as the spend does not yet meet capitalisation criteria.
- Medical equipment being delivered in this financial year, which was not on the plan. This reflects timing differences between the grant being awarded and the spend being incurred. Any overspends or underspends in this area do not count towards CDEL limits.

Full year forecast, risks and opportunities

Work is ongoing with all relevant stakeholders to obtain a full year forecast. This will be presented at Month 3.

6. Cash

Current position

As at 31st May 2026 the cash balance was £106.8m, £11.7m behind plan

The key drivers of the cash position are as follows;

- Private patient debt is higher than planned due to delays from Qatar who have implemented a new system. A payment of £3.1m was received in early June, and aged debt is expected to be cleared by August.
- RMCC debt is higher than plan by £5.0m, this has been agreed with the charity
- Increase in capital payables £2.1m.

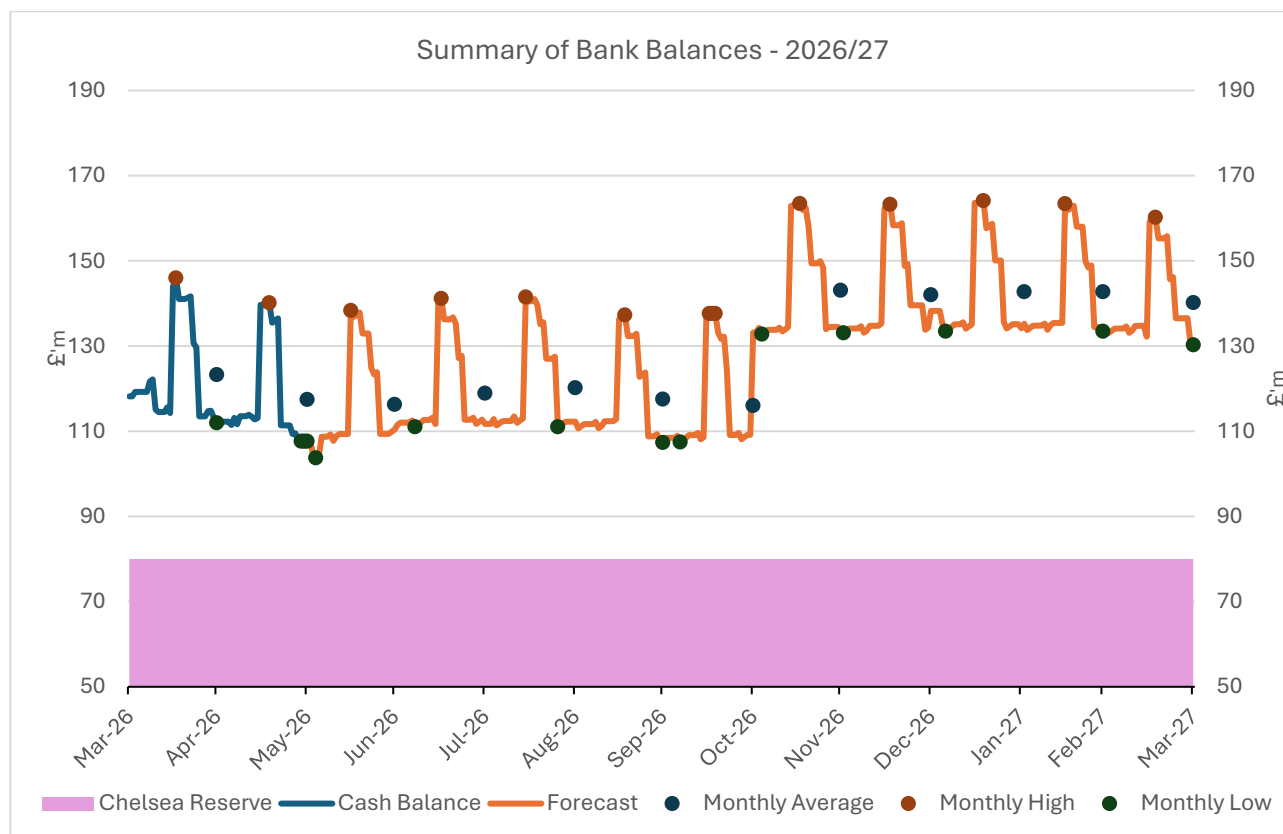
Cash Reporting Metrics

Below are key metrics used widely by organisations to monitor their cash position and liquidity. The Trust's figures are reported below, alongside commentary on how ratios are derived and whether within healthy ranges.

Below are some key metrics used to monitor the cash position:

Cash Metrics	Description	M12 2025/26	M1 2026/27	M2 2026/27
Cash Days	Number of days Trust can pay its operating expenses	60	60	57
Debtor Days	Average days taken to turn income into cash	79	87	85
Quick Ratio	Ability to meet current liabilities with easily liquid assets	1.84	1.86	1.83
Working Capital Ratio	Ability to meet current liabilities with current assets	1.93	1.95	1.92
Creditor Days	Average days taken to pay creditors	133	145	141
BPPC Value % paid in target (95%)		96%	90%	94%
BPPC Number % paid in target (95%)		93%	93%	94%

Forecast



Cash high points in the month reflect that NHS payments are received on 15th of the month, with the low points being substantive salary pay date, 25th of the month-end.

7. Summary

The Trust reported a control total of a £0.7m deficit in May, in line with plan and a £1.4m deficit year-to-date in line with plan and underlying expenditure rate.

Total capital expenditure year-to-date was £5.9m against a plan of £4.9m. Of which Trust funded and PDC schemes were £0.5m ahead of plan year-to-date, schemes funded by donations were £0.4m overspent year-to-date.

As at 31st May 2026 the cash balance was £106.8m, £11.7m behind plan due to higher than anticipated levels of embassy debt with Qatar and additional RMCC credit which is being unwound.

There are emerging risks to the revenue position which require mitigation plans, and monitoring, during the first two quarters of the year. The cash position is expected to recover over the course of the year and there are no expected issues with capital at Month 2.

8. Recommendation

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

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 6.1
Title of Document: Safer Staffing Report		To be presented by: Chief Nurse
1. <u>Status:</u> To Note		
2. <u>Purpose:</u>		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>	<i>Patient safety</i>	
<i>Operational Performance</i>		
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>		
<i>Governance</i>	x	
<i>Other</i>		
3. <u>Summary</u>		
Patient safety and acuity oversight: Patient acuity, dependency and occupancy are reviewed to ensure safe staffing on inpatient wards.		
Governance and oversight of staffing levels and skill mix assurance: Nurse staffing levels and skill mix are reviewed in line with national expectations and best practice, meeting CQCs fundamental standards on staffing.		
Escalation and real time risk management: Robust systems for escalation, including daily staffing huddles/clinical safety huddles and red flag reporting.		
4. <u>Recommendations / Actions</u>		
The Board is asked to note the assurance provided by this review that nursing staffing levels, skill mix and escalation processes are appropriate to support safe and effective patient care, and that ongoing risks are recognised and subject to active mitigation and governance oversight.		

The ROYAL MARSDEN

Safer Staffing Annual Review – Nursing

December 2025

PRIVATE AND CONFIDENTIAL



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1. Introduction

This bi-annual Safer Staffing Review provides assurance to the Board that nursing staffing arrangements across The Royal Marsden NHS Foundation Trust remain safe, sustainable, and compliant with national guidance and professional standards.

The Trust meets the National Quality Board (NQB, 2016) expectations which enables compliance with the CQC's fundamental standards on staffing. And the Trust ensures the following components are used in safer staffing processes, with the application of and review of:

- Evidence based tools, the Safer Nursing Care Tool, (SNCT)
- Professional judgement
- Outcomes

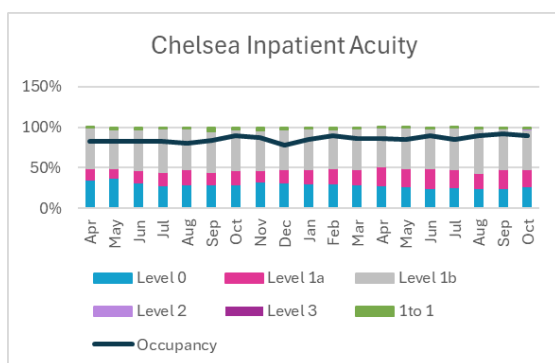
Inpatient wards are reviewed on a rolling basis, using the SNCT every six to twelve months, with outpatient and day care areas reviewed annually. These reviews are informed by triangulated data and incorporate a range of measures including Care Hours per Patient Day (CHPPD), red flag reporting, local workforce variations, quality indicators and key workforce metrics to ensure safe, effective and responsive staffing models.

The Board is asked to **note the assurance provided** by this review that nursing staffing levels, skill mix and escalation processes are appropriate to support safe and effective patient care, and that ongoing risks are recognised and subject to active mitigation and governance oversight.

2. Metrics and Safe Staffing Review Data:

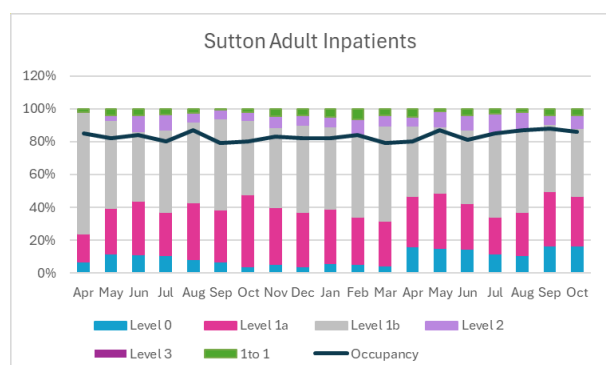
2.0 Safer Nursing Care tool (SNCT): All inpatient wards (excluding Oak) use the SNCT to calculate patient acuity and dependency, with McElwain and Teenage & Young Adults using the paediatric version of the tool. National guidance requires Trusts to biannually audit the acuity over a 30-day period, (Appendix 1 RM Methodology for Safer Staffing Reviews).

(Figure 1: Chelsea Acuity Data)



Chelsea: Chelsea inpatient services are operating at consistently high occupancy (approximately 85%–100% most months), with only a brief seasonal downward trend in December with a short period of ward closure during the festive period. There are sustained peaks approaching full capacity in late summer and early autumn. The acuity profile is stable, dominated by Level 1b patients (approximately 45-50%), indicating a significant cohort of largely stable but dependent and vulnerable patients requiring enhanced nursing input for all or most of activities of daily living.

(Figure 2: Sutton Acuity data)



Sutton: Occupancy remains consistently high across most months, typically ranging from approximately 85–95%, with several periods approaching full capacity (95–100%) and only a modest seasonal reduction to around 80–85% during the winter months. Alongside this, the acuity profile remains persistently high and nurse-intensive, with care predominantly delivered to Level 1b patients (approximately 40–50%), supported by a substantial Level 1a cohort (around 25–35%). Importantly, a proportion of Level 2 patients is consistently present at around 10%, with levels increasing from late summer into autumn. 1-to-1 care requirements are a constant feature of service requirements, remaining consistently present across the site.

Overall, this data demonstrates an acute inpatient population with limited capacity buffers, necessitating a consistently skilled workforce, robust escalation pathways, and proactive planning to safely manage a patient cohort that is sicker, more complex, and increasingly nurse-intensive.

2.1 Care Hours per Patient Day (CHPPD):

Care Hours per Patient Day (CHPPD) is a measure of workforce deployment that can be reported at ward or Trust level. While it provides an indication of the amount of nursing care available, it **does not account for patient acuity, staff skill mix, or ward size/number of side rooms.**

The RM has seventeen wards and the average number of beds per ward is twelve. Smaller ward size increases CHPPD because of a fixed minimum staffing requirement, this reduced economy of scale, and greater sensitivity to occupancy fluctuations, results in higher CHPPD and does not necessarily indicate inefficiency but reflects the staffing necessary to maintain safe care.

In September 2025, the Trust-wide CHPPD was 11.5, within the target range of 10–12. When known anomalies, including CCU and Oak Ward (Phase One Trial Unit), are excluded, the adjusted CHPPD was 10.9, within target range of 10-12,

During Quarter 1 and Quarter 2 of 2025, RM’s overall CHPPD demonstrated a gradual reduction, decreasing from 11.8 in April to 10.3 by October 2025. This downward trend can also be attributable to improved oversight and control of staff bookings during Q1 and Q2, alongside changes to Short Term Sickness (STS) backfill arrangements and adjustments to daytime specialing.

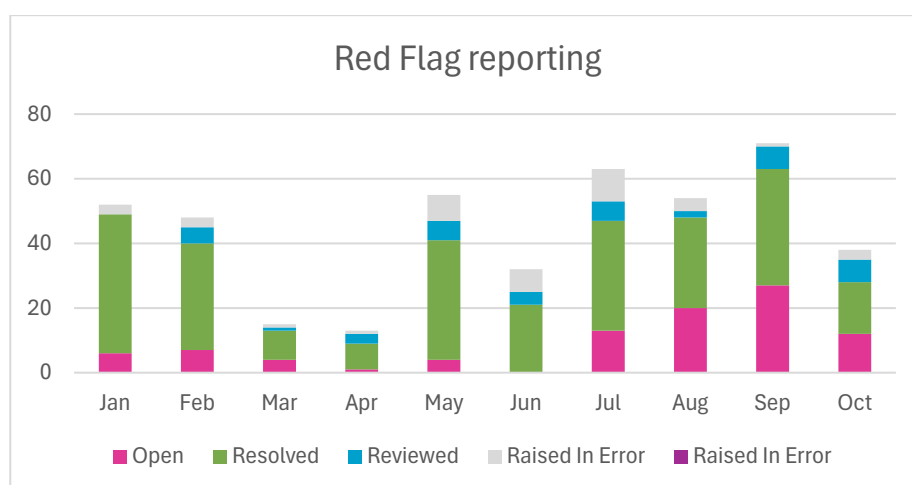
Benchmarking shows RM’s CHPPD remains higher than comparable specialist cancer centres, including Clatterbridge (8.6) and The Christie (8.2). However, RM’s CHPPD is more aligned to several London trusts, including Guy’s & St Thomas’ (11.0), Imperial (10.4), and UCLH (11.8).

2.2 Red Flags:

Red flags are intended to be used by nursing staff when staffing levels are identified potentially impacting patient safety, which include situations caused by reduced staff numbers, gaps in key skills, or delays in care delivery. The key themes recorded through red flag reporting remain consistent and include:

- Two or more clinical staff short on a shift
- Missing key skills
- Missed staff breaks

Figure 3: Red Flags status



Each red flag is managed locally, with appropriate mitigations identified, documented, and escalated in line with organisational policy. All red flags require an immediate local or organisational response. However, despite clear guidance, a proportion of red flags continue to be completed retrospectively rather than contemporaneously, and this remains an area of active focus for improvement.

Within inpatient areas, red flags predominantly relate to **missing key skills and missed breaks**. Mitigations are implemented locally and escalated where necessary to ensure patient safety.

To support timely identification and escalation of concerns, twice-daily safety huddles are led by Clinical Site Practitioners. These huddles provide wards with the opportunity to report patient acuity and staffing pressures, enabling immediate action where required.

In addition, a rapid daily Clinical Safety Huddle has been implemented, which enables Matrons to escalate exceptions that may impact on patient safety to the DCNO.

2.2 Safer Staffing Reviews

Over the last six months (June–December 2025), safer staffing reviews were undertaken in 36 clinical areas across all divisions. While many areas were assessed as appropriate, staffing concerns were identified on Smithers Ward and Bud Flanagan West, including the requirement for a second Healthcare Support Worker on night shifts on Smithers and the unintended staffing impact on Bud Flanagan West following the relocation of Ambulatory Care. Following presentation of local data and detailed discussion with the teams, the reviews supported the need for additional staffing support to mitigate risk and maintain safe care delivery.

Safer Staffing Reviews may identify areas of concern or recommend further consideration of staffing levels; however, they do not constitute a decision-making forum and cannot approve changes to funded establishments or staffing increases.

Where potential adjustments to safer staffing levels are identified, these must be formally escalated to the appropriate Divisional team for consideration through established governance processes. The Divisional Nurse Director (DND) is responsible for raising the issue with the Divisional Director and Divisional Finance representative and for presenting the findings of the Safer Nursing Review, including the associated drivers of concern. Following Divisional discussion, the DND must present the agreed next steps to the Nursing Workforce Governance Group (NWGG), including the proposed action and rationale, for example: continued monitoring, increased use of temporary staffing, reconfiguration within the existing establishment, or progression to a formal business case.

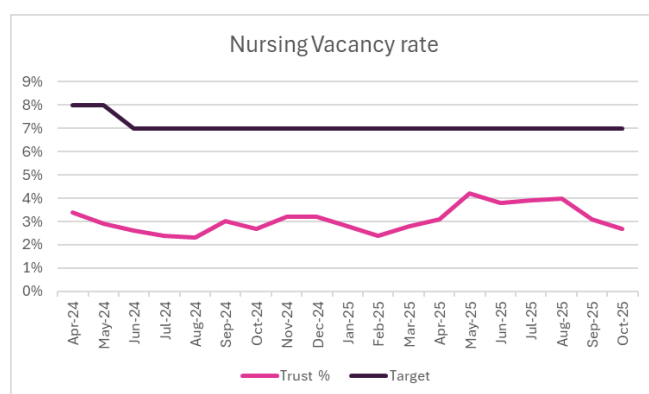
3. Right staff

3.1 Recruitment and retention

In October 25, our nursing vacancy rate was reported as 2.7%. Slightly over the Trust target is Clinical Research reporting a 7.4% vacancy rate which is down from 26.2% reported in May 25.

Rolling recruitment campaigns continue to focus on attracting newly qualified nurses alongside more experienced nurses to specialist areas such as the critical care unit (CCU) and paediatrics.

Figure 4: Trust nursing vacancy rate%



3.2 Newly Qualified

The RM welcomed a moderate sized group of newly qualified nurses (NQNs) in September/October 2025 with 11 in Sutton and 7 in Chelsea in addition a further 5 started earlier in the year. Therefore, a total of 23 since April 25. It is important to note that NHS England issued a directive in 2025 the 'Graduate Guarantee' to

support the recruitment of Newly Qualified Nurses (NQNs) in response to the national shortage of vacancies. Despite these challenges, Integrated Care Boards (ICBs) remain responsible for recruiting students who have trained within their organisations and the RM recruit their 'host' students as a priority.

3.4 Nursing Turnover

The overall Trust turnover rate continues to reduce from peak in November 24 10.5% to the current rate of 8.6% October 25. Turnover has improved in all our registered bands.

The band 2/3 turnover has reduced to 8.6% in October 25 since peaking in November 24 at 10.5%.

3.5 Sickness

Over the past 12 months, sickness continues to exceed the 3% Trust target.

Table 1 Sickness percentages broken down into bands

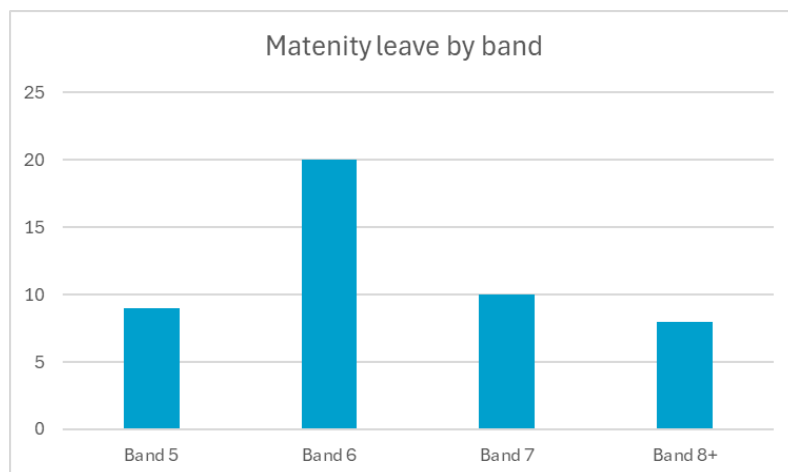
Band	Sickness percentage
3	7.8%
5	5.5%
6	5.1%
7	4.3%
8a+	2.8%

Sickness remains the primary driver of nursing overspend. While additional control measures have been introduced for short term sickness (STS) backfill, this has proven challenging in areas with spikes of STS and additional multiple long-term sickness (LTS). Tracking the financial impact is complex, as divisions, workforce, and finance systems find it difficult to separate LTS sickness costs from STS expenditure. There are other initiatives emerging in flexible working and team-based rostering which are anticipated to strengthen workforce resilience and may support a reduction in sickness absence over time.

3.6 Maternity Leave

Figure 7 shows the number of registered nursing staff on maternity leave through 24/25, a total of 47 WTE, alongside 4.4WTE of HCSWs. Clinical teams proactively seek fixed-term cover to maintain safe staffing; however, workforce availability means that this cannot always be fully achieved.

Figure 5: Maternity leave by band (headcount)



4. Right skills

4.1 Education, Training and Workforce Development

Mandatory training (MT) compliance across the nursing workforce remains high at **94.77% as of November 2025**. Divisions continue to work closely with ward teams to facilitate protected time for staff to complete mandatory training requirements, although operational pressures can make this challenging.

Ward teams, supported by the **Clinical Education Team**, continue to provide targeted support to **newly qualified nurses (NQNs)** and nurses new to the RM, ensuring they develop and maintain the competencies required to deliver safe and effective patient care in a tertiary specialist organisation.

In addition, collaboration with the **London Capital Nurse Programme** has enabled the recognition of skills gained across other London organisations. The introduction of **skills passports** has supported smoother transitions for nursing staff, allowing existing competencies to be transferred and utilised effectively within RM.

4.2 Care of the Deteriorating Patient

To respond to changing patient acuity, clinical teams are progressing training to ensure staff on duty have the appropriate level of competence in the identification and management of the deteriorating patient. All staff are required to hold either **Intermediate Life Support (ILS)** or **Recognition and Assessment of the Acutely Unwell Patient (RAAUP)** training, aligned to role and banding.

4.3 Leadership Development

The organisation has recently made several appointments into **ward leader roles**, through a combination of internal promotion and external recruitment. Recognising the critical importance of this leadership role, work is underway with **Learning and Development (L&D)** colleagues to explore the development of a structured leadership offer to further support ward leaders in delivering safe, effective, and well-led services.

4.4 Apprenticeships

The Royal Marsden continues to invest in apprenticeship programmes across multiple bands as a core element of its long-term workforce strategy. Apprenticeships support the development and retention of skilled staff, provide clear career pathways, and contribute to a sustainable internal talent pipeline. There is a trust-wide agreement with managers and divisions to support EDI initiatives by considering the recruitment of Band 2 Apprentices into all vacant Band 3 HCSW roles. This forms part of RM's widening participation strategy. Currently, over 20 Nursing Associate apprenticeships are in the pipeline, due to complete in 2026. To bridge the gap from Nursing Associate (NA) to Registered Nurse, the Trust has working creatively to source grant/additional resources to support a small group of NAs in 26/27 Securing this is the critical link in the workforce pathway and minimise the NA attrition rate in 25/26.

5.0 Right place, right time

5.3 Nights:

Night-time acuity continues to be a recurring theme identified through service reviews. Late theatre finishes often result in patients returning to wards later in the evening, coinciding with the transition to night-time staffing levels. This alignment can place additional operational pressure on wards and therefore requires ongoing monitoring, timely communication, and proactive mitigation to ensure patient safety is maintained overnight.

5.4 Bank/agency use:

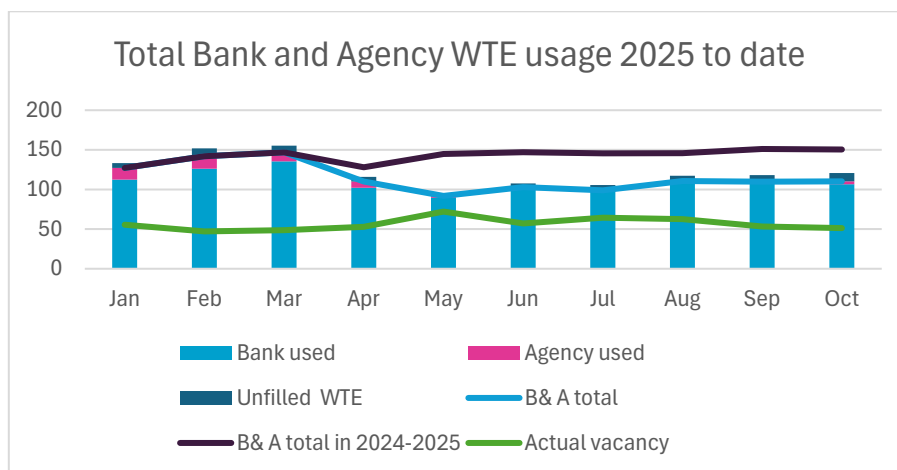
Divisional Nurse Directors continue to hold regular **meetings with clinical teams** to review staffing requirements, with a particular focus on identified “**hot spot**” areas. This is supported by ongoing monitoring of **bank and agency utilisation** to ensure temporary staffing is used appropriately and proportionately.

In **April 2025**, the Senior Nursing Team met with clinical teams to agree a series of actions aimed at **reducing temporary staffing expenditure in 2025/26**. These actions included:

- Reducing the length of bank shifts
- Tightening controls on enhanced care (specials) cover
- Reducing bank usage to cover short-term sickness where safe to do so

These measures were implemented from **May 2025**. As illustrated in **Figure 6**, there is a downward trend in temporary staffing usage, demonstrating the positive impact of these interventions while maintaining safe staffing levels.

Figure 6: Nursing Bank and Agency usage 2025/2026 compared with 2024/2025.



6.0 Conclusions

Patient safety and acuity oversight:

- Patient acuity, dependency and occupancy are reviewed to ensure safe staffing on inpatient wards. Increased bed occupancy and utilisation across both sites reduces operational headroom, limits flexibility for escalation surges, short-notice 1-to-1 (ETOC) care and increases dependence on resilient rostering and rapid escalation arrangements such as moving staff and limiting or rescheduling learning /study days.

Governance and oversight of staffing levels and skill mix assurance:

- Nurse staffing levels and skill mix are reviewed in line with national expectations and best practice, meeting CQCs fundamental standards on staffing.
- Safe staffing metrics are reviewed monthly by the Nursing Workforce Governance Group.

Escalation and real time risk management:

- Robust systems for escalation, including daily staffing huddles/clinical safety huddles and red flag reporting.

Benchmarking and external comparison:

- CHPPD benchmarking will continue to be undertaken to support assurance and external comparison; however, interpretation will remain mindful of RM's service configuration, including the operation of several smaller wards across the sites.

Workforce sustainability and retention:

- Workforce sustainability as essential to patient safety and has prioritised retention and development initiatives accordingly in line with the Nursing Vision workstreams.

Risk translation and short-term mitigation:

- While safer staffing reviews are essential, they do not authorise investment. The Divisional Nurse Directors are required to prioritise and articulate risks locally and agree short term mitigations.

Future workforce investment:

- Work continues to explore funding for apprenticeship backfill for Healthcare Support workers, supporting long-term workforce sustainability and retention.

Policy clarity:

- Following feedback, the Safer Staffing Policy has been strengthened to clarify outcomes of safer staffing reviews, particularly where staffing adjustments are recommended.

5. References

NHSI: (2018) Developing workforce safeguards.

NHSE & NIHR (2023) Professional Judgement Framework.

NQB: (2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time.

Shelford Group: (2014) Safer Nursing Care Tool

6. Appendix 1

Appendix 1: Safer Staffing Methodology

Establishment setting

The RM follows the principles as recommended by NHS providers to deliver the right staff, with the right skills, in the right place at the right time specifically the NQB (2016) and Developing Workforce Safeguards (NHSI, 2018).

The Chief Nurse Officer (CNO) has 6 monthly/ annual nursing establishment reviews which assess ward safety, quality, and efficiency.

Safe staffing reviews require the following:

- Detailed ward/department skill mix, current agreed WTE establishment/agreed roster template.
- Ward/department clinical context, organisation of care, speciality, occupancy, clinical pathways and ward size and layout.
- Quality metrics which include SIs, harm events, Friends and Family scores, complaints, and key nurse sensitive quality indicators.
- Care hours per patient day (CHPPD), workforce metrics-vacancies, turnover, and sickness levels.
- Ward spend analysis, including temporary staffing spend.
- A 20-day period of NICE recommended Safer Nursing Care Tool (SCNT) data collection, completed by appropriately trained staff with additional assurance of independent validation. The SNCT is a system designed to guide decisions about staffing requirements on a hospital ward and supports the CNO to determine optimal staffing levels through the measurement of patient acuity and/or dependency.
- Key to these reviews is the Chief Nurse or Deputy Chief Nurse, lead the discussion directly with the ward/departmental sister/charge nurse, alongside their matron, Divisional Nurse Director (DND) and senior finance and workforce colleagues. The reviews triangulate the data as described and through this discussion and application of professional judgement an agreed roster template is developed which determines the necessary distribution of registered and non-registered staff required for each shift (night and day) throughout the week. Figure 1. To support professional judgement decisions NHSE and NIHR have joined together to publish a framework (2023) to support professional judgement decisions, which we have incorporated into our reviews.



A Triangulated approach used to ensure safe staffing.

Appendix 1: Overview of Inpatient metrics Q1-2

STAFFING METRICS Q1:															
Ward name	Care Hours Per Patient Day (CHPPD)				Day		Night		STAFFING METRICS Q1:					Temp Staffing usage (WTE) Q1	Comments/Action
	Cumulative count over the month of patients at 2359 each day	Registered Nurses	Non-registered Nurses	Overall	Average fill rate - Registered Nurses (%)	Average fill rate - Non-registered Nurses (%)	Average fill rate - Registered Nurses (care staff) (%)	Average fill rate - Non-registered Nurses (care staff) (%)	Budgeted WTE	Actual WTE	Rolling Vacancy % (June 24)	Turnover % (12 mths) June 24	Rolling sickness % June 24		
Burdett Courts	1194	6.5	2.2	8.7	100%	121%	100%	125%	27.12	27.57	2.00%	4.50%	3.50%	2.44	Activity: Busy unit Workforce: Stable team well led ward Plan: Business as usual
*Critical Care Unit	870	30.7	2.9	33.5	84%	84%	81%	84%	106.63	99.83	6.40%	5.20%	5.50%	2.12	Activity: Busy unit - beds fluctuating depending on demand Workforce: Rolling recruiting continues. Plan: Business as usual
Ellis Ward	1131	7.0	2.6	9.6	100%	133%	100%	145%	27.06	25.17	10.70%	19.60%	3.00%	3.41	Activity: Busy unit Workforce: New Sr and Senior team Plan: Recruiting and stabilising team
*Granard House 1	498	9.9	2.8	14.3	101%	99%	100%	98%	19.04	18.04	2.30%	5.60%	3.80%	2.7	Activity: Busy unit Workforce: Stable well led ward Plan: Establishment realigned across all GILs
*Granard House 2	545	9.0	3.7	12.8	100%	99%	99%	99%	18.04	17.6	2.40%	9.50%	3.10%	1.1	Activity: Busy unit Workforce: Stable team well led ward Plan: as above
*Granard House 3	472	10.6	4.3	14.9	99%	96%	100%	100%	19.04	14.61	23.20%	13.50%	2.70%	3.6	Activity: Busy unit Workforce: Recruiting to vacancies Plan: stabilising and upskilling team
Horder Ward	607	11.4	4.2	15.6	95%	95%	95%	114%	31.75	25.91	18.50%	28.00%	4.90%	5.9	Activity: Busy unit bed capacity increased to 12 beds Workforce: Good leadership new team Plan: Upskilling and stabilising team
Markus Ward	586	9.1	4.0	13.1	102%	100%	100%	123%	19.74	17.72	10.20%	33.10%	7.90%	6.4	Activity: Busy unit - Ward attendees at weekends impacting weekend workhubs. Workforce: Recruiting to team Plan: Recruiting, upskilling and stabilising team
Wilson Ward	1251	6.7	2.0	8.7	97%	108%	99%	110%	28.65	25.17	1.70%	10.20%	2.00%	2.1	Activity: Complex patient group Workforce: Stable team well led ward Plan: Business as usual
Wiltshaw Ward	1285	9.9	2.9	12.8	104%	109%	104%	133%	40.58	40.02	1.30%	8.50%	2.30%	6.4	Activity: seeing increase in Haem/cellular therapy pts Workforce: Low vacancies - poor skill mix Plan: Stabilising and upskilling workforce
Bud Flanagan East Ward	1182	10.4	3.0	13.4	96%	116%	99%	118%	41.17	37.69	7.20%	5.40%	7.80%	7.8	Activity: Busy unit - High bank usage due to specialist Workforce: Had high levels of LTS now reducing Plan: Benchmark establishment / review staffing model
Bud Flanagan West Ward *	1230	7.4	3.5	10.9	97%	209%	101%	205%	35.4	31.7	9.40%	6.60%	8.10%	10.4	Activity: High bank usage on nights due to special requirement Workforce: High sickness Plan: review staffing model particularly nights
McElwain Ward	898	12.0	1.6	13.6	88%	77%	95%	57%	38.26	37.26	-9.80%	44.50%	6.80%	1.3	Activity: 18 beds open Workforce: Low vacancies Plan: Stabilising / upskilling workforce
Kennaway Ward *	883	6.7	3.0	9.6	101%	110%	102%	142%	24.27	24.67	0.20%	10.10%	9.20%	7	Activity: Busy unit seeing increase in Haem pts requiring specialising Workforce: Fully recruited been having high levels of sickness Plan: Business as usual
*Oak Ward	181	20.1	1.9	22.0	91%	100%	88%	88%	33.27	32.68	7.70%	4.30%	3.70%	0.53	Activity: Complexity of trials increasing Workforce: No changes to workforce template Plan: Business as usual
Robert Tiffany Ward	1052	8.9	2.7	11.6	102%	128%	102%	73%	33.05	29.83	10.20%	6.10%	5.40%	5.2	Activity: Busy unit + additional Day surgery beds v2 Workforce: New WM and team Plan: Stabilising and rebuilding team
Smithers Ward *	1298	7.1	2.7	9.8	102%	107%	103%	149%	34.6	33.9	-2.70%	6.58*	6.30%	9.6	Activity: increased to 19 beds + Day care Workforce: High Mat leave Plan: Stabilising and rebuilding team.
Teenage and Young Adult Unit	628	10.0	1.7	11.7	96%	65%	97%	170%	21.06	22.97	-12.80%	14.50%	7.40%	0.6	Activity: Fluctuating activity supporting CMU Young adults Workforce: High Mat Leave - posts covered Plan: Stabilising and rebuilding team.
Total	45791	10.7	2.9	13.7	98%	108%	98%	120%	598.73	562.34					

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 6.2
Title of Document: Quarterly Hospital mortality review audit, 1st January 2026 and 31st March 2026		To be presented by: Professor Sanjay Popat PhD FRCP, Consultant Medical Oncologist, Professor of Thoracic Oncology, Institute of Cancer Research
1. Status: For information		
2. Purpose:		
Relates to:		
Strategic Objective(s)		
Operational Performance		
Legal / regulatory / audit	X	
Accreditation / inspection		
NHS policy / consultation		
Governance	X	
Other		
3. Summary		
<u>This report has been reviewed at the Quality Assurance and Risk Committee.</u>		
There were 55 inpatient deaths between 1st January and 31st March 2026, 100% of which were reasonably expected. 1 death was indicated as having slight evidence of avoidability. 91% of patients who died in hospital with a documented preferred place of death that was not hospital had a clear reason why their preferred place was not achieved. 6 patients had a SJR of their care undertaken – no deaths caused by problems in care were identified. Overall, the Trust is RAG-rated Green for the period.		
4. Recommendations / Actions		
The Board is asked to note the report.		

The Royal Marsden NHS Foundation Trust

Public Board

Quarterly Hospital mortality review audit, 1st January 2026 to 31st March 2026.

1.0. Background

- 1.1 The trust has been reviewing all inpatient deaths each quarter since 2015. This audit aims to review all patient deaths occurring in The Royal Marsden in these three months to determine the reasons for these deaths occurring in the hospital and the patient's preferred place of death.
- 1.2 The National Mortality Case Record Review Programme from the Royal College of Physicians (RCP) outlines using the 'Structured Judgement Review' to conduct a depth 'case record review' of certain deaths. There are three levels of scrutiny that the Trust applies to the care provided to someone who dies; (i) Medical Examiner review of death certification; (ii) case record review; and (iii) investigation. They do not need to be initiated sequentially, and an investigation may be initiated at any point, whether a case record review has been undertaken. Medical Examiners within the trust also now review the medical notes after discussion with the attending doctor to agree the cause of death and whether a coroner referral is necessary. The consultants undertaking the reviews have attended training on how to conduct a 'Structured Judgement Review'.
- 1.3 The audit evaluates if the patient's death was reasonably expected given their clinical condition, whether the referral to the Palliative Care team was timely and whether there were any problems in care identified following the full Structured Judgement Review in accordance with guidelines from the Royal College of Physicians.
- 1.4 The audit results have been presented in a quarterly report to the Integrated Governance and Risk Management and Quality, Assurance and Risk committees each quarter by the Chief Medical Officer.

2.0 Audit methodology

The data was reviewed at the quarterly mortality review meeting on 5th May 2026.

3.0 Conclusions

- 3.1 **Standard 1: 100% of in-hospital deaths should either be expected given the patient's overall clinical condition or should have a clear identifiable irreversible reason for death that could not have been prevented by clinical intervention.**

There were 55 inpatient deaths between 1st January 2026 and 31st March 2026.

Conclusion: Standard was achieved- 100% inpatient deaths were reasonably expected. 54/55 deaths were indicated as definitely not avoidable, 1 was indicated as having slight evidence of avoidability and 3 deaths were referred to the coroner.

- 3.2 **Standard 2: 100% of patients who died in hospital with a documented preferred place of death that was not "hospital" should have a clear, identifiable reason outside the control of RM as to why their preferred place of death was not achievable.**

Conclusion: For 5 of the deaths there was an identifiable reason outside the control of RM as to why their preferred place of death was not achievable. Standard not achieved-91% of patients who died in hospital with a documented preferred place of death that was not hospital had a clear reason why their preferred place was not achieved.

3.3 Standard 3: A discussion with the Symptom Control and Palliative Care team takes place in 80% of the admissions which resulted in patient death in the hospital, where the death was reasonably expected as per standard 1

Conclusion: Of the 55 deaths, 55 patients were discussed and reviewed by the Symptom Control and Palliative Care team before their death, 100% - this standard was achieved.

3.4 Standard 4: 100% of patients for whom the Structured Judgement Review (SJR) is undertaken have no problems in care identified.

Conclusion: In 6 patients reviewed, no problems in care were identified – standard achieved

4.0 The Learning Disabilities Mortality Review (LeDeR)

Conclusion: No patients were identified as having Learning Disabilities

5.0. Children's cases

Of the 55 deaths in this quarter, there was 1 paediatric death reported.

6.0 Incidents requiring a learning response

Of the 55 deaths in this quarter, One had a SWARM huddle, two MDT (Multi-disciplinary Team) and two After Action Reviews (AARs) carried out. There were no PSII (Patient Safety Incident Ingestions).

Reasons for SJRs

There were 6 deaths in this quarter that had a 'Structured Judgement Review' (SJR) conducted. The 6 deaths were selected for SJRs for the following reasons:

Reasons for SJR	January	February	March	Total No of Deaths
ME Request				0
Coroner Referral	1		1	2
Coroner and family concerns			1	1
Family Concern			2	2
Complaint				0
Unexpected Death		1		1

7.0. Numbers of deaths caused by problems in care

5 of the deaths that had an SJR were indicated as definitely not avoidable, 1 of the deaths indicated slight evidence of avoidability although it is uncertain as to whether this would have prevented the patient's death during this admission.

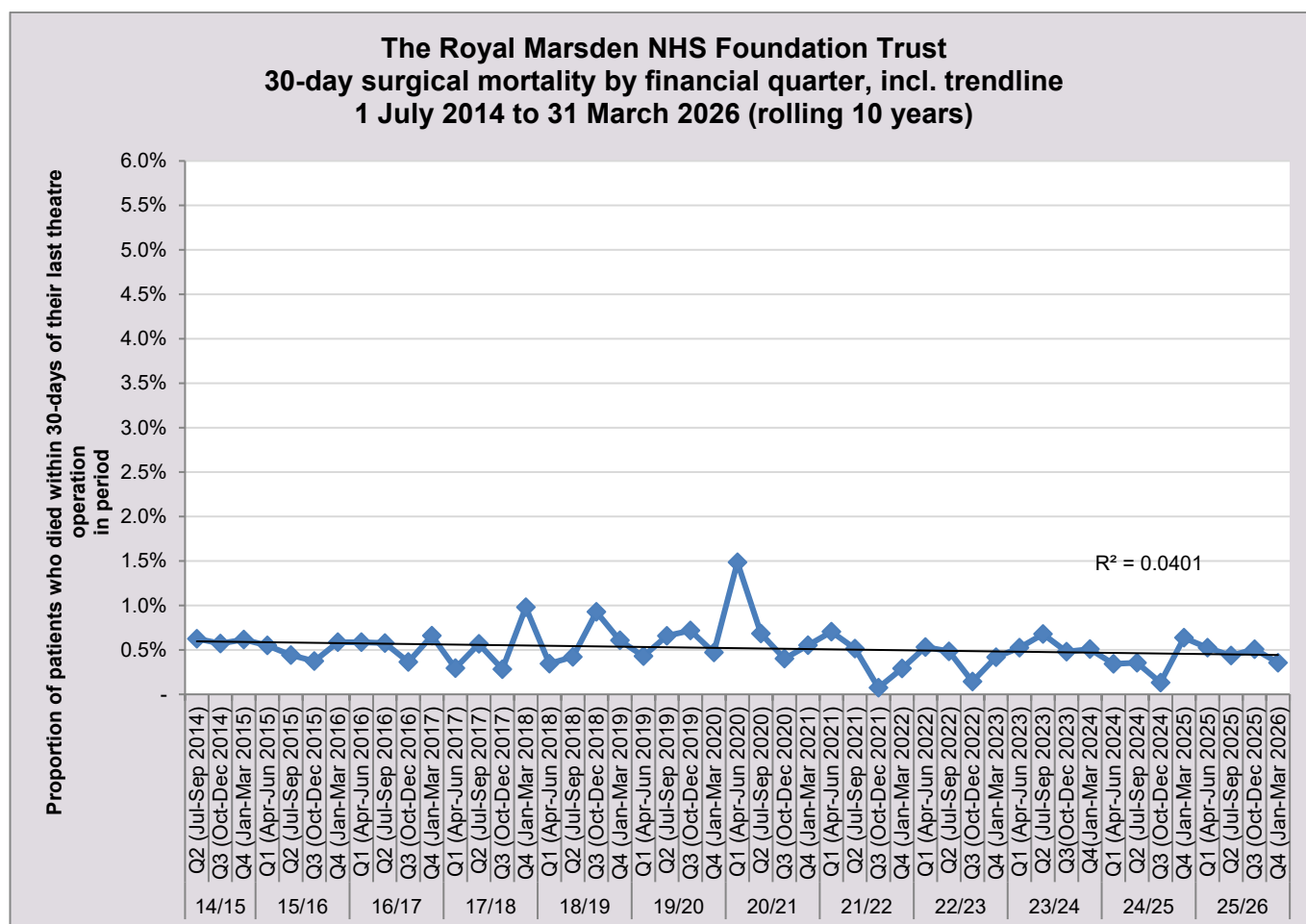
8.0 The review found that of the 55 inpatient deaths there were 38 deaths from metastatic disease, 2 non-metastatic deaths and 15 deaths from haematological malignancies

9.0 Number of COVID-19 related deaths reported

There were no hospital acquired COVID-related deaths reported between 1st January 2026 and 31st March 2026. One patient was admitted with COVID-19.

10.0 30-day surgical mortality

Deaths within 30 days following all surgery and anaesthesia procedures in operating theatres are reviewed and monitored at the Surgical Audit Group. In Q4 there were 6 such deaths out of 1,689 patients (0.4%). The overall 30-day death rate is stable, as shown in the chart below which covers a rolling ten-year period.

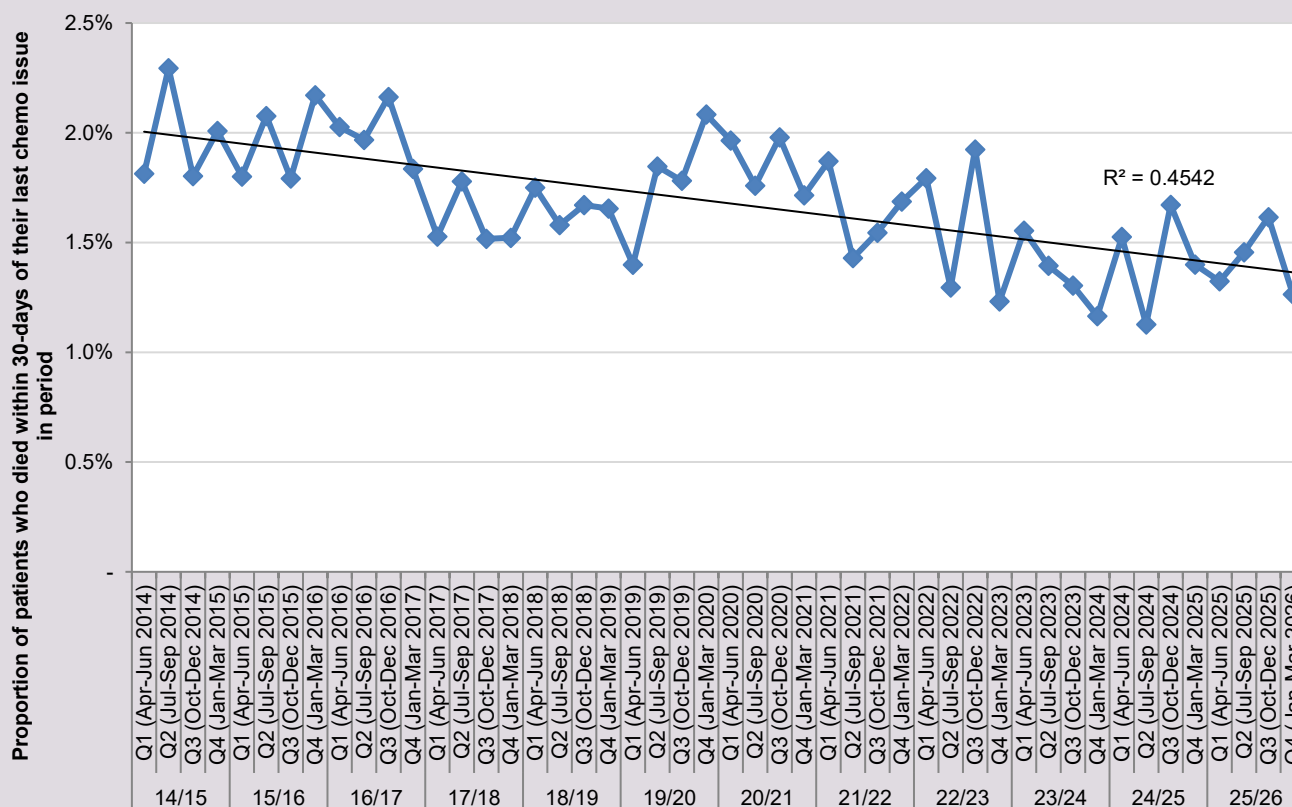


11. 30-day chemotherapy mortality

Deaths within 30 days following administration of chemotherapy are reviewed and monitored at the 30-day Mortality Group. The figure for Q4 was 1.3%, representing 89 deaths out of 7041 patients.

The ten-year data is shown in the chart overleaf.

The Royal Marsden NHS Foundation Trust
All clinical units : 30-day chemo mortality by financial quarter, incl. trendline
1st April 2013 to 31 March 2026



12.0 Themes, trends and learning points

There is evidence of good practice identified:

- Comprehensive discussion around capacity in a patient requesting removal of life sustaining treatment and sound MDT working

Potential areas for development:

- Earlier discussions around prognosis
- Wider professional discussion when a patient is refusing escalation of care

13. Summary

The Trust Board is asked to note that overall, from the review of the data the Trust is RAG-rated Green for the period between 1st January 2026 and 31st March 2026. The table below shows the RAG ratings from previous quarters:

Quarter	RAG rating
Q3 2025-2026	Green
Q2 2025-2026	Green
Q1 2025-2026	Green
Q4 2024-2025	Green
Q3 2024-2025	Green

Dr Angela Halley, Palliative Care Consultant
Dr Andrew Tweddle
Tom Kirby, Deputy Director of Patient Safety and Clinical Assurance
May 2026

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 6.3	
Title of Document: Freedom to Speak Up Service Annual Report (2025-2026)		To be presented by: Chief Nurse	
1. Status: To Note			
2. Purpose:			
<i>Relates to:</i>			
<i>Strategic Objective(s)</i>			
<i>Operational Performance</i>			
<i>Legal / regulatory / audit</i>		*	
<i>Accreditation / inspection</i>			
<i>NHS policy / consultation</i>			
<i>Governance</i>		*	
<i>Other</i>			
Executive Summary:			
The Royal Marsden currently employs 5118 staff in eight identified staff groups (data for 31/12/25). In the year 2025/2026 127 concerns were raised through the Freedom to Speak Up (FTSU) service compared to 119 in 2024/2025, not all concerns are escalated by the FTSU Guardians to senior leaders. To give context in 2025/2026 there were nine formal grievances and three cases related to Dignity at Work recorded by the Employee Relations team, a total of 12, an increase from six recorded cases the previous year. In 2025/2026 inappropriate attitudes or behaviour accounted for the largest proportion of FTSU cases across Q1, Q2 and Q3. Q4 2025/2026 was the exception when 'element of worker safety/ wellbeing' accounted for 23/40 (57.5%) cases. Overall, in 2025/2026, inappropriate attitudes or behaviours accounted for 35.0% of the cases which is a consistent with the previous year 2024/2025. 17 cases were raised anonymously. Again, to our knowledge no disadvantageous/demeaning treatment as a result of speaking up through the FTSU service was noted in this year The National Staff Survey results for 2025 related to the People Promise theme 'We each have a voice that counts' show The Royal Marsden results remain consistent and above average in all four categories.			

The FTSU Guardian and Deputy Guardian would like to acknowledge everyone who has had the courage and energy to speak up and all those who have listened to their concerns with kindness and compassion and acted appropriately. The team particularly acknowledge the diligence with which members of the senior leadership team have managed concerns brought to their attention and the humanity they have always shown to the FTSU Guardian and Deputy Guardian.

In 2025/2026 the highlights for the service have been the co-creation of a training programme with the Learning and Development team and the Quality and Risk team for managers promoting an overall speak up culture to promote patient and staff safety for launch in April 2026, *Creating a Culture of Safety and Speaking Up*.

3. Recommendations / Actions

The Board is asked to note this report, which has been reviewed in detail by the Quality Assurance and Risk Committee.



The ROYAL MARSDEN

Annual Report 2025- 2026

Freedom to Speak Up service

May 2026

Private and confidential



The ROYAL MARSDEN



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1. Executive summary

The Royal Marsden currently employs 5118 staff in eight identified staff groups (data for 31/12/25). In the year 2025/2026 127 concerns were raised through the Freedom to Speak Up (FTSU) service compared to 119 in 2024/2025, not all concerns are escalated by the FTSU Guardians to senior leaders. To give context in 2025/2026 there were nine formal grievances and three cases related to Dignity at Work recorded by the Employee Relations team, a total of 12, an increase from six recorded cases the previous year.

In 2025/2026 inappropriate attitudes or behaviour accounted for the largest proportion of FTSU cases across Q1, Q2 and Q3. Q4 2025/2026 was the exception when 'element of worker safety/ wellbeing' accounted for 23/40 (57.5%) cases. Overall, in 2025/2026, inappropriate attitudes or behaviours accounted for 35.0% of the cases which is consistent with the previous year 2024/2025.

17 cases were raised anonymously. Again, to our knowledge no disadvantageous/demeaning treatment as a result of speaking up through the FTSU service was noted in this year. The National Staff Survey results for 2025 related to the People Promise theme '*We each have a voice that counts*' show The Royal Marsden results remain consistent and above average in all four categories.

The FTSU Guardian and Deputy Guardian would like to acknowledge everyone who has had the courage and energy to speak up and all those who have listened to their concerns with kindness and compassion and acted appropriately. The team particularly acknowledge the diligence with which members of the senior leadership team have managed concerns brought to their attention and the humanity they have always shown to the FTSU Guardian and Deputy Guardian.

In 2025/2026 the highlights for the service have been the co-creation of a training programme with the Learning and Development team and the Quality and Risk team for managers promoting an overall speak up culture to promote patient and staff safety for launch in April 2026, *Creating a Culture of Safety and Speaking Up*.

2. Background

The Freedom to Speak Up (FTSU) service at The Royal Marsden NHS Foundation Trust is integral to the promotion of our open and transparent culture along with the compassionate leadership values of the organisation, where everyone's voice matters. *Speaking Up* enables us all to learn and improve, *Listening Up* allows us to understand what needs to change and *Following Up* ensures our learnings lead to discernible actions.

The FTSU service is a longstanding national initiative provided for the entire workforce of a Trust; patients or members of the public have other routes available to them through which to raise concerns. Currently the service is staffed by a Freedom to Speak Up Guardian, Natalie Doyle (0.6WTE) and a Deputy Guardian, Amanda Sadler who is afforded some time to support the FTSU Guardian within her substantive role as Programme Manager, Transformation Team.

Ted Baker is the Non-Executive Director lead for raising concerns, and equality and diversity. The Chief People Officer, Krystyna Ruszkiewicz is the link Director for this service and for whistleblowing.

The Guardian & Deputy Guardian have both received training from the National Guardian's Office (NGO) which is updated annually. They comply with the national data submission requirements, undertake the necessary writing and reviewing of reports, play an active part in regional and national meetings and training to ensure their knowledge and skills are current.

They work closely as a team and are supported by the London regional FTSU Guardian's forum and take part in appropriate self-development and supervision sessions for their own emotional and psychological wellbeing.

The Freedom to Speak Up Guardian and Deputy Guardian aim to be easily contactable within the Trust through personal visibility and via a shared but private email address FTSUGuardian@rmh.nhs.uk. This ensures all staff can speak to them confidentially for advice and information if they have questions or concerns that appear not to have been heard or dealt with effectively through other tried and tested routes. This includes not only permanent staff, but also, apprentices, bank staff, contractors, locums, students, trainees, and volunteers. Their contact details along with the Freedom to Speak Up policy and procedure <https://rmmatters.rmh.nhs.uk/sorce/beacon/default.aspx?pageid=FreedomtoSpeakUp> are found easily on the homepage of the Trust intranet and on posters for display in all staff access only areas. There is also a video available about the FTSU service that can be shown to all new employees during local induction. [Freedom to Speak Up](#).

The service is provided as two main categories: reactive and proactive.

Reactive: Responding to workers who want to speak up, supporting through signposting and managing each case, including the initial conversation, and giving thanks, by accurately recording, following up and feeding back.

Proactive: Communicating about the service and working in partnership to reduce any barriers to speaking up within an open and transparent culture. Promoting appropriate training throughout the organisation. Supporting and challenging senior leaders, including through the production of regular reports.

3. Purpose

This report aims to provide an update and summary of activity and achievements for the FTSU service during the year 2025-2026. The report is presented in accordance with the guidelines outlined in 'Freedom to Speak Up: A guide for leaders in the NHS' <https://nationalguardian.org.uk/learning-resources/speaking-up-resources/> and is thus divided into three parts. Firstly, the presentation of data for the year to promote understanding of themes and trends. Second, presentation of the breakdown of the number of FTSU cases by staff group, and by Division within The Royal Marsden using the same department descriptors as the national staff survey. A broad comment on data and themes will also be presented linked to relevant actions.

Importantly it should be noted that there are many other ways in which staff can raise concerns they may have. This includes their line managers, through their staff representatives or Trade Unions, the Trust Consultative Committee or Local Negotiating Committee for medical staff and via the Human Resources Division using the Workplace Concerns and Grievances policy. Additionally, staff can raise concerns using either the Datix system, HR policies available on the intranet and the counter fraud service.

The third and final part reflects on The Freedom to Speak Up Reflection and Planning Tool work plan for 2025-2026 along with updates from the National Guardian's Office (NGO).

4. Freedom to Speak Up service data.

Table 1a FTSU case data from Q1 2023/2024 up until Q4 2025/2026 as presented to the National Guardian's Office (NGO)

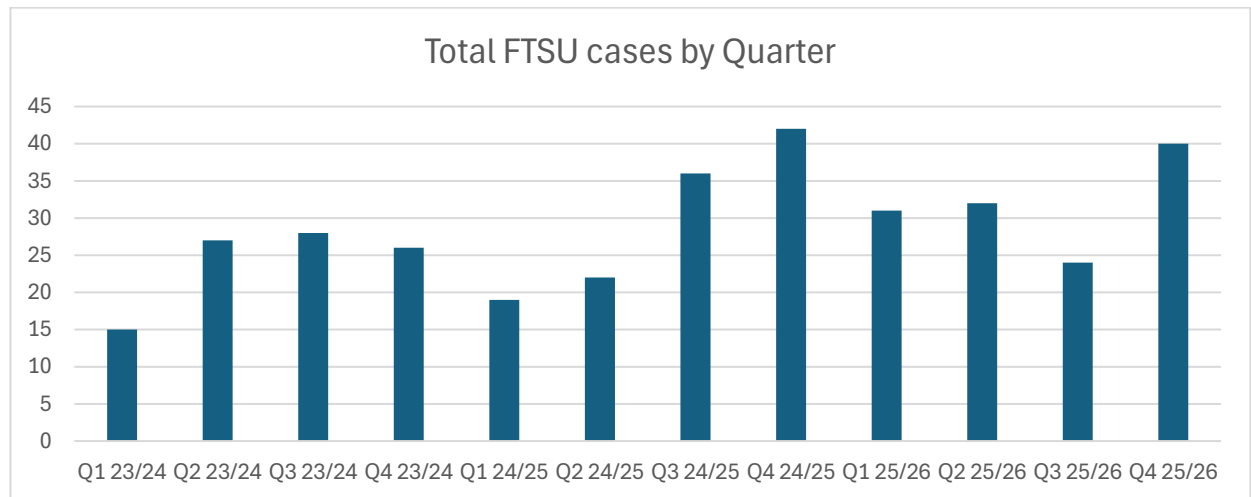


Table 1b 2025/2026 FTSU cumulative case data

Year	Q1 (April-June 2025) *	Q2 (July-September 2025) *	Q3 (October-December 2025) *	Q4 (January-March 2026) *	Total to date (April 2025-March 2026) *
25/26	31 (19)	32 (22)	24(36)	40(42)	127 (119)

Table 1b shows the current cumulative total for 2025/2026, the figures for the same period last year (2024/2025) appear in brackets.

Comment Table 1a (above) shows the number of concerns raised per quarter through the Freedom to Speak Up service and reported to the National Guardian's Office from Q1 2023/2024 up until Q4 2025/2026. These data were collected from Q2 2023/2024 under the current FTSU regime which commenced in August 2023 and consists of Natalie Doyle the FTSU Guardian (0.6WTE) and Amanda Sadler the Deputy Guardian who is afforded some time to support the FTSU Guardian within her substantive role as Programme Manager, Transformation Team. Overall cases have risen over the past three years 127 FTSU cases were recorded in 2025/2026, compared to 119 in 2024/2025 The highest number of cases were reported in Q4 2025/2026 consistent with last year (Table 1b).

Table 2 FTSU data from Q3 2024/2025 up until Q4 2025/2026 by staff groups as presented to the National Guardian's Office (NGO)

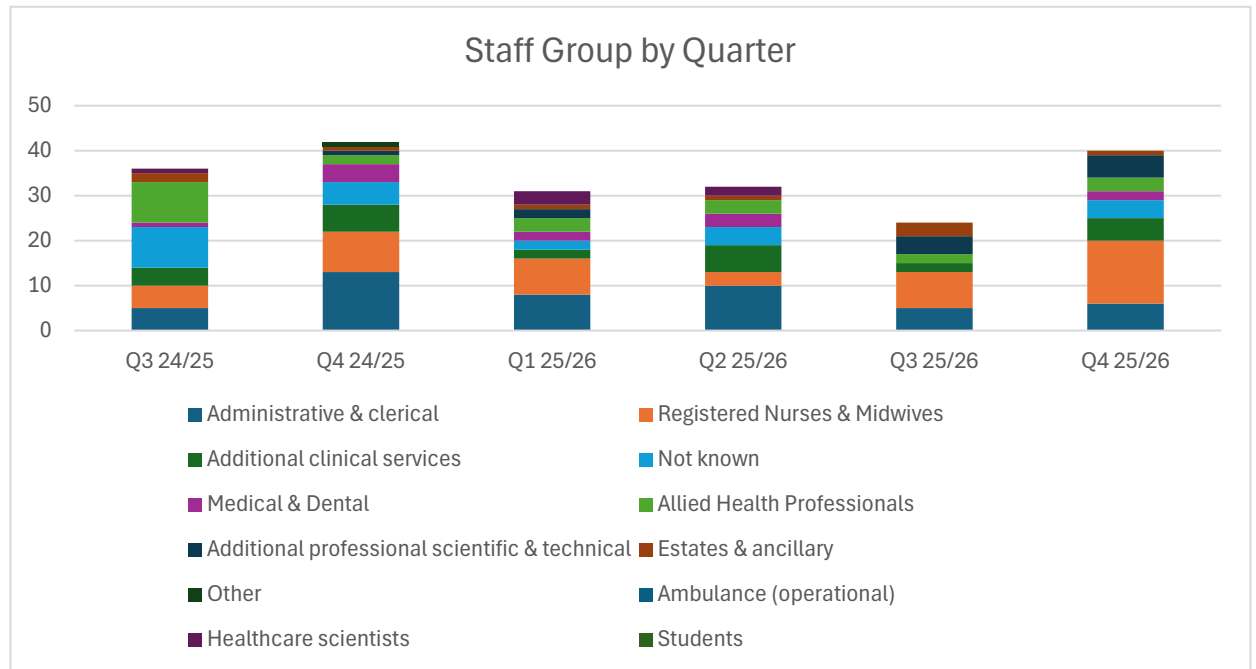
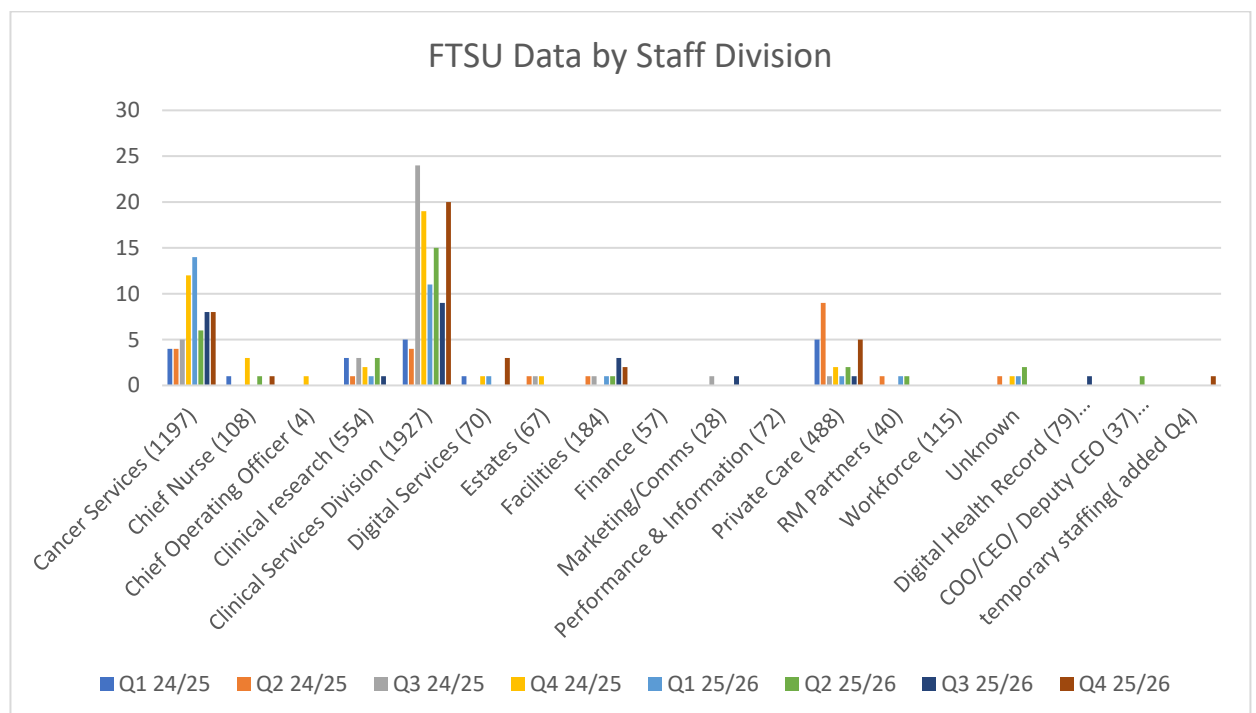


Table 3 FTSU data from Q1 2024/2025 to Q4 2025/2026 by staff division at The Royal Marsden



Comment Table 2 shows the distribution of concerns raised by staff groups as reported to the NGO from Q2 2023/2024 up until Q4 2025/2026 and Table 3 shows the distribution of concerns raised by divisions within The Royal Marden along with total number of staff employed in each division (data from 31/12/25). This data set has only been collected since Q1 2024/2025. Please note that due to changes to the senior leadership portfolio within the year 2024/2025 the figures attributed in Table 3 may not accurately reflect the current workforce distribution.

Registered Nurses accounted for the largest proportion of FTSU cases across 2025/2026 (26.0%), with administrative and clerical the second largest category (25.2%). Previously, in 2024/2025, admin and clerical formed a slightly larger proportion than registered nurses. These are both sizeable staff groups and therefore this finding should be taken in that context. The Clinical Services Division accounted for the largest proportion of FTSU cases across 2025/2026 followed by Cancer Services. Again, these are the largest staff divisions and therefore the information should also be seen in context.

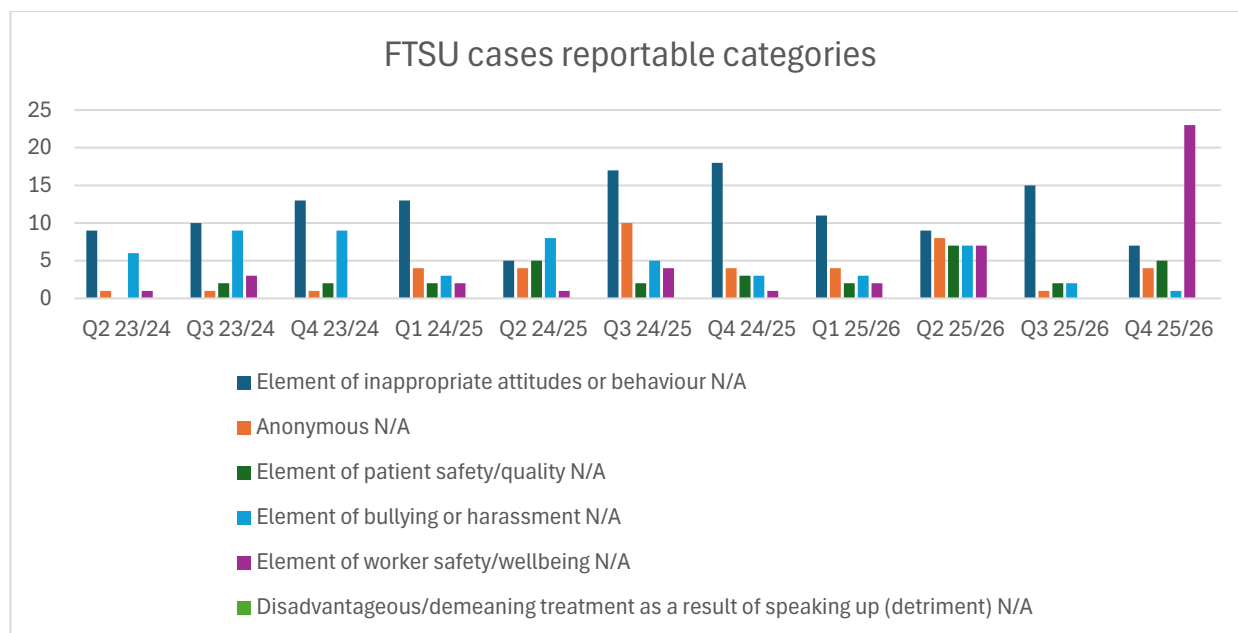
Relevant Actions In 2026/2027 the Guardian and Deputy Guardian will present the data by division ensuring individuals are not identifiable and confidentiality is maintained. The FTSU team will also continue to seek opportunities to work collaboratively with colleagues within the organisation to enable more useful presentation and interpretation of all available data; exploring prospects for triangulation of data from all 'speak up' avenues and other relevant workforce information, again whilst respecting confidentiality to identify any 'hot spots' of concern and support remedial action plans. Collaborative working with senior leaders will hopefully allow for presentation of any case conclusions and relevant changes to policy or practice within future FTSU reports.

The Guardian and Deputy Guardian will continue to work in partnership with colleagues, particularly department managers, team leaders, recruiters and those representing specific staff groups, to raise the profile of the FTSU service and its purpose throughout the trust. Different methods of engagement will be used both in person and digital including the service video produced in 2024 (available on the intranet alongside a suite of films highlighting pertinent issues for staff) and promotional material such as posters, business cards and screensavers. Specific arenas such as under-represented staff groups will be prioritised, along with personal visits to smaller teams, high use teams and those with less regular digital access or transient populations.

<https://vimeo.com/1022168760/118cc001c7?share=copy>

<https://vimeo.com/1019789788/ee543ed587?share=copy>

Table 4 FTSU case data in reportable categories 2025/2026 as presented to the National Guardian's Office (NGO)



*(note due to nature of reporting these numbers may not equate to absolute numbers in Table 1. Themes are reported using the words of the concern raiser).

Comment Table 4 shows the FTSU case data in reportable categories as defined by the NGO. Due to the nature of the issues raised a concern can be attributed to more than one category or not to any category. The category is selected from the description given by the individual not by the Guardian or Deputy Guardian.

Due to the confidential nature of the freedom to speak up service it is challenging to share specific details of cases in a small organisation without risk of identifying people, especially those who have asked not to be named or for their concern not to be escalated by the FTSU Guardians. In 2025/2026 127 concerns were raised overall, not all concern raisers respond to contact from the FTSU Guardians, and not all concerns raised result in escalation by the Guardians. In fact, a considerable amount of the service time is spent with people who have raised concerns and require coaching and support to raise the concern themselves or to reframe their thinking to manage the situation they find themselves in. The FTSU Guardians can report that all concerns escalated by them to senior leaders were heard with kindness and compassion and investigated. All senior leaders approached by the FTSU Guardians have responded promptly and maintained a dialogue with them about progress. It is important to note that many concerns are not opened and closed within the same quarter, some remain open for some considerable time and as a result senior leaders can have more than one open FTSU case about which they are liaising with the FTSU Guardians. Additionally, some of the cases are linked and senior leaders use their local service knowledge and information gained through other established routes that staff use to raise concerns, to make these connections and work on solution focussed interventions which in turn supports the Guardians in their work.

Importantly in the event of a patient safety concern being raised the FTSU Guardian or Deputy Guardian will raise the issue immediately with the senior leader for the area or a senior leader on call. In 2025/2026 all concerns raised that had an **element** of patient safety or quality, were brought to the attention of the appropriate leadership team and managed appropriately in a timely manner, none posed an immediate threat to life.

Inappropriate attitudes or behaviours accounted for the largest proportion of FTSU cases across all quarters, except for Q4 2025/2026 when 'element of worker safety/ wellbeing' accounted for 23/40 (57.5%) cases. Overall, in 2025/2026, inappropriate attitudes or behaviours accounted for 35.0% of the cases which is consistent with the previous year 2024/2025. Most concerns raised are individual and specific to the detailed dynamic of a situation. However, consistently the general reoccurring themes relate to the everyday speak up culture of teams and the abilities of people to manage fairly with compassion and emotional intelligence.

During 2024/2025 17 concerns were raised anonymously. Consistently with previous years to our knowledge no disadvantageous/demeaning treatment as a result of speaking up through the FTSU service was noted in this year.

All feedback received is positive about the service. However, up until now it has not been possible or practical to collect feedback from all concern raisers or service users.

Relevant Actions. The Guardian and Deputy Guardian are continuing to build relationships with colleagues throughout the Trust to ensure all concerns raised are addressed expediently and all parties are updated on progress. In 2026/2027 they will launch a service feedback form which will also request demographic information about service users. A flowchart, to ensure clarity of roles and responsibilities, once a concern has been raised that can be attached to the first contact email to the relevant manager will also be piloted. The Guardian and Deputy Guardian will take all opportunities to highlight the FTSU service and its purpose ensuring that staff are clear what the role of the Guardian and Deputy Guardian is and is not, in relation to the concerns raised by individuals. Work with the Performance Team and Workforce Intelligence will carry on ensuring all data collected are shown appropriately within the context of the relevant information landscape and to maximum benefit allowing for significant trends or causation to be acknowledged. Additionally, work will continue with the divisional senior leadership teams and develop with Employee Relations to ensure all FTSU information can be seen and used in context with other relevant data sets.

The Guardian and Deputy Guardian will continue to promote the tenets of the Leadership Framework [Leadership Framework.pdf](#) along with the recently launched training programme *Creating a Culture of Safety and Speaking Up* for managers co-created with the Learning and Development team and the Quality and Risk team. The [Employee Assistance Programme](#) and the coaching and mentoring offer [Coaching and mentoring: 1-2-1 Coaching \(royalmarsden.nhs.uk\)](#) accessible via the Learning & Development team will also be promoted throughout their work.

5. National Staff Survey Results 2025

The National Staff survey was conducted in September to November 2025 and the results released in March 2026. The Royal Marsden score for four relevant questions is benchmarked against the average and best scores of other Acute Specialist Trusts in Tables 5, 6, 7 & 8.

Table 5 Q 20a - I would feel secure raising concerns about unsafe clinical practice.

Year	2021	2022	2023	2024	2025
Best result	82.37 %	78.90%	80.45%	80.69%	80.82%
The Royal Marsden	78.77 %	75.49 %	71.58 %	74.38%	74.18%
Average result	78.77%	75.49%	72.46%	72.57%	72.26%

Table 6 Q 20b - I am confident that my organisation would address my concern.

Year	2021	2022	2023	2024	2025
Best result	75.30%	72.65%	73.90%	75.65%	72.14%
The Royal Marsden	69.30%	63.99%	62.26%	65.01%	65.04%
Average result	66.92%	63.99%	61.86%	61.00%	58.90%

Table 7 Q 25e - I feel safe to speak up about anything that concerns me in this organisation.

Year	2021	2022	2023	2024	2025
Best result	75.04%	75.64%	79.10%	78.22%	74.99%
The Royal Marsden	68.47%	64.85%	64.87%	67.82%	67.75%
Average result	68.47%	67.22%	65.54%	67.28%	64.57%

Table 8 Q 25f - If I spoke up about something that concerned me, I am confident my organisation would address my concern.

Year	2021	2022	2023	2024	2025
Best result	67.56%	69.70%	73.64%	73.70%	68.67%
The Royal Marsden	58.08%	55.09%	55.60%	57.77%	59.01%
Average result	58.65%	55.09%	55.13%	56.93%	53.14%

Comment Tables 5,6,7 and 8 (above) show data from the four questions related to the People Promise theme '*We each have a voice that counts*' included in the National Staff Survey.

The Royal Marsden results remain consistent and above average in all four categories. Some Trusts clearly continue to perform better which cannot be explained by the quantitative data presented. This issue is pertinent to all staff particularly those in line management positions who, along with team leaders, should be the first point of contact for staff to raise concerns. This process needs to be trusted by the workforce. Freedom to Speak Up has an important role to play in ensuring everyone has a voice if they have been unable to feel heard through these traditional routes.

Relevant Actions

The FTSU Guardian and Deputy Guardian will continue to work in collaboration with colleagues to promote the ethos of an open and transparent culture in conjunction with compassionate leadership across the organisation. Their goal is to ensure people feel empowered to raise concerns themselves to the appropriate person and that line managers and team leaders have the competence and confidence to address concerns locally. They aim for all staff to be aware of the Freedom to Speak Up service, how to access it and importantly the role it plays within the overall speak up culture where we each have a voice that counts. The Guardian and Deputy Guardian note the multiple options that staff at The Royal Marsden have to speak up either through their line managers, staff representatives or Trade Unions, the Trust Consultative Committee or Local Negotiating Committee for medical staff and via the Human Resources Division using the Workplace Concerns and Grievances policy. Additionally, staff can raise concerns using either the Datix system, HR policies available on the intranet and the counter fraud service. They will also collaborate with and learn from colleagues from other organisations to ensure best practice and sharing of ideas.

6. Freedom to Speak Up Reflection and Planning Tool

Previously the National Guardian's Office requested that the Board of each organisation embracing Freedom to Speak Up consider the Reflection and Planning Tool in conjunction with Freedom to Speak Up: A guide for leaders in the NHS.
<https://nationalguardian.org.uk/learning-resources/speaking-up-resources/>.

In light of the new arrangements for Freedom to Speak Up nationally published in April 2026 [NHS England » The future of Freedom to Speak Up](#) the FTSU team will develop a proposal and high-level work plan purposefully designed to take the FTSU service forward into 2026/27 and beyond at The Royal Marsden.

7. National Guardian's Office (NGO) updates

Please note the NGO will now close on 30th June 2026 and this update [NHS England » The future of Freedom to Speak Up](#) was published on April 16th 2026 to introduce the expected way forward for the service.

The NGO has always communicated regularly with all FTSU Guardians via email to ensure they have access to reports published and comments made by the National Guardian, as well other relevant information that will aid their work. A selection from the 2025-2026 is offered below for interest.

May 2025

The NGO published a review into the unique challenges faced by NHS workers trained outside the UK when speaking up

[NGO-Overseas-trained-workers-report_May-2025.pdf](#)

September 2025 The National Guardian's Office has published findings from the 2025 *Freedom to Speak Up Guardian Survey*, which explores how the role of guardian is being delivered across healthcare organisations

[Strong job satisfaction among guardians despite resource challenges – national survey 2025 - National Guardian's Office](#)

November 2025 The National Guardian's Office Annual Report April 2024-March 2025 was laid before Parliament.

<https://assets.publishing.service.gov.uk/media/69242d83be88e0f89d197da2/national-guardians-office-annual-report-2024-to-2025.pdf>

November 2025 In light of the planned closure of the National Guardian's office, the decision has been made to cancel the annual Freedom to Speak Up conference. This was scheduled to take place on Tuesday 24 March 2026.

February 2026

Interim leadership arrangements for the NGO announced. Bethany Carter will be leaving her role at the National Guardian's Office (NGO) on 27 March 2026. To ensure stability and continuity for the guardian network during the NGO's transition and closure, the following interim leadership arrangements are in place. June 2026.

Jackie Jackson, Director of People at CQC, will provide senior leadership support and oversight of the NGO from Wednesday 1 April 2026 until the NGO's closure at the end of June 2026. Jackie will work closely with the NGO team and Tom Grimes, Deputy Director for Freedom To Speak Up and Organisational Health at NHS England, to ensure ongoing support for guardians and smooth operational delivery as the office moves towards closure. If you have any questions, please email enquiries@nationalguardianoffice.org.uk

8. Summary and Recommendations

The Royal Marsden currently employs 5118 staff in eight identified staff groups (data for 31/12/25). In the year 2025/2026 127 concerns were raised through the Freedom to Speak Up (FTSU) service compared to 119 in 2024/2025; for context in 2025/2026 there were nine formal grievances and three cases related to Dignity at Work recorded by the Employee Relations team, a total of 12 an increase from six recorded cases the previous year.

In 2025/2026 inappropriate attitudes or behaviour accounted for the largest proportion of FTSU cases across Q1, Q2 and Q3. Q4 2025/2026 was the exception when 'element of worker safety/ wellbeing' accounted for 23/40 (57.5%) cases. Overall, in 2025/2026, inappropriate attitudes or behaviours accounted for 35.0% of the cases which is a consistent with the previous year 2024/2025.

17 cases were raised anonymously. Again, to our knowledge no disadvantageous/demeaning treatment as a result of speaking up through the FTSU service was noted in this year.

The National Staff Survey results for 2025 related to the People Promise theme '*We each have a voice that counts*' shows the consistent and above average performance of The Royal Marsden.

The FTSU Guardian & Deputy Guardian would like to thank everyone who had the courage and energy to speak up and all those who have listened with kindness and compassion and acted appropriately. They particularly acknowledge the diligence with which members of the senior leadership team have managed concerns brought to their attention and the humanity they have always shown to the Guardian and Deputy Guardian.

In 2025/2026 the highlights for the service have been the co-creation of a training programme with the Learning and Development team and the Quality and Risk team for managers promoting an overall speak up culture to promote patient and staff safety for launch in April 2026; and the development of a service feedback form with support from colleagues such as the Inclusion Partner and the Digital Content Producer to ensure any trends in relation to the protected characteristics of concern raisers can be monitored.

The main challenge faced by the Guardian and Deputy Guardian considering the increasing and on-going nature of the case load which carries a significant emotional burden is ensuring that a balance between the reactive and proactive sides of the service is maintained in order to fulfil the entire remit of Freedom to Speak Up.

The committee is asked to:

1. Acknowledge everyone who has had the courage and energy to speak up and all those who have listened to their concerns with kindness and compassion and acted appropriately.
2. Support the information and assurance provided for all Freedom to Speak Up activity and actions.
3. Be assured that all concerns are addressed in accordance with the Freedom to Speak Up policy.
4. Confirm that The Royal Marsden NHS Foundation Trust supports an open and transparent culture built on compassionate leadership where anyone who speaks up is appreciated and valued.

Authors:

Natalie Doyle Freedom to Speak Guardian & Amanda Sadler Deputy Freedom to Speak Up Guardian (May 2026)

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 6.4
Title of Document: Audit Committee and Finance Committee Terms of Reference		To be presented by: Company Secretary
1. Status: To approve		
2. Purpose:		
<i>Relates to:</i>		
<i>Strategic Objective(s)</i>		
<i>Operational Performance</i>		
<i>Legal / regulatory / audit</i>		
<i>Accreditation / inspection</i>		
<i>NHS policy / consultation</i>		
<i>Governance</i>	*	
<i>Other</i>		
3. Summary		
Following Board approval in May, the Audit and Finance Committee will be separated into an Audit Committee and a Finance Committee, in line with NHS best practice and CQC governance expectations. Draft Terms of Reference have been developed to define the roles, responsibilities and membership of each committee. These were considered by the Audit and Finance Committee in June, and the comments received have been incorporated into the attached documents.		
4. Recommendations / Actions		
The Board is asked to: • Approve the Terms of Reference for the Audit Committee. • Approve the Terms of Reference for the Finance Committee. • Note that the new committee arrangements will take effect from September 2026.		

The Royal Marsden NHS Foundation Trust
Audit Committee - Terms of Reference

Constitution	The Board of Directors (the Board) hereby establishes a Committee to be known as the Audit Committee.
Purpose (Main Aim)	The Committee provides assurance to the Board on: - the adequacy and effectiveness of the Trust's systems of internal control and risk management; - the integrity of financial reporting and governance processes; and - the effectiveness of internal and external audit functions. The Committee supports the Board in ensuring high standards of corporate governance, financial reporting, and accountability.
Membership	The Committee shall comprise: Not fewer than three Non-Executive Directors (NEDs) The Board shall appoint the members and the Chair of the Committee.
Attendance	The following shall be regular attendees: - Chief Executive (by invitation) - Deputy Chief Executive (by invitation) - Chief Finance Officer - Chief Nurse - Chief Operating Officer - Head of Internal Audit - External Auditor - Local Anti-Fraud Specialist - Other Executive Directors as required Other individuals may be invited to attend for specific items. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.
Chair	The Chair of the Committee shall be a Non-Executive Director with recent and relevant financial experience. In the absence of the Chair, another Non-Executive Director will act as Chair.
Secretary	The Company Secretary (or their nominee) shall act as Secretary to the Committee.
Quorum	The quorum shall be two members, all of whom must be Non-Executive Directors.
Meeting Frequency	The Committee shall meet not less than four times per year, with additional meetings scheduled as required.
Authority	The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

	The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.
Duties & Responsibilities	Internal Control and Risk Management The Committee shall review the establishment and maintenance of an effective system of internal control and risk management. In particular, the Committee will review the adequacy of: • All risk and control-related disclosure statements, including the Annual Governance Statement • The structures, processes and responsibilities for identifying and managing key risks • The identification and management of key risks through the Board Assurance Framework (BAF) • The operational effectiveness of policies and procedures • Arrangements for fraud and corruption in line with requirements of the NHS Counter Fraud Authority • Standing Orders, Standing Financial Instructions, and Codes of Conduct • The Trust's digital and cyber security risk management arrangements Internal Audit The Committee's responsibilities shall include: • Overseeing the provision of an effective internal audit function • Considering the appointment, audit fee, resignation or dismissal of the internal audit provider • Reviewing and approving the internal audit programme to ensure alignment with key risks • Considering major findings of internal audit reviews and management responses • Monitoring implementation of internal audit recommendations • Ensuring internal audit is adequately resourced and has appropriate organisational standing • Undertaking an annual review of the effectiveness of internal audit (including Quality Assurance Review outcomes) Anti-Fraud and Whistleblowing The Committee shall: • Consider the appointment, fee, resignation or dismissal of the Local Anti-Fraud Specialist • Review the anti-fraud programme and findings of investigations • Ensure appropriate organisational standing of the anti-fraud function • Review arrangements for raising concerns (whistleblowing), ensuring confidentiality, proportionate and independent investigation and appropriate follow-up action External Audit The Committee shall: • Consider the appointment of the External Auditor and make recommendations to the Council of Governors • Review and agree the External Audit plan • Discuss the scope and nature of the audit before it commences

	• Review External Audit reports, including audit findings, management letters, representation letters, management responses • Monitor implementation of External Audit recommendations • Assess annually the effectiveness of the External Auditor • Develop and oversee policy on the provision of non-audit services to safeguard auditor independence Financial Reporting As delegated by the Board, the Committee shall: • Review and approve the annual financial statements, with particular regard to: ○ the appropriateness of accounting policies and practices ○ significant judgements and estimates ○ compliance with accounting standards and statutory requirements; and ○ the clarity, completeness and transparency of disclosures • Review and approve the Annual Governance Statement and related disclosures. • Consider whether the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable. • Ensure that the Annual Report and Accounts present a true and fair view of the Trust's financial position and performance. Private Sessions The Committee shall: • Meet at least annually in private session with: ○ the External Auditor ○ the Head of Internal Audit • Meet privately with Non-Executive Directors only, as required
Reporting	The Chair of the Committee shall: • Report to the Board after each meeting • Highlight key risks, issues, and recommendations Minutes of meetings shall be submitted to the Board. The Committee shall produce an annual report to the Board and Council of Governors, including: • A summary of its work and how it has fulfilled its Terms of Reference • Significant issues considered in relation to the financial statements • An assessment of internal audit effectiveness, external audit effectiveness and independence and any significant governance, risk, or control issues.
Review	These Terms of Reference shall be reviewed annually by the Committee and approved by the Board.
Forward Agenda Plan	The Committee shall maintain a Forward Agenda Plan aligned to its responsibilities.
Approved by the Board: Next Review Date	June 2026 March 2027

The Royal Marsden NHS Foundation Trust

Finance Committee - Terms of Reference

Constitution	The Board of Directors (the Board) hereby establishes a Committee to be known as the Finance Committee.
Purpose (Main Aim)	The Committee provides assurance to the Board on: - the Trust's financial position and performance; - the robustness of financial planning and strategy; and - the long-term financial sustainability of the Trust. The Committee supports the Board in ensuring effective financial governance and stewardship of resources.
Membership	The Committee shall comprise: - Not fewer than three Non-Executive Directors (NEDs); and - The Chief Finance Officer (CFO) as a full member (non-independent). The Board shall appoint the members and the Chair of the Committee.
Attendance	The following shall be regular attendees: - Chief Executive (by invitation) - Deputy Chief Executive (by invitation) - Chief Operating Officer - Chief People Officer (by invitation) - Finance leads - Other Executive Directors as required Other individuals may be invited to attend for specific items.
Chair	The Chair of the Committee shall be a Non-Executive Director with recent and relevant financial experience. In the absence of the Chair, another Non-Executive Director will act as Chair.
Secretary	The Company Secretary (or their nominee) shall act as Secretary to the Committee.
Quorum	The quorum shall be three members, including at least two Non-Executive Directors.
Meeting Frequency	The Committee shall meet not less than four times per year, with additional meetings scheduled as required.
Authority	The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Duties & Responsibilities	Financial Strategy and Planning The Committee shall: • Review the annual financial plan and recommend its approval to the Board • Oversee the development and regular review of the medium-term financial plan • Ensure alignment between financial plans and the Trust’s strategic objectives • Review financial assumptions, risks, and sensitivities Financial Performance The Committee shall: • Monitor in-year financial performance against plan • Scrutinise variances and the effectiveness of corrective actions • Advise the Board on actions required to maintain financial balance • Review forecast outturn positions and financial risks Efficiency, productivity and cost improvement The Committee shall: • Oversee the delivery of schemes to improve financial performance • Monitor the quality impact and sustainability of savings • Ensure schemes are realistic, deliverable, and aligned to clinical priorities Capital and Investment The Committee shall: • Oversee the capital programme, including affordability, prioritisation, value for money and alignment to strategy • Review performance against capital plans • Scrutinise major business cases prior to Board approval • Monitor procurement activity, including tender waivers Cash, Liquidity and Financial Sustainability The Committee shall: • Monitor cash flow and liquidity position • Review borrowing, working capital, and capital financing arrangements • Assess the Trust’s long-term financial sustainability Financial Governance and Risk The Committee shall: • Review key financial risks and ensure alignment with the Board Assurance Framework • Ensure appropriate financial controls and governance are in place • Review compliance with relevant financial regulatory frameworks and guidance Accounting Policies The Committee shall: • Review accounting policies at least annually • Consider the impact of any changes in accounting standards or guidance
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	Private Sessions The Committee may meet in private session with Non-Executive Directors only as required.
Reporting	The Chair of the Committee shall: • Report to the Board after each meeting • Highlight key risks, issues, and recommendations Minutes of meetings shall be submitted to the Board. The Committee shall produce an annual report to the Board and Council of Governors, including: • A summary of its work and how it has fulfilled its Terms of Reference • Key financial issues considered during the year • An overview of financial performance and sustainability • Any significant matters escalated to the Board
Review	These Terms of Reference shall be reviewed annually by the Committee and approved by the Board.
Forward Agenda Plan	The Committee shall maintain a Forward Agenda Plan aligned to its responsibilities.
Approved by the Board: Next Review Date	June 2026 March 2027

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026	Agenda item: 7.1
Title of Document: Membership Report	To be presented by: For information
1. <u>Status:</u> For Information	
2. <u>Purpose:</u>	
<i>Legal / regulatory / audit</i>	✓
3. <u>Summary</u> Membership schemes were introduced for NHS Foundation Trusts as a fundamental part of their governance framework, to engage with and involve patients and the public in the Trust's business. The Royal Marsden has a responsibility to recruit, engage and involve its members, who are drawn from three constituencies: patients and carers, members of the public, and staff. It is important for the Board of Directors to be aware of the Trust's position with regard to its membership to receive assurance that the Trust is fulfilling its responsibility as an NHS Foundation Trust.	
4. <u>Recommendations / Actions</u> The Board is asked to note the current membership position.	

Membership Report

1.0 Introduction

Membership schemes were introduced for NHS Foundation Trusts as a fundamental part of their governance framework, to engage with and involve patients and the public in the Trust's work and future plans.

The purpose of this highlight report is to provide the Board with a summary of the Trust's membership position and engagement activities over the past year.

2.0 Who can become a member of The Royal Marsden?

Membership is open to individuals aged 16 or over who live in England, which the Trust has defined as its geographical boundary. Our membership is categorised into three constituencies: Patient and Carer, Public, and Staff, each with specific eligibility criteria. This structure ensures that our membership is reflective of the diverse community we serve.

3.0 Membership overview

As of 1 July 2026, the Trust had 9,738 members, comprising:

- Patient and Carer: 2,044
- Public: 3,254
- Staff: 4,440

4.0 Membership Recruitment and Engagement

The Membership and Communications Group, a working group of the Council of Governors, is responsible for reviewing and delivering membership recruitment and engagement activities.

4.1 Governor Engagement

During the year, the Membership and Communications Group has focused on strengthening Governor engagement through a range of activities:

- A programme of sessions enabled Governors to engage directly with patients and hospital visitors, providing valuable insight into patient experience. These sessions supported Governors in representing members and service users, while also raising awareness of the Governor role and Trust membership.
- Governors hosted their first in-person member event before the Annual General Meeting at Chelsea in September 2025, giving members the opportunity to meet their Governors and discuss matters of importance to them at The Royal Marsden.
- Governors also supported charity events as part of their wider engagement activity, helping to build stronger links with the community. This included the London Landmarks Half Marathon, the London Marathon and The Banham Marsden March.

4.2 Equality, Diversity and Inclusion Patient and Public Contributors' Group
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.

5.0 Member Communications and Engagement Activities

Member engagement activities undertaken during the year included:

5.1 RM quarterly magazine was distributed electronically to all members, providing updates on the latest hospital developments, research activity, the Council of Governors and the Board of Directors.

5.2 Members' Bulletin provided key Trust updates on research, treatment developments, support services, patient stories, staff 'day in the life' stories, and opportunities for involvement and engagement, including workshops on yoga and digital illustration, where patients could share their experiences of cancer care. The bulletin is issued every two months and achieves an average email open rate of 60–65%.

5.3 Invitations were issued to members to:

- Attend public consultation events on the Chelsea development plans, giving members the opportunity to learn about the Trust's vision and provide feedback on emerging proposals for the second phase.
- Attend the Trust's Annual General Meeting on 24 September 2025, either in person or online. The meeting enabled members to hear updates and ask questions on the Trust's performance, achievements and finances, including presentations on the Chelsea Redevelopment Project, the five-year Genomics Strategy and recent research activity.
- Join the online Cancer Patients' Voice platform to share experiences of patient care and ask questions.

5.4 Governor election: In May 2026, an election opened for three Governor seats across the following constituencies: Public: Kensington and Chelsea; Patient: Elsewhere in London; and Staff: Corporate & Support. Members in these constituencies were contacted to advise them of the election and invite them to stand and vote. In total, 20 nominations were received, with candidates from a range of backgrounds putting themselves forward. The table below shows the number of candidates who stood in each constituency. The election results will be published on 14 July 2026.

Constituency	No. candidates
Public: Kensington and Chelsea (1 to elect)	4
Patient: Elsewhere in London (1 to elect)	12
Staff: Corporate & Support (1 to elect)	4

5.5 Dedicated Governor inbox: Members can contact their Governor representative directly through the dedicated Governor inbox at governors@rmh.nhs.uk.

6.0 Conclusion

Overall, the Trust has continued to maintain a strong and engaged membership base. Ongoing focus on engagement, communication and collaboration remains important in ensuring members are well informed, actively involved and appropriately represented.

It is important for the Board to be aware of the Trust's position with regard to its membership in order to gain assurance that the Trust is fulfilling its responsibility as an NHS Foundation Trust.

The Board is asked to note the current membership position as well as the Trust's membership recruitment and engagement activities.

BOARD PAPER SUMMARY SHEET

Date of Meeting: 21 July 2026		Agenda item: 7.2
Title of Document: Communications Briefing		To be presented by: For information
1. <u>Status:</u> For Information		
2. <u>Purpose:</u>		
<i>Other</i>	Board Briefing	
3. <u>Summary</u> The enclosed report updates the Board on relevant communications and PR coverage.		
4. <u>Recommendations / Actions</u> The Board is asked to note the enclosed communications briefing for information.		

Communications Briefing - March to June 2026

ROYAL PATRONAGE



Her Royal Highness The Princess of Wales completed the National Three Peaks Challenge to raise awareness of the importance of holistic care in helping more people during and beyond their cancer journey. Climbing the highest peaks in Scotland, England and Wales within 24 hours in late June, HRH The Princess of Wales raised funds for The Royal Marsden Cancer Charity which will support more people with cancer to benefit from holistic care. The challenge attracted media coverage through late June and early July. Our media monitoring tool recorded more than 2,500 pieces of coverage that contained the words 'The Royal Marsden Cancer Charity' and 'Princess' up until the 13 July.

The story featured on the front pages of a number of national newspapers including The Sun, The Mirror and The Express. Dr Susanna Walker, Consultant Anaesthetist, appeared on BBC Breakfast and Professor Nicholas van As, Consultant Clinical Oncologist, on BBC London.

In March, Kensington Palace posted social media content after Her Royal Highness The Princess of Wales, Joint Patron of The Royal Marsden, gifted bunches of narcissi daffodils to our Chelsea and Sutton hospitals alongside a heartfelt message to staff and patients. The gift and message were subsequently reported on by national media outlets including The Daily Mail and The Express.



Cancer research

Cancer jab can eradicate entire tumours in patients, trial shows

Jab brought 'unprecedentedly strong responses' in patients whose disease had become resistant to chemotherapy and immunotherapy

Andrew Gregory *Health editor, in Chicago*

Sat 30 May 2026 18.00 BST

Dr Hazel Lote, Clinical Medical Oncologist, presented results from the INBRX-109 clinical trial, a first-in-human early-phase study involving 50 patients with metastatic colorectal cancer whose disease had progressed after two or three previous treatments and were not eligible for surgery. The trial, involving patients across the UK and internationally, is evaluating ozekibart, an investigational antibody therapy designed to trigger cancer cell death by activating a protein called death receptor 5 on the cell surface, in combination with FOLFIRI chemotherapy, a standard treatment for advanced colorectal cancer. The combination has shown early signs of tumour shrinkage and disease control in patients and was covered by The Independent as well as about 40 regional media titles via Press Association.

New results from the OrigAMI-4 trial were presented by Professor Kevin Harrington, Professor of Biological Cancer Therapies at The Institute of Cancer Research (ICR) and Consultant Clinical Oncologist at The Royal Marsden. The trial showed that a targeted cancer treatment (amivantamab) given via a simple injection under the skin shrank tumours in more than one third of patients with recurrent and/or metastatic head and neck cancer whose disease has stopped responding to standard treatments. The news attracted widespread media coverage with more than 300 news outlets reporting on the trial including The Guardian, The Telegraph, ITV and The Independent.

RESEARCH AND INNOVATION

The media reported on a new trial that is using Artificial Intelligence (AI) to support breast cancer screening. Results from the study indicated AI can improve cancer detection rates and reduce unnecessary tests for patients. The trial, published in Nature Journal in March, was run in Scotland but the news also included that The Royal Marsden is part of an expanded study into the AI software, looking at data from more than 175,000 patients. The news was reported in outlets including The Independent.

The PharmaLetter, Archynewsy, Pharmaphorum and Syneza reported that NICE (National Institute for Health and Care Excellence) has approved pembrolizumab (Keytruda) as a new treatment option for resectable locally advanced head and neck squamous cell carcinoma (LA-HNSCC). The decision to approve the drug marks the first significant improvement to the standard of care for this type of cancer in over twenty years. According to NICE's final draft guidance, pembrolizumab may now be offered before surgery, after surgery combined with radiotherapy and with or without chemotherapy. The coverage in March included a quote from Professor Chris Nutting, Consultant Clinical Oncologist at The Royal Marsden and Medical Director, The Royal Marsden Private Care.

Oncology News Today covered the news that thanks to the contribution of patients and researchers at The Royal Marsden, the daily oral treatment, vorasidenib, has received approval from the National Institute for Health and Care Excellence (NICE). The drug is the first targeted therapy approved in the UK for people aged 12 and older with IDH-mutant Grade 2 brain tumours, who have undergone surgery but do not yet need chemotherapy or radiotherapy. The NICE approval is based on results from the international INDIGO study, a Phase 3 randomised clinical trial that assessed vorasidenib in patients with IDH-mutant Grade 2 gliomas who had been treated with surgery alone. The article, published in April, included a quote from Royal Marsden patient Declan as well as Dr Liam Welsh, Consultant Clinical Oncologist, who led the INDIGO trial at The Royal Marsden.

Epitopea, a transatlantic biotech developing off-the-shelf, RNA-based cancer immunotherapies, has received approval from the UK's Medicines and Healthcare products Regulatory Agency (MHRA) and the Regional Ethics Committee for its clinical trial application for OVACT, a first-in-human trial of its lead programme, CryptiVax™-1001, in advanced high-grade serous ovarian cancer. CryptiVax™-1001, is an off-the-shelf mRNA therapeutic vaccine in development for high-grade serous ovarian cancer. mRNA, or messenger RNA, is a molecule that carries genetic instructions from DNA to the cell's protein-making machinery, enabling protein synthesis. OVACT is a Phase 1/1b dose escalation and expansion trial designed to evaluate the safety, tolerability, immunogenicity, and early clinical activity of CryptiVax™-1001 in HRP+/BRCA-wildtype high-grade serous

ovarian cancer patients. Epitopea also announced the appointment of Professor Susana Banerjee, Consultant Medical Oncologist at The Royal Marsden, as Chief Investigator. The announcement attracted industry media attention over several days in late April.

Just Two Radiotherapy Sessions Over Eight Days Effectively Treat Prostate Cancer Without Additional Side Effects

May 17, 2025 in Cancer Reading Time: 3 mins read

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A groundbreaking advancement in prostate cancer treatment has emerged from a recent study presented at the Congress of the European Society for Radiotherapy and Oncology (ESTRO 2026) in Stockholm, Sweden. The HERMES study, presented by Dr Sian Cooper, Clinical Research Fellow at The Royal Marsden, revealed that delivering radiotherapy in just two larger doses is as safe and effective as five smaller doses. The trial was covered across multiple health trade press outlets in May including Oncology News Today, Drugs.com, Inside Precision Medicine, Elekta, and The Globe.

SERVICES, EQUIPMENT AND INFRASTRUCTURE

The Royal Marsden's Chelsea Development planning application featured in the press during April and early May. Attention to the planning application first appeared in online discussion on platforms such as Reddit, criticising residents who are opposing the proposed extension of the Chelsea site. The Times was the first traditional media outlet to publish a story covering the residents' response to the plan. This was picked up by The Daily Mail, Metro, and The Independent. Comments submitted to the Royal Borough of Kensington and Chelsea's planning portal were also referenced in the coverage, including submissions both of support and in opposition to the proposal. The Times published a leading editorial the following day from Royal Marsden patient and Times journalist Sean O'Neill strongly backing the planning application.



Nimbys threaten upgrade to beacon of cancer care

Sean O'Neill

The residents of Chelsea have a lot going for them. This affluent corner of London is replete with beautiful squares, streets lined with gorgeous houses and more than a handful of lovely pubs.

There are fashionable restaurants aplenty and an array of shopping avenues such as King's Road. The school selection is enviable and cultural gems like the South Kensington museums and Cadogan Hall are within walking distance. The Chelsea Flower Show is a fixture in the nation's calendar and the Chelsea Physic Garden is a year-round gem.

Of course there are things to grumble about. The football team isn't much to write home about and there is a problem with those old-fashioned London parking spaces being too small for the "Chelsea tractors" that many people insist on driving. However, the latest moan really takes the biscuit: a campaign is drumming up local

objections to plans for an expansion of the Royal Marsden Hospital.

The hospital, the world's first dedicated to cancer care, was established in Chelsea 175 years ago by the surgeon William Marsden. It has looked after millions of patients since and is now globally recognised as a centre of excellence, not just for treatment, but for research into new drugs, new technologies, new ways of tackling this awful disease.

While the research and cancer care may be cutting-edge, the building on the Fulham Road is ageing, crowded and in serious need of an upgrade. The Marsden's planning application envisages a new seven-storey building to keep the hospital at the forefront of the fight against cancer.

The nimbys of Chelsea, however, are worried about noise, construction lorries, traffic disruption, loss of light and privacy (because hospital windows might overlook private homes). Above all, the objectors seem to be concerned

about house prices.

One objection from the owner of a grade II listed townhouse, value £6 million, complained that the development "will inevitably reduce the value of my home and may render it significantly less attractive, or even unviable, as a residential property".

This is petty parochialism. I confess I write as someone with "skin in the game". I have been a Marsden patient for 16 years and have a CT scan scheduled for this morning. But this issue is bigger than one patient or one wealthy homeowner. In a tumultuous world where Britain's influence is diminishing, the Marsden is a beacon of how this country can still be a force for good.

Modernising the Marsden is in the national interest and that must triumph over nimbyism.

We provided background information to correct the inaccuracies of some of the claims the journalists put forward to us to comment on. A long-read piece also featured in The Daily Telegraph in early May which included multiple interviews with residents from the surrounding area. The article set out some of the residents' concerns as well as noting the criticism they had received for opposing the expansion of the hospital. In our statement we

emphasised the extensive consultation work that has taken place with residents and the alterations to the plan that have come from those consultations.

The news that ISS, the workplace experience and facility services company, has furthered its partnership with the Fulham Road Collaborative (FRC) in the UK, comprising of Chelsea and Westminster Hospital NHS Foundation Trust and The Royal Marsden NHS Foundation Trust, was covered in more than 50 business industry outlets in April. Under the contract, ISS will deliver a broad range of integrated services across three major hospital sites. The services include cleaning, security, portering, patient catering, retail catering, waste management, reception, private patient services, and linen and laundry services.

STAFF PROFILING

Katy Kilbane, Day Surgery Unit Sister, and Marta Marchetti, Surgical Care Practitioner, were both interviewed for a feature in Nursing Standard which explored career pathways, roles and pay bands in surgical care. The article was published in March.

In an article published in HELLO! Magazine in March, Strictly Come Dancing star Alex Kingston revealed why she almost missed her uterine cancer warning signs and explained how she mistook the disease's symptoms for signs of ageing. Marielle Nobbenhuis, Consultant Gynaecological Oncology Surgeon and Head of Surgery at The Royal Marsden, provided expert advice within the article to explain what to look out for when it comes to this type of cancer.

A selection of Royal Marsden consultants were asked to provide their expertise for a feature article in The Telegraph in March discussing symptoms of breast, prostate, bowel and lung cancers. Declan Cahill, Head of Urology and Consultant Urological Surgeon, Dr Alicia Okines, Consultant Medical Oncologist, and Shahnawaz Rasheed, Consultant Colorectal Surgeon, were all featured in the article.

Mr Ricky Bhogal, Consultant Hepatobiliary Surgeon, provided his expert advice as part of a feature in The Daily Telegraph on pancreatic cancer in April. Mr Bhogal explained that adenocarcinomas are the most common form of pancreatic cancer and can be difficult to treat as they attach themselves around major blood vessels that run through the abdomen. He also spoke about The Royal Marsden's work with liquid biopsies and how it is hoped that a liquid biopsy that can diagnose pancreatic cancer could be developed in the near future.

Professor James Larkin, Consultant Medical Oncologist, was quoted in a press release issued by medical journal Open Medicine in May. Open Medicine has created a platform that will host 'living algorithms' designed to help clinicians handle huge datasets in real time. Professor Larkin was invited to comment on the platform and advised that he hoped the platform would allow clinicians to use the wealth of data available to them more swiftly and efficiently. The release has been carried across a large number of industry sector media outlets including First Word Health Tech, Third News and USA Newshour.

Morning Live

Series 8: 21/05/2026



BBC This Morning included a 10-minute segment dedicated to lobular breast cancer as part of one of its shows in May. Dr Alicia Okines, Consultant Medical Oncologist at The Royal Marsden, was interviewed and spoke about the current treatment options as well as providing health advice for people on the signs to look out for that might indicate that you have breast cancer.

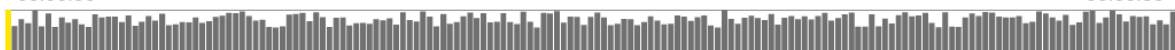
Professor Nick James, Professor of Prostate and Bladder Cancer Research at The Institute of Cancer Research and The Royal Marsden, was invited to speak on LBC Radio as part of a discussion on prostate cancer screening. The debate was sparked following an announcement by The UK's National Screening Committee that only a select group of men most at risk should be part of any national prostate cancer screening programme. Professor James challenged this assertion during the show. He pointed out that PSA screening reduces mortality from prostate cancer by between 13 and 20 per cent and also argued that the introduction of MRI scans into the process of prostate cancer diagnosis has reduced the likelihood of people receiving unnecessary treatment.

Science Weekly

'The undruggable became druggable': a gamechanging treatment for the world's deadliest cancer - podcast

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A daily pill can double survival time in patients with the world's deadliest cancer, according to the results of a clinical trial that experts are saying is a gamechanger and one of the biggest breakthroughs in decades. To find out more about how daraxonrasib works and how life-changing it could be for patients, Madeleine Finlay speaks to Prof Naureen Starling, consultant medical oncologist at the Royal Marsden hospital

The Guardian's Science Weekly podcast covered the results from a breakthrough trial at ASCO which showed that a once-daily pill (daraxonrasib) could double survival times for pancreatic cancer patients. Professor Naureen Starling, Consultant Medical Oncologist, was interviewed in June on why pancreatic cancer was chosen as the proving ground for daraxonrasib, the science behind the treatment, why it represents such a breakthrough for the oncology community, and what it is hoped for the future. While no UK centres were involved in the initial trial, The Royal Marsden will be opening the next phase of trials.



Dr Emine Hatipoglu, Consultant in Sarcoma and Cellular Therapy, appeared on ITV News London in July for a short segment on Sarcoma Awareness Month, alongside a patient from Nottingham Hospital. She spoke about the reasons why sarcoma is often difficult to diagnose and gave advice to viewers about symptoms to look out for, as well as when to go to their GP

PATIENT STORIES

The Mirror featured the story of Jess Gibelli, a 28-year-old woman from Surrey who believed she was suffering from a stomach bug after experiencing nausea, sickness, severe bloating and extreme fatigue in November 2025. She was diagnosed with high-grade B cell Burkitt lymphoma at St Peter's Hospital and has since been transferred to The Royal Marsden, Chelsea. In the article published in March, Jess's sister offered praise to The Royal Marsden and St Peter's for how they had helped Jessica. She said: "The consultants were so calm and reassuring, had answers and a plan. There is a lot of trauma to process as she's so young."

Royal Marsden patient Leeanne Grassnick spoke to The Sun in May about how her fatigue after becoming a mum was actually a sign that she had developed bowel cancer.

Leeanne is a patient of Professor Naureen Starling, Consultant Medical Oncologist, and is extremely positive about the treatment she has received. However, her treatment of intensive

chemotherapy has not shrunk her tumours enough to allow for surgery. She is therefore exploring options for private treatment abroad.

In May, Royal Marsden patient Yvonne Gabriel spoke to The Daily Mirror about how she hopes the recent cancer plotline in soap opera Eastenders will help raise awareness of blood cancer. Yvonne was diagnosed with acute myeloid leukaemia in July 2018 and began treatment in Sutton. She received three courses of chemotherapy and completed her treatment later that year.



Football,Sport,Television presenter news

'You've got this' Brave talkSPORT legend Mike Parry reveals he will have five-day radiotherapy course as he fights skin cancer

Broadcaster Mike Parry spoke about his diagnosis of skin cancer and his treatment at The Royal Marsden while appearing as a panellist on The Jeremy Vine Show in May. Mr Parry, who is a regular guest on the show, described The Royal Marsden as 'probably the best in the world', going on to say he was in 'great hands' and that is extremely confident and optimistic. He also added that listeners should put their faith in doctors because 'we are lucky to be in a country where these things can be treated'.

Stanley Johnson, the father of former Prime Minister Boris Johnson, has revealed that he is undergoing treatment for colon cancer at The Royal Marsden. The news was first revealed in The Daily Mail in June and followed up in The Sun.



THE ROYAL MARSDEN MARKS FIVE YEARS OF ADVANCED CANCER CARE AT CAVENDISH SQUARE

This week marks five years since The Royal Marsden opened its brand-new, research led, diagnostic, outpatient and treatment facility in Cavendish Square.

Located in the heart of the capital's world-renowned and most respected healthcare district between Oxford Street and Harley Street, the facility in Cavendish Square offers world leading standards of cancer care to patients in a calm, modern and reassuring environment.

Since opening, the facility has delivered over 82,000 outpatient appointments, alongside over 13,000 Medical Day Unit visits, around two-thirds of which were for chemotherapy. Its state-of-the-art imaging suite has supported over 33,000 appointments.

April marked five years since The Royal Marsden Private Care opened its brand-new, research-led, diagnostic, outpatient and treatment facility in Cavendish Square. Since opening, the facility has delivered over 82,000 outpatient appointments, alongside over 13,000 Medical Day Unit visits. Its state-of-the-art imaging suite has supported over 33,000 appointments. News of the five-year anniversary was covered in The Harley Street BID.

The Royal Marsden MyTrack™ Myeloma is the world's first fully integrated patient pathway for multiple myeloma. This patient-centred approach brings together leading-edge innovation in advanced diagnostics and clinical expertise to transform how multiple myeloma is understood, monitored, managed and treated, with the goal of significantly improving the patient experience. Following our announcement, there was interest in April and May with coverage in private care industry titles.

Harley Street Health District's private healthcare footprint reaches £1.85bn



The Harley Street Health District is contributing an estimated £1.85bn to the UK's private healthcare market once the complexity of its case mix is considered, according to a new impact analysis prepared for The Howard de Walden Estate. This uplift is largely driven by the presence of major District-based providers such as HCA Healthcare UK, The London Clinic, and The Royal Marsden Private Care, which together account for around 65 per cent of local activity. The Harley Street Health District's impact report, which was launched in June, includes a case study on The Royal Marsden Private Care at Cavendish Square.

Once famed for cosmetic enhancements, the Marylebone medical district has become a leader in cancer care. An article in *The Times* in June highlights how cancer care now accounts for 28 per cent of treatment on Harley Street. Last year chemotherapy was the district's most common treatment, with 18,000 rounds delivered to patients, up by 25 per cent in a year. As part of the article, the journalist visited The Royal Marsden Private Care at Cavendish Square and spoke to Donatella Doku, Deputy Matron of Private Care.

CHARITY



The deadline to win a £4 million Cotswolds home in Cirencester is approaching. (Image: Omaze)

There was media coverage of the Omaze Million-Pound House Draw, Cotswold House in partnership with The Royal Marsden Cancer Charity in March. The Oxford Mail reported that actor and former popstar Will Mellor was supporting the campaign. The draw offers entrants the opportunity to win a house in the Cotswolds worth more than £4million, as well as £250,000 cash. Actor Benedict Cumberbatch, ambassador for the Charity, has also supported the campaign.

Jaime Popplewell, who works in the Pharmacy Business Unit, signed up to run the TCS London Marathon in April, marking her 30th anniversary working at The Royal Marsden. Jaime, who first joined The Royal Marsden as a Student Pharmacy Technician at the age of 17, ran in support of The Royal Marsden Cancer Charity. Her story was featured in trade publication Chemist & Druggist in March.

TV presenter and Royal Marsden patient Davina McCall revealed that she has been given the all clear from breast cancer on her podcast Making The Cut. The news was subsequently covered in The Daily Mail in April. Later that month Davina invited fellow Royal Marsden patient and friend Tabitha Luxmoore-Styles to speak with her on a live Instagram stream. The pair discussed their cancer journeys, including a number of very complimentary and touching anecdotes about their treatment at The Royal Marsden, as well as talking about issues such as early menopause and fertility. Davina also shared that she was taking on The Banham Marsden March.

'Really important to give back!' Clinical trial cancer patient takes on the London Marathon



Jenny, a melanoma patient at The Royal Marsden, and Lauren Grostate (Research Advanced Nurse Practitioner, who is part of the team treating Jenny) ran the London Marathon together to fundraise for the Charity. They were featured in The News (Portsmouth) and then Jenny was interviewed on GB News on marathon day.

London and Southeast regional broadcaster Radio Jackie interviewed patient Jackie, who is currently on active treatment at The Royal Marsden for oesophageal cancer, ahead of her taking on the London Marathon. She raised over £9,000 for the Charity. Radio Jackie aired clips from the interview throughout marathon week, and on the day itself, and shared the coverage on their social channels.

There was coverage in regional media outlet Isle of Thanet News about a family preparing to take on the Banham Marsden March in thanks for the care paediatric patient Eleanor has received at The Royal Marsden. Eleanor, four, was diagnosed with Aggressive B-Cell Lymphoma last April and was transferred to The Royal Marsden where she was treated and entered remission in August.



LIVE FOR TODAY

Running with terminal cancer By **KEVIN WEBBER**

I have been having cancer treatment at London's Royal Marsden Hospital for nearly 12 years and finally, now I'm retired, I'm an official volunteer for them.

Last week I put on my volunteering hat as a course marshal for the annual "Marsden March". This event involves walking 15 miles from RMH Chelsea to RMH Sutton with over 7,000 amazing people hoping to raise over £2million. This will go towards developing cancer treatments and treating those (like me) who have been touched by cancer.

I spent seven hours stood 10 miles into the course in my hi-vis cheering the walkers on while directing them to the next checkpoint. And it was so humbling to see people of all ages take on this event. They often displayed their "Why" reason too, be it for their mum, dad, brother, child,

friend, or just purely to make a difference.

Unbeknown to me, my niece did the march and I was touched that I was one of her reasons why.

As the day wore on, many walkers were struggling, whole families with young children and elderly people walking with

sticks, but they all had a steely determination.

I had conversations with two sets of parents who had lost children, one under five and another at 34, and to them this was a way to remember their loved ones. One couple took a detour to visit the cemetery where their child's ashes were and it felt, as you can imagine, quite emotional while they were talking to me.

Despite the emotion, it was a day of joy. One where individuals can help others and hopefully not be in this rubbish situation in time to come.

One of the other stewards I was speaking to had been treated by the hospital as a child and does what she can. This year she was volunteering but last time she walked with her dad.

When I got home I had a warm glow and am now looking forward to the next time.

I hope you too find time to do something for a good cause and maybe even sign up to next year's event so I can cheer you on too!
**Until next week,
Kev**

Kevin Webber, a Royal Marsden patient and journalist, wrote a first-person piece in his Sunday Mirror column about volunteering at The Banham Marsden March. Kevin has previously written about his gratitude for the treatment he has received at The Royal Marsden and in 2024 carried out a running challenge in support of the Charity.

Regional media outlet The London Post covered a group of walkers who raised £10,000 by undertaking The Banham Marsden March. Shivani Patel and her family from the Streatham area joined a group from Stonecot Surgery in Morden to take on the 15-mile route.

Lady Garden Foundation had a specially designed exhibit at The Chelsea Flower Show which acts as a tribute to Royal Marsden patient Emily Plane as well as raising awareness of the five gynaecological cancers. The garden attracted significant media attention including articles in The Times and The Sun as well as a long piece in the Daily Telegraph. John Butler, Consultant Gynaecological Oncology Surgeon at The Royal Marsden and Medical Director of Lady Garden Foundation, was quoted in some of the coverage.