

The ROYAL MARSDEN
NHS Foundation Trust

Annual Report and Accounts 2021/22



NHS

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1. Performance report

Introduction

The Royal Marsden opened in 1851 as the world’s first hospital dedicated to cancer diagnosis, treatment, research and education. Today it operates as a specialist cancer hospital and National Institute for Health Research (NIHR) Biomedical Research Centre for Cancer, working closely with its principal academic partner, the Institute of Cancer Research (ICR).

Together, The Royal Marsden and the ICR are ranked as one of the top cancer centres in the world for the impact of their research. The Royal Marsden operates from three centres, in Chelsea, Sutton and Cavendish Square in central London, and is the founder and host of RM Partners West London Cancer Alliance, which includes St George’s Healthcare NHS Foundation Trust, Imperial Healthcare NHS Trust, and other trust and clinical commissioning group (CCG) partners across north west and south west London.

The Royal Marsden’s mission is to make a national and global contribution to cancer research and treatment, working collaboratively with the ICR, with NHS partners across the capital and nationally, with the emerging Integrated Care Systems, and with RM Partners.

Driven by the conviction that patients, entrusting their lives to The Royal Marsden, deserve the very best, The Royal Marsden is working to ensure delivery of excellent cancer care through the pandemic to its patients, to accelerate early diagnosis, and to develop new models of care. Alongside the unveiling of the new state-of-the-art Oak Cancer Centre in Sutton next year, the Trust is also delivering a significant digital transformation programme which will further improve its ability to care for its patients, to research and understand their cancers and the best possible treatments, and to maximise the opportunities digital services and artificial intelligence represent.

The Trust’s Five-Year Strategic Plan sets out the core themes and objectives for the period 2018/19 to 2023/24. The key highlights from 2021/22 against these themes are set out on pages 6-8.

The following ‘Overview of performance’ provides a summary of how The Royal Marsden NHS Foundation Trust performed during 2021/22.

Overview of performance

Chairman and Chief Executive joint statement

This has been another extraordinary year for all of us and the exceptional expertise and hard work of all staff has ensured that we have been able to maintain treatment and care for patients throughout the pandemic, while also providing support to our partners and patients across London through the Cancer Surgical Hub. We would like to thank staff for their resilience, professionalism and flexibility in responding to the constant challenges COVID-19 has presented over the last two years.

The Trust is rated ‘Outstanding’ by the Care Quality Commission and has been awarded ISO quality accreditations for chemotherapy and radiotherapy for another three years following assessment during the year. It has also retained the Customer Service Excellence Award for all its services; an important accreditation which recognises that patients must always be at the heart of service delivery.

Financial performance and key risks

In a financially challenging year, the Trust delivered a surplus, mitigating increased costs and lost commercial revenues due to COVID-19. This enabled continuing investment in estates, medical equipment and IT across the Trust.

Significant progress was made in the delivery of the core workstreams of the digital transformation programme, and the programme to develop and implement a new Digital Health Record began.

The major risks to the achievement of the Trust’s objectives during the year continue to reflect the challenging NHS climate due to increasing demand on services and requirements to modernise infrastructure, and the management of the ongoing COVID-19 pandemic. Full details of these risks and mitigation are on page 19 and outlined in the Annual Governance Statement on page 70.

As we recover from the pandemic, the Trust is undertaking a phased return to business as usual, with visitors being able to accompany patients, a return to site for staff who have been working a flexible model of home and on site to ensure adequate social distancing, and a return to on-site training and meetings in quarter 1 of 2022/23. Our thanks go to our vaccination team members who have worked tirelessly to ensure staff and patients are vaccinated, with one of the highest vaccination rates in London.

Research breakthroughs

The Royal Marsden’s ground-breaking research programme continued this year, with exciting developments including a new treatment for advanced renal cell carcinoma, shorter courses of radiotherapy for bladder cancer and the first UK guidelines for the diagnosis and treatment of breast implant-associated anaplastic large cell lymphoma.

This year, the Trust announced a new partnership, led by the NIHR Biomedical Research Centre (BRC) at The Royal Marsden and the ICR, London. The NIHR Oncology Translational Research Collaboration (O-TRC) aims to turn scientific discoveries into tangible benefits for cancer patients at a scale not possible at individual centres. Researchers from BRCs across the UK will share expertise and best practice, focusing on four areas: early diagnosis, immunotherapy, radiotherapy and surgery.

At the American Society of Clinical Oncology (ASCO) Annual Meeting, Royal Marsden staff presented research on breakthrough treatments for oesophageal cancer, with two immunotherapy treatment options that could transform treatment for this incurable disease, and early results from a Phase 1 trial that could lead to the first-ever targeted brain cancer treatment.

Major service developments

This year, the teams working on the Oak Cancer Centre have tirelessly ensured construction kept moving and continued raising vital funds for the new research and treatment centre. The Oak Cancer Centre will accommodate up to 400 researchers, a rapid diagnostics centre, and an outpatient and medical day unit in modern, purpose-built facilities. More than 20,000 tonnes of earth have been excavated to lay the foundations for the site and the concrete structure was completed in September 2021, marked by a traditional ‘topping out’ ceremony. Funded by The Royal Marsden Cancer Charity, the centre is due to open in 2023.

The first patients at The Royal Marsden’s new private care diagnostics and treatment facility at Cavendish Square were welcomed on 28 April 2021. Located in a period building at the top of Harley Street, this new outpatient and ambulatory care centre offers patients fast and direct access to internationally acclaimed consultants in an easily accessible, high-quality environment. Facilities include a minor procedures suite and a medical day unit with bespoke bays for patients receiving some of the most advanced cancer treatments. Patients from 35 different countries have benefited from the brand-new facilities.

The Trust has also been working with Epsom and St Helier to develop plans to build Epsom and St Helier University Hospitals’ new Specialist Emergency Care Hospital (SECH) co-located with The Royal Marsden in Sutton. The SECH will provide access to a full critical care unit, with more surgery capacity for patients in Sutton in brand-new facilities, providing an opportunity to create a thriving, modern campus for healthcare and world-class science. The aim is for the new building to open to patients in 2027.

Digital transformation

As part of a digital transformation drive to improve the way the Trust works, two projects are running that will revolutionise how the Trust manages clinical trials: a digital solution to paperwork-heavy clinical trial management, and a cloud-based service for storing, organising and analysing patient and clinical data. By improving data management and reducing paperwork and set-up times to make trial designs more efficient, both projects will give staff rapid access to the data and tools they need to allow radical new approaches in cancer research, which could benefit the lives of thousands of patients.

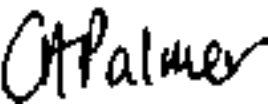
This year also saw the start of the development of a new Digital Health Record (DHR) – a suite of clinical systems that provide a comprehensive, real-time view of patient information. The new DHR will be run using Epic software and will launch in March 2023. The DHR programme, called Connect, will transform the way that patients engage with Royal Marsden services and experience their care. The Royal Marsden is partnering with Great Ormond Street Hospital (GOSH) on Connect, which will give the Trust the opportunity to harness the digital excellence, technologies and learning that GOSH has achieved through its own implementation of a new DHR in 2019. A dedicated team has been brought on board to deliver the programme – ensuring there are the right people in specialist roles to help design a system which is right for the Trust. As the hospital has entered the build phase of the programme, the DHR team has been consulting with staff across the Trust to identify how ways of working can be mapped into the new DHR, to produce an efficient and effective system to coordinate a patient’s cancer journey.

Collaboration and partnerships

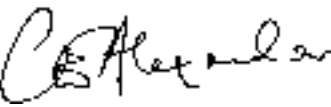
In June 2021, the Integrated Care System (ICS) Design Framework set out how ICSs will play a key role in aligning action between NHS partners across geographical areas. The Royal Marsden has continued to engage in planning with the South West London and North West London ICSs, along with RM Partners West London Cancer Alliance, to ensure cancer is at the forefront of this major reorganisation of the NHS. This year, a four-year strategy for RM Partners was developed, comprised of seven work programmes, including survival and quality of life. This strategy has been agreed and adopted by both the ICSs and NHS trusts in west London. The Royal Marsden welcomes the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships, which will be important in bringing partners together across health and social care. RM Partners will be responsible for providing leadership in cancer for the ICBs.

Following a review commissioned by NHS England, it was confirmed in November 2021 that all primary treatment centres should have a full paediatric intensive care unit on the same site, and this has been reflected in the new service specifications. The future of cancer treatment for children is focused increasingly on treatments such as immunotherapy, which are more likely to lead to children requiring intensive care during the initial phases of treatment. NHS England has made clear that The Royal Marsden’s services are safe and high-quality, and the Trust will continue to focus on delivering the best possible service to children and their families for as long as the service remains on The Royal Marsden site. The Trust and The Royal Marsden Cancer Charity will also continue to support and prioritise The Royal Marsden’s internationally recognised research activities, in partnership with the ICR. The Trust will support NHS England’s process with these new specifications and collaborate with partners on networked delivery of care to ensure a smooth transition for The Royal Marsden service, its staff and patients.

Thank you again to all Royal Marsden staff for their outstanding commitment to patients and to each other in the most challenging circumstances. We look forward to returning to business as usual and to the major programmes we will be completing in the year ahead on digital transformation and the opening of the Oak Cancer Centre, which will make such a difference to patients and staff. Our deep appreciation and thanks to the independent Royal Marsden Cancer Charity Trustees, the Oak Cancer Centre Appeal Board and the Appeal Board Chairman, Mike Slade OBE, and all our supporters for their exceptional contribution to the life and work of The Royal Marsden, and most importantly our patients.



Dame Cally Palmer
Chief Executive
6 July 2022



Charles Alexander CBE
Chairman
6 July 2022

Key highlights 2021/22

In summer 2018, The Royal Marsden launched its Five-Year Strategic Plan, which detailed the core themes and objectives for the period 2018/19 to 2023/24. The key highlights from 2021/22 against these themes are set out below:

Research and innovation

- A drug discovered at the ICR that has shown promise for acute myeloid leukaemia entered a clinical trial at The Royal Marsden. It also has potential as a future treatment for other cancers, including the childhood disease neuroblastoma.
- The NIHR Oncology Translational Research Collaboration was launched, a new partnership that will turn scientific discoveries into tangible benefits for patients, focusing on early diagnosis, immunotherapy, radiotherapy and surgery.
- Experts from The Royal Marsden presented ground-breaking research at virtual versions of conferences, including the American Society of Clinical Oncology, European Society for Medical Oncology and European Society for Radiotherapy and Oncology congresses.
- Researchers from The Royal Marsden, the ICR, the University of Manchester and The Christie NHS Foundation Trust published results of a study that showed that giving bladder cancer patients fewer but larger radiation doses reduces the risk of the disease returning.
- The Royal Marsden received £3.1 million of funding as a NIHR Clinical Research Facility to help support its early-stage clinical research.

Treatment and care

- NHS approval was given for an immunotherapy drug for advanced renal cell carcinoma, following a trial that researchers at The Royal Marsden contributed to.
- Guidelines to improve the early diagnosis and treatment of breast implant-associated anaplastic large cell lymphoma were published, led by The Royal Marsden’s experts in this new type of non-Hodgkin lymphoma.

- Surgeons at The Royal Marsden became the first in the UK to use and evaluate a new device, Sirius Pintuition, to locate breast tumours easily and precisely.
- The Royal Marsden pain management team launched a new implantable drug infusion system to help patients control the pain that is commonly associated with cancer and improve their quality of life.
- A new Artificial Intelligence (AI) Hub for Imaging at The Royal Marsden will investigate the use of AI in cancer imaging and how it can help gather better insight into the biological behaviours of the disease so that tailored treatments can be created and adapted to each patient’s needs.
- A new Integrated Pathology Unit at The Royal Marsden and the ICR started work this year. The unit is a pioneer in the burgeoning field of digital pathology, using sophisticated computing tools and AI to uncover crucial clues about tumours. The ICR and The Royal Marsden Cancer Charity are together initially contributing more than £5.5 million towards these programmes.
- A volunteer befriending and support listening pilot received over 80 referrals and evaluation of the service has shown patients increasing their social engagement and improvements in their health and wellbeing.
- RM Partners West London Cancer Alliance worked in partnership with the North West London and South West London ICSs’ communication teams to support national cancer awareness campaigns and amplify key messaging. This included messaging focusing on the importance of being aware of cancer signs and symptoms and to encourage anyone with concerns to contact their GP, and the importance of participating in national screening programmes when invited.
- RM Partners supported the recovery of cancer services during COVID-19. In 2021/22, this resulted in urgent cancer referrals being 10 per cent above the 2019/20 baseline, helping to restore missing referrals.
- RM Partners supported the roll out of the age extension for bowel screening from April 2021 to those turning 56. In England, the age range for screening will be gradually reduced over four years to include people aged 50 to 59.

- In June 2021, RM Partners expanded the national programme for targeted lung health checks into Sutton, to support earlier detection of lung cancer in the non-symptomatic population (see page 11).
- The Lynch syndrome training that was developed by RM Partners has been incorporated into Health Education England’s e-learning for healthcare programme, to be used nationally within the colorectal and endometrial pathways, which will improve training on the early diagnosis, prevention and surveillance for the at-risk population.
- RM Partners established a community outreach programme, ‘Man Van’ (see page 11), to support earlier identification of prostate and other urological cancers in men in communities which healthcare providers struggle to reach, and to reduce inequalities in access to healthcare.
- RM Partners is piloting an holistic approach to senior adult oncology for breast cancer patients to improve tolerance and adherence to treatment and therefore patient experience and other outcome measures.

Financial sustainability and best value

- In a financially challenging year, the Trust delivered a surplus, mitigating increased costs and lost commercial revenues due to COVID-19. This enabled continuing investment in estates, medical equipment and IT across the Trust.
- Work continued on the development of a new Digital Health Record for The Royal Marsden, which will support the delivery of safe, high-quality care for Royal Marsden patients and will launch in March 2023.
- A new integrated data platform, BRIDgE, was launched in February 2022, the research arm of the Trust’s new secure cloud-based data warehouse to transform the Trust’s analytical, research and discovery capabilities.

Modernising infrastructure

- Building work continued for the Oak Cancer Centre, the new cancer research and treatment facility at the Sutton hospital, with the concrete structure completed in September 2021.

- Plans are underway to build Epsom and St Helier University Hospitals’ new Specialist Emergency Care Hospital next to The Royal Marsden in Sutton, which will provide accident and emergency, critical care, non-elective surgery and maternity services. With the Cancer Centre for Drug Discovery (ICR) which opened in 2020 and the Oak Cancer Centre (The Royal Marsden) opening in 2023, these investments form part of a wider site strategy with Sutton Council partners, described in the vision for the London Cancer Hub.
- The first patients were welcomed to the new private care diagnostic and treatment facility in central London, Cavendish Square, which opened in April 2021.
- A new cellular therapy laboratory opened at The Royal Marsden in Sutton, increasing the capacity to support more stem cell transplants and providing storage for CAR-T cells for patients having CAR-T therapy.

Workforce

- The Trust supported its staff throughout the pandemic with the provision of a comprehensive health and wellbeing programme, and achieved one of the highest staff COVID-19 vaccination rates in London.
- There was a strong focus on leadership learning and development, including a partnership with Henley and Ashridge Business Schools to deliver bespoke academic programmes. The Learning and Development Team won the People Development Programme of the Year (Public Sector) 2022 awarded by the Learning and Performance Institute.
- There was a continued increase in the representation of Black, Asian and minority ethnic staff at the Trust, and steady improvement in some of the Trust’s Workforce Race Equality Standard scores. The Royal Marsden committed to the Rainbow Badge pledge in support of its LGBTQ+ colleagues and the mean gender pay gap continues to reduce; from 13.3 per cent to 13 per cent.

Quality

- In 2021/22, the Trust saw over 60,000 patients, which is more than any prior financial year.
- The Trust managed to maintain strong levels of activity throughout 2021/22. In particular, outpatient, chemotherapy, day case and diagnostic services all significantly exceeded the levels of activity seen in 2019/20 (the last full year pre-pandemic). Inpatient admissions were just below 2019/20 levels, although due to post-pandemic infection control requirements and increased complexity of the patient population, average hospital length of stay was slightly increased, meaning that the Trust’s bed occupancy was still high.
- The Royal Marsden continues to be rated by the CQC as ‘outstanding’.
- The Trust performed strongly against quality measures over the last year and continued to rank as one of the best places in England to receive care.
- Despite the National Cancer Patient Experience Survey being voluntary for 2021, The Royal Marsden participated in the survey and received a nine out of 10 rating for overall patient experience. The Trust also took part in the Under 16 Cancer Patient Experience Survey; a new national initiative to gather feedback from children and young people and their parents/carers on the cancer care and treatment received. Results of this showed that 92 per cent of parents/carers/ patients rated the overall experience of care at The Royal Marsden as eight or more out of 10.
- This year the Trust introduced SMS surveying methods for the Friends and Family Test, which resulted in an increase in the number of survey responses received. The Trust continued to gather this information locally and performed highly, with an average of 99 per cent of inpatients stating that they had a very good/good experience and 97 per cent of outpatients stating that they had a very good/ good experience.
- The ISO9001:2015 radiotherapy service gained accreditation for a further three years until May 2024. The assessment managers were impressed with the high-quality service that the radiotherapy department continues to offer to patients and its continued commitment to quality during the pandemic.

- The ISO9001:2015 chemotherapy service gained accreditation for a further three years until May 2024. The six-monthly surveillance visit by the British Standards Institute (BSI) was completed remotely for both sites on 2 November 2021. No non-conformances or opportunities for improvement were noted.
- After an assessment visit in February 2022, the Trust successfully retained its accreditation against the Customer Service Excellence Standard, with full compliance.

Private care

- Private care revenue had a strong recovery in 2021/22, with income being 38 per cent up on 2020/21 and four per cent above the plan for the year. Despite the challenges that the on-going COVID-19 pandemic presented over the course of the year, there was a return of international patients, particularly over the latter half of the year, and sustained demand from domestic patients.
- A major highlight of 2021/22 was the opening of the new research-led diagnostic and treatment facility in Cavendish Square in April 2021. This facility offers patients fast and direct access to world-leading cancer experts and has further enhanced the Trust’s care provision. The first year has been very successful, with income being five per cent above plan for the year. As a diagnostic centre, the facility was also able to support the treatment of patients during the COVID-19 pandemic as part of the Trust’s integrated model of care.

A copy of the Trust’s Five-Year Strategic Plan can be accessed on the Trust website: royalmarsden.nhs.uk/about-royal-marsden/quality-and-safety/regulatory-information/five-year-strategic-plan.

Finally, The Royal Marsden Chairman, Charles Alexander, was awarded Commander of the Order of the British Empire (CBE) in the New Year Honours List for his commitment to public service across Health, Culture, and the Arts. Dr Justin Roe, Consultant and Joint Head of the Department of Speech, Voice and Swallowing, was awarded a Member of the Order of the British Empire (MBE) for services to Speech and Language Therapy.

Summary of performance

Research and innovation

Bladder cancer radiation breakthrough

A study published in *The Lancet Oncology* this year has shown that giving bladder cancer patients fewer, but larger, radiation doses reduces the risk of the disease returning. Researchers at The Royal Marsden, the ICR, the University of Manchester and The Christie NHS Foundation Trust analysed data from two previous clinical trials to compare the radiotherapy schedules. The study, funded by Cancer Research UK, found that patients who received a shorter course of radiotherapy for bladder cancer that had invaded the surrounding muscles had a significantly lower risk of their cancer returning than those on a longer course, and did not have an increased risk of side effects. The results could mean patients needing 12 fewer trips to hospital, without reducing the quality and impact of their bladder cancer treatment.

Trials of new cancer treatments

A drug discovered at the ICR has this year entered a Phase 1 clinical trial at The Royal Marsden. Provisionally called EP0042, the drug blocks the activity of two proteins that drive cancer growth at the same time and has shown particular promise as a treatment for acute myeloid leukaemia, but has potential as a future treatment for other cancers, including the childhood disease neuroblastoma. Study centres are planned in the UK, The Netherlands and Australia.

Early results from another trial led by researchers from the ICR and The Royal Marsden have shown that combining monotherapy with an experimental cancer drug could offer a new way of treating some patients with aggressive brain cancers. The Phase 1 Ice-CAP trial found that of the first 10 patients treated for glioblastoma on the trial, two responded to the immunotherapy drug atezolizumab in combination with ipatasertib, a new precision cancer drug.

NIHR BRC collaboration

The NIHR Oncology Translational Research Collaboration (O-TRC) was launched this year and is a new partnership between BRCs that aims to turn scientific discoveries into tangible benefits for cancer patients at a scale not possible at individual centres. Led by the NIHR BRC at The Royal Marsden and the ICR, researchers from BRCs across the UK will share expertise and best practice, spot gaps in research and areas of unmet need, and identify opportunities to work with industry and charity partners. The network is focusing on four areas – early diagnosis, immunotherapy, radiotherapy and surgery – that have the greatest potential for collaboration to make a difference to translational research.

Presenting research findings

In June 2021, experts from The Royal Marsden presented the results of their pioneering research to a global online audience at the American Society of Clinical Oncology (ASCO) Annual Meeting – the world’s largest cancer conference.

Included in the presentations was news of the benefits of two immunotherapy treatment options that have shown to significantly improve long-term survival rates for patients with advanced oesophageal cancer. The CheckMate 648 study, led by Consultant Medical Oncologist Dr Ian Chau, suggests a breakthrough that could transform treatment for this incurable disease.

Dr Juanita Lopez, Consultant Medical Oncologist, presented encouraging early results from a Phase 1 trial called BAL101553 that could lead to the first-ever targeted brain cancer treatment. Results showed that two of the first 20 patients treated for glioblastoma, a highly aggressive type of brain cancer, responded to the targeted drug lisavanbulin.

Professor James Larkin, Consultant Medical Oncologist, presented promising results from the Phase 2 C-144-01 trial, which showed that lifileucel, a tumour-infiltrating lymphocyte (TIL) therapy, could stop or reverse the progression of advanced melanoma. More than a third of patients on the trial responded well to this innovative type of cellular immunotherapy, which uses the patient’s own T cells to fight cancer.

A meta-analysis conducted by The Royal Marsden plastic and reconstructive surgery team reported that vascularised lymph node transfer (VLNT) reduces swelling and the risk of infection in patients who develop lymphoedema following cancer treatment, and significantly improves their quality of life. VLNT is a microsurgical procedure that reconstructs lymphatic function by taking tissue containing lymph nodes (a lymph node flap) from an unaffected part of the body and transplanting it into the affected limb. Data from 581 patients and 31 studies from 15 countries showed that excess limb volume reduced by 40 per cent in patients who had undergone VLNT in the upper limb and by 34 per cent for those with lower limb lymphoedema.

The results of the Phase 3 VISION trial – led by an international group including researchers at the ICR and The Royal Marsden – were also presented. This high-tech treatment for prostate cancer delivers a targeted dose of radiation to cancer cells and can keep patients alive and healthy for longer. The ‘search and destroy’ treatment could shrink tumours while leaving healthy cells unharmed and may change the current standard of care for some men with advanced prostate cancer.

Royal Marsden researchers also presented exciting breakthroughs at the 2021 European Society for Medical Oncology (ESMO) Congress in September 2021.

Results from the Phase 1 FRAME study, presented by Dr Susana Banerjee, suggest that a new combination of the targeted drugs VS-6766 and defactinib could shrink tumours in about half of patients with advanced low-grade serous ovarian cancer. Responses in patients who had a mutation in the KRAS gene were even more promising.

Meanwhile, Professor Kevin Harrington’s CheckMate 651 trial has shown that the immunotherapy drugs nivolumab and ipilimumab in combination extended the lives of some patients with advanced head and neck cancer, compared with the standard treatment of two chemotherapy drugs and a targeted antibody treatment.

At the European Society for Radiotherapy and Oncology (ESTRO) Congress in Madrid in August 2021, Dr Alison Tree presented data on advanced radiotherapy technology that can be used to safely deliver higher doses in fewer sessions to treat prostate cancer with minimal side effects. The PACE-B trial compared the long-term toxicity outcomes of prostate cancer patients receiving stereotactic body radiotherapy (SBRT) and those receiving standard radiotherapy. It found that, two years after treatment, nearly 90 per cent of patients experienced only minor side effects, while 99 per cent were free of severe side effects, suggesting that shortened treatment can be given without risk of significant long-term toxicity.

Digitalising the management of clinical trials

The Royal Marsden is running two projects that aim to revolutionise how the Trust manages clinical trials. By improving data management and reducing paperwork and set-up times to make trial designs more efficient, both projects will give staff rapid access to the data and tools they need to allow radical new approaches in cancer research, which could benefit the lives of thousands of patients.

In one project, Royal Marsden researchers have worked with content services provider Hyland on a digital solution to paperwork-heavy clinical trial management for The Royal Marsden and other NHS providers. The project has been accelerated by the COVID-19 pandemic, which posed difficulties for researchers who needed to access trial information that is currently kept as paper copies. The solution, which builds on the OnBase system already used across the NHS, will enable pharmaceutical companies to remotely check the governance of the trials they sponsor. It will also free up the physical space used to store huge volumes of paper.

In a second project, The Royal Marsden is working with Agilisys, a public-sector technology provider, to set up a cloud-based service that provides a modern and future-proofed system for storing, organising and analysing patient and clinical data. The aim is to use this system to provide insights, facilitate discoveries and help inform important decisions. The Royal Marsden has an active portfolio of more than 450 research trials and recruits over 4,000 patients to them each year. This upgrade will allow teams to rapidly identify patients who will benefit from specific trials, supporting data-driven research by providing access to a bank of up-to-date information.

Treatment and care

NHS approval for kidney cancer treatment

This year saw NHS approval for use of an immunotherapy drug for advanced renal cell carcinoma, following a trial that researchers at The Royal Marsden contributed to. The approval of avelumab plus axitinib is the first time a combination therapy with immunotherapy and targeted therapy has been approved on the NHS for the first-line treatment of metastatic kidney cancer, and it will make a real difference to patients and their quality of life.

Guidelines for breast implant-associated anaplastic large cell lymphoma

The Royal Marsden’s experts in breast implant-associated anaplastic large cell lymphoma (BIA-ALCL) – Dr Dima El-Sharkawi, Consultant Haematologist, Dr Bhupinder Sharma, Consultant Radiologist, and Miss Fiona MacNeill, Specialist Consultant Breast Surgeon – have helped to develop the first UK guidelines to improve the early diagnosis and treatment of this disease. Jointly published in the *British Journal of Haematology*, the *European Journal of Surgical Oncology* and the *Journal of Plastic, Reconstructive and Aesthetic Surgery*, the guidelines aim to raise awareness and educate UK healthcare professionals about BIA-ALCL, a new type of non-Hodgkin lymphoma that is thought to occur in about one in every 20,000 breast implants undertaken in the UK.

Man Van

‘Man Van’, an innovative new outreach programme, was launched in March 2022 to provide free health checks for men and to boost early diagnosis of prostate and other urological cancers. The mobile health clinic will visit workplaces and churches in London, starting in Croydon, to improve healthcare access for men who are less likely to receive regular health checks, and are at risk of having cancer diagnosed late, when it is more difficult to treat. The programme was developed by The Royal Marsden, RM Partners and the ICR and is funded by The Royal Marsden Cancer Charity. It will focus on men of working age who often have worse prostate cancer outcomes than older men, particularly those in manual jobs who often struggle to access healthcare. Black men, who have roughly double the risk of developing prostate cancer and an increased risk of death once diagnosed, are also being encouraged to get checked.

Lung health checks

Past and current smokers in Sutton have this year been invited for a free NHS lung health check, in a drive to diagnose lung conditions – including cancer – earlier. With one of the highest mortality rates for lung cancer in west London, Sutton is one of 23 places across England to run the NHS England Targeted Lung Health Check programme. The lung checks begin with a telephone assessment. Those deemed to be high risk are invited for a low-dose CT scan of the lungs in a mobile scanner based in the Tesco car park in Cheam. The project is a collaboration between RM Partners, Royal Brompton Hospital and NHS South West London CCG. RM Partners is also supporting a similar service offering lung health checks in Hammersmith and Fulham and in Hillingdon.

Radiographers leading MR Linac treatment

Therapeutic radiographers at The Royal Marsden have begun treating patients on the MR Linac without a clinical oncologist present, following a training and supervision programme. The hospital’s radiotherapy department has been at the forefront of the revolutionary MR Linac treatments since the first UK patient was treated at the Trust in 2018. This more accurate radiotherapy treatment enables better targeting of tumours by adapting to their daily position and shape. Treatments previously needed a clinical oncologist to contour the target area and approve the plan in the MR Linac control area. Now, therapeutic radiographers – who already lead radiotherapy delivery on standard linear accelerator machines – have taken on this role alongside patient set-up, image acquisition and registration, and treatment delivery.

Early Diagnosis and Detection Centre

In partnership with the ICR and working closely with RM Partners, The Royal Marsden is establishing an Early Diagnosis and Detection Centre, which aims to speed up diagnosis and improve outcomes for patients. Early diagnosis research leads Professor Ros Eeles, Dr Richard Lee and Professor Stan Kaye are spearheading discussions to create a centre that will bring together research and expertise across multiple tumour groups, recruit for new specialist roles and set up a new clinical trials infrastructure. The centre will focus on novel liquid biopsy technologies to aid detection, AI and imaging for more accurate diagnoses, as well as advanced risk-stratification science using genetics and ‘big data’ approaches to identify high-risk groups who will benefit most from early diagnosis.

One of the research projects at the centre is a breast cancer prevention project that is aiming to inform and empower women to make lifestyle changes to reduce their risk of developing the disease. The PIONEER study is recruiting more than 200 patients aged between 30 and 60 who have been discharged from The Royal Marsden’s symptomatic breast clinic, or women in the same age range who have been identified through the family history clinic. Participants are invited to set lifestyle goals and will complete tests and questionnaires at various points to understand what changes they can make to help reduce their risk.

AI Hub

A new AI Hub for Imaging at The Royal Marsden will, for the first time, bring together academic and clinical teams to develop AI tools that can be applied to patient treatment and care in the clinic. The Hub is investigating the use of AI in cancer imaging and how it can help clinical teams gather better insight into the biological behaviours of the disease so that tailored treatments can be created and adapted to each patient’s needs.

The Hub aims to harness the full potential of imaging and AI to transform data into novel insights and clinical decision-making tools to empower patients and improve their outcomes; create an exemplar multidisciplinary team for a future-orientated radiology department which can deliver the informatics bench to bedside; and deliver expertise in the development, assessment, validation and commercialisation of AI tools in radiology including clinical trial design.

The Hub is funded by The Royal Marsden Charity and supported by the NIHR BRC at The Royal Marsden and the ICR. The Hub is led by Professor Dow-Mu Koh and Dr Christina Messiou.

Integrated Pathology Unit

Around the world, pathologists are starting to digitise pathology images and information so that researchers and clinicians can analyse them using computational tools. The new Integrated Pathology Unit at The Royal Marsden and the ICR, supported by The Royal Marsden Cancer Charity, is a pioneer in the burgeoning field of digital pathology, using sophisticated computing tools and AI to uncover crucial clues about tumours. Digital pathology aims to integrate data from different sources using analytical tools that harness AI to help spot patterns and crucial clues that would not be visible to the naked eye. Algorithms can accurately measure tumour boundaries and the levels of key cancer proteins from pathology data or predict the presence of mutations and genetic signatures. This presents the chance to make a huge difference to the way we understand, diagnose and characterise cancer, and gain new insights into the disease.

Mobile Chemotherapy Unit now offering immunotherapy

Patients can now be treated with immunotherapy in the community, thanks to The Royal Marsden’s Mobile Chemotherapy Unit (MCU). The MCU team has been providing chemotherapy in the community for three years and started offering immunotherapy treatments before the COVID-19 pandemic hit. The MCU allows low-risk patients to receive treatment closer to where they live. It has been particularly helpful in reducing the footfall in the hospital during the pandemic. The MCU travels to supermarkets and parks in Sutton, Epsom and Croydon. The MCU has been made possible by Hope for Tomorrow and The Royal Marsden Cancer Charity.

New implantable drug infusion system

The Royal Marsden pain management team has launched a new implantable drug infusion system to help patients control the pain that is commonly associated with cancer and improve their quality of life. The device consists of a small pump that is inserted under the patient’s skin to store pain relief medication and dispense it at regular intervals. Dr Matt Brown, Consultant in Pain Medicine, has led the development and implementation of this new service, establishing The Royal Marsden as one of the lead UK centres for this type of pain management within the newly established National Cancer Pain Network.

Sirius Pintuition

Surgeons at The Royal Marsden have become the first in the UK to use and evaluate a new device to locate breast tumours easily and precisely. Sirius Pintuition consists of a magnetic seed – the size of a grain of rice – and a detector. Ahead of surgery, the seed is inserted into the breast so that surgeons, using the detector to determine the seed’s location, can remove cancerous tissue with precision. Previously, metal anchor wires were placed on the day of surgery, which can cause the patient discomfort.

Prehabilitation

The Royal Marsden’s upper gastrointestinal (GI) team has implemented SUMMIT, a multidisciplinary meeting where surgeons, anaesthetists, physiotherapists, dietitians, psychologists and anaemia nurses come together to make a full physical assessment of patients. This involves considering any existing medical conditions, such as diabetes, anaemia or high blood pressure. The team devises a prehabilitation treatment plan, which can include help from dietitians and physiotherapists, guidance to reduce smoking and alcohol consumption, and psychological support. In the first year of the programme, postponements of upper GI surgery decreased by 60 per cent. An exercise therapist receives referrals from the physiotherapy team and works with patients one-to one and in group classes and makes weekly calls to check their progress and keep them motivated. At the HSJ Value Awards, SUMMIT was shortlisted for Specialist Service Redesign Initiative.

Senior Adult Oncology Programme

With the support of RM Partners, the Trust established a Senior Adult Oncology Programme (SAOP) multidisciplinary team dedicated to the care of older adults being managed at The Royal Marsden. This team includes different professions (a doctor, an advanced nurse practitioner, a physiotherapist, an occupational therapist, a dietician and a pharmacist) that work collaboratively with the Adult Psychology Support Service, the Palliative Care team, the Welfare Rights Advisor, the Speech and Language Therapy team and the Safeguarding team.

This multidisciplinary team aims to provide these patients with a more personalised and holistic treatment approach, with close links with primary care, community services, charities and caregivers. This integrated approach can reduce the risk of side effects and inpatient admissions, improve patients’ quality of life and communication with patients and their carers on what matters to them. This is now a well-established standard of care consistent with international consensus and with similar care models available in other cancer centres worldwide.

The new model of care has been implemented in the breast unit medical oncology clinics at the Sutton site since November 2021. In these clinics, older patients with breast cancer being considered for anticancer drug therapy meet the dedicated SAOP team members, who provide them with specific recommendations on the management of their cancer and any additional problems based on their individual circumstances and preferences. In 2022, the service will be expanded to include older patients diagnosed with different types of cancer.

Volunteer support for patients

A team of volunteers has supported the Trust to maintain a COVID-safe environment. The volunteers monitor all entrances to the hospitals, asking screening questions and ensuring infection control guidance is adopted by everyone entering the premises. Vaccine clinic staff cited volunteers as being integral to the success of the vaccine roll-out, providing additional resources for welcoming attendees to the clinics, supporting them to complete forms and offering directional support.

A successful befriending and supportive listening service pilot, funded by Health Education England, provided sufficient evidence for voluntary services to extend the service for another year. The service is designed to relieve the pressure on the psychological services team that operates in the community, ensuring that throughout the pandemic any patients who were lonely and isolated had someone to talk to. The service has received over 80 referrals and is very well received by patients. Evaluation of the service shows patients increasing their social engagement and improvements in their health and wellbeing. The service also now supports the Trust’s carers support service, funded by NHS Carers, which helps unpaid carers with signposting, information and befriending support.

The introduction of the National Volunteer Certificate programme at the Trust has enabled volunteers to gain a recognised qualification which can be accepted towards the care certificate, by volunteering for 60 hours and submitting evidence against six core standards.

Modernising infrastructure

The Oak Cancer Centre

The concrete structure of the Oak Cancer Centre was completed in September 2021 and marked by a traditional ‘topping out’ ceremony. The Centre, which is due to open in 2023, will replace some of the more dated facilities and infrastructure with modern, purpose-built accommodation. Bringing more than 400 expert research fellows together under one roof, it will enable The Royal Marsden to save more lives by diagnosing cancer earlier and speed up the development of new treatments. All the work on the centre is being done with sustainability in mind. The building has been specially designed to comply with BREEAM’s sustainability certification model – from the initial project design and the materials used, to the construction process itself. The Royal Marsden Cancer Charity, thanks to its dedicated supporters, is raising the final few millions of a £70 million appeal to make the Oak Cancer Centre possible.

Specialist Emergency Care Hospital at Epsom and St Helier

Plans are under way to build Epsom and St Helier University Hospitals’ new Specialist Emergency Care Hospital (SECH) next to The Royal Marsden in Sutton, funded as part of the Government’s New Hospitals Programme. The SECH would provide accident and emergency, critical care, non-elective surgery (including wards and supporting imaging/pathology) and maternity services. The plans for this new facility also include a dedicated elective oncology surgery centre, run by The Royal Marsden and with access to new critical care services within the SECH, replicating much of the modern, state-of-the-art facilities that are provided at The Royal Marsden, Chelsea. This planned facility includes a 25-bed surgical ward and three theatres for Royal Marsden patients. The Trust has been working with Epsom and St Helier and other partners to develop the plans. Royal Marsden staff and patients would benefit from access to a full critical care unit, with more surgical capacity for patients in Sutton in brand-new facilities. The plans are subject to Epsom and St Helier completing the various governance and funding approvals over 2023, with the new building opening to patients at the earliest in 2027.

This development, alongside the £200 million of investment that The Royal Marsden and the ICR have made in new facilities, is helping to deliver a once in a lifetime alignment of NHS, university, council and private investors to create a world-leading health and life sciences campus in Sutton.

Cavendish Square

In April 2021, The Royal Marsden Private Care opened the doors of a brand-new diagnostic and treatment facility set across two floors of a listed building in Cavendish Square, central London. Alongside a state-of-the-art imaging suite and medical day unit with private treatment bays, Cavendish Square offers patients fast, direct access to world-leading diagnostic experts and research-led care in a calm, modern and reassuring environment. The centre’s consultants treat multiple tumour types – including breast, urological, gynaecological, head and neck, haematological and skin. Other facilities include a minor procedure suite and a medical day unit with bespoke bays for patients receiving some of the most advanced cancer treatments.

New microbiology facilities

A new cellular therapy laboratory opened this year at The Royal Marsden, as part of a refurbishment of the pathology facilities in Sutton. The improved facilities give the lab the potential to increase capacity to support more stem cell transplants, as well as to provide storage for chimeric antigen receptor T (CAR-T) cells for the increasing number of patients having CAR-T therapy, which involves reprogramming the patient’s own immune cells and using them to target the cancer. A new modular clean room with a specialist design means that the facility will be able to meet the stringent regulatory requirements that govern this sector, while providing additional space to enable more transplants and a better working environment for staff. The department also moved to refurbished laboratories and benefited from a new PCR (polymerase chain reaction) molecular testing facility. The new labs will allow bulk COVID-19 testing in-house, with the team processing around 3,500 tests a week. Faster turnaround and increased accuracy will potentially mean patients can be given targeted therapies more quickly.

Financial sustainability and best value

Digital transformation

As part of the Trust’s Clinical Transformation Programme – a programme of work to enhance the Trust’s technology to improve working practices and the experience of all patients – The Royal Marsden is implementing a new Digital Health Record (DHR). The DHR is a suite of clinical systems that provide a comprehensive, real-time view of patient information. It will allow viewing and capture of patient information remotely and at the point of care, across all hospital sites.

The new DHR will transform the way that patients can engage with Royal Marsden services and their overall care experience. It will offer a variety of ways for patients to receive information, contribute to their care records, interact with clinicians, and contribute to research that is tailored to their own accessibility needs. Utilising the new DHR components such as the patient portal, it will mean that staff are better informed about patient preferences and that both patients and their carers will be able to actively participate in the management and planning of care. Overall, the new DHR will support the delivery of safe, high-quality healthcare for Royal Marsden patients.

As part of this work, the Trust is partnering with Great Ormond Street Hospital (GOSH) who implemented a similar system in 2019. The partnership with GOSH will be beneficial to both Trusts, including the opportunity to harness the digital excellence, technologies and learning that GOSH has achieved through its own DHR implementation. The partnership will involve joint hosting of the DHR platform, which will bring substantial benefits to both trusts, including reduced hosting costs, and shared training and development costs.

Engagement with patients will be delivered through a series of webinars, available to all patients and public contributors and as part of the Patient and Public Involvement and Engagement Training and Support Programme at The Royal Marsden. Patients and public contributors will be members of the Patient and Public Engagement Steering Group, and more detailed involvement will take place in the DHR Patient Experience Workgroup.

Wider engagement as the programme progresses will continue on the Cancer Patients’ Voice platform, wider workshops and surveys.

The new DHR will be launched in March 2023.

Patient information

In April 2021, a new online patient information library for Royal Marsden patients was launched. The library gives patients, families and carers quick and easy access to all Royal Marsden leaflets, booklets and factsheets in digital format. There are more than 500 documents on the website, as well as patient information videos. An accessibility tool allows users to change the language, colour scheme and text size, as well as use magnifying tools or a screen reader for a better patient experience online. By removing hard copy patient information, the Trust can make significant annual savings whilst supporting the principles of the NHS Green Plan.

Data warehouse

In 2019, the Trust approved a business case to develop a new secure, cloud-based data warehouse to transform the Trust’s analytical, research and discovery capabilities. BRIDgE, the research arm of this new integrated data platform, launched in February 2022 following a number of successful exemplar pilots. Development will continue into 2022/23, and in the coming year the Trust will launch its own bespoke hospital and cancer data model, as well as new visualisation and reporting tools for deriving even greater insight from hospital data.

Response to COVID-19

COVID-19 vaccine

The Royal Marsden continued its COVID-19 vaccination programme in 2021/22 with vaccinations being given to staff, patients and others in the community eligible to receive it on site. By the end of March 2022, 94 per cent of Royal Marsden staff (over 4,000 people) had received their first and second doses, and 68 per cent had received their booster vaccine, which began in September 2021. This is the highest rate of first, second and booster doses for staff within acute trusts in London. This included nearly 90 per cent of staff from Black and Asian minority ethnic backgrounds for first and second dose, and 58 per cent for the booster. The vaccine programme also delivered third primary doses to eligible patients due to their immunosuppression. In addition, the Trust opened the vaccine clinics to 12-to-17-year-olds, in line with national guidance. South West London CCG featured The Royal Marsden on the cover of its vaccine newsletter, to highlight the service the Trust offers to immunocompromised patients.

The Trust also opened the 5-to-11-year-old programme for vulnerable patients at the earliest opportunity in February 2022. As the only hospital site in south west London vaccinating this age group, the Trust opened up bookings for non-Royal Marsden vulnerable patients in south west London. The Trust was visited by NHS England and was selected to appear in a national best practice guide for its 5-to-11-year-old vaccine programme.

The Spring booster campaign began in March 2022. Almost 20,000 patients were invited to attend for their second booster dose. The programme continues into 2022/23 with a staff programme anticipated in the Autumn of 2022. To date, over 30,000 COVID-19 vaccines have been administered from the start of the programme in 2020.

Changes to treatment and care during the COVID-19 pandemic

The number of patients waiting more than 62 days following an urgent GP referral remained relatively stable throughout the first months of 2021/22. Following a surge of referrals at the end of the summer, and a challenging winter due to the Omicron wave, the number of patients increased substantially from September to February, peaking at just over double the year’s starting position. In the last six weeks of the year, as COVID-related pressures subsided, the Trust reduced the size of the backlog by 23.8 per cent from its peak.

Return to business as usual

In response to the Omicron wave of the pandemic, the Trust put in place several infection prevention and control measures to minimise the risk of cross infection. As community prevalence of COVID-19 began to lessen and national guidance was updated, a phased return to business as usual across The Royal Marsden was implemented.

In February 2022, the Trust implemented ‘phase one’ of the business-as-usual plan, removing some restrictions but not all, and dependent on current conditions and community prevalence of COVID-19 infections. Patient visiting arrangements were revised to facilitate, where possible, one visitor for outpatients, medical day unit and inpatients. A two-metre social distancing rule for patients and visitors was encouraged where possible, as was the continuation of wearing of face masks. Non-clinical staff reviewed their flexible working arrangements with managers, following the removal of the government instruction to work from home, although staff maintained flexible working arrangements, given social distancing arrangements remained on site, resulting in limited available working space. There was also the return of some socially distanced face-to-face training, for example, resus training and manual handling training.

Risk and quality improvement

The delivery of a high-quality, patient-centred service requires the continuous identification, assessment and management of events or activities that could compromise the safety of patients, staff and visitors.

The Royal Marsden continues to score well within the NHS Staff Survey for its safety culture, which this year is represented by the NHS People Promise – ‘We are safe and healthy’. The national survey for 2021 shows that the Trust scored well compared with trusts in London, in particular in relation to ‘We are always learning’, for which The Royal Marsden was joint top in London (for further detail, see page 61).

Notably, the Trust also performs in the top quartile in the NHS Staff Friends and Family Test. These indicators are important quality barometers indicating a culture of learning and safety.

After an assessment visit in February 2022, the Trust successfully retained its accreditation against the Customer Service Excellence standard, with full compliance. The assessor was impressed with how patients are put at the heart of service delivery. Staff were ‘passionate’ in promoting customer focus and ‘committed’ to the customer service culture. Of the elements assessed this year, the assessor identified a further six elements that are worthy of Compliance Plus, bringing the overall total to 19. Compliance Plus is where the Trust has demonstrated it has gone beyond the requirements of the element. These include projects to engage disadvantaged communities under-represented in the Trust’s patient population, promotion and participation in a patient-focused culture, and benchmarking performance and learning from others to improve services for patients.

The systematic, integrated and proactive identification, analysis and control of risks is a key organisational responsibility. A culture of ownership and responsibility for risk management and patient safety is fostered throughout the organisation, and all managers and clinicians undertake risk management as one of their fundamental duties and mandatory training. This is achieved through an environment of openness and trust: where mistakes, adverse incidents and near misses are identified quickly and dealt with in a positive and responsive way. A dedicated team of risk advisers support the submission of timely and accurate information to assess risk throughout the organisation. The Trust supports a culture of fairness, openness and continuous learning by treating staff fairly, so they are not deterred from reporting incidents out of fear of blame.

During 2021/22, the Trust continued to invest in quality and safety, including implementing the national NHS Safety Strategy, which sets a new framework to enable a culture to transition from blame to learning. The NHS will build on two foundations: a patient safety culture and a patient safety system. The Trust has worked on implementing a cloud version of the incident reporting system (Datix), which will facilitate better reporting to the new Learn From Patient Safety Events (LFPSE) Service (previously called the patient safety incident management system [PSIMS]). Due to the COVID-19 pandemic, the launch of LFPSE has been delayed. It is expected to be live by mid-2023. The LFPSE replaces the National Reporting and Learning System (NRLS) national incident reporting portal. The Trust will also use claims, complaints and mortality modules on Datix for enhanced and linked case management.

The Royal Marsden has strengthened the management pathways for onsite deaths by appointing Trust-level Medical Examiners. Several staff have adopted the role of Patient Safety Specialists as part of their existing roles and act as the lead patient safety experts, working full time on patient safety. They provide leadership, visibility and expert support to the patient safety work at the Trust. They support the development of a patient safety culture and safe systems, and work to ensure that systems thinking, human factors understanding and just culture principles are embedded.

The Trust has invested in the infection prevention and control team in order to support the COVID-19 pandemic response, while continuing to recognise and manage the unique risks faced by cancer patients. The team has supported clinical areas with the challenges of ensuring the environment is COVID-secure and patients are cared for safely. Daily risk assessments are undertaken where clinical advice is given and decisions around the management of patients with COVID-19 or suspected COVID-19 are supported. The team participated in the interpretation of national guidance when integrating changes at the Trust. The challenge of maintaining a COVID-secure environment while delivering core services safely has been supported by the completion of COVID-19 workplace risk assessments in both clinical and non-clinical areas.

The Royal Marsden continues to innovate and be a pioneer in risk and quality, is committed to learning when mistakes are made, and recognises that there is no endpoint when it comes to safety.

The Trust continues to invest in quality improvement (QI) and its QI Strategy is a three-year plan that gives staff the ownership to make changes that improve safety for patients and develop and sustain a culture of continuous improvement.

In the second quarter of 2021/22, a Matron for QI was appointed. The focus of this role has been to carry out a scoping exercise and benchmarking, as well as networking with stakeholders in other trusts in the UK and looking at international models – to ascertain whether a ward accreditation and assessment programme could be adopted, or a more global approach, such as Pathway2Excellence or Magnet designation gold standard for nursing, to provide a roadmap to excellence for the whole organisation. This will be aligned with the Trust values and the Nursing and Allied Health Professional (AHP) Strategy.

Due to COVID-19, the QI programme was paused for three months and the Matron for QI was redeployed to support vaccine delivery.

The key aims of the QI programme going forward will be to continue to grow QI capacity and capability across the organisation; to establish a QI methodology; to observe a greater variety of learning from QI projects; and to embed a culture of QI and continued integration of QI into business-as-usual processes.

Principal risks and mitigation

The Trust’s Board Assurance Framework (BAF) details the principal risks to the achievement of the Trust’s operational and strategic plans. The major risks the Trust faces reflect the challenging NHS climate due to increasing demand on services and requirement to modernise infrastructure, and the management of the response to the ongoing COVID-19 pandemic. The principal risks and mitigation for the Trust during the year were as follows (full details can be found in the Annual Governance Statement on page 70):

- **Management of COVID-19 pandemic**
The Royal Marsden has worked with partners across London to mitigate risks from the pandemic on its service delivery, levels of planned treatment and care for patients during the pandemic, including the use of the Cancer Surgical Hub between March 2020 and May 2021 to maximise the number of patients able to undergo curative cancer surgery during COVID-19.
- **Financial sustainability**
The financial performance of the Trust has been greatly impacted due to the COVID-19 pandemic. A COVID-19 financial framework was in place in the NHS for 2021/22. All trusts received block income contracts, calculated based on the NHS income received to month 9 2019/20, uplifted for inflation. In addition, providers received COVID-19 support to help fund the additional costs associated with COVID-19 and the Elective Recovery Fund (ERF) was introduced to incentivise recovery of the elective position. The Trust also received other income support to mitigate non-NHS income reductions caused by the COVID-19 pandemic. The Finance and Performance Committee, Audit and Finance Committee, and the Board are closely monitoring the financial performance and the financial recovery plan that targets a surplus. Enhanced controls are in place such as the vacancy control panel, review of agency, overtime and bank usage; and control of COVID-19 spend.

- **Recruiting, developing and retaining the right workforce**
Currently, there is a global shortage of healthcare staff which has been exacerbated for the UK by the impact of Brexit and worldwide by COVID-19, which has increased attrition rates across all sectors. The Trust has implemented a high-quality workforce model which provides the best training and employment experience and is mindful that maintaining this position going forward will be challenging. The Trust’s dedicated international nurse recruitment and retention programme, set up in 2017, continues to attract nursing staff from across the globe. The team works to address the high rate of clinical staff vacancies, diversify the skills and experience of The Royal Marsden workforce, and ensure that the people the Trust employs remain with the organisation.
- **Implementation of ICSs and recognition of The Royal Marsden and RM Partners’ regional and national leadership roles in cancer**
The Health and Care Bill introduced in Parliament on 6 July 2021 confirmed the Government’s intentions to introduce statutory arrangements for ICSs from April 2022. In December 2021, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance, which confirmed that the move to placing ICSs on a statutory footing would be delayed until 1 July 2022. The ICS Design Framework published by NHS England in June 2021 sets out that ICSs will play a critical role in aligning action between partners to achieve their shared purpose. The Trust has been actively engaging in the planning by the South West London and North West London ICSs, the cancer alliances and specialist hospitals to influence and develop the future role and function of cancer to ensure collective interests are represented at both a regional and national level. While the South West London ICS will be the lead ICS for The Royal Marsden, the Trust will be represented by its Chief Executive at the appropriate Board level of both South West London and North West London ICSs, as a reflection of The Royal Marsden’s position as host of RM Partners West London Cancer Alliance. RM Partners will be the delivery arm for cancer planning on both ICSs. Both ICSs have had their cancer strategies endorsed by NHSE/I.

– Ensuring a sustainable paediatric service model

In November 2021, NHS England published a new Service Specification for Children (up to and including age 15) making co-location with a paediatric intensive care unit (PICU) mandatory for any principal treatment centre (PTC) caring for children with cancer. This mandatory requirement affects provision of this service in London where The Royal Marsden operates as a joint PTC with St George’s University Hospitals NHS Foundation Trust. The future of cancer treatment in children is focused increasingly on immunotherapy treatments, which are more likely to lead to children requiring intensive care during the initial phases of treatment. NHS England has made clear that The Royal Marsden’s services are safe and high quality, and the Trust will continue to focus on delivering the best possible service to children and their families for as long as the service remains on The Royal Marsden site. The Trust and The Royal Marsden Cancer Charity will also continue to support and prioritise The Royal Marsden’s internationally recognised research activities in partnership with the ICR. It is not yet known which hospital will be chosen to be the PTC, but it is the Trust’s professional duty to share its expertise for the benefit of children with cancer and their families by helping ensure the new relocated service is of the highest quality and based on the latest research, as it is now, but with the additional requirement of co-location with a PICU.

Key issues, opportunities and risks

In 2021/22, the Board Assurance Framework (BAF) was reviewed by the Board and sub-committees on a quarterly basis, as well as a thorough review carried out by internal auditors KPMG. The Board also reviewed its risk appetite statement in September 2021 and agreed that the risk tolerance levels are acceptable.

Risk Appetite Statement

The Trust seeks to employ a risk framework to reduce risk as far as possible and to within agreed tolerances. This risk appetite statement sets out the amount of risk the Trust is willing to accept, tolerate or justify when delivering its healthcare, education, training and research. It is recognised that delivering healthcare carries inherent risks that can never result in an absence of risk. The Trust will not accept risk that materially impacts on patient safety, the viability of the Trust (through the capacity and capability for the work), the health and safety of its built environment or its responsibility to safeguard public funds, but has a higher appetite to take risks in pursuit of other strategic objectives.

The Board will review its risk appetite at least annually, to ensure that the risk tolerance levels are acceptable and to ensure that the Board and staff consistently undertake Trust activity. The risk appetite will also be reviewed if there are actual or proposed significant changes to the local healthcare environment.

Risk appetites have been divided into the following areas, based on the current classification of strategic objectives:

- Research and innovation
- Treatment and care
- Modernising infrastructure
- Financial sustainability and best value.

The risk appetite is made up of a statement about the Board’s view of risks in the above areas and its appetite to take those risks and then linked to a risk tolerance based on a scale identified by the Good Governance Institute.

Board Assurance Framework

The purpose of the BAF is to present the Trust’s risk assurance framework in the context of the Trust’s strategic objectives, as set out in the Five-Year Strategic Plan 2018/19–2023/24.

Detailed operational risks can be found in the Risk Register, which is presented to the Quality, Assurance and Risk Committee.

This is also aligned with the Five-Year Strategic Plan.

As at 31 March 2022, the following areas were identified and monitored in the Board Assurance Framework:

Strategic objective	Strategic risk	Initial risk score	Residual risk score	Risk tolerance
Research and innovation Increasing the scope and scale of research and development expertise and impact in a greater number of tumour groups and treatment modalities, including early diagnosis.	Failure to respond to and innovate in areas of national and global priority present a risk to The Royal Marsden’s strategy of global leadership in cancer research.	15	9	High (16-20)
Treatment and care The implementation of integrated care systems (ICSs) and recognition of The Royal Marsden and RM Partners’ regional and national leadership roles in cancer.	Risk of The Royal Marsden and RM Partners not being adequately represented in the ICSs. Significant risks around the funding of cancer services from 2022/23 given the recent announcement of the three-year funding settlement.	20	16	Moderate (11-15)
Treatment and care Developing and implementing a flexible and sustainable workforce model which attracts and nurtures the very best talent.	Workforce risk	16	12	Low (6-10)
Treatment and care Ensuring a sustainable paediatric service model.	Workforce and service risk	20	12	Low (6-10)
Treatment and care COVID-19: delivery of a safe, effective and responsive service, development of the Cancer Surgical Hub and ensuring the right capacity is in place to deliver timely and effective treatment.	Failure to deliver a safe, effective and responsive service following the COVID-19 pandemic.	15	10	Low (6-10)
Modernising infrastructure Maximising opportunities for Sutton via the successful delivery of the Oak Cancer Centre and agree a strategy and delivery plan in terms of The Royal Marsden’s role in the new Epsom and St Helier hospital.	Failure to realise the full extent of the opportunities to develop the Sutton campus.	15	12	Moderate (11-15)
Modernising infrastructure Modernising the Chelsea estate supported by an investment strategy jointly developed with The Royal Marsden Cancer Charity.	Failure to provide the right estate infrastructure to support the Trust’s long-term ambitions for the Chelsea site.	15	10	Moderate (11-15)
Modernising infrastructure Delivery of the Digital Strategy.	Financial risk; cyber-security risk; workforce risk; reputational risk	16	12	Moderate (11-15)
Financial sustainability and best value Delivery of the Private Care Strategy.	Financial risk. Lack of private care capacity impacts ability to meet revenue targets and service expectations.	15	12	Moderate (11-15)
Financial sustainability and best value Delivery of financial plan.	Failure to maintain financial sustainability.	20	15	Low (6-10)

To access the full BAF, please visit the Trust website: royalmarsden.nhs.uk/about-royal-marsden/how-we-run-ourselves/board-meetings

Opportunities

In March 2020, the Trust’s Executive Board approved a strategy aimed at maximising the financial return and strategic benefit from commercial opportunities and interactions that were complementary to the Trust’s Five-Year Strategic Plan.

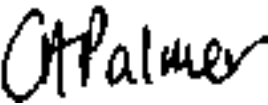
Over the last two years there has been significant progress made in realising the identified opportunities and putting in place the processes that will make the improvements sustainable. Highlights include The Royal Marsden genomics service, which provides extensive genomic testing using cutting-edge technology, resulting in accurate profiling of solid tumours and haematological malignancies, directing novel treatment strategies, personalised to the patient. This year, this innovative clinical genomics service has led to successful collaborations in new clinical trials, for example in sequencing of circulating tumour DNA from liquid biopsies for colorectal cancer (TRACC), breast cancer (PEARL) and paediatric cancer (CRUK Stratified Medicine). In addition, the department formed a successful partnership with Guardant Health, a leading precision oncology company, to establish a state-of-the-art liquid biopsy testing facility for cancer clinical diagnostics, due to become operational later in 2022.

The Trust continues to look for opportunities to collaborate with commercial partners in a way that benefits patient care and research, as well as supporting financial sustainability.

Statement of going concern

After making enquiries, the directors have a reasonable expectation that the services provided by The Royal Marsden NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.

Approval of the Performance Report:



Dame Cally Palmer
Chief Executive
6 July 2022

Performance analysis

Financial summary for the year ended 31 March 2022

The Royal Marsden has been an NHS Foundation Trust for 18 years and, even in the current challenging financial environment, has performed well financially. The financial performance of the Trust has been greatly impacted by the COVID-19 pandemic, with a reduction in commercial income, increased costs and movement away from payment by results. The introduction of minimum contractual financial thresholds also had a significant impact on trusts such as The Royal Marsden due to their geographical breadth of patients. The financial accounts for the year 2021/22 show that the Trust generated a surplus (pre-impairment and adjustments relating to charitable donations) of £4.0 million.

The Trust continues to maintain a strong balance sheet and cash position. At 31 March 2022, the Trust held cash deposits of £167.8 million; an increase of £21.3 million on the previous year. The Trust generated £49.5 million from operational activities. The Trust invested £80.1 million in capital expenditure and made a Public Dividend Capital dividend to the Department of Health of £4.3 million, which represented an actual dividend rate of 3.5 per cent.

The Trust completed a full valuation of the asset base in 2021/22, as per the Trust’s accounting policy, which is to carry out a full inspection valuation every five years. The valuation was carried out on a Modern Equivalent Asset (MEA) basis which considers the cost of re-providing an equivalent service on an alternative site with modern building design, as opposed to the current market value of the site. In following the Trust’s accounting policy, an interim valuation will be completed in three years’ time.

Efficiency

In a challenging economic environment, the Trust has delivered the total efficiency programme for 2021/22. This programme of efficiency has delivered improvements in order to meet NHS tariff reductions, to support the local health economy and to deliver the Trust’s surplus for the year.

Financing and investment

The Trust has continued to invest in estate and infrastructure, spending £80.1 million on buildings, equipment and IT. There was £42.1 million funded through charitable donations and £4.0 million from Public Dividend Capital for a DaVinci Robot, Digital Diagnostics, Workstation on Wheels and Voice Recognition. The remainder of the capital programme was funded through operating surpluses, retained depreciation and free cash.

Governance

The framework from the Trust’s regulators, NHS Improvement, rates trusts from 1 (lowest risk) to 4 (highest risk). The Royal Marsden has been rated as 1 all year and is therefore meeting its governance arrangements covering compliance with the terms of its licence and meeting NHS standards and targets for performance.

Quality Board Statement

The Trust Board has declared that it is satisfied with its quality oversight arrangements and will continue to keep them in place for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

Please see ‘The Quality, Assurance and Risk Committee’ on page 25 for details on quality governance.

Please see the Annual Governance Statement on page 70 for information on data quality and governance.

Please see page 17 for details on delivery against quality improvement priorities.

Anti-fraud

The Trust has an anti-fraud officer in place who proactively reviews the Trust’s anti-fraud arrangements and follows up on any incidents reported. There are also whistle-blowing and Freedom to Speak Up procedures in place and available to all staff; all matters raised are dealt with in confidence.

Cyber-security

Cyber-security is the activity required to protect an organisation’s computers, networks, software and data from unintended or unauthorised access, change or destruction via the internet or other communications systems or technologies. Effective cyber-security relies on people and management processes as well as technical controls. The Trust Board recognises that the risk of cyber-attacks is on the rise and therefore the Board continues to closely monitor this risk via the Trust Risk Register and Board Assurance Framework. The Audit and Finance Committee receives regular reports on cyber-security and oversees the implementation of the Trust’s action plan, which achieved Cyber Essentials Plus accreditation, and which was developed in accordance with the National Cyber-Security Centre guidance.

Main events affecting the Trust

The Trust continued to be impacted by the ongoing COVID-19 pandemic and the challenges this brought in maintaining treatment and care for patients. The Trust continued to provide support to its partners and patients across London through the Cancer Surgical Hub.

On 28 April 2021, the Trust opened a new state-of-the-art private care diagnostic and treatment facility at Cavendish Square. This dedicated and comprehensive cancer treatment centre has already proved a success and will continue to enable the Trust to provide world-leading cancer treatment.

As of 1 April 2022, the Coordinate My Care (CMC) service transferred from the Trust to the South, Central and West Commissioning Support Unit.

Key performance indicators

The Royal Marsden has a performance monitoring framework which ensures that performance is regularly reviewed both at organisational and department level. At the most senior level, the Board of Directors and Council of Governors receive the quarterly scorecard which includes Red/Amber/Green rated key performance indicators. This report provides assurance to the Board of Directors regarding Trust performance and of any mitigating actions required to remedy under-performance. Red, Amber and Green thresholds are set based on national standards and local strategic objectives, and are signed off by the departmental directors, the Chief Operating Officer, and the Director of Performance and Information.

More granular and focused data is reviewed regularly within the individual Clinical Business Units and departments as part of daily operational management, and this allows the Trust to maintain strong performance.

Risk profile

See ‘Key issues, opportunities and risks’ on page 20 and the Annual Governance Statement on page 70.

Environmental matters

The Trust is committed to reducing its adverse impact on the environment by becoming a more sustainable organisation which is driven by Government and NHS sustainability and carbon reduction targets. Environmental management is an integral part of healthcare provision and is supported by the Trust’s leadership team.

The Green Plan

In September 2021, the Board approved The Royal Marsden Green Plan 2021/22-2023/24, which aims to support the delivery of the best, most efficient and forward-thinking healthcare. It outlines the specific aims of the Trust’s sustainability strategy and the objectives that will need to be achieved in order to meet the environmental ambitions to improve on its direct and indirect carbon footprint in compliance with *Delivering a Net Zero NHS* by 2040. The Green Plan considers how to minimise environmental impacts and maximise opportunities to support the local economy and community wellbeing.

The Royal Marsden is committed to delivering sustainable healthcare and achieving the emission reduction targets set by the NHS. The Trust has already taken steps to embed sustainability into its operations, including the installation of energy efficiency measures such as the combined heat and power (CHP) engine at Sutton, and implementing a travel plan.

The Green Plan drives a focused approach to sustainability, and references physical changes such as energy efficiency measures, but also behavioural changes which can be employed by staff. The nine key areas of focus in the Green Plan are aligned with the main drivers of change and sources of carbon emissions across the NHS, as outlined in the *Delivering a Net Zero NHS* report:

- 1. Workforce and system leadership
- 2. Sustainable models of care
- 3. Digital transformation
- 4. Travel and transport
- 5. Estates and facilities
- 6. Medicines
- 7. Supply chain and procurement
- 8. Food and nutrition
- 9. Adaptation

The Trust has set up a Green Plan Steering Group (GPSG), chaired by the Chief Operating Officer, to oversee the implementation of the Green Plan.

A focus group comprised of staff, ‘Green Matters’, has also been set up to champion environmental improvement throughout the Trust. This provides a forum for Royal Marsden staff to initiate, drive and champion positive environmental change. During 2021/22, Green Matters worked on a series of staff initiatives, including introducing ‘No idling’ signs at both Chelsea and Sutton sites, The Royal Marsden ‘Earth Day’ – a focus on topics to support a greener approach, installing more electric car charging points and the recycling of face masks in non-clinical areas.

Performance report and analysis

The Trust’s direct carbon emissions (electricity and gas) were equivalent to 7,981 tonnes of CO₂ in 2021/22. Carbon emissions reduced by four per cent (299 TCO₂) compared with the previous year. The Trust has over-achieved on the carbon reduction target originally set in 2010 and is now focused on achieving the new carbon target set out in the Green Plan.

The Trust consumed 11,966,513 kWh of electricity and 44,201,631 kWh of gas in 2021/22. Electricity consumption has increased by 4.7 per cent, however gas usage reduced by one per cent in comparison to 2020/21. The main reason for the increased electricity consumption is the new private care diagnostic and treatment centre at Cavendish Square and its additional site load.

In terms of energy costs, spending has increased by 38 per cent over the previous year. The main driver is the unit costs for gas and electricity which have increased on average by 84 per cent and 15 per cent, respectively, over the previous year.

Water consumption has reduced by 11 per cent this year compared with the previous year. The water cost has increased due to the increased unit cost (23 per cent on 2020/21 rates).

2021/22 vs 2020/21 utilities consumption and costs:

	Consumption	Cost	Comments
Electricity	+4.8%	+29%	Consumption: Additional site load in Cavendish Square, approved new works such as air conditioning and ventilation systems installations (COVID-19 related). Cost: Unit cost increased price
Gas	-1%	+71%	Consumption: Improved heating efficiency at Chelsea site and energy centre in Sutton. Cost: Unit cost increased price
Water	-11%	+11%	Usage: Improvement on leakages and leak detection. Cost: Unit cost increased price
Total	0%	+38%	Consumption: Combined gas and electricity consumption is the same despite the increased site loads. Cost: Significant increase in unit costs

Note: (+) Increase / (-) Reduction

Achievements and future planning

Energy efficient measures implemented 2021/22:

	Energy saving (kwh)	Cost Saving (£)	Carbon emissions reduction (Tonnes)
Steam boilers replacement with LTHW (low temperature hot water) boilers	2,051,117	62,234	377.1
CHP (Chelsea site)	263,158	50,000	61.3
LED lighting upgrade schemes	118,850	21,393	27.7
Total annual figures	2,433,125	133,627	466.1

- The Trust has installed selective catalytic reduction (SCR) filtration on diesel generators to reduce air pollution caused by exhaust fumes.
- The Trust’s Green Plan has been produced to meet the NHS net zero carbon target.
- Production of the Climate Change Adaption Plan, to ensure Trust infrastructure, operations and supply chain are resilient to the effects of climate change, for example plans for upgrading drainage and air conditioning systems.
- Installation of an additional six electric vehicle charging points at the Sutton hospital site.
- In 2021, the Trust switched to 100 per cent renewables tariff on imported electricity.
- Ventilation systems fan and motors upgrades to energy efficient plug fan technology were completed in 2022.
- LED lighting upgrade schemes delivered.
- Hydrofluorocarbon air conditioning replacement to R32 systems took place. R32 systems are 40 per cent more power efficient, and the refrigerant is less harmful to the environment.
- Ventilation controls were upgraded, including air quality monitoring and presence detection.
- PV (photovoltaic) panels were installed at the Sutton hospital site.

Equality of service delivery

The Royal Marsden is committed to providing services to patients that meet their individual needs and recognises that some patients may be disadvantaged in accessing care and treatment. The following examples illustrate how The Royal Marsden, as a public sector body, places due regard on meeting its obligations under the Public Sector Equality Duty, as part of the Equality Act 2010:

Website accessibility

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

AccessAble

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

Translation, interpretation and patient information

If English is not a patient’s first language, a range of interpreting and translation services are offered. The Patient Information Service continues to provide translations of Trust publications. A selection of Easy Read publications is available from the Patient Advice and Liaison Service (PALS).

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

The Royal Marsden online patient information library was launched in April 2021. The website is a searchable library of over 500 Royal Marsden patient information resources, including leaflets, booklets, flyers and videos. The easy to navigate, highly accessible website allows patients, families and carers to search and browse for information, and then read, download, print or share information that is relevant to them. A working group was established with patient and carer representatives, to support the project and ensure their experiences and ideas were incorporated into the design and development.

Patient support

The Trust provides breast prosthesis and lymphoedema sleeves in a variety of different skin colour shades and supports patients if they need specific help to source wigs that meet their personal needs, including different hair types.

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

The Trust has also developed a patient experience commitment, with help from patients, carers, members of the public and staff. The patient experience refers to how the process of receiving care feels for patients, relatives and carers.

Chaplaincy support

The Chaplaincy team provides spiritual and religious care for patients and their families and staff from all faith backgrounds, including a significant proportion of people with no religion. The team is made up of representatives of the Church of England, the Roman Catholic Church, the Muslim Faith and the Jewish Faith. There are also a number of pastoral volunteers from a variety of traditions serving the hospital communities in Chelsea and Sutton. Representatives of other faith traditions are also available on request through the Chaplain’s office. At both sites, multi-faith facilities are available for patients, visitors and staff to use. During significant festivals, guidance is provided to staff to help them meet the needs of patients from these religious groups. The Trust makes sure that patients are able to eat food that meets their religious and cultural needs, by providing Kosher, Halal, vegetarian and vegan food, and adapting menus to meet specific preferences. Chaplains also support patients and their partners who wish to get married or become civil partners while in the Trust’s care, supporting civil ceremonies either at the bedside or in one of the chapels.

Dementia

The Trust’s commitment to people living with dementia or Alzheimer’s sets out standards to ensure that patients have their specific needs identified, ensuring reasonable adjustments are made to enable appropriate services to be delivered. Dementia screening for all patients over the age of 75 is undertaken at pre-assessment, which allows the identification of where the Trust is caring for people that may have cognitive difficulties and require additional support. A staff network of Dementia Champions across services works closely with the person living with dementia or Alzheimer’s and their family members, to ensure appropriate support is provided, utilising resources such as the ‘This is Me’ hospital passports, the dementia activity resource and providing Easy Read information.

Safeguarding vulnerable children and adults

The Royal Marsden’s integrated safeguarding team continues to provide advice and expertise to staff and mandatory training compliance for safeguarding has been maintained. Mental Capacity Act and Deprivation of Liberty Safeguards training continues across the Trust, including sessions with a focus on 16- and 17-year-olds, with follow-up case-based discussions.

Learning disabilities and understanding autism

The Trust’s commitment to delivering the highest standard of care to patients with a learning disability is reflected in the patient pathway and policy which provides guidance to staff to ensure that patients with a learning disability or autism have their specific needs identified, and reasonable adjustments are made to enable appropriate services to be delivered. The overall aim is to ensure people with a learning disability or autism experience care that is safe, caring, effective, responsive to their needs, collaborative and well-led. The Trust has a staff network of learning disability buddies to highlight developments and resources to colleagues and who work with the person with the learning disability or autism and their family members to provide appropriate support.

An Additional Needs Darzi Fellow was appointed to review and recommend how the patient experience for cancer patients with learning disabilities and their families who are cared for at The Royal Marsden can be enhanced.

Patient and public involvement and engagement (PPIE)

The digital patient and public involvement and engagement platform Cancer Patients’ Voice (patients-voice.cancerbrc.org) has continued to involve and engage those affected by cancer, involving people more geographically spread. The Trust has set up an Equality, Diversity and Inclusion (EDI) Patients and Public Contributors group, co-chaired by the Trust’s first PPIE EDI champion to facilitate more diverse voices in everything the Trust does. The Trust’s Parents Group and Teenage and Young Adults Forum continues representing the voices of parents and young people. This all forms part of the Trust’s aim to reach and include under-represented and seldom-heard groups, such as those affected by less common cancers, demographic groups that have not historically had strong representation and more spread geographically. Other highlights include the co-production of ‘PROFILE’ video with Black men, aiming to raise prostate risk awareness to Black-Afro-Caribbean communities.

Social, community, anti-bribery and human rights issues

The Trust’s Business Conduct Policy is reviewed annually and approved by two sub-committees. In 2021/22, the policy was reviewed by the Finance and Performance Committee and the Executive Board. The policy makes reference to the fact that under the Bribery Act 2010 it is an offence for an employee to accept any inducement or reward for doing, or refraining from doing, anything in his/her official capacity or corruptly showing favour or disfavour in the handling of contracts. The same policy also outlines the Trust’s arrangements for dealing with breaches of its provisions, including the possibility of taking legal action to investigate and prosecute in cases where fraud, bribery and corruption has been established.

In relation to this, the Trust also has an Anti-Fraud, Bribery and Corruption Policy and Procedure. This policy is monitored by the Audit and Finance Committee, which receives regular reports on this issue, including an annual report from the local anti-fraud specialist. No major concerns or issues relating to bribery or fraud were identified in 2021/22.

Approval of the Performance Report:



Dame Cally Palmer
Chief Executive
6 July 2022

2. Accountability report

Directors’ report

The Trust is led by the Board of Directors which has overall responsibility for the performance and management of the Trust. This responsibility includes setting the overall strategy for the organisation and monitoring progress, while ensuring resources are efficiently and economically used to meet the needs of its patients and the public. In order to carry out their duties and responsibilities, Board members convene at Board meetings. The Trust Board of Directors comprises Executive Directors and Non-Executive Directors (NEDs), including the Chairman.

The Executive Directors are paid employees of the Trust. They are responsible for managing the organisation on a day-to-day basis and in their capacity as members of the Board they are also responsible for the leadership of the Trust. This managerial role distinguishes the Executive Directors from the NEDs, who do not have a managerial role. The Trust has a Scheme of Delegation which sets out the delegated authority to the Executive Team.

The NEDs are responsible for supporting and constructively challenging the Executive Directors in their decision-making, as well as assisting them with the formation of the Trust’s strategy. While Executive Directors are employees of the Trust under a permanent contract of employment, NEDs are appointed for a term of three years and can only be re-appointed subject to approval from the Council of Governors. The Board of Directors also approves the Annual Report and Accounts prior to its submission to Parliament. The Annual Report and Accounts is prepared by the Directors of the Trust, who confirm that this Annual Report and Accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for patients, regulators and other stakeholders to assess the Trust’s performance, business model and strategy.

Please see a summary of the Board of Directors on the following pages. The table on page 38 shows details of their attendance at meetings of the Board and its committees during 2021/22. Please note that the Board Register of Interests is available on the Trust website (royalmarsden.nhs.uk/about-royal-marsden/how-we-run-ourselves), or a copy can be requested from the Corporate Governance Office.

Chairman and Non-Executive Directors

Mr Charles Alexander CBE Chairman

Charles Alexander was appointed as Chairman in December 2016. His private sector career spanned 25 years at Rothschild, and 10 at General Electric. His Board experience includes directorships of quoted companies in London, New York, Paris, Luxembourg, Istanbul and Santiago, as well as in the third sector. He was a Non-Executive Director of the Department of Culture, Media and Sport (until April 2021), and chairs The Countess of Munster Musical Trust as well as the musical charity Opera Rara. In July 2021, he was appointed Chair of VIVID Homes, one of the leading Housing Associations in southern England. He has been awarded Commander of the Order of the British Empire (CBE) in the New Year Honours List 2022 for his commitment to public service across Health, Culture, and the Arts. Charles Alexander currently also serves as Chairman of the Board of Trustees of The Royal Marsden Cancer Charity.

Membership of committees
Remuneration Committee, Quality Assurance and Risk Committee, Nominations Committee

Mr Mark Aedy Non-Executive Director, Senior Independent Director and Chair of the Remuneration Committee

Mark Aedy joined The Royal Marsden as a Non-Executive Director in April 2016. He has 40 years’ experience in the financial services sector, building and managing investment banking franchises in the UK and internationally. At present, he is Managing Director and Head of EMEA and Asia Investment Banking at Moelis & Company, a global independent investment bank, and is on its management committee. Prior to Moelis & Company, he worked at Bank of America Merrill Lynch serving on the Global Corporate and Investment Banking Executive Committee and at Merrill Lynch, where he was Head of Investment Banking, EMEA. He is a Trustee of The HALO Trust.

Membership of committees
Remuneration Committee, Audit and Finance Committee

Mr Christopher Clark Non-Executive Director

Chris Clark is a Non-Executive Director of the Aviva Insurance Limited (AIL) Board and Chairman of Aviva’s UKD digital legal entity. He also chairs both the Aviva AIL and UKD Conduct Committees. He is an adviser to a number of private equity houses specialising in marketing services. In his corporate career, Chris was at HSBC between 2001 and 2017, and was Global Head of Marketing between 2010 and 2017, reporting to the Group Chief Executive Officer. He was a member of the HSBC Group Management Board and Group Risk Management Committee. Prior to HSBC, Chris spent his career in the advertising and marketing services business, with time at Saatchi and Saatchi and a four-year period in New York.

Membership of committees
Audit and Finance Committee

Professor Martin Elliott Non-Executive Director

Professor Elliott recently finished a career as a paediatric cardiothoracic surgeon, spent largely at Great Ormond Street Hospital for Children, where he held several clinical leadership positions including Co-Medical Director from 2010 to 2015, specialising in quality and safety, digital technology and clinical outcomes. He is Emeritus Professor of Cardiothoracic Surgery at University College London and is Fellow and Emeritus Professor of Physics at Gresham College. He is also a Non-Executive Director of Children’s Health Ireland in Dublin. As an established clinical leader and researcher, he brings a strong understanding of the particular challenges and opportunities facing specialist trusts.

Membership of committees
Quality Assurance and Risk

Mr Ian Farmer
Non-Executive Director and Chair of the
Audit and Finance Committee

Ian Farmer joined The Royal Marsden as a Non-Executive Director and Chair of the Audit and Finance Committee on 1 April 2014. Ian is a Chartered Accountant, Non-Executive Chairman of South Harz Potash Ltd and former Chief Executive Officer of Lonmin Plc.

Membership of committees
Remuneration Committee, Audit and Finance Committee

Mr William Jackson
Non-Executive Director

William Jackson is the Chairman of Bridgepoint Group plc. Bridgepoint is one of the world’s leading private market investors providing capital for growth companies across Europe, the US and Asia. William is also a Non-Executive Director of the Berkeley Group plc, the FTSE 100 property company, President of the Board of Dorna Sports, the international sports management company which runs the MotoGP World Motorcycling Championship, and Chairman of the Board of Governors of Wellington College.

Ms Heather Lawrence OBE
Non-Executive Director and Chair of the
Quality, Assurance and Risk Committee

Heather Lawrence is an accomplished former chief executive with a track record of service quality improvement. She joined The Royal Marsden as a Non-Executive Director in July 2017. Her last chief executive position was at Chelsea and Westminster NHS Foundation Trust from 2000 to 2012. Since 2012, she has held a number of non-executive positions and currently serves as Non-Executive Chair of the London Ambulance Service, is a Trustee of NHS Providers and of the British Renal Society as well as Chair of the National Neuro Rehabilitation Consultancy. She is a nurse, teacher and HR professional by background, with an impressive track record of success in both her executive and non-executive roles. She brings her patient-focused clinical expertise to the role of the Non-Executive Director.

Membership of committees
Quality Assurance and Risk Committee, Audit and Finance Committee

Professor Paul Workman FRS
Non-Executive Director
(until July 2021)

Professor Paul Workman joined The Royal Marsden as a Non-Executive Director on 1 July 2014 in his capacity as *ex-officio* Chief Executive and President of the ICR in London. He is also Harrap Professor of Pharmacology at the ICR and was previously Head of the ICR’s Division of Cancer Therapeutics and Director of its Cancer Research UK (CRUK) Cancer Therapeutics Unit. He was Founding Director of the CRUK ICR/Imperial Convergence Science Centre. Professor Workman has 40 years of experience in cancer research, including periods at Cambridge University (MRC Clinical Oncology Unit), Glasgow University (CRC/CRUK Beaton Laboratories) and AstraZeneca. He is internationally recognised for research in cancer drug discovery and chemical biology, and has been instrumental in the discovery of more than 20 drug candidates. Honours including election as a Fellow of the Royal Society and Fellow of the Academy of Medical Sciences. He was a scientific co-founder of Piramed Pharma and Chroma Therapeutics, serves as a Non-Executive Director of STORM Therapeutics, and is the Executive Director of the non-profit Chemical Probes Portal.

Professor Kristian Helin
Non-Executive Director
(started August 2021)

Professor Kristian Helin joined The Royal Marsden in August 2021. He is the Chief Executive of the ICR. He is a world-leading cancer researcher with prior leadership experience from the Memorial Sloan Kettering Cancer Center in the US, the University of Copenhagen Denmark and the European Institute of Oncology in Milan, Italy. He is a pioneer in understanding how changes to the way the DNA code is read and translated into proteins (so called epigenetic control) can lead to cancer. He is also the founder of two biotech companies. Honours include several prizes in recognition of his outstanding contributions to cancer research.

Executive Directors

Dame Cally Palmer
Chief Executive

Cally Palmer is Chief Executive of The Royal Marsden and has held a dual role as National Cancer Director for NHS England since 2015. Cally is also a Trustee of the ICR and The Royal Marsden Cancer Charity in her capacity as Chief Executive of The Royal Marsden. She holds an MSc in Management from the London Business School, which she gained with distinction in 1995, and is a member of the Institute of Health Services Management. She was awarded a CBE in 2008 for her contribution to the NHS and a DBE in 2020 for her contribution to cancer medicine.

Membership of committees
Quality Assurance and Risk, Member of the Board of Trustees of The Institute of Cancer Research

Mr Karl Munslow Ong
Chief Operating Officer

Karl Munslow Ong joined The Royal Marsden in November 2018 as the Chief Operating Officer. Before taking on the role, Karl was the Deputy Chief Executive at Chelsea and Westminster NHS Foundation Trust, having joined as their Chief Operating Officer in March 2015, also working with The Royal Marsden through the Fulham Road Collaborative, Sphere and RM Partners. Karl started his career as a management consultant for PricewaterhouseCoopers, before moving to work at a strategic health authority. He was previously Chief Operating Officer at Hillingdon Hospital and has extensive operational management experience across a number of other acute trusts in London.

Membership of committees
Quality Assurance and Risk

Mr Andrew Dimech
Acting Chief Nurse
(between 1 April and 4 July 2021)

Andrew Dimech was appointed to the role of Acting Chief Nurse during Eamonn Sullivan’s secondment to the Nightingale Hospital. Previously, Andrew held the posts of Deputy Chief Nurse and Lead Cancer Nurse, Divisional Nurse Director (Clinical Services) and Clinical Nurse Specialist in critical care. Andrew was awarded an MSc in Advancing Critical Care Practice from King’s College. Andrew is a Board member of the International Society of Nurses in Cancer Care and the cancer nurse adviser on the technical advisory committee for the Cancer City Challenge with the Union for International Cancer Control. Andrew is a cancer and critical care nurse by background, having trained in Australia before joining The Royal Marsden in 2001.

Membership of committees
Quality Assurance and Risk, Audit and Finance Committee

Ms Mairead Griffin
Chief Nurse
(started 5 July 2021)

Mairead Griffin joined The Royal Marsden as Chief Nurse in July 2021. Mairead is an experienced cancer clinician by background and has held a series of senior clinical leadership roles, including Deputy Chief Nurse and Director of Nursing for Cancer and Surgery at Guy’s and St Thomas’ NHS Foundation Trust. She is passionate about the delivery of high-quality care for all service users and has developed strong system leadership skills, including developing the personalised care agenda. Staff engagement and support is key to the delivery of safe and effective care and is one of her main priorities.

Membership of committees
Quality Assurance and Risk, Audit and Finance Committee

Mr Marcus Thorman
Chief Financial Officer

Marcus Thorman joined The Royal Marsden as Chief Financial Officer in January 2015 from Imperial College Healthcare NHS Trust. Since joining the NHS through the graduate financial management training scheme, he has worked in several provider trusts including mental health and community, acute, teaching and specialist. Marcus has been Finance Director in three different NHS organisations. Within The Royal Marsden, he is responsible for Finance, Digital, Estates and Procurement, as well as leading the delivery of the key strategic estates schemes within the Trust.

Membership of committees
Quality Assurance and Risk, Audit and Finance Committee

Professor Nicholas van As
MBBCH MRCP FRCR MD (res)
Consultant Clinical Oncologist and Medical Director of The Royal Marsden and Professor of The Institute of Cancer Research

Professor Nicholas van As was appointed Medical Director of The Royal Marsden NHS Foundation Trust in January 2016. He has been a Consultant Clinical Oncologist in the Urology Unit at The Royal Marsden since 2008 and is the hospital's Clinical Lead for stereotactic body radiotherapy (SBRT) and CyberKnife. Nicholas is also a Professor of the ICR and a Trustee for The Royal Marsden Cancer Charity. Professor van As was previously Chair of the UK SBRT Consortium and is the national clinical lead for NHS England's Commissioning through Evaluation Programme for SBRT. His main research interests are in stereotactic and image-guided radiotherapy, risk prediction in early prostate cancer, and functional MRI, and he has published numerous papers on these subjects and delivered presentations at international meetings. He is the Chief Investigator for the PACE trial – an international, randomised controlled trial comparing SBRT to image-guided radiotherapy (IGRT) and surgery for treating prostate cancer.

Membership of committees
Quality Assurance and Risk

Committees of the Board

The Audit and Finance Committee

The Audit and Finance Committee is a formally constituted committee of the Board and is chaired by Non-Executive Director Ian Farmer. The membership of the committee consists of four Non-Executive Directors. Representatives from the Trust's internal auditors and anti-fraud specialists KPMG LLP and external auditors Deloitte LLP, as well as the Chief Financial Officer and Chief Nurse, also attend the Audit and Finance Committee. Senior management are invited to attend meetings when necessary.

The Audit and Finance Committee met five times in the year in order to discharge its responsibilities. The committee also met once in the year with the Quality, Assurance and Risk Committee. The committee considered a number of significant issues such as the digital transformation programme, counter fraud, cyber security, and major capital programmes including the Oak Cancer Centre, the Digital Health Record, Specialist Emergency Care Hospital and the Chelsea build. The committee also considered the Joint Thoracic Services Partnership with Royal Brompton Hospital (Royal Brompton Hospital is now a 'strategic group' of Guy's and St Thomas' NHS Foundation Trust following the merger of the two trusts from 1 February 2021).

A key purpose of this committee is to assure itself that relevant risks, particularly financial risks, are appropriately identified and managed through a robust system of internal control established within the Trust.

At each meeting, the committee reviews the financial position of the Trust, the efficiency programme, the capital plan, and the working capital and cash position, as well as key assumptions within those. Areas of risk and significant financial impact are also presented to the committee for review, including the annual planning process and the financial plan for recommendation for Board approval. During the year, the committee received papers from the Trust's internal auditors KPMG LLP reporting on the findings of the 2021/22 Internal Audit Plan. This plan is prepared with Trust senior management and is approved by the Audit and Finance Committee. The reports in 2021/22 covered a number of areas such as risk management, rostering, D&A review of core financial systems, data quality (access and activity), managing conflicts of interest, pharmacy, private patients and Cavendish Square. Recommendations are fed back to management then monitored. Progress is reported to future Audit and Finance Committee meetings. The Head of Internal Audit Opinion confirmed significant assurance with minor improvements on the overall adequacy and effectiveness of the Foundation Trust's framework of governance, risk management and control.

The Trust's external auditors, Deloitte LLP, presented their findings from external audits of the Trust's Annual Report and Accounts. The significant risks discussed with the audit committee were the capitalisation of expenditure, revenue recognition and valuation of properties. The external audit process includes an ongoing assessment of internal and external factors affecting the Trust, including reviewing the Trust's performance compared with other NHS trusts. In addition, Deloitte LLP also provides regular progress reports on sector developments to the Audit and Finance Committee.

Since being appointed as the Trust's external auditors, Deloitte LLP has been re-appointed four times by the Council of Governors. The most recent re-appointment was approved at the Council of Governors meeting on 13 December 2021, for a further two-year period commencing April 2022. The re-appointment would also align with the appointment of the new Audit and Finance Committee Chair. The current fees for 2021/22 are £140,000 for the audit of the Trust's Financial Statement and Annual Report procedures in respect of the Whole of Government Accounts, as well as RM Medicines, including the new Value for Money audit requirement. The Council of Governors agreed that they were content with the quality of work and the cost, especially when considered in the current audit environment.

The Quality, Assurance and Risk Committee

The Quality, Assurance and Risk Committee (QAR), chaired by Ms Heather Lawrence OBE, Non-Executive Director, supports the Trust Board in developing an integrated approach to clinical governance by ensuring robust systems are in place to monitor achievements against objectives. The committee focuses on all non-financial risks such as COVID-19, patient safety, emergency planning, compliance with national and international regulation, health and safety, research and clinical integrated governance. Each quarter, the members of the QAR meet staff from various divisions to gain a better understanding of key issues and priorities in that particular field.

The QAR also reviews patient experience through monitoring the monthly and annual Quality Report, as well as carefully reviewing complaints and claims. The committee also oversees the Trust's clinical governance and risk management arrangements by reviewing clinical audit findings, serious incident reports, and health and safety reports, while ensuring that action plans are implemented and monitored in a timely manner. In addition, the QAR reviews the Trust's Board Assurance Framework, Risk Register, Quality Report and Integrated Governance Monitoring Report at each meeting.

Joint subcommittee meeting

Every year a joint subcommittee meeting between the Quality, Assurance and Risk Committee and the Audit and Finance Committee is held. The purpose of this meeting is to discuss overarching items such as risk, the digital transformation programme, Freedom to Speak Up, deep dive on Patient-Level Information and Costing Systems (PLICS), Board Performance Scorecard, and retention and succession planning. Each separate committee also discussed their respective standing agenda items to give each committee assurance that the full spectrum of identified risks received comprehensive coverage.

Remuneration Committee

The Remuneration Committee is chaired by Mr Mark Aedy, Non-Executive Director and Senior Independent Director. The committee is responsible for reviewing and making decisions on the remuneration for all members of the leadership team and designated senior managers. When carrying this out, the committee takes into account comparative market data and ensures that salaries are competitive but represent value for money. The membership of the committee is made up of nominated NEDs. The committee reviews the terms of reference to agree a pay framework for the Trust’s leadership team and the committee is briefed and advises on any major restructuring of the management arrangements at the Trust. Disclosure of the remuneration paid to Board Directors is provided in the Trust’s accounts.

Nominations Committee

The Nominations Committee leads on the search and selection process for the Trust Chairman and NEDs, as well as re-appointment requests. Its main objective is to make a recommendation to the Council of Governors regarding such matters and ensure appropriate and timely succession planning arrangements for the Board of Directors.

Membership comprises the Chairman and four Governors representing the patient/carer, public and staff constituencies. Attendance at meetings may vary as a NED would not be present when his/her re-appointment is under review.

When the need arises to appoint a new NED to the Board, the Nominations Committee will appoint a search firm and advise the Council of Governors on the remuneration, time commitment and skill set required. This advice is based on a review of the balance of the Board in terms of its composition, as well as upcoming business matters and strategic plans.

A term of office for NEDs is three years unless the director resigns or is removed by the Council of Governors during the term. The removal of a NED requires the approval of three quarters of the members of the Council of Governors. In accordance with corporate governance standards, details for disqualification from holding office of a director can be found in the Trust’s Constitution. Directors and Governors are also required to declare their interests on an annual basis, as well as confirm that they meet the ‘fit and proper person’s condition’, as set out in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During 2021/22, the Council of Governors, following recommendations from the Nominations Committee, approved the re-appointment of Non-Executive Director Ian Farmer for a further year from 1 July 2021 to 30 June 2022 and agreed the succession plan to recruit a Non-Executive Director and Chair of the Audit and Finance Committee when Ian Farmer leaves the Board. The search started in December 2021 and the Nominations Committee reviewed the shortlist and conducted interviews in March 2022. During the year, the Council of Governors also approved the re-appointment of Non-Executive Directors William Jackson and Chris Clark for a further term of three years from 31 August 2021 to 30 June 2024. The Nominations Committee and Council of Governors considered the succession plan for the Board of Directors and agreed to extend the term of office of the Senior Independent Director, Mark Aedy, from April 2022 to December 2022 to oversee the Chair’s recruitment, given that the current Chairman Charles Alexander’s term of office will come to an end in November 2022.

No new NED appointments were made in 2021/22.

Performance evaluation of the Trust Board of Directors, its committees and directors, and disclosures relating to NHS Improvement’s well led framework

The Trust Board is satisfied that it has the sufficient skills, knowledge and experience to fulfil its statutory duties and meet the business needs of the Trust.

The annual appraisal of the Chairman was led by the Senior Independent Director, with input from the Council of Governors, Board members and with support from the company secretary. The outcome of the appraisal and agreed objectives were shared with the Council of Governors in November 2021. The Chairman undertook in turn the annual appraisals of the NEDs and the Chief Executive. The Chief Executive undertakes an annual appraisal of each Executive Director to ensure objectives are achieved and a high standard of performance and effectiveness is maintained.

The Trust Board evaluates its performance annually; an internal review of the Trust’s compliance with the NHS Improvement well led framework took place in the summer 2021. The review was carried out using NHS Improvement’s well led framework around the eight key lines of enquiry. The results were presented to the Board in September 2021 and included an action plan which the Board approved. Details of the internal control systems in place to manage and mitigate risks in addition to the Trust’s quality governance structure can be found in the Annual Governance Statement from page 70.

The Trust Board committees, the Audit and Finance Committee, and the Quality, Assurance and Risk Committee also undertook a similar evaluation exercise, in addition to reviewing their terms of reference, to ensure these remain fit for purpose. The Council of Governors also carries out the same process.

The Board regularly reviews the Trust’s Key Performance Indicators, Quality Report, Financial Performance Report, Risk Register and Board Assurance Framework.

Declaration of interest and declaration of related party interest

On appointment, Board members were individually required to declare all their interests and their related party interests and these were renewed annually. During the year, none of the Board members, or applicable parties related to them, had undertaken any material transactions with the Trust.

The Directors’ Register of Interests, which is updated annually, can be found on the Trust’s website at: royalmarsden.nhs.uk/about-royal-marsden/how-we-run-ourselves

Attendance at meetings of the Board of Directors and its committees in 2021/22

Directors’ attendance

Board/committee	BoD	AFC	QAR	Joint QAR & AFC
Chair	Charles Alexander CBE	Ian Farmer	Heather Lawrence OBE	Co-chaired by committee chairs
Charles Alexander CBE	12/12		5/5	1/1
Mark Aedy	11/12	5/5		1/1
Christopher Clark	12/12	5/5		1/1
Martin Elliott	11/12		5/5	0/1
Ian Farmer	11/12	5/5		1/1
William Jackson	8/12			
Heather Lawrence OBE	10/12	4/5	4/5	1/1
Paul Workman	4/6			
Kristian Helin	5/6			
Dame Cally Palmer	12/12		4/5	1/1
Karl Munslow Ong	12/12		5/5	1/1
Andrew Dimech	3/3	3/3	1/1	
Marcus Thorman	12/12	5/5	5/5	1/1
Nicholas van As	12/12		5/5	1/1
Mairead Griffin	8/9	4/4	4/4	1/1

Board/committee	COG*	RC	NC
Chair	Charles Alexander CBE	Mark Aedy	Charles Alexander CBE
Charles Alexander CBE	3/3	1/2	3/3
Mark Aedy		2/2	1/1
Christopher Clark			
Martin Elliott	2/3		
Ian Farmer	2/3	2/2	
William Jackson			
Heather Lawrence OBE	2/3		
Paul Workman			
Kristian Helin			
Dame Cally Palmer	2/3	2/2	
Karl Munslow Ong	3/3		
Andrew Dimech	1/1		
Marcus Thorman	3/3		
Nicholas van As	3/3		
Mairead Griffin	2/2		

BoD, Board of Directors; AFC, Audit and Finance Committee; QAR, Quality, Assurance and Risk; COG, Council of Governors; RC, Remuneration Committee; NC, Nominations Committee.

*Non-Executive Directors are invited to attend the Council of Governors on an optional and voluntary basis.

Income disclosures

The Trust’s principal activity is the provision of healthcare services to patients. The income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has met this requirement, with 67 per cent of its income deriving from the NHS. In reaching this assessment, the Trust has considered whether an exchange of goods and services has occurred, and whether income relates to activities required under the Health and Social Care Act 2012.

In 2021/22, the overall income was £562.9 million (£488.7 million in 2020/21).

The Trust receives the majority of its patient care income from NHS England and CCGs. Patient referrals are centred on the Trust’s sites in Chelsea, Sutton and Kingston, but extend from this local base to cover all of England and beyond, particularly for referrals for rare cancers.

NHS patient income is supplemented by income to provide infrastructure and support for research and development activity and from private patient income. Both these income sources were negatively impacted by COVID-19.

The Trust’s overall operating expenditure was £513.5 million (£482.4 million in 2020/21); an increase of £31.1 million. The net increase is due to staff and drugs costs increasing for inflation and additional COVID-19 activity.

The Trust hosts RM Partners West London Cancer Alliance. The income and 2021/22 expenditure for this is included within the Trust’s accounts.

Business review

The Trust’s activities are reviewed in the Chairman and Chief Executive’s joint statement on page 3. In addition to this, other information relevant to the Trust’s activities is set out in the other sections of this document. Quality governance is addressed in the Annual Governance Statement from page 70.

Political and charitable donations

The Royal Marsden has not made any political donations this year or in previous years. During 2021/22, RM Medicines Limited, the Trust’s wholly owned subsidiary, made a gift aid donation of £293,000 (2020/21: £143,831) to The Royal Marsden Cancer Charity.

Public sector payment policy

The Trust aims to pay its non-NHS trade creditors in accordance with the Confederation of British Industry (CBI) prompt payment code and government accounting rules. The target is to pay non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later), unless other payment terms have been agreed with the supplier. The Trust also aims to pay local community suppliers within 10 days.

Auditors

The Group’s appointed external auditors are Deloitte LLP. The auditors provide audit services comprising carrying out the statutory audit of the Trust’s Annual Accounts and the use of resources work, as mandated by NHS Improvement and the National Audit Office. The cost of this service in 2021/22 was £140,000, including the new Value for Money audit requirement (2020/21: £135,000). The total audit fees for the wholly owned subsidiary, RM Medicines Limited, are £22,500 (2020/21: £22,500). All audit fees are presented net of VAT. Details on the fees for the external audit of the group and Trust are shown in the expenditure notes.

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information Guidance.

Accounting for pension and other retirement benefits

The accounting policies for pensions and other retirement benefits are set out in note 21 to the Annual Accounts.

Invoice Payment Performance

The Trust adopts a Better Payment Practice Code where it aims to pay 95 per cent of invoices within the agreed terms, unless there is a dispute. In 2021/22, there were 69,192 (2020/21: 68,616) invoices due to be paid within a 30-day period, of which 58,757 (2020/21: 59,467) were paid within target. Of those that were not paid within target, interest of £0 (2020/21: £0) was paid during the year.

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
NHS payables				
Total bills paid in the year	2,111	26,359	3,210	24,951
Total bills paid within target	1,467	19,189	2,523	18,782
Percentage of bills paid within target	69%	73%	79%	75%
Non-NHS payables				
Total bills paid in the year	67,081	310,910	65,606	285,484
Total bills paid within target	57,290	272,876	56,944	256,145
Percentage of bills paid within target	85%	88%	87%	90%

Membership and Council of Governors report

Membership of the Trust

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

Patient and carer membership

The patient constituency is subdivided into the following geographical areas:

- Kensington and Chelsea
- Sutton and Merton
- Elsewhere in London
- Elsewhere in England.

Anyone living in these areas who has been a patient at the Trust within the last five years can become a member of the relevant patient sub-constituency. There is also a carer sub-constituency, which is open to individuals who care for current patients of the hospital or who have cared for a former patient of the hospital within the last five years.

Public membership

The public constituency comprises of individuals who live within the following three geographical areas:

- Royal Borough of Kensington and Chelsea
- London Boroughs of Sutton and Merton
- Elsewhere in England.

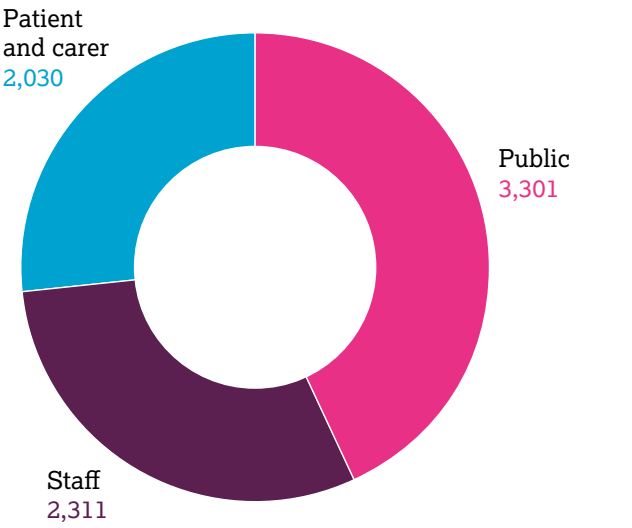
Staff membership

The staff constituency comprises individuals who are employed by the Trust, hold an honorary contract with the Trust, or hold an honorary contract with the Trust and its academic partner, the ICR. The constituency is divided into four staff groups:

- Corporate and support services
- Clinical professionals
- Doctors
- Nurses.

Membership overview

As of 31 March 2022, the Trust had 7,642 members, comprising:



The Trust’s total membership figure has remained stable for the last 24 months. COVID-19 and the restrictions put in place to control it have adversely impacted onsite recruitment campaigns, the annual Governor-led members’ week, and clinical visits by Governors which have all been curtailed.

It is important to recognise the challenges the Trust faces as a specialist cancer centre with a local and national catchment area, both in recruiting members and the need to do monthly data cleanses to ensure the membership database remains up-to-date and accurate.

Membership recruitment and engagement

The Trust has a Membership and Communications Group, which is a working group of the Council of Governors and is tasked with the responsibility of reviewing and implementing membership recruitment and engagement activities. The group consists of at least one Governor from each constituency, one of whom shares the responsibility of co-Chair with the Head of PR and Communications. The Governor co-Chair reported on the group’s progress at the Council of Governors meetings, which several Board members also attend. In addition, a membership report is provided to the Board of Directors on an annual basis. The membership report is used to monitor how representative the Trust’s membership is and what the Trust is doing to recruit and engage with its members.

Some of the member recruitment activities and initiatives undertaken in 2021/22 include:

- A welcome letter sent from the Chief Executive and Medical Director to new patients at the point of registration, inviting them to become a member.
- Promoting membership to students at Surrey University and University of West London, through their online learning platforms.
- Cancer Research UK distributing information to their patient network.
- Advertising membership in the RM volunteers’ newsletter.
- A new joint project between the Membership and Communications Group and Patient and Carer Advisory Group (PCAG) which involves going out into the community to increase engagement with a more diverse range of people.

The Trust has two levels of membership to differentiate the level of involvement a member wishes to have and to help manage resources more efficiently. Member engagement activities undertaken over 2021/22 include:

- All members received a quarterly electronic copy of *RM* magazine, which provides up-to-date information on the latest developments and research activities of the hospital, the Council of Governors and Board of Directors. The magazine also has a wide circulation to patients, friends and family members of patients, across both hospital sites.
- Members’ bulletin, which includes key updates, news and details of involvement and engagement.
- Members were invited to attend online BRC events on ‘The future of prostate cancer imaging’ and ‘What does the future hold for breast cancer?’.
- Annual General Meeting online event held in September 2021, which included presentations on ‘The work of the Critical Care Unit throughout COVID-19’ and ‘The Royal Marsden’s vaccine rollout’.

Becoming a member

Anyone aged 16 years or over and who lives in England can become a member of The Royal Marsden NHS Foundation Trust. There are several ways in which a person can sign up to become a member. They can pick a form up from around the hospital or via the Trust website: royalmarsden.nhs.uk/getting-involved/foundation-trust-membership

All membership enquiries are directed to the corporate governance team using the following details:

Post
Corporate Governance
The Royal Marsden NHS Foundation Trust
Fulham Road
London SW3 6JJ

Email
trust.foundation@rmh.nhs.uk or contact a Governor at governors@rmh.nhs.uk

Telephone
020 7808 2844

Members of the public can also contact the corporate governance team to request a copy of the Register of Governors’ and Board of Directors’ Interests, or visit the Trust website, where this information is published.

Council of Governors

Once an individual becomes a member of The Royal Marsden NHS Foundation Trust, they have the option to vote and stand to become a Governor of the Trust to represent members on the Council of Governors. Stakeholders such as the ICR, local authorities for Kensington and Chelsea, and Sutton and Merton, Cancer Research UK (CRUK) and CCGs for west London are represented on the Council of Governors. The Sutton CCG seat is currently vacant.

The Council of Governors has a number of statutory and regulatory responsibilities which are reflected in the Trust’s Constitution. These include, but are not limited to, the appointment or removal of NEDs, the appointment or removal of the Trust’s external auditor, and receiving the Trust’s Annual Report and Accounts, as well as the auditor’s report on this publication. The Health and Social Care Act 2012 introduced the following two legal duties: to hold NEDs to account for their performance of the Board; and to represent the interests of the members of the Trust and public in their role. Governors are able to canvass the opinion of the members through the Council of Governors meetings and working groups. Members are free to raise any concerns or submit any questions to their Governor and are reminded of this throughout the year in Trust communications.

The Trust keeps the Council of Governors fully informed on all aspects of the Trust’s performance, quality and strategy through its formal council meetings. During 2021/22, Governors received training sessions on ‘The statutory role and responsibilities of governors’ and ‘Effective questioning and challenge’. A collective evaluation of the performance of the Council of Governors was carried out in 2021/22 and the results were used to form an internal action plan.

On appointment, all Governors are invited to have one-to-one sessions with the Chairman and the Company Secretary to discuss the role in further detail and any individual development needs to support them.

Composition of the Council of Governors

As previously noted, the Trust has various constituencies for its members (patients/ carers, public and staff). Members vote for their Governors and therefore Governors represent those members under their constituency. The table on the following page illustrates this. As of 31 March 2022, there were 23 seats on the Council of Governors, comprising 17 elected Governors (Patient and Carer, Public and Staff Governors) and six appointed stakeholder and partner Governors. The table shows details of the Governors, their terms of office and attendance at meetings of the Council of Governors and the Annual General Meeting in 2021/22.

Governors’ terms of office and attendance at meetings 2021/22

Governor	Constituency/organisation	Term of office	End of current term	Attendance at Council of Governors	
				Public =	Private =
Patient and Carer Governors					
Maggie Harkness	Kensington and Chelsea & Sutton and Merton	3rd	May 2022	4/5	3/3
Philippa Leslie*	Kensington and Chelsea & Sutton and Merton	1st	May 2022	5/5	3/3
Tom Brown	Kensington and Chelsea & Sutton and Merton	1st	May 2022	4/5	2/3
Dee Loughran	Elsewhere in London	1st	August 2023	3/5	2/3
Dr Patricia Black	Elsewhere in London	1st	May 2022	0	0
Dr David Aggett	Elsewhere in England	1st	May 2024	2/5	2/3
Simon Spevack	Elsewhere in England	3rd	May 2021	0/0	0/0
Dr Nigel Platt	Elsewhere in England	1st	May 2022	4/5	3/3
Dale Sheppard-Floyd	Carer	1st	May 2022	5/5	3/3
Tim Nolan	Carer	1st	May 2022	5/5	3/3
Public Governors					
Deborah Hoe	Kensington and Chelsea	1st	July 2023	5/5	3/3
Shirley Chapman	Sutton and Merton	1st	May 2022	4/5	2/3
Dr Banan Osman	Elsewhere in England	1st	May 2024	3/5	2/3
Dr Tom Moon	Elsewhere in England	1st	May 2022	4/5	2/3
Staff Governors					
Hardev Sagoo	Corporate and support services	3rd	May 2023	5/5	3/3
Fiona Rolls	Clinical professionals	1st	May 2022	5/5	3/3
Dr Jayne Wood	Doctor	2nd	August 2022	4/5	2/3
Dorothy Chakani	Nurse	1st	July 2021	1/1	1/1
Vacant (from August 2021)	Nurse	–	–	–	–
Nominated Governors					
Gordon Stewart	The Institute of Cancer Research	1st	January 2023	3/5	2/3
Cllr Janet Evans	Local Authority: Borough of Kensington & Chelsea	1st	August 2023	5/5	2/3
Cllr David Bartolucci	Local Authority: London Borough Sutton & Merton	2nd	October 2024	3/5	2/3
Anne Croudass	Cancer Research UK (Charity)	3rd	May 2024	4/5	1/3
Dr Oisin Brannick	West London Clinical Commissioning Group	1st	March 2022	0	0
Vacant	Sutton Clinical Commissioning Group	–	–	–	–

* Lead Governor

Governor Philippa Leslie was appointed as Lead Governor in May 2021. The Lead Governor acts as a two-way conduit between NHS England/Improvement (NHSE/I) and the Council of Governors in specific circumstances where it may not be appropriate to communicate through the normal channels. The main circumstances where NHSE/I will contact a Lead Governor is if there are concerns as to Board leadership or if the appointment of a Chairman or other Board member may not have complied with the Trust’s Constitution or may be inappropriate.

Election to the Council of Governors

All Governors hold terms of office for a period of three years and are eligible for re-election/ re-appointment for a maximum of nine years. During 2021/22, two elections to the Council of Governors were held. Civica Election Services manage the provision of the elections for the Trust in accordance with the Model Rules for Elections.

Governors’ expenses

The Trust’s expenses policy ensures that Governors are appropriately reimbursed for reasonable expenses incurred in the course of carrying out their duties. For the year ending 31 March 2022, the total amount claimed by Governors was nil.

Working together: Council of Governors and the Board of Directors

It is important that the Council of Governors and Board of Directors work together for the benefit of patients and the local community. There are several ways in which this is achieved. The Chairman of the Board of Directors is also the Chair of the Council of Governors.

The Executive Directors and NEDs regularly attend the Council of Governors meetings to gain an understanding of the views of Governors and members of the Trust. An annual membership report is also presented to the Board of Directors.

Governors are invited to attend public Board of Directors meetings where they can observe first-hand the Board in business and, in particular, the performance of NEDs.

The Council of Governors also receives an annual report regarding the work of the Board subcommittees, the Audit and Finance Committee, and the Quality, Assurance and Risk Committee. This report is presented by the Chairs of the committees (who are also NEDs) and highlights the committees’ main business and risks for the year.

In situations where any conflict arises between the Board of Directors and the Council of Governors, the Trust’s internal dispute resolution procedure shall be adhered to, which notes that the decision of the Chairman shall be final. In circumstances where the Chairman feels unable to decide owing to a conflict of interest, the Chairman will initiate an independent review to investigate and make recommendations. Normally this will be achieved by inviting the Senior Independent Director to conduct the review, which will be agreed by both the Board of Directors and the Council of Governors.

Remuneration report

The Royal Marsden NHS Foundation Trust’s remuneration report describes how the Trust applies the principles of good corporate governance in relation to Directors’ remuneration.

The remuneration report comprises:

- Annual statement on remuneration
- Very senior managers’ pay principles
- Annual report on remuneration.

Annual statement on remuneration

In the financial year 2021/22, the Remuneration Committee considered the pay award for Executive Directors and the Leadership Team. The committee approved a 2.5 per cent increase effective from April 2021. The committee also reviewed the remuneration arrangements of specific Executive Director and Leadership Team posts that were due a three-year review, in line with the pay principles for very senior managers.

Mark Aedy
Chair of the Remuneration Committee and Senior Independent Director

Senior managers’ remuneration policy

The Royal Marsden is committed to the overarching principles of value for money and high performance. The Trust must attract and retain a high calibre senior management team and workforce in order to ensure it maintains its excellent standards of clinical outcomes and patient care, functions efficiently and is well positioned to deliver the business strategy.

The Remuneration Committee agreed a set of pay principles in 2015/16, which were reviewed in 2017/18, and these remain unchanged. The principles provide the framework for decision-making by the Remuneration Committee. Regarding equality and diversity, one of the principles relates to fairness, i.e. ‘the Trust’s pay system for the Leadership Team will be reviewed at regular periods to ensure that its delivery is equitable, avoids discrimination, takes proper account of pay relativities across the Trust and complies with legislative requirements, e.g. gender pay reporting’. There was a further decrease in the mean gender pay gap from 13.3 per cent in 2020 to 13 per cent in 2021. Further information on the gender pay gap can be found here: royalmarsden.nhs.uk/about-royal-marsden/equality-and-diversity/gender-pay-gap-reporting and gender-pay-gap.service.gov.uk.

As a Foundation Trust, the Remuneration Committee has the freedom to determine the appropriate remuneration level for very senior managers. In reaching its decisions, the committee considers the responsibilities and requirements of the role, time in the role, marketability of the individual, internal relativities, benchmarking data from within the NHS or relevant sector, the external economic environment, NHS guidance and the performance of the Trust. Where the salary of an Executive Director is above £150,000, and for all Leadership Team members, the committee takes into consideration all these factors to satisfy itself that the remuneration is reasonable and appropriate in line with national guidance.

The committee reviews the salaries of the Executive Directors and the Leadership Team annually when considering the cost of living pay increase. There is no automatic entitlement to an increase. The remuneration arrangements for Executive Directors and the Leadership Team are externally benchmarked every three years.

Components of remuneration for Executive Directors

The table below describes the component elements of the remuneration package for Executive Directors.

Component	Applicable	Description
Annual salary (inclusive of London weighting and on call)	Executive Directors (except Medical Director whose base salary is determined by NHS consultant terms and conditions)	Agreed on appointment and reviewed in line with the pay principles determined by the Remuneration Committee.
NHS Pension	Executive Directors	Contributions are made by the employee and the employer in accordance with the national scheme. Individuals have the right to opt out of the NHS Pension Scheme.
Clinical Excellence Awards	Medical Director	Recognises and rewards consultants who make an exceptional contribution. This scheme is part of the national terms and conditions for consultants.
Management Allowance	Medical Director	Allowance is determined by the Remuneration Committee in recognition of increased responsibilities associated with the Medical Director role.
Medical on call	Medical Director	This is part of national terms and conditions for consultants.
Pension contribution alternative award	Executive Directors	This is paid to Directors who have opted out of the NHS Pension Scheme and is agreed by the Remuneration Committee.

The Trust’s Five-Year Strategic Plan and annual business planning process inform the objectives of the Executive Directors. Their performance is monitored throughout the year and assessed formally through an annual appraisal. The three-year salary reviews undertaken by the Remuneration Committee take into consideration the contribution by individuals in supporting the short- and long-term strategic objectives of the Trust. No performance-related pay bonuses or other incentive payments are currently paid to Executive Directors separate to the annual salary. No benefits in kind or non-cash elements of remuneration were made during the financial year.

Executive Directors notice periods and payments for loss of office
(Information subject to audit)

Executive Directors are appointed on permanent contracts subject to notice of 12 weeks, except for the Chief Executive who is on six months’ notice. All directors benefit from NHS terms and conditions relating to any severance payments for reasons of redundancy (Schedule 16 of Agenda for Change). There is no contractual entitlement to a severance payment in any other circumstances. No compensation for early termination was paid during the financial year. No early terminations are expected, and no provisions are required accordingly.

Non-Executive Directors remuneration

Remuneration and allowances for the Chairman and NEDs are determined by the Trust’s Nomination Committee, membership of which is made up of elected Governors. The payments are comparable to those made by other foundation trusts. There was no change to remuneration arrangements in 2021/22. The Chairman and NEDs receive no benefits or entitlements other than fees and are not entitled to any termination payments. The Trust does not make any contribution to the pension arrangements of NEDs. Details of their remuneration and expenses are set out further in this section.

Component	Applicable to	Description
Annual remuneration	All Non-Executive Directors	Agreed on appointment and reviewed periodically by the Nominations Committee
Additional responsibility allowance	Chairs of substantial subcommittees of the Board	The Non-Executive Directors who have additional responsibility for leading a substantial subcommittee of the Board receive a higher level of remuneration to recognise the additional time and leadership required for these roles.

Annual report on remuneration

Service contracts

The service contract dates as an Executive Director are shown below:

Name	Title	Service contract date
Dame Cally Palmer	Chief Executive	June 1998
Karl Munslow Ong	Chief Operating Officer	November 2018
Marcus Thorman	Chief Financial Officer	January 2015
Mairead Griffin	Chief Nurse	July 2021
Andrew Dimech	Acting Chief Nurse	From October 2020 to August 2021
Dr Nicholas van As	Medical Director	January 2016

The terms of office for Non-Executive Directors are shown below:

Senior manager	Title	Start of office	Term of office	End of current term
Charles Alexander CBE	Chairman	1 December 2016	2nd	30 November 2022
Ian Farmer	Non-Executive Director	1 April 2014	3rd	30 June 2022
Kristian Helin	Non-Executive Director (ex-officio non-independent)	August 2021	1st	August 2024
Mark Aedy	Senior Independent Director	18 April 2016	2nd	17 April 2022, extended to December 2022
Heather Lawrence OBE	Non-Executive Director	1 July 2017	2nd	30 June 2023
Martin Elliott	Non-Executive Director	1 November 2017	2nd	31 October 2023
Christopher Clark	Non-Executive Director	1 September 2018	2nd	31 August 2024
William Jackson	Non-Executive Director	1 September 2018	2nd	31 August 2024

The terms of office for NEDs at the Trust are managed in accordance with the NHS Code of Governance. The Trust’s Constitution mandates that the removal of the Chairman or another NED requires the approval of three-quarters of the members of the Council of Governors. As there are three NEDs whose terms of office end in 2022, the Trust has commenced a recruitment process with the Nominations Committee as a subcommittee of the Council of Governors from January 2022.

Remuneration Committee

The Remuneration Committee is a subcommittee of the Board and is chaired by Mark Aedy, Non-Executive Director, with core membership comprising of the Chairman and currently one Non-Executive Director (Ian Farmer). The option to attend Remuneration Committee meetings is made available to other Non-Executive Directors where appropriate. The Chief Executive attends meetings in an advisory capacity and the Director of Workforce attends as and when required by the committee. The latter provides advice and information on pay-related matters. External benchmarking data is sought from pay specialists such Hays Recruitment and NHS Providers to inform discussions about the three-year salary reviews. Three meetings were held during the financial year.

See table on page 38 for attendance at the Remuneration Committee.

Disclosures required by the Health and Social Care Act

Salary and pension entitlements of senior managers

A. Remuneration (Information subject to audit)

Name	Title	Salary and fees	Taxable benefits	Annual performance-related bonus	Long-term performance-related bonus	Pension-related benefits	Total
							(bands of £5,000)
		(bands of £5,000)	Total to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£	£000	£000	£000	£000
2021/22							
Mr C Alexander CBE	Chairman	50-55	–	–	–	–	50-55
Mr I Farmer	Non-Executive Director	20-25	–	–	–	–	20-25
Prof P Workman	Non-Executive Director	–	–	–	–	–	–
Mr M Aedy	Non-Executive Director	15-20	–	–	–	–	15-20
Prof M Elliot	Non-Executive Director	15-20	–	–	–	–	15-20
Ms H Lawrence OBE	Non-Executive Director	20-25	–	–	–	–	20-25
Mr C Clark	Non-Executive Director	15-20	–	–	–	–	15-20
Mr W Jackson	Non-Executive Director	15-20	–	–	–	–	15-20
Dame C Palmer	Chief Executive	270-275	–	–	–	–	270-275
Mr M Thorman	Chief Financial Officer	210-215	–	–	–	22.5-25	235-240
Dr N van As	Medical Director	200-205	–	–	–	2.5-5	205-210
Mr K Munslow Ong	Chief Operating Officer	185-190	–	–	–	–	185-190
Ms M Griffin	Chief Nurse (from July 2021)	100-105	–	–	–	287.5-290	385-390
Mr A Dimech	Acting Chief Nurse (from October 2020 to August 2021)	35-40	–	–	–	12.5-15	50-55
2020/21							
Mr C Alexander CBE	Chairman	50-55	–	–	–	–	50-55
Mr I Farmer	Non-Executive Director	20-25	–	–	–	–	20-25
Prof P Workman	Non-Executive Director	–	–	–	–	–	–
Mr M Aedy	Non-Executive Director	15-20	–	–	–	–	15-20
Prof M Elliot	Non-Executive Director	15-20	–	–	–	–	15-20
Ms H Lawrence OBE	Non-Executive Director	20-25	–	–	–	–	20-25
Mr C Clark	Non-Executive Director	15-20	–	–	–	–	15-20
Mr W Jackson	Non-Executive Director	15-20	–	–	–	–	15-20
Dame C Palmer	Chief Executive	255-260	–	–	–	–	255-260
Mr M Thorman	Chief Financial Officer	210-215	–	–	–	15-17.5	225-230
Dr N van As	Medical Director	185-190	–	–	–	65-67.5	250-255
Mr E Sullivan	Chief Nurse	140-145	–	–	–	57.5-60	250-255
Mr K Munslow Ong	Chief Operating Officer	175-180	–	–	–	35-40	215-220
A Dimech	Acting Chief Nurse	100-105	–	–	–	57.5-60	160-165

The Trust is required to disclose the element of a directors’ remuneration that relates to their clinical role. Clinical earnings for Dr Nicholas van As were £150-155,000 (2020/21: £135-140,000).

B. Pension benefit (Information subject to audit)

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2021 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
2021/22									
Dame C Palmer	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer	2.5-5	–	65-70	125-130	1,014	25	1,120	n/a
Dr N van As	Medical Director	0-2.5	–	65-70	60-65	901	10	985	n/a
Ms M Griffin	Chief Nurse	7.5-10	27.5-30	60-65	180-185	1,012	214	1,379	n/a
Mr A Dimech	Acting Chief Nurse	0-2.5	0-2.5	25-30	40-45	359	7	398	n/a
Mr K Munslow Ong	Chief Operating Officer	0-2.5	–	35-40	75-80	509	0	538	n/a
Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2020 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2019	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
2020/21									
Dame C Palmer	Chief Executive	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mr M Thorman	Chief Financial Officer	0-2.5	0-2.5	60-65	120-125	956	28	1,014	n/a
Dr N van As	Medical Director	2.5-5	0-2.5	60-65	60-65	809	51	901	n/a
Mr E Sullivan	Chief Nurse	2.5-5	2.5-5	50-55	105-110	774	49	856	n/a
Mr A Dimech	Acting Chief Nurse	2.5-5	2.5-5	20-25	40-45	299	41	359	n/a
Mr K Munslow Ong	Chief Operating Officer	0-2.5	0-2.5	35-40	75-80	462	26	509	n/a

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Following the government’s announcement that all public sector pension schemes will be required to provide the same indexation on the Guaranteed Minimum Pension (GMP) as on the remainder of the pension, the NHS Pension Scheme has revised its method to calculate the CETV values. The real increase in CETV will therefore be impacted as it will include any increase in CETV due to the change in GMP methodology.

Expenses

In 2021/22, there were 13 Board Directors, including five Executive Directors, and 23 Governors. The aggregate amount of expenses paid to Directors and Governors was:

£150.00 To Executive Directors	£0.00 To Non-Executive Directors	£0.00 To Governors
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Fair Pay Disclosures (Information subject to audit)

Total remuneration includes salary, non-consolidated performance-related pay and benefit-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The Trust is required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation’s workforce. Details of the total number of employees can be found in the annual report.

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/21 was £307,500 (2020/21: £287,500). This is a change between years of seven per cent. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

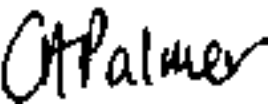
For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £15,000 to £305,305 (2020/21: £15,000 to £288,496). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is zero per cent. No employees received remuneration in excess of the highest-paid director in 2021/22.

The remuneration of the employee at the lower quartile, median and upper quartile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest-paid director (excluding pension benefits) and each point in the remuneration range for the organisation’s workforce.

2021/22	25th percentile	Median	75th percentile
Salary component of pay	£36,226	£47,154	£61,861
Total pay and benefits excluding pension benefits	£36,226	£47,154	£61,861
Pay and benefits excluding pension: pay ratio for highest-paid director	8.5	6.5	5

The Trust does not operate a performance-related pay or benefit scheme.

Approval of the Remuneration Report:



Dame Cally Palmer
Chief Executive
6 July 2022

Staff report

Analysis of staff costs and numbers (Information subject to audit)

	Permanently employed	Temporary and contract staff	2021/22 total	2020/21 total
	£000	£000	£000	£000
Salaries and wages	201,019	12,501	213,520	196,349
Social security costs	21,242	1,049	22,291	20,389
Employer contributions to NHS Pensions Agency and NEST	34,966	880	35,846	32,924
Agency staff	–	3,112	3,112	3,719
	257,226	17,543	274,769	253,381

This information shown is in relation to the Trust. The Group staff numbers are shown in the Accounts in note 5.

Average whole time equivalent (WTE) employed during the year has been calculated on the basis of staff WTE from April 2021 to March 2022.

	Permanently employed number	Temporary and contract staff number	2021/22 total number	2020/21 total number
Medical and dental staff	486	22	508	474
Administration and estates	1,314	123	1,437	1,386
Healthcare assistants and other support staff	440	62	502	411
Nursing, midwifery and health visiting staff	1,037	101	1,138	1,121
Nursing, midwifery and health visiting learners	10	–	10	11
Scientific, therapeutic and technical staff	487	17	504	482
Healthcare science	297	5	302	282
	4,071	330	4,401	4,169

(The table below is not subject to audit)

The above table shows the average WTE trust employed is 4,071 (FTE) permanent and fixed term staff. This FTE value equates to a headcount of 4,401 average staff members. The Trust engaged on average an additional 49 WTE as agency and 281 WTE bank workers. As at March 2022, the breakdown of the permanent and fixed term workforce headcount by gender is as follows:

	Female	Male	Total
Employee	3,332	1,127	4,459
Executive Director	2	3	5
Leadership Team	10	8	18
Total	3,344	1,138	4,482

Sickness absence rate

Details of sickness rates can be found at: digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

The Royal Marsden People Plan 2021/22

In 2020/21, the COVID-19 pandemic refocused the workforce agenda to keeping staff safe and well in the workplace so that the treatment of cancer patients could continue. In 2021/22, the focus moved to addressing the pattern of crisis and regression implicit in the cyclical nature of new variants and recovery. The Trust’s People Plan reflected this, both for the Trust as well as for the south west London section-wide people plan.

Priorities for 2021/22

The four pillars of the Trust’s People Plan are:

- **Workforce:** working together differently to deliver patient care
- **Development:** growing our people for the future
- **Wellbeing:** looking after ourselves and each other
- **Community:** creating a culture of inclusion and belonging

Many of these themes resonated with those already identified as part of the Trust’s five-year workforce strategy, which enabled a smooth transition. The strategy was due for review, however the operational demands of COVID-19 meant this was postponed. Given that the primary purpose of the workforce strategy is to support the delivery of the Trust’s long-term aims, it makes sense to design the future workforce strategy as part of the wider process to ensure relevance and congruence with the organisational priorities, as well national themes which will emerge from the next iteration of the national People Plan. The Trust is also mindful that the way people work and the way in which clinical services are delivered have changed irrevocably and the strategy will need to respond to the opportunities this will present. The main achievements of 2021/22 are summarised on the following pages.

Workforce: working together differently to deliver the best patient care

Recruitment, retention and flexible redeployment of staff continued to be a strong driver due to the operational challenges of maintaining services and supporting other NHS trusts. To help with the response to the COVID-19 pandemic, the Trust supported retired colleagues to return to the workforce, along with an increase in volunteers.

Recruitment and resourcing

The Trust continues to run successful international recruitment campaigns to supplement domestic recruitment, particularly for nurses. This is supported by a further grant from NHS Improvement to continue this initiative. This has led to the Trust’s nursing vacancy rate reaching less than six per cent against its target of eight per cent and over 50 international nurses started in the last year to support the delivery of patient care. The Trust has maintained effective online recruitment and onboarding, including offering virtual open days and online interviews to allow for ongoing recruitment of frontline staff through COVID-19 waves. The Trust is working to support employment in the local communities as part of its widening participation approach, along with increasing apprenticeships, broadening the applicants to The Royal Marsden.

Retention of staff

The Trust Career Development Platform provides a range of digital career pathways and resources to empower staff and managers in career development conversations. During the COVID-19 pandemic, the main focus of the Trust’s retention plan has been the support of staff wellbeing. This has included additional support such as offering meals and more breakout spaces, and utilising national offers for mental wellbeing, bereavement and childcare support. However, the labour market for healthcare staff remains challenging and the Trust’s voluntary turnover rate has increased to 14 per cent, against a target of 12 per cent, further complicated by the cost of living increases. In the upcoming year, the Trust will continue to work with the different staff groups to support their careers within The Royal Marsden to improve the turnover rate.

Development: growing our people for the future

‘Building Educational Excellence’ is The Royal Marsden’s multi-professional education strategy, the aim of which is to achieve outstanding patient care, treatment and research across cancer care, and be recognised as a world-class leader in multi-professional oncology education and training.

During the reporting period, the Trust supported 606 pre- and post-registration students and trainees across professional groups, including 265 trainee doctors and 105 student nurses. The results of the 2021 General Medical Council (GMC) survey were published in July 2021 and the Trust achieved 27 positive scores, compared to 17 in 2019.

As part of the Trust’s ongoing commitment to investment in education, 645 staff were given financial support and study leave to undertake a range of education pathways and training courses, including 88 staff supported to undertake MSc pathways and PhDs. There was a focus on supporting clinical courses including systemic anti-cancer therapy, physical and advanced clinical assessment, non-medical prescribing, critical care skills and theatre courses. Following a significant fall in applications for continuing professional development (CPD) in 2020/21 of more than 50 per cent, overall numbers applying for study leave funding started to increase in the final six months of the reporting period, with a quarter of applications received in February and March.

In April 2021, the Trust formally launched its values-based Leadership and Management Framework which sets out expected leadership behaviour at The Royal Marsden. In addition, to support its leaders through the pandemic, the Trust launched three new flagship leadership development programmes:

- Leading Excellence, delivered in partnership with Henley Business School, was launched for consultants and managers in bands 8B-D roles. The programme focus is on transformation and interpersonal leadership.
- Leading for Change, delivered by The Royal Marsden School, was launched for clinical leaders in band 7 and 8A roles. The programme explores new ways of working, managing complexity and leading for change, and is delivered over six days.

- The Level 5 Operations Manager apprenticeship, delivered by Hult Ashridge Business School, was also launched.

More than 100 managers have participated the flagship programmes in 2021/22 and all three programmes have been positively evaluated by attendees.

The Trust continued to offer its Coaching, Mentoring and Shadowing Programmes, with more than 50 staff supported through these programmes in 2021/22.

Overall, statutory and mandatory training compliance at the end of reporting period was 91 per cent and appraisal compliance was 84 per cent. The majority of statutory and mandatory training continues to be delivered, however plans are underway to returned some assessed topics back to the classroom.

In light of the investment in staff development, the Trust is delighted to have won the Learning Awards 2022 People Development Programme of the Year category.

The Royal Marsden School

The Royal Marsden School is the leading provider of specialist modules, degrees and post-graduate awards in cancer care, for example, BSc (Hons) in Cancer Care, MSc in Cancer Care and MSc in Cancer Care: Advanced Practice. The School’s courses are open to healthcare staff working in the UK and internationally.

The COVID-19 pandemic had a significant impact on The Royal Marsden School’s delivery of education and consequently the School is now delivering most of its portfolio online. This means that health professionals from much further afield can access the education. The School has also developed new academic programmes to commence in September 2022.

Over the last year, the School has successfully supported colleagues’ development in the Trust, including preceptorship programmes for newly qualified staff, advanced communication skills training, action learning sets and a newly developed ‘Leading for Change’, a multi-professional Master’s Level Programme which was delivered to 30 Royal Marsden senior staff.

During the Leading for Change programme’s delivery, participants had the opportunity to explore an aspect of their role as a clinical leader, and with support and facilitation identified an area for change and developed a plan for initiating the change. All the participants’ feedback indicated that they had really valued the programme and, importantly, that improvements to patient care will have been made.

Wellbeing: looking after ourselves and each other

This year, staff wellbeing was again at the centre of everything the Trust did. The Trust continued to provide a core occupational health service to protect health and safety and promote the wellbeing of all staff. This included the seasonal flu vaccination campaign and the COVID-19 vaccination campaign. In addition, the occupational health department jointly led on the roll-out of antibody testing, asymptomatic staff testing and lateral flow testing to support a COVID-secure workplace.

The occupational health team worked closely with the infection prevention and control team to track and trace internal contacts to reduce the spread of infection internally and maintain a safe environment for staff and patients.

The Trust continued to promote COVID-19 vaccination as the best way to protect its staff and patients and sought to implement the ‘Vaccination as a Condition of Deployment’ for staff in as compassionate a manner as possible, including both before and after the legislation was revoked in March 2022.

As new ways of working became more established, the Trust committed to support staff working in different ways, including hybrid models combining on and off site. This included commissioning a research project with the Clinical Research Division to help develop better understanding of how the benefits of changing ways of working could be maximised, both from an individual and organisational perspective, and also to help inform longer-term thinking of the future shape and configuration of the Trust.

The Trust recognises the financial pressures facing the workforce following the pandemic and other external factors, and so has increased its financial support for staff. This includes access to free impartial advice on managing finances as well as specific pension support. The Trust also provides financial education for staff in all stages of their career including mid-career and pre-retirement seminars.

Staff wellbeing: now and for the future

During the COVID-19 pandemic, the Trust continues to put staff wellness and inclusion firmly at the centre of all that it does. The Trust continued to support staff with working from home opportunities, continued its extensive COVID-19 testing programme and access to vaccines including the booster. The Trust also introduced two new policies to support staff wellbeing through a hybrid working policy and the change in vaccinations through a vaccination policy. Both were to support the organisation to manage the pressures faced in the workplace with the ever-changing challenges presented by the pandemic, while ensuring workforce levels were maintained to prevent any impact on patient care.

The Trust continues to provide varied wellbeing offers including singing groups, psychological support, financial advice and wider national NHS offers. The Trust utilised the vaccination policy when the government introduced the ‘Vaccination as a Condition of Deployment’ legislation, working with staff to allow them to make an informed decision on taking up the vaccine, prior to the government reversing the legislation.

As personal and professional stresses began to impact staff, the Trust widened its wellbeing offers for all staff, including one-to-one counselling and psychological support, provided internally, and external support from throughout the NHS. This included the roll-out of a Management Essential module on ‘Supporting Staff Wellbeing’ to provide managers with the tools they needed. Wellbeing training was included as part of the induction for all new staff and trainees. The Trust has established a programme of Wellbeing Champions for medical trainees, as required by Health Education England.

The Trust has improved staff facilities on both sites and identified socially distanced rest areas and extended access to food and drink on site. A virtual health and wellbeing festival in July 2021 showcased offers and included the opportunity for staff to experience a range of stress management activities. Financial wellbeing was an area where people were feeling vulnerable and the Trust responded by providing access to independent financial advice on an individual, as well as group basis, which has proven to be very well received.

The Royal Marsden is mindful that once the immediate pandemic has passed, individuals and teams will need more nuanced support in rebuilding and reforming. A number of the Trust’s clinical and support teams have started work on an organisation development pilot programme, the aim of which is to help teams create a longer-term recovery plan to ensure staff are best placed to move forward with positive purpose.

Community: creating a culture of inclusion and belonging

The Trust’s aspiration is to create a compassionate working community which privileges a culture of inclusion and belonging. This has never been more important than during the difficult times people continue to experience and the Trust has taken some important steps to build on the values to make this a reality for all staff.

The Trust has an equality and diversity policy which sets out the framework through which it delivers its services and provides employment. All staff are required to attend mandatory equality and diversity training, which is refreshed every three years. Bespoke training is also provided, for example cultural awareness for frontline staff, focusing on the needs of patients from the Middle East. In 2020/21, the Trust launched an Equality and Inclusion Strategy.

The Trust is a Disability Confident Employer. This accreditation replaces the Disability Two Ticks symbol and continues to support a guaranteed interview scheme to ensure that full and fair consideration is given to applications from candidates with disabilities. Reasonable adjustments are made so that all candidates can participate in the Trust’s recruitment and selection processes. The Royal Marsden was also awarded the bronze award as a veteran friendly employer and is continuing to demonstrate its commitment to working towards the silver award.

The Trust’s Managing Absence Policies ensure that should staff become disabled in the course of employment, all reasonable efforts are made to ensure staff can remain employed. All the Trust’s people management policies apply equally to staff with or without disabilities.

Launch of the Equality, Diversity and Inclusion Strategy 2020/22

Drawing inspiration from current NHS and regional policy thinking, The Royal Marsden’s Equality, Diversity and Inclusion Strategy seeks to create its own unique sense of community and belonging for staff that is underpinned by civility and respect, which will also benefit patients treated at The Royal Marsden.

The Trust’s priority areas of focus are recruitment and promotion, access to non-mandatory training and development opportunities, Board-level leadership diversity, employee relations and Model Employer.

Progress to date: – There have been some improvements in the Trust’s Workforce Race Equality Standard (WRES) metrics. For example, the likelihood of White staff being appointed from shortlisting compared with Black and minority ethnic staff has reduced to 1.97 times from 2.16 times. – Introducing a triage system into the disciplinary process has also reduced the likelihood of Black and minority ethnic staff entering the disciplinary process compared with White staff; in 2021, Black and minority ethnic staff were 1.50 times more likely to enter formal disciplinary proceedings compared with 2.08 times in 2020. – The Trust has supported the Inclusion Partner and Director of Workforce to join the WRES Experts programme. One Non-Executive Director will be embarking on this programme in 2022. The course is designed to help organisations make practical steps to addressing race equality in the workplace. – Having contributed to the co-design of a White Allies development programme (a specific recommendation from the London Workforce Race Strategy) for London, a group of senior leaders from the Trust were accepted and completed this programme. Working collaboratively with the Trust Board, REACH Network and Inclusion Partner, the group will continue to support addressing race equality in the workplace. – A series of Active Bystander training sessions were successfully delivered. The training empowered staff across the Trust to challenge poor behaviours and bring about change through defining the boundaries of acceptable behaviour. – Introduction of NHS Rainbow badge scheme to show the Trust supports LGBTQ+ inclusion in the workplace and for patients. In addition, the Trust has introduced the use of pronouns in its email signatures.	– The Staff Network Leads successfully hosted a popular series of webinars focused on ‘Allyship’, designed to encourage more staff and managers to actively support the inclusion agenda through developing their knowledge and skills to become an Ally. – Royal Marsden staff completed the Calibre Leadership Programme, aimed at developing staff with disabilities. Using the learning gleaned from this pilot course, these staff will continue to promote and educate colleagues about disability in the workplace, alongside HR colleagues. – Royal Marsden staff have been accepted on the London175 Legacy programme, which is an opportunity for younger employees from diverse backgrounds to develop their leadership skills. – The Trust will continue to focus on improving the staff experience through its inclusion action plan for the coming year, with particular emphasis being placed on appointing more senior talent from diverse backgrounds and encouraging more inclusion-related activity, which will support the transformational change the Trust seeks. – In March 2022, The Royal Marsden joined dozens of leading employers and committed to measure and improve its social impact. Established last year, the 14 ‘Levelling Up Goals’ cover key life stages and provide a clear benchmark for organisations to measure the impact they have on their local, national and global communities. The goals include open and equitable recruitment processes, clear career pathways for employees and a commitment to contributing to the NHS’s net zero target. The Trust will use the goals as a framework to pull together and benchmark all its activities and identify areas where more can be done to improve the wellbeing of the communities it serves. This will provide a platform for the Trust’s social corporate responsibility strategy going forward, both as a leading employer and as part of the south west London sector.	Freedom to Speak Up Freedom to Speak Up (FTSU) Guardians have been appointed throughout the NHS and have a key role in helping to raise the profile of raising concerns in their organisations. They provide confidential advice and support to staff in relation to concerns they have, in particular about patient safety and quality of care. Everybody who works for the NHS has a duty to raise genuine concerns if they think that something is happening at work which is wrong or illegal and affects other people including patients, members of the public or staff. The Royal Marsden has a FTSU Guardian, a Non-Executive Director who supports this service and a Director lead. The Trust has a network of FTSU Champions who support the Guardian in the role and are based at Sutton, Chelsea, Carew House and Cavendish Square. The FTSU Guardian role at The Royal Marsden is to: – work with the Board to create an open culture – listening and learning, not blaming – develop ways to encourage staff to speak up – share learning with the wider Trust to develop a positive culture – make sure there are no repercussions to a staff member who chooses to speak up. The FTSU Guardian and Champions are impartial while supporting individuals; they contribute to the National Freedom to Speak Up Guardian Network; and ensure that the organisation is compliant with National Guardians Office Guidance. During 2021/22, the National Guardians Office reviewed a number of Speaking Up practices for NHS organisations, and as a result of which the Trust introduced new training packages which were promoted during Speak Up Month in October 2021.	Furthermore, the role of the FTSU Guardians and the roles of FTSU Champions have now been differentiated, with only FTSU Guardians handling speaking up cases in the future. FTSU Champions will focus on raising awareness and signposting to support and feedback and communication with staff about the FTSU service. This recommendation from the National Guardians Office will come into place from April 2022. Engaging with staff The Trust recognises the importance of having an engaged workforce that knows that it can participate in wider conversations and influence how the organisation develops. The engagement strategy is built on staff open meetings, leadership walkarounds, weekly bulletins and regularly briefings and webinars. Staff networks also play an important part in providing opportunities for voices to be heard. These include formal groups such as the Trust Consultative Committee, the BAME, Disability and LGBTQ+ networks, which provide opportunities for staff to contribute in different ways. These groups are continuing to meet virtually, and although the human element of a real-life intervention is inevitably reduced, participation and attendance has increased as it has become easier for people to access these events.
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Staff achievement and recognition awards

The Trust recognises how incredibly hard every staff member works, as well as their commitment, loyalty and outstanding contribution. There are several recognition schemes in place, supported by The Royal Marsden Cancer Charity: Staff Annual Achievement Awards, Quarterly Above and Beyond Awards, and Long Service Awards. Staff are also encouraged to share recognition and gratitude through the Good Deed Feed on RM Matters, the Trust intranet.

Annual Achievement Awards

Although these awards had to be done differently due to the ongoing COVID-19 pandemic, it remained important to recognise the work of Royal Marsden staff and to thank and show appreciation for everyone’s hard work throughout 2021/22. The Trust had four categories of awards reflecting its core values of Pioneering Change, Pursuing Excellence, Working Collaboratively and Showing Kindness, as well as a Lifetime Achievement Award. All winners received a commemorative gift and a financial reward. A virtual ceremony was arranged, and a celebration video was shared announcing the winners in December 2021.

Quarterly Above and Beyond Awards

The quarterly Above and Beyond Awards recognise and celebrate achievements and innovation at a local level. Staff have been encouraged to continue to nominate each other throughout the ongoing COVID-19 pandemic. Awards were presented to individuals and teams whose outstanding achievements improved patient or staff experience. Two team awards (clinical and non-clinical) and two individual awards (clinical and non-clinical) are given on a quarterly basis. All winners receive a certificate and a financial reward.

Long Service Awards

Each year, The Royal Marsden recognises the commitment and long service of staff, rewarding them with a certificate and a financial reward as a token of thanks from the Trust.

Instant recognition

As part of the Trust’s instant recognition scheme, ‘Going and above and beyond’, a series of cards have been produced to help managers recognise members of their team who go above and beyond in their role. The cards can be personalised with a thank you message and managers can include a drink and snack voucher which can be used in the staff restaurant.

Good Deed Feed

Staff can nominate their colleagues to be featured on the Good Deed Feed when they see excellence in patient care in the workplace. It is featured on RM Matters, the Trust intranet, where staff can all view the recognition messages.

Counter fraud

As part of the Trust’s drive to encourage staff to raise concerns, policies and procedures are in place to support staff to raise concerns about fraud, potential fraud or any misconduct of a similar nature.

NHS Staff Survey results 2021

The NHS Staff Survey is an important mechanism for ensuring that the workforce strategy is delivering results and improving the staff experience. The NHS Staff Survey is conducted annually.

In 2021, for the first time, survey questions were aligned with the NHS People Promise to track progress against its ambition to improve the experience of working in the NHS for everyone. There are seven People Promises (with subsections within each promise) and two Themes. Each section has been given a score out of 10, with 10 being the top score. The response rate to the 2021 survey among Royal Marsden staff was 54 per cent, compared with 55 per cent in 2020. Scores for each People Promise and Theme are shown in the table below, along with benchmarking data comparing the Trust with other similar and acute specialist trusts.

People Promise/Theme	2021			
	The Royal Marsden	Average score for acute specialist trusts	Average score for London trusts	Average national score
We are compassionate and inclusive	7.5	7.5	7.2	7.2
We are recognised and rewarded	6.1	6.1	5.9	5.9
We each have a voice that counts	7.0	7.0	6.7	6.7
We are safe and healthy	6.2	6.2	5.9	6.0
We are always learning	5.7	5.6	5.5	5.3
We work flexibly	6.1	6.3	6.0	6.0
We are a team	6.9	6.9	6.7	6.6
Staff engagement	7.3	7.3	7.0	6.8
Morale	6.0	6.0	5.7	5.8

Previous years’ scores

The 2020 Staff Survey was grouped into 10 themes, with each given a score out of 10. The 2019 Staff Survey was grouped by 11 themes, with each given a score out of 10.

Theme	2020
Equality, diversity and inclusion	9.0
Health and wellbeing	6.4
Immediate managers	7.1
Morale	6.4
Quality of care	7.9
Safe environment – bullying and harassment	8.5
Safe environment – violence	9.8
Safety culture	7.3
Staff engagement	7.6
Team working	6.9

Theme	2019
Equality, diversity and inclusion	9.1
Health and wellbeing	6.3
Immediate managers	7.3
Morale	6.4
Quality of appraisals	6.0
Quality of care	7.9
Safe environment – bullying and harassment	8.5
Safe environment – violence	9.8
Safety culture	7.4
Staff engagement	7.7
Team working	7.0

Benchmarking data

Due to considerations including complexity, location and labour market, it is useful to consider the Trust’s outcomes against a broader constituency, but more nuanced than the whole of London. A relevant selection of trusts against which The Royal Marsden can examine its comparative performance more closely has been identified. These are broken down into four areas: South West London ICS acute trusts, North West London ICS acute trusts, cancer hospitals (also included in the acute specialist group above) and other traditionally high performing London trusts.

South West London ICS	North West London ICS	Cancer hospitals	Wider London trusts						
– Croydon University Hospital	– Chelsea and Westminster	– The Clatterbridge Cancer Centre	– Guy’s and St Thomas’						
– Epsom and St Helier University Hospital	– Imperial	– The Christie	– Great Ormond Street Hospital (GOSH)						
– Kingston Hospital	– London North West University Healthcare		– King’s College Hospital						
– St George’s University Hospitals	– The Hillingdon Hospitals		– University College London Hospitals (UCLH)						
			– Royal Free London						

Theme	Compassionate and inclusive	Recognised and rewarded	Voice that counts	Safe and healthy	Always learning	Working flexibly	Team working	Staff engagement	Morale
The Royal Marsden	7.5	6.1	7.0	6.2	5.7	6.1	6.9	7.3	6.0
Croydon	7.1	5.7	6.7	5.8	5.3	5.8	6.6	6.9	5.6
Epsom and St Helier	7.1	5.7	6.6	5.9	4.8	5.6	6.5	6.8	5.6
Kingston	7.1	5.6	6.5	5.7	5.2	5.6	6.4	6.8	5.5
St George’s	7.1	5.7	6.5	5.8	5.2	5.7	6.5	6.8	5.5
Chelsea and Westminster	7.2	5.8	6.7	5.9	5.4	5.8	6.6	7.0	5.7
Imperial	7.0	5.7	6.7	5.9	5.4	5.9	6.5	7.0	5.8
London North West	6.9	5.6	6.5	6.0	5.5	5.8	6.5	6.9	5.7
Hillingdon	6.8	5.5	6.3	5.7	4.3	5.6	6.4	6.5	5.4
The Clatterbridge	7.6	6.3	7.1	6.3	5.6	6.2	7.0	7.2	6.0
The Christie	7.6	6.2	7.0	6.2	5.5	6.3	6.8	7.3	6.0
Guy’s and St Thomas’	7.4	6.0	7.0	6.1	5.7	6.2	6.7	7.2	6.0
GOSH	7.4	6.0	6.9	6.2	5.6	6.1	6.8	7.3	6.0
King’s College	7.0	5.7	6.5	5.7	5.5	5.7	6.5	6.7	5.6
UCLH	7.3	5.9	6.9	6.0	5.6	6.1	6.7	7.2	5.9
Royal Free	7.1	5.8	6.6	5.8	5.4	6.0	6.6	6.9	5.7

The benchmarking data demonstrates that the Trust has continued to perform strongly against our comparators, considering the ongoing challenges of COVID-19 and the wider impact on the workforce. The Royal Marsden’s score was the highest in three areas (staff engagement, morale, learning). In all other themes, the Trust scored either the second highest score (four People Promises) or third highest (two People Promises).

Benchmarking for the previous two years

2020										
Themes	Equality, diversity and inclusion	Health and wellbeing	Immediate managers	Morale	Quality of care	Safe environment – bullying and harassment	Safe environment – violence	Safety culture	Staff engagement	Team working
Acute specialist hospitals										
The Royal Marsden	9.0	6.4	7.1	6.4	7.9	8.5	9.8	7.3	7.6	6.9
The Christie	9.4	6.5	7.1	6.5	7.8	8.7	9.9	7.2	7.5	6.8
The Clatterbridge	9.5	6.6	7.3	6.4	7.7	9.0	9.9	7.3	7.4	6.9
The Royal Brompton	9.0	6.3	6.9	6.2	7.9	8.3	9.7	7.2	7.4	6.7
Moorfields Eye Hospital	8.4	6.1	6.9	6.2	8.0	7.7	9.8	7.0	7.4	6.7
Great Ormond Street Hospital	8.9	6.4	7.1	6.2	7.7	8.2	9.8	6.9	7.4	6.7
Royal National Orthopaedic Hospital	8.8	6.6	7.2	6.4	8.1	8.2	9.8	7.0	7.6	6.9
Liverpool Women’s NHS Foundation Trust	9.5	6.5	6.8	6.3	7.6	8.7	9.8	6.9	7.1	6.8
The Walton Centre	9.3	6.8	7.1	6.6	8.1	8.5	9.3	7.2	7.6	7.0
Royal Papworth Hospital	8.9	6.1	6.9	6.2	7.7	8.2	9.6	7.1	7.3	6.5
The Robert Jones and Agnes Hunt Orthopaedic Hospital	9.4	6.7	7.2	6.7	7.9	8.4	9.8	7.0	7.5	6.9
Queen Victoria Hospital	9.2	6.5	7.0	6.4	7.9	8.4	9.8	7.0	7.4	6.5
The Royal Orthopaedic Hospital	9.3	6.5	7.2	6.3	7.8	8.6	9.8	6.9	7.3	6.8
Liverpool Heart and Chest Hospital	9.5	6.7	7.3	6.4	8.0	8.8	9.6	7.5	7.6	7.0
Teaching/Acute hospitals										
The Royal Marsden	9.0	6.4	7.1	6.4	7.9	8.5	9.8	7.3	7.6	6.9
Imperial	8.4	5.9	6.7	6.1	7.8	7.7	9.4	6.8	7.2	6.6
Guy’s and St Thomas’	8.6	6.2	6.9	6.3	7.8	7.9	9.5	7.2	7.5	6.8
University College London Hospital	8.5	6.2	6.9	6.2	7.7	7.7	9.4	7.0	7.4	6.7
St George’s Hospital	8.4	5.9	6.6	6.0	7.6	7.8	9.3	6.6	7.0	6.4
Chelsea and Westminster	8.5	5.9	6.9	6.1	7.7	7.6	9.3	6.9	7.1	6.5
Central and North West London Hospital	8.6	6.3	7.1	6.2	7.6	8.1	9.5	7.0	7.2	7.0
Kingston Hospital	8.7	6.0	6.8	6.2	7.7	7.8	9.3	7.0	7.3	6.5
Epsom and St Helier University Hospital	8.8	6.0	6.5	6.0	7.6	7.8	9.5	6.7	7.0	6.3
Croydon	8.5	6.0	6.8	5.9	7.7	7.7	9.4	6.5	7.0	6.6

2019											
Themes	Team working	Staff engagement	Safety culture	Safe environment – violence	Safe environment – bullying and harassment	Quality of care	Quality of appraisals	Morale	Immediate managers	Health and wellbeing	Equality, diversity and inclusion
Acute specialist hospitals											
The Royal Marsden	7.0	7.7	7.4	9.8	8.5	7.9	6.0	6.4	7.3	6.3	9.1
Great Ormond Street Hospital	6.6	7.3	6.9	9.8	7.9	7.5	5.7	6.0	7.0	5.8	8.8
Moorfields Eye Hospital	6.5	7.4	7.0	9.8	7.8	8.0	6.3	6.0	6.8	6.0	8.6
Royal Brompton and Harefield	6.7	7.5	7.2	9.7	8.1	7.9	6.1	6.3	7.0	6.1	8.9
The Christie	6.9	7.5	7.2	9.9	8.7	7.9	5.4	6.5	7.1	6.3	9.5
The Clatterbridge	6.8	7.3	7.1	9.9	8.6	7.6	5.6	6.0	7.1	5.9	9.3
Other London trusts											
The Royal Marsden	7.0	7.7	7.4	9.8	8.5	7.9	6.0	6.4	7.3	6.3	9.1
Chelsea and Westminster	6.9	7.3	6.9	9.3	7.6	7.8	6.3	6.0	6.9	5.8	8.6
Imperial College Healthcare	6.7	7.2	6.8	9.4	7.6	7.8	5.9	6.0	7.0	5.7	8.6
Guy’s and St Thomas’	6.9	7.5	7.2	9.6	7.9	7.8	6.3	6.3	7.0	6.0	8.7
University College London Hospitals	6.6	7.2	6.8	9.4	7.5	7.6	6.3	6.0	6.8	5.7	8.4

Priorities for action

While The Royal Marsden has maintained a positive position compared with other trusts in London, one of its priorities is to improve staff engagement. Some of the Trust’s other scores indicate that staff are not as satisfied with their work experience as they may have been in the past.

A comprehensive action plan will be developed which will address all seven People Promises and the two themes from organisational, divisional and staff group perspectives.

This year, the action plan will comprise organisational, divisional and staff group specific priority workstreams with a focus on addressing causes rather than symptoms. This will have longer-term reach so that subsequent quarterly and annual staff surveys are regarded as a measure of progress rather than targets of improvement themselves.

Trade Union Facility Time disclosures

Number of employees who were relevant union officials in 2020/21*	
22	
Percentage of time spent on facility time 2020/21*	Number of employees
0%	14
1-50%	8
51-99%	0
100%	0

*Data provided based on 2020/21 information, as 2021/22 data not available until July 2022.

Expenditure on consultancy

Consultancy expenditure for the year 2021/22 was £1.7 million (£1.9 million in 2020/21).

Off-payroll engagements

All off-payroll engagements as of 31 March 2022, for more than £245 per day, and that last for longer than six months:

No. of existing engagements as of 31 March 2022	0
Of which...	
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	0

All existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

All new off-payroll engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022, for more than £245 per day, and that last for longer than six months:

No. of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	0
No. of the above which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	0
Of which...	
No. for whom assurance has been received	0
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received	0

Any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022:

No. of off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, during the financial year	0
No. of individuals that have been deemed ‘Board members and/or senior officials with significant financial responsibility’ during the financial year. This figure includes include both off-payroll and on-payroll engagements	13

Exit packages (Information subject to audit)

The table below summarises exit packages for 2021/22.

Exit package cost	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	–	–	–
	(1)	(1)	(2)
£10,000 - £25,000	–	–	–
	(–)	(–)	(–)
£25,001 - £50,000	–	–	–
	(–)	(–)	(–)
£50,001 - £100,000	–	–	–
	(–)	(–)	(–)
Total number of exit packages by type	–	–	–
Total resource cost (£000)	–	–	–

(Prior year comparatives are provided in brackets)

Exit packages: non-compulsory departure payments	Agreements	Total value of Agreements
	Number	£’000
Contractual payments in lieu of notice	–	–
Non-contractual payments requiring HMT approval	–	–
Total	–	–

NHS Foundation Trust Code of Governance

The Royal Marsden NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors sought to comply with the NHS Foundation Trust Code of Governance and established processes to enable it to comply with the code provisions. The Board reviewed its compliance against the revised Code in 2021/22 and agreed that the Trust complied with all the main and supporting provisions of the Code, where they were applicable.

All disclosures required by the Board of Directors and its committees can be found in the Directors’ report.

All disclosures required by the Council of Governors about its activities can be found in the Membership and Council of Governors report.

All disclosures required in relation to remuneration can be found in the Remuneration report.

NHS System Oversight Framework

NHS England and NHS Improvement’s NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability

Based on information from these themes, providers are segmented from 1 to 4, where ‘4’ reflects providers receiving the most support, and ‘1’ reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Royal Marsden NHS Foundation Trust has been rated as 1.

Statement of Accounting Officer’s responsibility

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement (NHSI).

NHSI, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Royal Marsden NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of The Royal Marsden NHS Foundation Trust and of its income and expenditure, statement of financial position and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

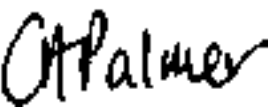
- observe the Accounts Direction issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundation Trust’s performance, business model and strategy
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the NHS Foundation Trust’s auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity’s auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Dame Cally Palmer
Chief Executive
6 July 2022

Annual Governance Statement

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control to support the achievement of The Royal Marsden NHS Foundation Trust’s policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that The Royal Marsden NHS Foundation Trust is administered prudently and economically, and that resources are applied efficiently and effectively. I acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of The Royal Marsden NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in The Royal Marsden NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to handle risk

As Accounting Officer, I have overall accountability for risk management in the Trust. I have delegated responsibility for the co-ordination of risk management systems and processes to the Chief Nurse, who discharges this responsibility through the Patient Safety/Risk Management and Quality Assurance teams. This includes the regulatory requirements of the Care Quality Commission (CQC), the corporate risk register and incident reporting management system.

Patient safety/risk management is firmly embedded in the activity of the organisation, and operational responsibility for risk identification and control is delegated to individual directors and senior managers who have functional responsibility within their areas of management. Risk management training is provided to every member of staff at induction and is part of the annual mandatory training programme. Specific ongoing training is determined through the appraisal and personal development planning process at an individual level, and by training needs analysis against key risk areas at a strategic level. Board members are also required to complete risk management training. Guidance for staff is provided through training programmes and information is available in the Risk Management Policy supported by the dedicated risk management team. Additionally, the Accident/Incident and Patient Safety Incident Reporting Policy (Including Serious Incidents Requiring Investigation) supports a culture of fairness, openness and continuous learning within the organisation. Incidents of any severity including near misses are reported on the Trust-wide Datix incident management system and nationally to the National Reporting and Learning System (NRLS) central database of patient safety incidents. Significant incidents require a 72-hour review to establish any immediate learning which, if required, is then followed by a panel review. The results of the root cause analysis, including best practice recommendations, are fed back through all the relevant clinical bodies in the Trust to commissioners via the Clinical Quality Review Group, and internally from the Quality Assurance and Risk (QAR) Committee through the Clinical Advisory Group, the Nursing, Allied Health Professionals and Pharmacy Committee (NAHPC), the Matrons, Sisters, and ward/departmental meetings, and Junior Doctor forums.

Learning from incidents is an essential part of integrated governance and risk management within the Trust and helps drive a culture of continuous quality improvement. All policies relating to risk management are easily accessible, regularly reviewed against national guidelines and best practice, and available to staff on the Trust intranet, with supporting information available under the risk management department section.

4. The risk and control framework

The systematic identification, analysis and control of risks are a key organisational responsibility. A culture of ownership and responsibility for risk management/patient safety is fostered throughout the organisation, and all managers and clinicians undertake risk management as one of their fundamental duties. The Risk Management Policy has been approved by the QAR Committee. It defines the strategy and the process for the systematic identification and control of risks, as well as accountability structures, roles and responsibilities.

In September 2021, the Board reviewed and approved its risk appetite statement, which set risk tolerance levels for strategic risk. An audit was undertaken by the Internal Auditor, KPMG, on risk management, and a thorough discussion took place at the Joint Quality Assurance and Risk Committee and Audit and Finance Committee. The audit found significant assurance of the Trust’s risk management arrangements. This approach has enabled the Board to easily identify which strategic risks are exceeding the risk tolerance threshold and therefore require closer monitoring and more frequent updates. On behalf of the Board, the Integrated Governance and Risk Management (IGRM) Committee receives reports throughout the year on elements of the CQC registration on topics such as mandatory training, policies, safeguarding, information governance, complaints and serious incident investigations.

Each quarter, the Chief Nurse holds engagement meetings with the CQC. Peer audits and inspections are conducted throughout the year to assist with monitoring the Trust’s compliance with the CQC requirements.

At the management level, the IGRM Committee is co-chaired by the Chief Nurse and the Medical Director has the delegated responsibility for oversight and monitoring of all aspects of quality and risk including review of serious incidents, National Institute for Health and Care Excellence (NICE) guidance compliance and policy/guideline approval, emergency planning and research governance. The QAR Committee oversees and monitors the performance of the IGRM.

Risk management and incident reporting processes identify risks of all levels of severity throughout the organisation. These processes feed into the divisional governance structure and their risk registers are reviewed on an ongoing basis. The Trust Risk Register records all divisional and corporate risks scoring 12 and above. On a quarterly basis QAR reviews the detail of all risks scoring 15 and above.

The Board and divisional leadership consider the risk appetite and risk scores when reviewing Cost Improvement Programme (CIP) Quality Impact Assessments. The policy details the process for risk identification and evaluation using a standardised risk assessment matrix and sets out the levels of authority for the management of identified risk. During 2021/22, there was one historic ‘Never Event’ at the Trust which is currently under investigation.

Data security incidents and risk are reported to the Information Governance Committee, chaired and attended by the Senior Information Risk Owner and Data Protection Officer. The Audit and Finance Committee (AFC) receives routine reports on cyber security and a six-monthly update on information governance risk with any key risks reported to the Board.

Major risks and mitigation

The major risks continue to reflect at a high level the challenging NHS climate due to increasing demand on services and requirements to modernise infrastructure, and the management of the ongoing COVID-19 pandemic.

The wider NHS has been responding to the COVID-19 pandemic, which has had significant consequences for healthcare providers’ risk response. The Trust (out of necessity) had to accept a higher risk of an outbreak of infections to increase the ability to deliver other healthcare services. The overall impact on patient safety is contingent on the Trust striking the right balance between minimising COVID-19 risks (to patients, visitors and staff) while maintaining access to other services. The response to COVID-19 also had a pervasive impact across the rest of the Trust’s operations, meaning all strategic and local risks continued to be reconsidered as the pandemic developed.

Management of COVID-19

During 2021/22, the COVID-19 pandemic continued to present a major international risk, particularly affecting the NHS and delivery of planned or expected levels of treatment and care due to increased staff shortages, numbers of patients being treated for COVID-19, and the impact the virus has on cancer patients in particular. Despite this, the Trust has adapted well to the challenges of operating in an ongoing COVID-19 environment and delivered activity levels across different modalities of care that are close to pre-pandemic levels. The Trust has also been able to progress a number of major programmes of work including the continued development of the new Oak Cancer Centre and the procurement of a new Digital Health Record.

The Royal Marsden has been working with partners across London to mitigate risks on its service delivery, levels of planned treatment and care for patients during the pandemic. Initially set up in 2020 in response to COVID-19, a gold and silver command structure continued, where issues were prioritised and referred to silver and gold groups where necessary. The silver group involved divisional and departmental managers, chaired by a Divisional Director. Gold included the Executive Directors together with PR and Communications, and was chaired by the Chief Executive.

The Trust has continued to work closely with system partners in response to the ongoing challenges of the pandemic. The Trust has provided some discreet mutual aid to partner organisations and continued to work closely with BUPA Cromwell as its private sector partner in delivering the Cancer Surgical Hub. The Trust maintained various infection prevention control measures including mask wearing, social distancing and limitations on visiting arrangements, in line with national guidance. The Trust has put in place robust de-isolation arrangements to get staff safely back to work following a close contact or positive case, all supported by comprehensive on-site testing arrangements.

The vaccine programme for NHS staff, patients and their families has been a huge success with over 10,000 COVID-19 vaccines delivered since starting the booster programme on 23 September 2021. This is in addition to the 19,075 delivered as part of the first and second dose vaccine programme. The Trust also opened the 5-to-11-year-old programme for vulnerable patients at the earliest opportunity in February 2022. As the only hospital site in south west London vaccinating this age group, the Trust has opened up bookings for non-Royal Marsden vulnerable patients in this area.

As at the start of the COVID-19 pandemic, throughout 2021/22 the Trust continued with a hybrid of working from home and on-site office arrangements. These arrangements included a significant proportion of corporate teams working offsite as well as in the office. This freed up additional space for clinical staff to use, so that they could adhere to social distancing guidance where possible, during periods when the virus surged.

Throughout 2021/22, NHS England/Improvement (NHSE/I) published updated guidelines stipulating that NHS organisations should continue to adhere to social distancing of two metres, wherever possible, in non-clinical areas, and that all staff in hospitals should wear face masks. In response to this guidance, management teams across the Trust undertook formal workplace risk assessments, including the review of agile working arrangements.

In addition to capacity constraints the Trust has faced, the COVID-19 pandemic has also led to the Trust not consistently complying with all national cancer waiting time standards. It is however important to note that there has not been any material delay to patient treatment that has compromised patient care and outcomes.

Many of the pathway delays reported by the Trust have happened prior to patients being referred to the hospital and the introduction of the national reallocation policy has not reduced the number of late referrals received by the Trust. In addition, while during the initial phase of the pandemic GP referrals to The Royal Marsden decreased, referrals have since increased following the easing of restrictions, with notable growth (significantly above pre-COVID-19 levels) from autumn 2021.

The COVID-19 pandemic has required significant changes to infection prevention and control measures, which have in turn impacted the Trust’s ability to maximise capacity to treat patients. As such, the focus is on ensuring the patients get treatment in clinical priority as rapidly as possible. The impact of increased referrals on performance is likely to be volatile in the short to medium term. Operational and clinical teams have implemented new ways of working to improve pathways for patients and this work will continue into 2022/23.

The Space and Accommodation Team continues to work through an agreed modernising priority list for sign off by the Executive Board. Space leads attend the Capital Programme Board to integrate anticipated projects with the Space and Accommodation Team. Meeting rooms that were converted at the start of the pandemic have continued to support the Trust’s response to COVID-19, and additional staff rest areas have also been completed.

Clinical prioritisation of tumour-group level backlogs has close oversight through recovery workstreams and the Acute Performance Group. The Trust’s own action plan is monitored at the monthly Performance Group, chaired by the Director of Performance and Information, and issues impacting performance are regularly reviewed by the Board with progress being reported quarterly.

Financial sustainability

Before the COVID-19 pandemic, the Trust had been operating at a surplus, which was achieved by improved financial performance, both on increased revenue and controlling costs.

However, the financial performance of the Trust has been greatly impacted by the COVID-19 pandemic. A COVID-19 financial framework was in place in the NHS for 2021/22. All trusts received block income contracts, calculated based on the NHS income received to month 9 2019/20, uplifted for inflation. In addition, a top-up payment has been awarded to each trust, via their Integrated Care System, to help fund the additional costs associated with COVID-19 and to target bringing each provider to a break-even financial position.

To review ongoing divisional performance, the executive-led Finance and Performance Committee monitors progress against the plan on a monthly basis and forecasts are reviewed. Enhanced controls are in place such as the vacancy control panel, review of agency, overtime and bank usage; and control of COVID-19 spend. The recovery planning process is overseen by the Recovery Board, with engagement with RM Partners and across the south west London sustainability and transformation partnership. The AFC and the Board are also closely monitoring the financial performance and the financial recovery plan that targets a break-even position or a small surplus.

Recruiting, developing and retaining the right workforce

The COVID-19 pandemic has placed considerable and sustained pressure on the Trust’s workforce. In keeping with most other NHS organisations, the Trust has an overarching risk with regards to staffing gaps due to national shortages in some occupations such as nursing, radiography and radiotherapy staff. The risk scored as a 16 on the risk register and a range of actions are in place to ensure recruitment and retention work programmes are now in place. These actions include both national and international programme for nursing. In 2021/22, The Royal Marsden recruited more than 50 international nurses and participated in the nursing refugee programme.

A key objective for the Trust is to develop and implement a flexible and sustainable workforce model which attracts and nurtures the very best talent. There is currently a global shortage of healthcare staff, which has been exacerbated in the UK by the impact of Brexit, which is creating short- and medium-term pressure on recruitment and retention of staff. Demographic changes and differing expectations in the workforce require modernisation of the workplace and employment offer. To provide a more immediate response to staffing pressure, the Trust reviewed its Bank rates in 2021 to make it more attractive for its own staff to work additional hours.

The Trust has a clear 10-year strategic intention to provide purpose and service ambition. The Trust has implemented a high-quality workforce model which provides the best training and employment experience, and this is confirmed by workforce metrics. There is also a blended employment model for staff which supports patient care and research across the organisation.

There continues to be a rolling recruitment campaign for all vacancies including regular reviews of staffing rotas on Healthroster, supported by deep-dive meetings. Capacity and demand are constantly monitored and communicated to staff, and agency staff provide short-term cover. The dedicated Medical Workforce Team work on recruiting staff and target any doctor shortages by reviewing jobs to make them more attractive to applicants and, in some cases, employing overseas doctors to match the shortfall. Work also continues on the creation of new supply sources of substantive and flexible clinical staff, both locally and in partnership with the Integrated Care Systems.

Implementation of Integrated Care Systems (ICSs) and recognition of The Royal Marsden and RM Partners' regional and national leadership roles in cancer

In February 2021, the Department of Health and Social Care published the legislative proposals for a Health and Care Bill: 'Integration and Innovation: working together to improve health and social care for all'. The proposals build on the NHS's recommendations in the 2019 Long Term Plan, shaped by the recommendations of NHS England, reflecting the travel towards ICSs and informed by experience since the COVID-19 pandemic. A statutory ICS will be established in each part of England. Each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. ICBs will be statutory NHS bodies bringing together system partners to establish shared priorities and improve population health. ICPs will be forums for local government and the NHS to collaborate with wider stakeholders within an ICS.

The Health and Care Bill introduced in Parliament on 6 July 2021 confirmed the Government's intentions to introduce statutory arrangements for ICSs from April 2022. In December 2021, NHSE/I published the 2022/23 operational planning guidance which noted that the move to placing ICSs on a statutory footing will be delayed until 1 July 2022. The ICS Design Framework published by NHS England in June 2021 sets out that ICSs will play a critical role in aligning action between partners to achieve their shared purpose.

The Royal Marsden is actively engaged in the planning with both the South West London and North West London ICSs, and with other specialist hospitals in ensuring the collective interests are represented at both a regional and national level. The Trust, alongside RM Partners, is leading the cancer response and recovery plan to the COVID-19 pandemic on behalf of the South West London and North West London ICSs. RM Partners West London Cancer Alliance is accountable to the National Cancer Programme via NHS England London and NHSI regional teams for delivery of the cancer transformation plan.

There is ongoing discussion at the Board on the impact of the ICSs on specialist cancer centres and the approach the Trust should be taking to contribute to this major reorganisation of the NHS, while maintaining pace and direction as a globally significant force in improving survival and quality of life for all those affected by cancer.

Ensuring a sustainable paediatric service model at The Royal Marsden

As evidenced in the Trust's latest CQC report, The Royal Marsden delivers a safe and high-quality service to children and young people. The 2019 Picker Service ranked the Trust's paediatric services as one of the top six providers for patient experience. Internal evaluation of the paediatric service was also undertaken and validated by KPMG, the Trust's internal auditor, and the review confirmed that the principal treatment centre provides a comprehensive, high-quality, safe service to children.

In January 2020, following a report by Sir Mike Richards, it was determined that children with cancer who have a more than five per cent likelihood of requiring critical care as part of their management must be treated at a site that has level three critical care facilities available on site, in accordance with new draft Service Specification for Children and Young People with Cancer. NHS England London therefore established a process, an options appraisal exercise and a timeline for responding to this recommendation.

In November 2021, NHS England published a new Service Specification for Children (up to and including age 15) making co-location with a paediatric intensive care unit (PICU) mandatory for any principal treatment centre (PTC) caring for children with cancer. This mandatory requirement affects provision of this service in London, where The Royal Marsden operates as a joint PTC with St George's University Hospitals NHS Foundation Trust. The future of cancer treatment in children is focused increasingly on immunotherapy treatments which are more likely to lead to children requiring intensive care during the initial phases of treatment.

The Royal Marsden does not yet know which hospital will be chosen to be the PTC, but it is the Trust's professional duty to share its expertise for the benefit of children with cancer and their families by helping ensure the relocated service is of the highest quality and based on the latest research, as it is now, but with the additional requirement of co-location with a PICU.

Governance structures and CQC licence

On an annual basis, the Board committees review Trust evidence against the requirements of the CQC's licence conditions, including condition four (foundation trust governance) and advises the Board accordingly. The Board Assurance Framework identifies the Trust's strategic objectives, key risks to achieving the objectives, and the controls and assurance mechanisms in place to mitigate the risks, including those relating to the CQC licence conditions. The Trust reviewed and updated the Board Assurance Framework in 2021/22 and monitors the assurances it receives against the framework, and reviews progress on the action plans drawn up to close the gaps in both controls and assurance.

The QAR Committee is a committee of the Board and is responsible for approving the clinical management of risk and monitoring the implementation of risk management arrangements within the Foundation Trust. This includes assurance that the Trust complies with its obligations regarding CQC registration. During 2021, the Trust added Cavendish Square to its list of locations where the Trust provides regulated activities and updated the Nominated Individual to reflect the new Chief Nurse joining the Trust in July 2021. The QAR Committee is responsible for ensuring that effective arrangements are in place for the oversight and monitoring of all aspects of clinical quality and safety, including identifying potential risks to the quality of clinical care. Every quarter, frontline clinical staff report to the QAR Committee and describe the positive aspects of the Trust's research, education and care, and also areas that require improvement. The AFC is also a committee of the Board and helps manage risk. The committee contributes to the Board's overall process for ensuring that an effective internal financial control system is maintained. It therefore oversees the financial risk and provides confidence in the objectivity and fairness of financial reporting, providing assurance about the adequacy of internal controls, the safeguarding of assets and in reducing the risk of illegal or improper acts. The AFC also reinforces the importance, independence and effectiveness of internal and external audits. Internal Audit (KPMG) works closely with this committee and provides assurance on the systems of control operating within the Trust.

Internal Audit and anti-fraud activities

The results of Internal Audit reviews are reported to the AFC, which oversees the action required, addressing any system weaknesses. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews when required. An Internal Audit action recommendation tracking system is in place, which records progress in implementing the recommendations by management. Management's progress in implementing corrective action following Internal Audit recommendations is reported to the AFC, and the Board also receives reports on high and medium issues. The anti-fraud programme is led by the Chief Financial Officer with support from KPMG and is monitored by the AFC.

Patient and public involvement and engagement

The Trust is committed to having an effective structure for patient and public involvement and engagement (PPIE) at all levels within the organisation. A PPIE policy is in place together with the Patient Experience Commitment (2020-24); this year a PPIE Expenses and Rewards Policy was also introduced to support those involved and engaged. A programme of training and support sessions was delivered, covering sessions for professionals as well as patient and public contributors this year. Awareness and examples of patient and public involvement have been shared with a new PPIE newsletter and articles published in *RM* magazine. The Royal Marden website pages for public and patients getting involved, as well as the Biomedical Research Centres (BRC) PPIE pages, were updated this year:

- royalmarsden.nhs.uk/getting-involved-patients-and-public
- cancerbrc.org/patient-and-public-involvement-and-engagement

The online platform Cancer Patients’ Voice (cancerbrc.org) had more than 4,800 visits this year, and over 140 registrations. It featured 28 projects, which were a mixture of research, service development and service evaluation projects.

The Trust continued working with existing groups for service design and development, i.e., the Patient and Carer Advisory Group, and the new Parents Group and Teenage and Youth Adult Forum, on a number of projects, including the ‘Write to me Project’ and the Children Services Review. In research, there was an increase in the number of co-design and co-production projects, and the BRC Patient Representatives Working Group played an important role in the BRC Funding Application. An Equality, Diversity and Inclusion Patient and Public Contributors Group has been established, to facilitate diverse voice in everything the Trust does.

Trust governance and services

As an NHS Foundation Trust, governance and strategic direction is provided by the Council of Governors, of which two-thirds are patient, carer and public Governors. The long-established Patient and Carer Advisory Group (PCAG) acts as a focus for all local patient involvement initiatives, often working alongside the Governors. This group leads on a number of activities including a ‘Listening Post’ (an opportunity to provide feedback on activities of the Trust) across sites twice a month. In addition, there are other engagement groups such as the Youth Forum and the Parents Group; and other activities such as workshops and discussion groups taking place for the design or development of specific projects. The Governors and PCAG also link with other governance, committees and initiatives. The Trust IGRM Committee has two patient/carers representatives from PCAG as core members. The newly formed Quality and Patient Experience Committee also involves patients, carers and Governors.

Research

There is a robust quality management system for all clinical research, overseen through the Clinical R&D Office and Research Quality Assurance team. The Clinical R&D Office ensures all relevant scientific, capacity and governance reviews are complete prior to a new research project starting and that all regulatory requirements have been fulfilled. The Research Quality Assurance team conducts an annual programme of audit to ensure compliance of research with all regulatory standards including drug safety monitoring and auditing. Standard operating procedures for all aspects of trial set up, management and delivery accompanied by a programme of training for all research staff ensure high standards of governance across the research portfolio.

Research strategy is overseen through a joint governance structure with the ICR, including the joint Research Strategy Board and the NIHR Biomedical Research Steering Committee. There are more than 200 public contributors involved and engaged in Royal Marsden research and the BRC Public Contributors Working Group (PCWG), a key strategic group, supports PPIE activities across the BRC, which includes active membership of the BRC Steering Committee.

Workforce strategies, safeguards and staffing systems

The Trust is committed to ensuring that staffing levels are safe across all professional groups. The Trust is compliant with NHSI Developing Workforce Safeguards (2018) guidance, taking a triangulated approach to safer staffing, utilising evidence-based tools (such as the Safer Nursing Care Tool), professional judgement (led by the Chief Nurse, Medical Director or Head of Therapies) and quality outcomes, such as key nurse or medical sensitive indicators and workforce trends. The Trust updated the Safe Staffing Policy to reflect the national changes related to Workforce Safeguards. The Chief Nurse presents a detailed safer staffing paper bi-annually to the Board of Directors. This report details the outcomes of the Chief Nurseled Safer Staffing Reviews. The paper covered staffing requirements for nursing and set out workforce issues for the allied health professional and medical workforce.

Strategically, the Trust plans carefully and thoroughly to ensure that it has the right staff with the right skills to meet patient needs now, and in support of the Five-Year Strategic Plan and the NHS Cancer Workforce Plan, in particular reviewing the workforce model to support new developments such as Cavendish Square and changing service requirements. The Trust has an agile business planning process, enabling clinical leaders to respond quickly to changes in the demand for patient services and/or new regulatory requirements.

The Board also receives a monthly safer staffing position from the Chief Nurse. To support decisions, the Trust has fully deployed the Safer Nursing Care Tool across all inpatient wards. A children’s Safer Staffing Tool is now also fully implemented.

Nursing workforce

The Royal Marsden is developing a pioneering ambulatory care/medical day unit acuity tool. There is currently no national guidance on the right ratio of new/follow-up patients to clinical nurse specialists (CNSs). Currently, there is a shortage of specialist CNS workforce UK-wide and it is a challenge to manage a sustainable workforce with the recurrent funding pressures. A review of all specialties is currently underway and is due to be completed by April 2022, and will ensure the Trust’s CNS workforce can continue to meet the changing needs of the cancer patient.

Operationally, the Deputy Director of Workforce and Chief Nurse chair fortnightly nurse recruitment and retention meetings. This Trust-wide multidisciplinary forum supports the divisions in scanning for future recruitment and retention threats to safe staffing across the professions.

Matrons, site teams and senior nurses use real-time staffing and acuity data to make informed staffing decisions throughout the 24-hour period, reporting to the leadership team every 12 hours. In addition, daily ‘huddles’ with matrons and the senior team have been held throughout the pandemic, to review ‘staffing red flags’, nurse sensitive indicators, safeguarding concerns, and to support redeploying staff to support other clinical areas as needed to ensure the Trust has the right staff in the right place at right time.

The focus throughout this year has been to ensure ongoing recruitment both nationally and internationally, and to ensure that staff are supported in practice and that they have opportunities to develop within their roles.

Medical workforce

In 2021/22, the Trust continued to develop its expertise in workforce planning for the cancer workforce. Through its annual business planning round, the Trust ensures that it has the appropriate medical workforce in place to deliver safe, high-quality services to patients, and over the past year has introduced new non-training roles of Physician Associates to ensure that services remain at the highest level of quality and safety. Furthermore, the new Speciality Doctor contract gives the Trust the potential to explore new senior non-consultant roles in the future.

At junior doctor level, the 2016 contract continues to provide safeguards for safe working, with restrictions on working hours, and introduced a new role, Guardian of Safe Working, to ensure that trusts adhere to agreed working patterns. The Royal Marsden continues to work with the Guardian of Safe Working, who reviews all exceptions to the agreed work schedule and the Trust has included its non-training roles in this process.

Operationally, there is an Emergency Medical Cover Standard Operating Procedure, which is currently being updated by the divisional leads, which outlines the escalation process if there are late notice absences, for example due to illness, that affect staffing on the day. The Trust continues to develop a new electronic rostering system for junior doctors, which will improve visibility of any gaps in rotas.

The Trust is developing a long-term Consultant Workforce Strategy which includes demand and succession planning, talent and transition management to ensure it continues to recruit and retain the very best clinical leaders in the period to 2030.

Allied health professional workforce

The allied health professional (AHP) workforce is designated to the Therapy and Rehabilitation Department. These core services comprise dietetics, occupational therapy, physiotherapy, and speech and language therapy. Although the AHP workforce is not aligned to a safer staffing tool to determine the exact number of therapists per patient numbers, assessment of the workforce is always undertaken prior to the implementation of new services or an increase in bed capacity.

The Therapy and Rehabilitation Department decided to look at alternative ways to support safe staffing and workforce planning in clinical practice. Nationally, the emphasis has been placed on job planning and electronic rostering (e-rostering) to support AHP staff adequacy and effective care. The department has created a capacity tool that enables service leads to calculate the clinical capacity for their teams and compare to demands. This instrument can be used to inform performance scorecards and decision makers on the current AHP clinical capacity and serves as a basis for improvements and workforce planning. This model is a significant step in understanding the current workforce and can support recommendations for a safe staffing working model for AHPs. Additionally, it will enable the calculation of clinical hours to contact, a measure equivalent to the nursing care hours per patient day, that will measure productivity and support reduction in unwanted variations in AHP service. The department will be looking at utilising the professional judgement method to start recommendations for AHP safe staffing on the wards.

There is currently a shortage of AHPs across London. The Head of Therapy (HoT) is the chair for the AHP South West London Council and, therefore, the AHP representative for the South West London ICS. In this capacity, the HoT is working with the ICS transformation team on reviewing shortages/vacancies and how south west London NHS providers can support each other on recruitment. There is currently an AHP Capital international recruitment steering group that the HoT is an active member of.

The Therapy and Rehabilitation department is also reviewing its training and development for AHPs. They are working closely with the Nurse Education lead on ensuring preceptorship for AHPs and on developing clinical competencies and competency assessors for AHPs. In addition, for the first time, AHPs will have dedicated time for education, training and development; 0.4 whole time equivalent (WTE) of an AHP practice educator. This will support the development of a competency-based training programme for band 6 and clinical competencies for band 5 to support a better skill mix and workforce recruitment and retention.

Compliance statement

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the *Delivering a Net Zero NHS* report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

5. Review of economy, efficiency and effectiveness of the use of resources

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control to ensure that resources are used economically, efficiently and effectively. The Trust has established arrangements for managing its financial and other resources, which demonstrate that value for money is being managed and achieved.

The annual budget-setting process and plan for 2021/22 was approved by the Board of Directors and communicated to all managers in the organisation. The plan was to deliver a revenue surplus in 2021/22 and have an on-going plan to improve organisational efficiency. However, with the arrival of the COVID-19 pandemic, the plans were revised a number of times in 2021/22 as the NHS Financial Framework changed, with a break-even position targeted for every Trust. The Board has overseen the financial and operational performance of the Trust throughout the year. The AFC reviews performance against the financial plan and efficiency programme on a regular basis. Internal Audit undertakes audits each year, which they report to the AFC, and these include the review of efficiency and use of resources across a range of expenditure types. In addition to financially related audits, the internal audit programme covers governance and risk issues.

The Finance and Performance Committee, chaired by the Chief Financial Officer, meets monthly and reviews the financial, workforce and activity performance of each division, including the delivery of the efficiency programme.

During the year the Trust also:

- Reviewed staff efficiency via the temporary staffing group and Finance and Performance Committee.
- Utilised benchmarking evidence from collaborative site visits, national tools such as the Model Hospital, and external professional reviews (such as catering) to inform future efficiency programmes.

6. Information Governance

The Information Commissioner’s Office has had the powers to fine organisations since 2010 and The Royal Marsden has not incurred any fines to date.

In addition, the UK has implemented the EU Directive on the Security of Networks and Information Systems (known as the NIS Directive). This has now been passed into UK law with The Security of Network & Information Systems Regulation (2018). This also carries a maximum fine of £17,500,000 or four per cent of gross global turnover. Under the new legislation, organisations are required to report breaches within 72 hours of the incident discovery. The Information Commissioner’s Office also has the power to issue undertakings, which commit an organisation to a particular course of action in order to improve its compliance and enforcement notices. Enforcement notices are issued to organisations in breach of legislation, requiring them to take specified steps to ensure that they comply with the law. Since the introduction of UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, incident reporting requirements have changed. There are now three types of breaches reportable under the new regime: confidentiality, integrity and availability.

During 2021/22, the Trust reported no incidents on the Data Security Protection Toolkit.

To date, The Royal Marsden has not been levied a fine, enforcement notice or undertaking for breaching data protection legislation or regulatory requirements.

7. Data quality and governance

The Trust maintains a performance and data quality framework which ensures that source data for all reported metrics are well defined and are subject to appropriate levels of data quality assurance. The Trust’s Data Quality team performs regular checks on Trust data, and data asset owners also separately run audit programmes to ensure accuracy. Outlier data is always investigated by performance and information analysts to ensure robustness.

The Trust recognises that up-to-date and comprehensive procedural documents are essential to the provision of safe and high-quality patient care. Local policies surrounding data accuracy and quality are reviewed and ratified annually.

A data quality report, which includes a live issue log, is regularly presented to the Trust’s Information Governance Committee, which reports into the QAR Committee.

The data quality team provides refresher training to any staff or staff groups where systemic issues have been identified, and furthermore is involved in the design of training documentation to ensure appropriate coverage of good data practice. Trust internal auditors regularly review aspects of data quality as part of their annual programme. The audit for the most recent year covered referral to treatment targets and concluded ‘significant assurance with minor improvement opportunities’.

Quality metrics are reported quarterly to the Board and the Council of Governors and are reviewed monthly by the Trust’s Acute Performance Group as well in the commissioner-hosted Clinical Quality Review Group.

8. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within The Royal Marsden NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Finance Committee, and the Quality, Assurance and Risk Committee, and a plan to address weaknesses and ensure continuous improvement of the systems is in place. The Board Assurance Framework provides evidence that the effectiveness of controls to manage strategic risks to the organisation and achieving its principal objectives have been reviewed and monitored.

My review is also informed by:

- Assessment of financial reports submitted to NHS Improvement, the Independent Regulator of NHS Foundation Trusts – The Board Leadership and Development Framework and review of its performance in light of the ‘well led’ guidance issued by NHS Improvement
- Opinions and reports made by external auditors
- Opinions and reports made by internal auditors
- Opinions and reports made by clinical auditors
- Achievement of the Customer Service Excellence standard
- ISO 22301:2012 Business Continuity Management System
- NHS London Annual Emergency planning assurance process
- ISO 9001 compliance for radiotherapy and chemotherapy
- Clinical Pathology Accreditation (CPA) held for designated pathology services
- UKAS Imaging Services Accreditation Scheme for Radiology Imaging Services
- Six-monthly Integrated Governance Monitoring Reports
- Infection Control Annual Report
- Clinical audit reports and action plans
- Investigation reports and action plans following serious and significant incidents
- Departmental and clinical risk assessments and action plans
- Results of the national patient surveys
- Results of the NHS Staff Survey.

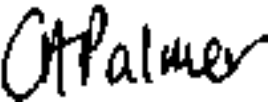
The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control has been reviewed by:

- The Board of Directors; through consideration of key objectives and the management of principal risks to those objectives within the Board Assurance Framework.
- The Integrated Governance and Risk Management Committee; by reviewing all policies relating to governance and risk management, and monitoring the implementation of arrangements within the Trust.
- The Audit and Finance Committee; by reviewing and monitoring the opinions and reports provided by both internal and external audit.
- The Quality Assurance and Risk Committee; by implementing and reviewing clinical governance and risk management arrangements and receiving reports from all operational risk committees.
- External assessments of services.

Conclusion

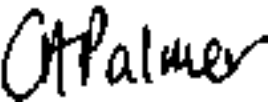
As Accounting Officer, and based on the review process detailed above, I am assured that there are no significant internal control issues.

Approval of the Annual Governance Statement:



Dame Cally Palmer
Chief Executive
6 July 2022

Approval of the Accountability Report:

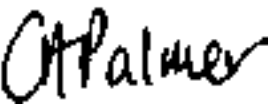


Dame Cally Palmer
Chief Executive
6 July 2022

3. Annual Accounts for the year ended 31 March 2022

Foreword to the accounts The Royal Marsden NHS Foundation Trust

These accounts for the year ended 31 March 2022, have been prepared by The Royal Marsden NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.



Dame Cally Palmer
Chief Executive
6 July 2022

Independent auditor’s report to the board of governors and board of directors of The Royal Marsden NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of The Royal Marsden NHS Foundation Trust (the ‘foundation trust’) and its subsidiary (the ‘group’):

- give a true and fair view of the state of the group’s and the foundation trust’s affairs as at 31 March 2022 and of the group’s and foundation trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the consolidated statement of comprehensive income;
- the consolidated statement of financial position;
- the consolidated and trust statement of changes to taxpayers’ equity;
- the consolidated statement of cash flows; and
- the related notes 1 to 24.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice and applicable law. Our responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council’s (the ‘FRC’s’) Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group’s and the foundation trust’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor’s report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer’s responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group’s and the foundation trust’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust’s services to another public sector entity.

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC’s website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor’s report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group’s documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit and local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.

- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group’s ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud in the following areas, and our specific procedures performed to address them are described below:

- determination of whether an expenditure is capital in nature: we tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature;
- the judgemental nature of key assumptions used in property valuations: we engaged our property specialists to assess the assumptions and methodology used to value the estate.
- deferred income recorded at 31 March 2022 and whether the timing of its recognition at year-end is subject to potential management bias: we tested a sample of deferred income to supporting documentation and evaluated management’s assessment as to whether the criteria for revenue recognition had been met as to 31 March 2022.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management and in-house legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports and reviewing correspondence with the licensing authority.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust’s arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust’s arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor’s Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust’s arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust’s resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in December 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust’s arrangements, will be reported in our separate Auditor’s Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

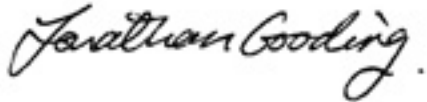
We have nothing to report in respect of these matters.

Certificate of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

Use of our report

This report is made solely to the Board of Governors and Board of Directors (“the Boards”) of The Royal Marsden NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Jonathan Gooding (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
St Albans, United Kingdom
6 July 2022

Independent auditor’s certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2022 issued on 6 July 2022 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group’s and the foundation trust’s affairs as at 31 March 2022 and of the group’s and foundation trust’s income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2022 on 6 July 2022, we had not completed our work on the foundation trust’s arrangements and had nothing to report in respect of this matter as at that date.

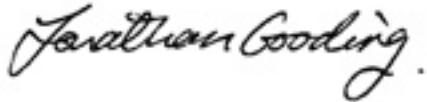
Certificate of completion of the audit

In our audit report for the year ended 31 March 2022 issued on 6 July 2022, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed our work in this area.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Royal Marsden NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Jonathan Gooding (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
St Albans, United Kingdom
25 August 2022

Consolidated statement of comprehensive income for the year ended 31 March 2022

	Note	2021/22	2021/22	2020/21	2020/21
		Trust	Group	Trust	Group
		£000	£000	£000	£000
Income from activities	3	409,036	409,036	346,688	346,688
Other operating income	3	154,201	153,879	141,982	141,625
Operating expenses	4	(513,784)	(513,494)	(482,394)	(482,034)
Operating surplus		49,453	49,421	6,276	6,279
Finance costs					
Finance income	6	83	70	36	24
Finance expense	7	(189)	(189)	(237)	(237)
Public Dividend Capital dividends payable		(4,368)	(4,368)	(3,756)	(3,756)
Net finance costs		(4,474)	(4,487)	(3,957)	(3,969)
Profit on assets and liabilities transferred in respect of the discontinued operations of the investment in joint ventures	10	–	–	3,217	3,217
Share of profit in joint venture	10	122	122	–	–
Surplus for the year		45,101	45,056	5,536	5,527
Other comprehensive (losses)/income					
Amounts that will not be reclassified subsequently to income and expenditure					
Revaluation (losses) on land and buildings	4.3	(2,328)	(2,328)	(505)	(505)
Total comprehensive income for the year		42,773	42,728	5,031	5,022
Surplus for the year pre impairment and adjustments relating to capital charitable donations	Note	2021/22	2021/22	2020/21	2020/21
		Trust	Group	Trust	Group
		£000	£000	£000	£000
Surplus for the year		45,101	45,056	5,536	5,527
Donated capital income	9	(42,113)	(42,113)	(17,083)	(17,083)
Depreciation on donated assets		7,022	7,027	6,426	6,426
Impairment	4.3	(6,352)	(6,352)	10,963	10,963
Profit on assets and liabilities transferred in respect of the discontinued operations of the investment in joint ventures	10.1	–	–	(3,217)	(3,217)
Centrally procured inventories		308	308	–	–
Surplus for the year pre impairment and adjustments relating to capital charitable donations		3,966	3,926	2,625	2,616

Consolidated statement of financial position as at 31 March 2022

	Note	31 March 2022	31 March 2022	31 March 2021	31 March 2021
		Trust	Group	Trust	Group
		£000	£000	£000	£000
Non-current assets					
Intangible assets	8	14,578	14,578	3,466	3,466
Tangible assets	9	288,652	288,679	238,835	238,868
Loan to subsidiary undertakings	13	710	–	980	–
Investment in subsidiary undertakings	13	3,360	–	3,360	–
Trade and other receivables	12.2	1,494	1,494	985	985
Investment in joint venture	10.1	622	622	–	–
Total non-current assets		309,416	305,373	247,626	243,319
Current assets					
Inventories	11	6,549	8,993	6,458	8,582
Trade and other receivables	12.1	76,567	77,182	79,156	79,813
Loan to subsidiary undertakings	13	287	–	299	–
Cash and cash equivalents	16	167,697	171,348	146,356	150,144
Total current assets		251,100	257,523	232,269	238,539
Current liabilities					
Trade and other payables	14	(86,833)	(89,228)	(59,560)	(61,507)
Provisions	15	(2,314)	(2,314)	(2,274)	(2,274)
Borrowings	15	(4,736)	(4,736)	(5,020)	(5,020)
Deferred income and other liabilities	14	(45,177)	(45,187)	(39,599)	(39,599)
Public Dividend Capital Liability	14	(390)	(390)	(148)	(148)
Tax payable	14	(5,916)	(5,945)	(5,459)	(5,484)
Total current liabilities		(145,366)	(147,800)	(112,060)	(114,032)
Non-current liabilities					
Trade and other payables	15	(2,747)	(2,747)	(2,003)	(2,003)
Provisions	15	(2,994)	(2,994)	(985)	(985)
Borrowings	15	(14,379)	(14,379)	(16,620)	(16,620)
Total non-current liabilities		(20,120)	(20,120)	(19,608)	(19,608)
Total assets employed		395,030	394,976	348,227	348,218
Financed by taxpayers' equity					
Public Dividend Capital	SoCTE	115,285	115,285	111,255	111,255
Revaluation reserve	SoCTE	14,570	14,571	16,899	16,899
Income and expenditure reserve	SoCTE	265,175	265,120	220,073	220,064
Total taxpayers' equity		395,030	394,976	348,227	348,218

The notes on pages 93 to 131 form part of these accounts.

These consolidated financial statements have been approved by the Board and authorised for issue on 6 July 2022 and signed on its behalf by:

Dame Cally Palmer
Chief Executive Officer
6 July 2022

Marcus Thorman
Chief Financial Officer
6 July 2022

Trust statement of changes to taxpayers’ equity for the year ended 31 March 2022

	Total taxpayers’ equity	Public Dividend Capital	Revaluation reserve	Income and expenditure reserve
	Trust	Trust	Trust	Trust
	£000	£000	£000	£000
Taxpayers’ equity at 1 April 2020	340,166	108,225	17,404	214,537
Surplus for the year	5,536	–	–	5,536
Revaluation losses on property, plant and equipment	(505)	–	(505)	–
Public Dividend Capital received	3,030	3,030	–	–
Taxpayers’ equity at 31 March 2021	348,227	111,255	16,899	220,073
Taxpayers’ equity at 1 April 2021	348,227	111,255	16,899	220,073
Surplus for the year	45,101	–	–	45,101
Revaluation losses on property, plant and equipment	(2,328)	–	(2,328)	–
Public Dividend Capital received	4,030	4,030	–	–
Taxpayers’ equity at 31 March 2022	395,030	115,285	14,571	265,174

Consolidated statement of changes to taxpayers’ equity for the year ended 31 March 2022

	Total taxpayers’ equity	Public Dividend Capital	Revaluation reserve	Income and expenditure reserve
	Group	Group	Group	Group
	£000	£000	£000	£000
Taxpayers’ equity at 1 April 2020	340,166	108,225	17,404	214,537
Surplus for the year	5,527	–	–	5,527
Revaluation losses on property, plant and equipment	(505)	–	(505)	–
Public Dividend Capital received	3,030	3,030	–	–
Taxpayers’ equity at 31 March 2021	348,218	111,255	16,899	220,064
Taxpayers’ equity at 1 April 2021	348,218	111,255	16,899	220,064
Surplus for the year	45,056	–		45,056
Revaluation losses on property, plant and equipment	(2,328)	–	(2,328)	–
Public Dividend Capital received	4,030	4,030	–	–
Taxpayers’ equity at 31 March 2022	394,976	115,285	14,571	265,120

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

This reserve comprises the cumulative surplus/deficit reported by the Trust, including amounts brought forward from the predecessor NHS organisation.

Consolidated statement of cash flows for the year ended 31 March 2022

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Cash flows from operating activities				
Total operating surplus	49,453	49,421	6,276	6,279
Non-cash income and expenses				
Depreciation and amortisation	22,183	22,190	17,856	17,859
Impairment	(6,352)	(6,352)	12,413	12,413
(Increase) in inventories	(91)	(412)	(109)	(2,233)
Decrease in receivables excluding any items in relation to the transfer of items per note 11	2,075	2,122	17,351	16,692
Increase in trade and other payables excluding any items relating to the transfer of items per note 11	29,086	29,537	2,996	5,019
Increase in deferred income	4,130	4,133	16,563	16,563
Increase/(Decrease) in other liabilities	1,683	1,695	(1,145)	(1,170)
Increase in provisions	2,050	2,050	2,175	2,175
Net cash inflow from operating activities	104,217	104,384	74,376	73,597
Cash flows from in investing activities				
Investment in subsidiary joint venture/undertaking	(500)	(500)	(3,360)	–
Loan repayments from subsidiary company	282	–	325	–
Interest received from subsidiary company	19	–	12	–
Loans paid to subsidiary company	–	–	(1,591)	–
Interest received	65	70	36	24
Purchase of intangible assets	(12,713)	(12,713)	(1,738)	(1,738)
Purchase of property, plant and equipment	(67,220)	(67,228)	(40,582)	(40,617)
Net cash used in investing activities	(80,067)	(80,371)	(46,898)	(42,331)
Cash flow from financing activities				
Public Dividend Capital received	4,030	4,030	3,030	3,030
Loan received	1,960	1,960	1,916	1,916
Interest paid	(195)	(195)	(242)	(242)
Loan repaid	(4,478)	(4,478)	(3,478)	(3,478)
Public Dividend Capital dividends paid	(4,126)	(4,126)	(3,848)	(3,848)
Net cash outflow from financing activities	(2,809)	(2,809)	(2,622)	(2,622)
Increase in cash and cash equivalents	21,341	21,204	24,856	28,644
Cash and cash equivalents at 1 April	146,356	150,144	121,500	121,500
Cash and cash equivalents at 31 March	167,697	171,348	146,356	150,144

Further information on the Statement of Cash Flows can be found in note 16.

1. Accounting policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

Going concern

These consolidated financial statements have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

After making enquiries, the Board of Directors has a reasonable expectation that the group pertaining to the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. It has not identified any material uncertainties that may cast significant doubt on the Group’s ability to continue as a going concern. For this reason, it continues to adopt the going concern basis in preparing the accounts.

1.1 Consolidation

NHS Charitable Fund

The Trust is the corporate trustee to The Royal Marsden Hospital Charity (RMHC) NHS charitable fund (Charity no. 1050537). The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. The assets and activities of RMHC however, were transferred to the Royal Marsden Cancer Charity (RMCC) on 1 September 2011 and the Trust has determined not to consolidate RMHC on the grounds of materiality.

The Royal Marsden Cancer Charity (RMCC) (Charity no. 1095197) is a registered charity and a company limited by guarantee (Company no. 04615761) with a Board of individual trustee directors, which has a wholly owned subsidiary trading company. The RMCC is not an NHS linked charity and therefore does not fall within the definition of a subsidiary. As such, the RMCC has not been consolidated into the financial statements of the Trust.

Wholly owned subsidiaries

These consolidated financial statements incorporate the financial statements of the Trust and its wholly owned subsidiary. Consolidation of a subsidiary begins when the Trust obtains control over the subsidiary and ceases when the Trust loses control of the subsidiary.

All intragroup assets and liabilities, reserves, income, expenses and cash flows relating to transactions between members of the group are eliminated on consolidation.

Profit or loss and each component of other comprehensive income are attributed to the Trust in full.

RM Medicines Limited is a wholly owned subsidiary and is consolidated in these financial statements. It was incorporated on 18 February 2020 and began trading in September 2020.

Its primary activity is dispensing medicines to outpatients. All subsidiary undertakings are held at cost less provision for impairment.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Group’s share of the entity’s profit or loss or other gains and losses (e.g. revaluation gains on the entity’s property, plant and equipment) following acquisition. It is also reduced when any distribution, such as share dividends, are received by the Trust from the joint venture.

Where assets and liabilities transfer, the gain or loss resulting is recognised in the Consolidated Statement of Comprehensive Income, and is disclosed separately from operating costs

1.2 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office for National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2019/20 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2019).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Group’s entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied.

The main source of income for the Trust is contracts with commissioners for healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued in the same manner as other revenue.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration. This income is included within other income.

Revenue from research contracts and clinical trials

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Group’s interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

1.3 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government’s apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.4 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the Scheme, except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Scheme (NEST pension scheme)

Employees of the Trust who are not eligible for the NHS Pension Scheme are automatically enrolled into NEST, a defined contribution pension scheme. The amounts charged to the Income and Expenditure account represent the contributions payable by the Trust during the year. Please refer to note 5.

Defined contribution plans are post-employment benefit plans under which an entity pays fixed contributions into a separate entity (a fund) and will have no legal or constructive obligation to pay further contributions if the fund does not hold sufficient assets to pay all employee benefits relating to employee service in the current and prior periods. Under defined contribution plans the entity’s legal or constructive obligation is limited to the amount that it agrees to contribute to the fund.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is not recognised in operating expenses where it results in the creation of non-current assets such as property, plant and equipment.

NHS Improvement’s guidance states that there should be no netting off of income and expenditure. There are a number of employees of the Trust that perform work for other organisations, who in turn reimburse the Trust for this work. The accounts show the income and expense from these arrangements under the headings ‘Other income’ and ‘Staff costs’, respectively.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Due to the immaterial variance between the Group and Trust values, the note for the Group position only has been presented. The total difference in value at 31 March 2022 was £33,000 (2020/21: £33,000).

Measurement

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the assets and bringing them to the location and condition necessary for them to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front-line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

All land and buildings are revalued every five years with an interim valuation in the third year or more frequently if it is felt that the market is subject to significant volatility. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Valuations are carried out primarily on the basis of Modern Equivalent asset value (MEV) for specialised operational property and fair value for non-specialised operational property. Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation upon completion. A full land and buildings valuation was last undertaken by Montagu Evans LLP as at 31 December 2021.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Assets in the course of construction are not depreciated until the asset is brought into use.

Buildings and dwellings are depreciated on their current value over the estimated remaining life of the asset as advised by the Group’s professional valuer (less than 1-60 years). Leaseholds are depreciated straight line over the primary lease term.

Equipment is depreciated on cost, including historic indexation, evenly over the estimated remaining life of the asset. These are estimated as follows:

Plant and machinery	5–15 years straight line
Transport equipment	7 years straight line
Information technology	5-10 years straight line
Furniture and fittings	10 years straight line

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of: (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are netted off operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales
- the sale must be highly probable, i.e.:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as ‘held for sale’ and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant-funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2021/22, this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

1.8 Intangible fixed assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Group’s business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the Trust intends to complete the asset and sell or use it
- the Trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or ‘fair value less costs to sell’.

Amortisation

Intangible assets are amortised over their expected useful life in a manner consistent with the consumption of economic or service delivery benefits.

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown below:

Software licences	5 years straight line
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1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.10 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the NHS Foundation Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Group’s normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial liabilities are classified as subsequently measured at amortised cost or fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive Income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust provides for expected credit losses based on the age and type of each debt. The percentages applied reflect an assessment of the recoverability of each class of debt provisions are charged to operating expenditure.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risk and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.11 Cash and cash equivalents

Cash, bank and overdraft balances are recorded at the current values of these balances in the Group's cash book. Overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, 'finance income' and 'finance expenses' in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.12 Leases

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 16.1 but is not recognised in the Group's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any ‘excesses’ payable in respect of particular claims, are charged to operating expenses when the liability arises.

Other insurance

The Trust holds commercial insurance for a range of risks in excess of those covered by the non-clinical risk pooling scheme. This includes cover for property damage and increased costs of working.

1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 19 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 19, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control, or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for:

- (i) donated assets (including lottery funded assets)
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the ‘pre-audit’ version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.17 Corporation tax

Health service bodies, including foundation trusts are exempt from tax on their principal healthcare income.

The Trust has determined that there is no corporation tax liability due for 2021/22 (2020/21: £nil).

1.18 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note (note 23) to the accounts in accordance with the requirement of HM Treasury’s Financial Reporting Manual.

1.20 Critical judgements in applying accounting policies

There are no judgements, apart from those involving estimations (see below), that management has made in the process of applying the Trust’s accounting policies and that have a significant effect on the amounts recognised in the financial statements.

1.21 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

There is one significant source of estimation that is uncertain: the carrying amount of land and buildings.

The Trust had an full valuation of its land and buildings conducted in year and the valuation has been applied to the Group’s accounts. The Group’s valuers concluded that there has been no material change in values between 31 December 2021 (the adopted valuation date) and 31 March 2022. Further details in respect of the valuation methodology are detailed in note 1.7.

The main area of uncertainty is the build cost per unit in arriving at the Modern Equivalent asset value (MEV).

1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature, they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note, note 20.2, is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.23 Early adoption of standards, amendments and interpretation

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

1.24 Accounting standards that have been issued but have not yet been adopted

The GAM does not require the following Standards and Interpretations to be applied in 2021/22. These standards are still subject to HM Treasury FReM adoption and are therefore not applicable to these financial statements.

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Group’s incremental borrowing rate (0.95%), but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short-term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

Estimated impact on 1 April 2022 statement of financial position	£000
Additional right of use assets recognised for existing operating leases	28,845
Net impact on net assets on 1 April 2022	28,845
Estimated in-year impact in 2022/23	£000
Additional depreciation on right of use assets	1,656
Additional finance costs on lease liabilities	235
Lease rentals no longer charged to operating expenditure	(2,051)
Other impact on income/expenditure	301
Estimated cost impact in 2022/23	141
Estimated increase in capital additions for new leases commencing in 2022/23	34

IFRS 14 Regulatory Deferral Accounts and IFRS 17 Insurance Contracts

No significant impact is expected for these standards.

2. Segmental analysis

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Income	563,237	562,915	488,670	488,313
Operating surplus/(deficit)	49,453	49,421	6,276	6,279
Total assets employed	395,030	394,976	348,227	348,218

The group has one material segment of business which is the provision of healthcare. The segment has been identified with reference to how the Group is organised and the way in which the chief operating decision maker (determined to be the Board of Directors) runs the Group.

The geographical and regulatory environment and the nature of services provided are consistent across the organisation and are therefore presented in one segment. The necessary information to develop detailed income and expenditure for each product and service provided by the Trust is currently not discretely available and the cost to develop this information would be excessive.

Significant amounts of income are received from transactions with the Department of Health and Social Care, and other NHS bodies. Disclosure of all material transactions with related parties is included in note 21 to these financial statements. There are no other parties that account for more than 10% of total income.

3. Operating income

3.1 Income from activities by source

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Commissioner requested services				
CCGs and NHS England	265,358	265,358	242,462	242,462
Department of Health and Social Care	–	–	6	6
Other NHS and non-NHS	2,066	2,066	1,851	1,851
Non-commissioner requested services				
Private care	141,612	141,612	102,369	102,369
	409,036	409,036	346,688	346,688

The above analysis classifies income from activities arising into commissioner requested and non-commissioner requested services, as set out in the Group’s Provider Licence.

3.2 Analysis of income from activities by nature

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Block contract/system income	241,559	241,559	232,415	232,415
Elective Recovery Fund	12,890	12,890	–	–
Additional pension contribution central funding	10,910	10,910	10,046	10,046
Patient care income from private patients	141,520	141,520	102,280	102,280
Patient care income from overseas patients	92	92	89	89
Other non-NHS patient care income	2,065	2,065	1,858	1,858
	409,036	409,036	346,688	346,688

3.3 Other operating income

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Other operating income from contracts with customers:				
Commercial trials income	17,851	17,851	10,314	10,314
Education and training	5,040	5,040	4,759	4,759
Non-patient care services to other bodies	9,695	9,695	1,863	1,863
Services provided to associated charities	845	845	821	821
Car parking	8	8	58	58
Catering	641	641	589	589
Salaries and wages recharged to other organisations	5,183	5,183	4,680	4,680
Sustainability and transformation fund income	–	–	–	–
Reimbursement and top-up income	21,307	21,307	47,293	47,293
Other	7,832	7,510	9,331	8,974
Other non-contract operating income:				
Research and development	13,563	13,563	15,247	15,247
Royal Marsden Partners	13,719	13,719	14,104	14,104
Charitable and other contributions to expenditure	58,517	58,517	32,923	32,923
	154,201	153,879	141,982	141,625

3.4 Analysis of income from activities by type

During 2021/22, income from overseas visitors where the patient is charged directly by the Trust was £91,740 (2020/21: £89,183). Cash payments received in year relating to invoices raised in the current and prior years totalled £6,210 (2020/21: £7,572). Amounts written off in year was £233,152 (2020/21: £93,719).

3.5 Transaction price allocated to remaining performance obligations

	31 March 2022	31 March 2021
	Trust and group	Trust and group
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
Within one year	13,793	11,734
Total revenue allocated to remaining performance obligations	13,793	11,734

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

4. Operating expenses

4.1 Analysis of operating expenses

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Staff costs	272,245	273,582	251,406	252,129
Executive Directors’ costs	1,187	1,187	1,252	1,252
Non-Executive Directors’ costs	162	162	162	162
Drug costs	99,317	99,331	88,927	89,018
Supplies and services - clinical	46,378	46,397	38,600	38,613
Supplies and services - general	3,580	3,606	3,568	3,572
Establishment	4,679	4,682	3,985	3,985
Transport	2,521	2,521	2,740	2,740
Premises	17,648	17,658	17,933	17,933
Rental under operating lease	1,955	1,955	2,395	2,395
Bad debts	(425)	(425)	3,035	3,035
Depreciation and amortisation	22,183	22,190	17,856	17,859
Property, plant and equipment impairment	(6,352)	(6,352)	12,413	12,413
Consultancy	1,679	1,679	1,858	1,858
Audit services - statutory audit	141	164	135	162
Other services: audit-related assurance services	29	29	13	13
Internal audit and Local Counter Fraud Service	67	67	109	109
Clinical negligence	2,803	2,803	2,117	2,117
Training, courses and conferences	1,421	1,436	754	754
Patient travel	803	803	551	551
Purchase of healthcare from non-NHS bodies	7,673	5,576	8,175	6,750
Other services from NHS foundation trusts	15,688	15,688	12,457	12,457
Other services from NHS trusts	3,123	3,123	3,586	3,586
Other services from other NHS bodies	76	76	257	257
Other operating expenses	15,203	15,556	8,110	8,314
	513,784	513,494	482,394	482,034

Limitation on auditor’s liability for external audit work carried out for the financial year 2021/22 is £2,000,000.

The Group’s appointed external auditors are Deloitte LLP. The auditors provide audit services comprising carrying out the statutory audit of the Trust’s Annual Accounts and the use of resources work, as mandated by NHS Improvement and the National Audit Office. The cost of this service in 2021/22 was £117,500, including the new Value for Money audit requirement (2020/21: £112,500). The total audit fees for the wholly owned subsidiary, RM Medicines Limited, are £22,500 (2020/21: £22,500). All audit fees are presented net of VAT.

4.2 Operating leases

Operating lease rentals include:

Minimum lease payments	2021/22	2020/21
	Trust and Group	Trust and Group
	£000	£000
Plant and machinery	72	481
Buildings	1,883	1,914
	1,955	2,395

Operating lease commitments include:

Minimum lease payments		2021/22	2020/21
		Trust and Group	Trust and Group Represented
		£000	£000
Total commitments on leases expiring			
Not later than one year	Buildings	1,613	1,672
	Other	72	1
Between one and five years	Buildings	5,863	5,573
	Other	72	–
After more than five years	Buildings	23,175	24,300
		30,795	31,545

The table above displays the operating lease commitments of the Group net of VAT. Based on the current rate of VAT and current VAT regulations, there is irrecoverable VAT of £6,057,336 (2020/21: £6,219,809) to which the Group is exposed to.

4.3 Impairment of assets

	2021/22	2020/21
	Trust and Group	Trust and Group
	£000	£000
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	(6,352)	10,963
Impairment of assets	–	1,450
Total net impairments charged to operating expenses	(6,352)	12,413
Impairments charged to the revaluation reserve	2,328	505
Total net impairments	(4,024)	12,918

5. Employee expenses and numbers

5.1 Employee expenses

Group	Permanently employed	Temporary and contract staff	2021/22 total	2020/21 total
	£000	£000	£000	£000
Salaries and wages	200,674	12,846	213,520	196,349
Social security costs	21,357	934	22,291	20,389
Employer contributions to NHS Pensions Agency and NEST	35,195	651	35,846	32,924
Agency staff	–	3,112	3,112	3,719
	257,226	17,543	274,769	253,381

Trust	Permanently employed	Temporary and contract staff	2021/22 total	2020/21 total
	£000	£000	£000	£000
Salaries and wages	199,392	12,846	212,238	195,631
Social security costs	21,357	934	22,291	20,389
Employer contributions to NHS Pensions Agency and NEST	35,139	651	35,790	32,919
Agency staff	–	3,112	3,112	3,719
	255,888	17,543	273,431	252,658

5.2 Average number of persons employed (full time equivalent)

Group	Permanently employed number	Temporary and contract staff number	2021/22 total number	Represented 2020/21 total number
Medical and dental staff	486	22	508	476
Administration and estates	1,314	123	1,437	1,386
Healthcare assistants and other support staff	440	62	502	411
Nursing, midwifery and health visiting staff	1,037	101	1,138	1,121
Nursing, midwifery and health visiting learners	10	–	10	11
Scientific, therapeutic and technical staff	531	17	548	526
Healthcare science	297	5	302	282
	4,115	330	4,445	4,213

Trust	Permanently employed number	Temporary and contract staff number	2021/22 total number	Represented 2020/21 total number
Medical and dental staff	486	22	508	476
Administration and estates	1,314	123	1,437	1,386
Healthcare assistants and other support staff	440	62	502	411
Nursing, midwifery and health visiting staff	1,037	101	1,138	1,121
Nursing, midwifery and health visiting learners	10	–	10	11
Scientific, therapeutic and technical staff	487	17	504	482
Healthcare science	297	5	302	282
	4,071	330	4,401	4,169

5.3 Median pay

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director/member in their organisation against the lower quartile, median upper quartile of remuneration of the organisation’s workforce. Details of the total number of employees can be found in the Annual Report.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021/22 was £307,500 (2021/20: £287,500). This is a change between years of 7%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £15,000 to £305,305 (2020/21: £15,000 to £288,496). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 0%. No employees received remuneration in excess of the highest-paid director in 2021/22.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation’s workforce 2021/22.

	25th percentile	Median	75th percentile
Salary component of pay	36,226	47,154	61,861
Total pay and benefits excluding pension benefits	36,226	47,154	61,861
Pay and benefits excluding pension: pay ratio for highest paid director	8.5	6.5	5.0

5.4 Retirement due to ill health

During 2021/22, there were no early retirements from the Trust agreed on the grounds of ill health (2020/21: two).

The estimated additional pension liability of this ill-health retirement will be £nil (2020/21: £48,088). The cost of ill-health retirements are borne by the NHS Pensions Agency.

6. Financing income

	2021/22 Trust	2021/22 Group	2020/21 Trust	2020/21 Group
	£000	£000	£000	£000
Interest receivable	83	70	36	24
	83	70	36	24

7. Finance expense

	2021/22 Trust and Group	2020/21 Trust and Group
	£000	£000
On loans from the Independent Trust Financing Facility	(189)	(237)
	(189)	(237)

8. Intangible assets, Trust and Group

	Software licences
	£000
Cost at 1 April 2021	8,159
Additions purchased	12,635
Reclassifications	78
Disposals	–
Cost at 31 March 2022	20,872
Accumulated depreciation at 1 April 2021	(4,693)
Provided during the year	(1,601)
Reclassifications	–
Disposals	–
Depreciation at 31 March 2022	(6,294)
Purchased	14,558
Donated	20
Net book value at 31 March 2022	14,578
Cost at 1 April 2020	6,253
Additions purchased	1,738
Assets transferred in from the group’s joint venture	168
Cost at 31 March 2021	8,159
Accumulated depreciation at 1 April 2020	(3,187)
Provided during the year	(1,506)
Depreciation at 31 March 2021	(4,693)
Purchased	3,431
Donated	35
Net book value at 31 March 2021	3,466

9. Property, plant and equipment, Trust and Group

9.1 Property, plant and equipment at the balance sheet date comprise the following elements, Group

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost at 1 April 2021	13,539	126,745	45,351	100,088	25,044	3,121	313,888
Additions purchased	–	–	24,263	–	–	–	24,263
Additions donated	–	–	42,113	–	–	–	42,113
Reclassifications	–	20,950	(30,456)	7,424	2,032	50	–
Revaluation	294	(6,261)	–	–	–	–	(5,967)
Impairment (Net)	–	2,444	–	–	–	–	2,444
Cost at 31 March 2022	13,833	143,878	81,271	107,512	27,076	3,171	376,741
Depreciation at 1 April 2021	–	(2,091)	–	(53,515)	(17,281)	(2,133)	(75,020)
Provided during the year	–	(9,912)	–	(8,409)	(2,050)	(217)	(20,588)
Revaluation	–	7,546	–	–	–	–	7,546
Depreciation at 31 March 2022	–	(4,457)	–	(61,924)	(19,331)	(2,350)	(88,062)
Net book value at 31 March 2022	13,833	139,421	81,271	45,588	7,746	821	288,679
Cost at 1 April 2020	12,562	155,418	36,689	83,645	19,587	2,635	310,536
Additions purchased	–	–	25,594	–	5,457	–	31,051
Additions donated	–	–	17,083	–	–	–	17,083
Reclassifications	–	15,574	32,503	16,443	–	486	–
Revaluation	977	–	–	–	–	–	977
Impairment	–	(44,247)	(1,512)	–	–	–	(45,759)
Cost at 31 March 2021	13,539	126,745	45,351	100,088	25,044	3,121	313,888
Depreciation at 1 April 2020	–	(25,589)	–	(46,683)	(16,365)	(1,893)	(90,530)
Provided during the year	–	(8,364)	–	(6,832)	(916)	(240)	(16,352)
Impairment	–	31,862	–	–	–	–	31,862
Depreciation at 31 March 2021	–	(2,091)	–	(53,515)	(17,281)	(2,133)	(75,020)
Net book value at 31 March 2021	13,539	124,654	45,351	46,573	7,763	988	238,868

None of the land or buildings were held under finance leases or hire purchase contracts at either 31 March 2022 or 31 March 2021.

Due to the immaterial difference (£33,000) between Group and Trust, the Group position only has been presented above.

9.2 Property, plant and equipment by funding source, Group

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Purchased	13,833	104,625	27,704	23,111	–	7,731	668	177,672
Donated	–	34,795	53,567	22,477	–	15	153	111,007
Net book value at 31 March 2022	13,833	139,420	81,271	45,588	–	7,746	821	288,679
Purchased	13,539	81,846	29,301	24,506	–	7,735	772	157,699
Donated	–	42,808	16,050	22,067	–	28	216	81,169
Net book value at 31 March 2021	13,539	124,654	45,351	46,573	–	7,763	988	238,868

9.3 The net book value of land and buildings comprises

	31 March 2022	Represented at 31 March 2021
	£000	£000
Freehold	143,431	133,980
Leasehold	9,822	4,213
	153,253	138,193

10.1 Investments in joint ventures, Trust and Group

	2021/22	2020/21
	£000	£000
Value at 1 April	–	231
Additions	500	–
Share of profit/(loss)	122	–
Disposal of joint venture investment	–	(231)
Value at 31 March	622	–

During the year, the Trust undertook a joint venture arrangement in Diafora Medical Limited. The company is incorporated in the United Kingdom. The nature of the business is other research and experimental development on natural sciences and engineering. The Trust owns 33.33% of the joint venture. During the year, the Trust paid £500,000 in respect of share capital. At the year end, the joint venture had net assets of £1.8m and a net profit of £1.4m.

10.2 Disposals in joint ventures

	2021/22	2020/21
	£000	£000
Net book value of tangible assets transferred in	–	5,457
Net book value of intangible assets transferred in	–	168
Total impact on prepayments, trade and other debtors transferred to the group	–	(4,416)
Total impact on accruals, trade and other creditors transferred to the group noted below	–	2,239
Disposal of joint venture investment	–	(231)
Net (gain)/loss on transfer	–	(3,217)

During 2015/16, the Trust undertook the joint venture arrangement ‘Systems Powering Healthcare Limited’ with Chelsea and Westminster NHS Foundation Trust, which manages the IT service provision for both Trusts. Each Trust owns 50% and the company is incorporated in the UK.

Following Chelsea and Westminster NHS Foundation Trust serving notice of their intention to cease to be a member of the company in 2019/20, the joint venture ceased its activities on 31 March 2021.

At 31 March 2021, all assets and liabilities were transferred to the members of the joint venture; Chelsea and Westminster NHS Foundation Trust and The Royal Marsden NHS Foundation Trust. The value of tangible and intangible assets transferred in are included within additions in notes 9 and 10.

11. Inventories

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Raw materials and consumables	6,549	8,993	6,458	8,582
	6,549	8,993	6,458	8,582

12. Current assets

12.1 Current trade and other receivables, Trust and Group

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
NHS contract receivables	2,740	2,740	1,983	1,983
Non-NHS contract receivables	46,840	46,816	40,041	40,041
Allowance for impaired receivables	(67)	(67)	(175)	(175)
Allowance for impaired contract receivables/assets	(5,722)	(5,722)	(6,913)	(6,913)
Amounts owed from wholly owned subsidiary	23	–	61	–
Prepayments	3,862	3,873	5,294	5,330
Accrued income	4,964	4,964	3,270	3,270
Contract receivables not yet invoiced	17,145	17,145	11,507	11,507
Other receivables	6,782	7,433	24,088	24,770
	76,567	77,182	79,156	79,813

12.2 Non-current trade and other receivables, Trust and Group

	2021/22	2020/21
	£000	£000
Other receivables	1,494	985
	1,494	985

12.3 Allowance for credit losses for Trust and Group

	Contract receivables and contract assets	All other receivables
	£000	£000
At 1 April 2021	6,913	175
Changes in existing allowances	(425)	(108)
Utilisation of allowances (write-offs)	(766)	–
At 31 March 2022	5,722	67
At 1 April 2020	4,516	20
Changes in existing allowances	2,880	155
Utilisation of allowances (write-offs)	(483)	–
At 31 March 2021	6,913	175

12.4 Analysis of impaired trade and other receivables, Trust and Group

	2021/22	2020/21
	£000	£000
Ageing of impaired receivables		
Up to three months	2,135	2,020
In three to six months	871	696
Over six months	3,072	4,372
	6,079	7,088
Ageing of non-impaired receivables past their due date		
Up to three months	34,264	49,015
In three to six months	5,754	3,062
Over six months	5,112	6,541
	45,130	58,618

13. Investments in subsidiary undertakings

	2021/22	2020/21
	Trust	Trust
	£000	£000
Value at 1 April	3,360	–
Investment in year	–	3,360
Value at 31 March	3,360	3,360

On 18 February 2020, the wholly owned subsidiary RM Medicines Limited was incorporated. It began trading in September 2020. The primary activity of the company is dispensing medications to outpatients. The company is incorporated in the United Kingdom. The company had a net profit of £nil (2020/21: a loss of £12,168) and had net assets of £3,348,831 (2020/21: £3,348,831).

The Trust issued an unsecured loan facility to RM Medicines Limited of £1,591,193. The interest rate charged on the loan facility is 1.42% and the loan is repayable over five years. The first repayment of the loan was in December 2020 for £250,000. At 31 March 2022, the non-current amount owed by the wholly owned subsidiary was £709,768 (31 March 2021: £980,002) and the current receivable owed by the company was £286,560 (31 March 2021: £298,848).

During the year to 31 March 2021, the Trust paid the company £37,230,279 (31 March 2021: £21,352,071) in respect of the company’s activity in dispensing prescription drugs to outpatients. At 31 March 2022, the Trust had £23,304 (31 March 2021: £60,664) included within amounts owed by the subsidiary company and £395,308 (31 March 2021: £616,427) included as amounts owed to the subsidiary company.

14. Current liabilities

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
NHS payables	4,938	4,938	3,878	3,878
Trade and other payables (excluding accruals)	16,111	18,409	18,461	20,597
Provisions	2,314	2,314	2,274	2,274
Accruals	64,997	65,490	36,457	36,884
Amounts owed to wholly owned subsidiary	395	–	616	–
Public dividend capital liability	390	390	148	148
Borrowings	4,736	4,736	5,020	5,020
Tax payable	5,916	5,945	5,459	5,484
Deferred income: contract liabilities	13,793	13,793	11,734	11,734
Other deferred income	19,054	19,054	16,982	16,982
Other liabilities	12,722	12,731	11,031	11,031
	145,366	147,800	112,060	114,032

15. Non-current liabilities

15.1 Non-current trade and other payables, accruals, Trust and Group

	2021/22	2020/21
	£000	£000
Accruals	2,747	2,003
	2,747	2,003

15.2 Provisions for liabilities and charges, Trust and Group

	Legal claims	Redundancy	Clinician pension tax reimbursement	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	(51)	(185)	(833)	(15)	(1,084)
Utilised during the year	–	9	–	–	9
Released to operating expenses during the year	–	176	–	–	176
Provided in year	5	(130)	(152)	(2,083)	(2,360)
At 31 March 2021	(46)	(130)	(985)	(2,098)	(3,259)

	Legal claims	Redundancy	Clinician pension tax reimbursement	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2021	(46)	(130)	(985)	(2,098)	(3,259)
Provided in year	8	–	(557)	(1,500)	(2049)
At 31 March 2022	(38)	(130)	(1,542)	(3,598)	(5,308)
Expected timing of cash flows					
Less than one year	(39)	(130)	(47)	(2,098)	(2,314)
Between one and five years	–	–	(1,494)	–	(1,494)
Greater than five years				(1,500)	(1,500)
	(39)	(130)	(1,541)	(3,598)	(5,308)

Legal claims are estimates from NHS Resolution on employer and public liability claims. The risks are limited to the policy excesses with NHS Resolution. Redundancy provisions are calculated using Agenda for Change guidelines. The timing of cash flows on redundancy is dependent on the outcome of consultations. Other provisions consist solely of dilapidations. Reimbursement is expected from NHS England in respect to the Clinician pension tax provision. No reimbursement is expected for any other provision.

£19,564,625 is included in the provisions of NHS Resolution at 31 March 2022 in respect of clinical negligence liabilities of the Trust (31 March 2021: £16,665,602).

15.3 Borrowings, Trust and Group

Current	2021/22	2020/21
	£000	£000
Loans from the Independent Trust Financing Facility	4,495	4,501
Loans from Salix Finance Limited	241	519
	4,736	5,020
Non-current	2021/22	2020/21
	£000	£000
Loans from the Independent Trust Financing Facility	11,244	15,723
Loans from Salix Finance Limited	3,135	897
	14,379	16,620

The Group has a fully drawn down loan facility of £21m from the Independent Trust Financing Facility. The principal is repayable in 17 equal instalments. This began in August 2015 and will end in August 2023. Interest is payable at a fixed rate of 1.42% for the duration of the loan.

The Group has an additional loan facility of £15m from the Independent Trust Financing Facility, which was fully drawn down at 31 March 2021. The principal is repayable in 15 instalments commencing February 2021 and ending February 2028. Interest is payable at a fixed rate of 0.86% for the duration of the loan.

During the year, the Trust drew down £2.0m from a total loan facility of £3.4m held with Salix Finance Limited. The loan is interest free and is repayable over 7 years commencing in March 2022.

16. Notes to the cash flow statement, Trust and Group

16.1 Reconciliation of net cash flow to movement in net funds

	2021/22	2021/22	2020/21	2020/21
	Trust	Group	Trust	Group
	£000	£000	£000	£000
Increase in cash in the period	21,341	21,204	24,856	28,644
Net funds at 1 April	146,356	150,144	121,500	121,500
Net funds at 31 March	167,697	171,348	146,356	150,144

16.2 Analysis of changes in net funds

Group	At 31 March 2022	Changes in cash in year	At 1 April 2021
	£000	£000	£000
Government Banking Service cash at bank	170,875	22,564	148,311
Commercial cash at bank and in hand	473	(1,360)	1,833
Cash and cash equivalents	171,348	21,204	150,144
Trust	At 31 March 2022	Changes in cash in year	At 1 April 2021
	£000	£000	£000
Government Banking Service cash at bank	167,223	22,701	144,522
Commercial cash at bank and in hand	474	(1,359)	1,833
Cash and cash equivalents	167,697	21,342	146,355

17. Capital commitments, Trust and Group

Commitments under capital expenditure contracts at the balance sheet date were £34,050,330 (2020/21: £64,410,226), of which £10,009,000 (2020/21: £220,504) were related to intangible assets. Included within these amounts are £24,041,330 (2020/21: £51,354,505) capital expenditure committed to be funded by The Royal Marsden Cancer Charity, these Capital Commitments relate to property, plant and equipment.

18. Contingencies

There are no contingent assets or liabilities at the balance sheet date (2020/21: £nil).

19. Financial performance targets

19.1 Public dividend capital (PDC)

The Trust is required to demonstrate that the PDC dividend paid is in line with the actual rate of 3.5% of average relevant net assets. The actual dividend rate is the dividend payable figure in the Statement of Comprehensive Income, £4,368,105 (2020/21: £3,755,712), divided by the average of relevant opening and closing net assets, £124,802,986 (2020/21: £107,306,052), expressed as a percentage. This gives an actual dividend rate for the current financial year of 3.5% (2020/21: 3.5%).

19.2 Losses and special payments

There were 353 cases of losses and special payments (2020/21 restated: 442) totalling £716,956 (2020/21 restated: £556,056). Losses and special payments are reported on an accrual basis. Provisions for future losses are reported in note 16 and are excluded from this disclosure.

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment exceeded £300,000 (2020/21: £nil).

	2021/22	2021/22	2020/21	2020/21
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000's	Number	£000's
Losses of cash due to:				
Salary overpayments	25	22	17	17
Bad debts and claims abandoned in relation to private patients	314	519	360	370
Bad debts and claims abandoned in relation to overseas visitors	10	109	14	94
Bad debts and claims abandoned in relation to other	4	67	50	2
	353	717	441	483
Special payments				
Special severance payments	–	–	–	–
Overtime Corrective Payment	–	–	1	73
Other	–	–	–	–
	–	–	–	–
Total losses and special payments	353	717	442	556
Of which, cases of £300,000 or more:	–	–	–	–

Special payments for 2020/21 have been restated to include a nationally approved and funded payment of £72,544 to Trust staff in respect of overtime corrective payments following the resolution of the Flowers case. This was accrued at 31 March 2021 following HM Treasury approval of the payments, but was not reported as a special payment. This has been restated following clarification from NHS Improvement on reporting requirements for this settlement. This has been shown as a single special payment following national guidance on the case.

20. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a. Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b. Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HM Treasury published valuation directions dated 7 October 2021 (see Amending Directions 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1023845/The_Public_Service_Pensions_Valuations_and_Employer_Cost_Cap_Amendment_Directions_2021.pdf) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

21. Related party transactions

The Trust is a public benefit corporation and has been authorised pursuant to Section 6 of the Health and Social Care (Community Health and Standards) Act 2003. The Department of Health and Social Care is the Group’s parent department.

During the year, none of the Board members or members of the senior management team or parties related to them has undertaken any material transactions with the Trust.

During the year, the Trust has had a significant number of material transactions with the following NHS bodies:

- NHS England
- NHS Clinical Commissioning Groups
- NHS Foundation Trusts
- NHS Trusts
- Department of Health and Social Care
- Community Health Partnership
- Health Education England
- NHS Pension Scheme
- NHS Property Services
- NHS Blood and Transplant

The Trust has also had a number of transactions with Government departments and other central and local Government bodies. These include transactions with the Royal Borough of Kensington and Chelsea and the London Borough of Sutton relating to business rates. In addition, the Trust had transactions with The Royal Marsden Cancer Charity which is an independent registered charity (Charity no. 1095197) and a company limited by guarantee. Up to four Board members of the Trust, including the Chairman and the Chief Executive, are Trustees of The Royal Marsden Cancer Charity. The Trust has also had transactions with its joint venture, Systems Powering Healthcare Limited.

The Trust has entered into the following material transactions with related parties. The details listed below for payables include deferred income and receivables include accrued income:

Income	2021/22
	Trust and Group
	£000
NHS England	197,932
NHS South West London CCG	71,861
The Royal Marsden Cancer Charity	43,832
Department of Health and Social Care	11,279
NHS Surrey Heartlands CCG	9,112
NHS North West London CCG	7,445
Health Education England	6,429
NHS South East London CCG	4,263
Guy’s & St Thomas’ NHS Foundation Trust	3,129
NHS Kent and Medway CCG	2,443
The Institute of Cancer Research	2,079
NHS West Sussex CCG	1,715
The Clatterbridge Cancer Centre NHS Foundation Trust	1,177
Great Ormond Street Hospital for Children NHS Foundation Trust	1,008
	363,704

Income	2020/21
	Trust and Group
	£000
NHS England	232,022
NHS South West London CCG	43,340
The Royal Marsden Cancer Charity	30,245
Department of Health and Social Care	11,093
NHS Surrey Heartlands CCG	8,196
Health Education England	4,399
NHS South East London CCG	4,181
Guy’s & St Thomas’ NHS Foundation Trust	2,779
NHS West London CCG	2,396
NHS Kent and Medway CCG	2,230
NHS West Sussex CCG	1,525
NHS Hammersmith and Fulham CCG	1,550
The Institute of Cancer Research	1,318
NHS Central London (Westminster) CCG	1,064
	346,338

Expenditure	2021/22
	Trust and Group
	£000
NHS Pension Scheme	35,846
HMRC	23,298
Chelsea and Westminster NHS Foundation Trust	9,730
The Institute of Cancer Research	7,266
St George’s University Hospitals NHS Foundation Trust	3,407
NHS Resolution (formerly NHS Litigation Authority)	2,817
NHS Blood and Transplant	2,679
Imperial College Healthcare NHS Trust	1,368
	86,411
Expenditure	2020/21
	Trust and Group
	£000
NHS Pension Scheme	32,924
HM Revenue & Customs	21,316
The Institute of Cancer Research	7,287
Chelsea and Westminster NHS Foundation Trust	6,748
Imperial College Healthcare NHS Trust	3,551
NHS Blood and Transplant	2,581
NHS Resolution (formerly NHS Litigation Authority)	2,119
Guy’s & St Thomas’ NHS Foundation Trust	2,065
St George’s University Hospitals NHS Foundation Trust	1,907
Kingston Hospital NHS Foundation Trust	1,763
Royal Brompton and Harefield NHS Foundation Trust (up to 1 February 2021)	1,047
	83,308

Receivables	2021/22
	Trust and Group
	£000
The Royal Marsden Cancer Charity	4,965
The Clatterbridge Cancer Centre NHS Foundation Trust	1,177
	6,142
Receivables	2020/21
	Trust and Group
	£000
The Royal Marsden Cancer Charity	24,283
NHS England	1,857
The Institute of Cancer Research	1,498
	27,638
Payables	2021/22
	Trust and Group
	£000
HM Revenue & Customs	5,945
NHS Pension Scheme	3,640
Chelsea and Westminster NHS Foundation Trust	1,373
Guy’s & St Thomas’ NHS Foundation Trust	1,363
The Institute of Cancer Research	1,149
	13,470
Payables	2020/21
	Trust and Group
	£000
HM Revenue & Customs	5,484
NHS England	3,573
NHS Pension Scheme	3,436
The Institute of Cancer Research	3,059
NHS South West London CCG	2,045
Imperial College Healthcare NHS Trust	1,912
Guy’s & St Thomas’ NHS Foundation Trust	1,612
	21,121

22. Financial instruments

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with NHS England and CCGs, and the way that NHS England and CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities.

Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Group’s financial instruments comprise loans, finance lease obligations, provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors, that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Group’s operations.

The associated credit risk and interest rate risks for the Group and Trust are noted below. Overall, the risks are managed via operational controls and processes to ensure working capital needs are sufficient to maintain day to day operations and activities of the Group.

22.1 Categories of financial instruments

Group	2021/22	2020/21
	£000	£000
Financial assets		
Other financial assets (amortised cost)	243,844	223,380
Financial liabilities		
Other financial liabilities (amortised cost)	129,129	99,440
Trust	2021/22	2020/21
	£000	£000
Financial assets		
Other financial assets (amortised cost)	240,217	219,584
Financial liabilities		
Other financial liabilities (amortised cost)	126,722	97,493

22.2 Fair values, Trust and Group

All short-term financial assets and liabilities are held at their book values which is a reasonable approximation of fair value.

22.3 Liquidity and interest risk

Group	Weighted av. interest rate %	Less than 1 year	Total
		£000	£000
Financial assets			
Non-interest bearing		72,496	72,496
Variable interest rate instrument	0.25%	171,348	171,348
Gross financial assets at 31 March 2022		243,844	243,844
Non-interest bearing		73,236	73,236
Variable interest rate instrument	0.25%	150,144	150,144
Gross financial assets at 31 March 2021		223,380	223,380
Trust	Weighted av. interest rate %	Less than 1 year	Total
		£000	£000
Financial assets			
Non-interest bearing		72,520	72,520
Variable interest rate instrument	0.25%	167,697	167,697
Gross financial assets at 31 March 2022		240,217	240,217
Non-interest bearing		73,227	73,227
Variable interest rate instrument	0.25%	146,356	146,356
Gross financial assets at 31 March 2021		219,583	219,583

22.4 Credit risk

Because the majority of the Group’s revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note. Trade and other receivables outstanding not past due are considered recoverable and are not impaired.

23. Third party assets

The Trust held nil cash at bank and negligible cash in hand at 31 March 2022 (31 March 2021: £nil) which relates to monies held by the Trust on behalf of patients.

24. Events after the reporting period

There have been no material events after the reporting period.

Life demands excellence

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

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

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

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

Chelsea, London

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

Sutton, Surrey

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

royalmarsden.nhs.uk



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