

# *The* ROYAL MARSDEN

NHS Foundation Trust



**NHS**



# Contents

- 2 Who we are
- 4 What we do
- 6 Our achievements
- 8 Chairman and Chief Executive joint statement
- 14 Our highlights
- 17 Research and innovation
- 27 Treatment and care
- 35 Modernising infrastructure
- 39 Financial sustainability and best value
- 40 Our performance
- 42 Our financial performance
- 47 The Royal Marsden Cancer Charity
- 48 Our values

## Who we are

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 and Care 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 comprehensive cancer centres in the world for the impact of their research, seeing and treating over 60,000 NHS and private patients every year. It is a centre of excellence with an international reputation for ground-breaking research and for pioneering the very latest in cancer treatments and technologies, as well as leading the way in innovative cancer diagnosis and education.

The Royal Marsden operates from 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 University Hospitals NHS Foundation Trust, Imperial Healthcare NHS Trust, and other trust and integrated care board (ICB) partners across north west and south west London.

Driven by the fundamental principle that patients, entrusting their lives to The Royal Marsden, deserve the very best, The Royal Marsden is committed to delivering excellent research-led cancer care to patients, accelerating early diagnosis, and developing new personalised and precise models of care.

Alongside the commissioning of the new state-of-the-art Oak Cancer Centre in Sutton funded by The Royal Marsden Cancer Charity, the Trust has also delivered a significant digital transformation programme, Connect. This enhances the ability to care for patients more efficiently, to research and understand their cancers better and so optimise delivery of the best possible treatments. In addition, it allows the Trust to maximise the emerging opportunities to be derived from digital services and the application of artificial intelligence to the data collected.

**Right:** Eve Allan, Matron, Paola Bedoya, Healthcare Assistant, Laura Asika, Matron, Helen McCafferty, Lead Nurse, and Arnold Dela Rosa, Senior Staff Nurse, in the atrium, Oak Cancer Centre



# What we do

## Research

 The complexity of cancer is a constant challenge. The Royal Marsden, alongside the Institute of Cancer Research, utilises an ambitious, patient-centred approach that recognises this complexity and develops smarter, kinder treatments for the benefit of cancer patients worldwide.



## Diagnosis

 Early diagnosis is crucial to improving survival for cancer patients, and is vital for the research of cancer. Together with RM Partners, we are committed to improving early diagnosis rates, reducing variation in outcomes and increasing capacity to ensure swift diagnosis of cancer for patients.

## Treatment

 Patients at The Royal Marsden receive personalised treatment relating to their diagnosis. With innovative equipment including the latest in robotic surgery, radiotherapy and genomics, we ensure every patient has access to the very best treatment through every stage of their cancer journey.



## Care

 It is vital that the emotional and psychological needs of patients are met throughout their cancer treatment, which is why staff at The Royal Marsden treat the whole person, not just their illness with a compassionate, caring approach for them and their friends and family.

# Our achievements

This year, the **Oak Cancer Centre, funded by The Royal Marsden Cancer Charity, was officially opened by His Royal Highness Prince William, Prince of Wales.** The state-of-the-art research and treatment facility will help us accelerate the development of new cancer treatments and diagnose more cancers at an earlier stage.



The EVEREST-HN study has been launched, aimed at re-designing the referral pathway for suspected head and neck cancer in the NHS. It will be the **largest ever randomised trial for this disease, with over 100,000 patients from 52 centres** across the UK who have been referred with suspected head and neck cancer to be recruited.



The Royal Marsden’s **new Digital Health Record (DHR) ‘Connect’** was launched on 17 March. Connect provides an accurate, real-time view of patient information and allows the capture of clinical information at the point of care, along with new functionality that will **enhance patient safety, increase efficiency and improve data quality.**



Results from the latest phase of the OCTAPUS-AI study have found that **artificial intelligence could help identify the risk of cancer returning in non-small-cell lung cancer patients** using CT scans. This may mean recurrence in high-risk patients is identified earlier, leading to faster interventions and improved outcomes.



The TRACC trial opened at the Trust and will **evaluate the use of circulating tumour DNA to guide chemotherapy treatment decisions** following surgery for stage II-III colorectal cancer patients, based on blood test results for molecular residual disease. This test enables clinicians to identify patients with a low recurrence risk who may be suitable for chemotherapy de-escalation.



In April 2023, The Royal Marsden began offering a **state-of-the-art liquid biopsy testing facility for cancer clinical diagnostics and research,** with Guardant Health, the first partnership of its kind in the UK. The Marsden360 liquid biopsy test provides comprehensive solid tumour profiling in advanced cancers, allowing clinicians to personalise treatments more accurately.



A Channel 4 documentary, **Super Surgeons: A Chance at Life,** followed eight Royal Marsden patients with advanced or relapsed cancers who were preparing for innovative surgery. It averaged **one million viewers per episode** and had the second highest viewing figures on Channel 4, in the 10pm time slot, for the year.



A team at The Royal Marsden, in partnership with Nubian Skin, and funded by The Royal Marsden Cancer Charity, created a **new and more inclusive range of lightweight fabric prostheses (also known as ‘softies’)** in various skin tones to improve the care that women of colour receive following a mastectomy.



# Chairman and Chief Executive joint statement

This year has seen The Royal Marsden reach two major milestones that will immeasurably improve our service to patients, now and for years to come. In March 2023 we launched our new Digital Health Record Connect, powered by Epic, and in June 2023 we officially opened the doors to the Oak Cancer Centre. Both projects are the culmination of years of work behind the scenes by hundreds of members of staff and partners, and we thank everyone who has been involved in making sure both projects were delivered successfully. We look forward to reporting on the huge positive impact for patients and our staff that we will no doubt see during 2023/24 as a result of these initiatives.



Sir Douglas Flint CBE  
Chairman



Dame Cally Palmer CBE  
Chief Executive

There was also change this year in the leadership of the Trust, with Charles Alexander CBE stepping down as Chairman at the expiry of his six-year term of office in November 2022. Charles’s contribution enabled the Trust to go further and faster in improving quality of life and survival for patients locally and globally through his support for treatment, care and research. Under his Chairmanship, The Royal Marsden Cancer Charity has also excelled in its support for the patients and staff of the Trust, supporting the hospital throughout the pandemic and developing the new Oak Cancer Centre. We owe Charles a huge debt of gratitude for his unwavering support.

It was with great sadness that we learned of the death of Her Majesty the Queen on 8 September 2022. The Queen became Patron of The Royal Marsden in 1952 and was a wonderful supporter of our work. We were privileged that she honoured both our Chelsea and Sutton hospitals with visits over the years, meeting staff and patients. In 1963, Her Majesty opened our Sutton hospital and met Frida Sandwith, the great-granddaughter of William Marsden, the founder of The Royal Marsden. More recently, the Queen visited the Chelsea hospital in 2001 to open the Markus Rehabilitation Centre. Many of our staff have memories of these occasions and remember them with pride and fondness.

## Financial performance and key risks

In a financially challenging year, the Trust delivered a modest surplus, mitigating increased costs relating to the delivery of a new Digital Health Record, and operational pressures relating to the continuing disruptive impact caused by COVID-19. The surplus has enabled continuing investment in estates, medical equipment and IT across the Trust.

As noted above, 2022/23 marked the culmination of the delivery of the core workstreams of the digital transformation programme. On budget and on time, the programme to develop and implement Connect, a new Digital Health Record, has been delivered, in partnership with Great Ormond Street Hospital for Children NHS Foundation Trust. The effort from all staff to achieve this was nothing short of magnificent given the many other challenges faced during this period.

The major risks to the achievement of the Trust’s objectives during the year continued to reflect the broader challenges facing the NHS due to increasing demand on services and requirements to modernise infrastructure, periodic industrial action by a number of staff groups, maintaining our position as a competitive employer and sustaining our specialist workforce in light of the rise in the cost of living. In addition, the Trust is also managing the risks of future changes to delivery of paediatric cancer services and the loss of specialist paediatric cancer research and clinical trials; financial sustainability; and managing the devolution of the specialised commissioning budget. In terms of NHS governance changes, the South West London Integrated Care Board came into being on 1 July 2022 and the Trust is fully involved in contributing to integrated system working at all levels.

A visit by our President

In May 2022, our President, His Royal Highness Prince William, Prince of Wales visited our Chelsea hospital. During the visit, His Royal Highness saw some of the latest innovations in cancer treatment and diagnosis, including watching robot-guided microwave ablation with Consultant Interventional Radiologist, Dr Nicos Fotiadis, and seeing first-hand ‘Man Van’, a mobile health clinic, which is aiming to speed up the detection of prostate and other urological cancers in men with increased risk. His Royal Highness paid tribute to the late Dame Deborah James, whom he met when he conferred her Damehood, and spoke with a number of staff who had been involved in Deborah’s treatment and care at The Royal Marsden.

Research breakthroughs

Our research leaders continued the delivery of pioneering cancer research this year, with some exciting breakthroughs and trials. The EVEREST-HN trial was launched, which will investigate whether a new referral pathway will speed up diagnosis for patients with suspected head and neck cancer.

In a world first, Royal Marsden researchers have found that artificial intelligence (AI) could help predict the recurrence of lung cancer earlier. The OCTAPUS-AI study, led by Dr Richard Lee, Consultant Physician in Respiratory Medicine, involves the use of machine learning to predict outcomes that would otherwise be undetected.

An innovative trial which aims to determine whether patients with colorectal cancer can be spared unnecessary chemotherapy has now commenced. The TRACC study evaluates the use of circulating tumour DNA to guide chemotherapy treatment decisions after surgery in patients with resected early-stage colorectal cancer. The blood test could prevent unnecessary chemotherapy in these patients.

The American Society of Clinical Oncology (ASCO) conference saw Royal Marsden researchers highlight a series of breakthroughs, including the DARS trial which revealed the benefits of a precision radiotherapy technique pioneered at the hospital for treating head and neck cancer. Professor Mary O’Brien, Consultant Medical Oncologist, presented data from the KEYNOTE-091 trial, which demonstrated the benefits of immunotherapy in terms of survival prospects for early-stage non-small-cell lung cancer patients.

At the 2023 ASCO Genitourinary Cancers Symposium, Professor Nicholas van As presented results from the PACE-A study, which revealed that men with prostate cancer are less likely to experience urinary and sexual side effects two years after treatment with stereotactic body radiotherapy (SBRT) than surgery.

Major service developments

In June 2023, the Oak Cancer Centre was officially opened by our president, His Royal Highness Prince William, Prince of Wales. This state-of-the-art research, diagnostic and treatment facility, generously supported by The Royal Marsden Cancer Charity, is helping to accelerate the development of new treatments and diagnose more cancers at an earlier stage. The number of people who need our help grows every year, and by opening the Oak Cancer Centre we are increasing the capacity of The Royal Marsden to be there for as many people as possible, including maximising the number of clinical trials available to people with complex cancers.

The Royal Marsden’s hospital in Chelsea is an iconic building situated right in the heart of the Kensington and Chelsea borough of which we are proud to be part – as a world-leading cancer centre, as an employer and as a neighbour. We are currently exploring proposals to sensitively add to the capacity of the Chelsea site, respecting the rich heritage and history of our buildings, so that we can secure the hospital’s future in the borough for the long-term.

Children have always been a priority at The Royal Marsden and receive high quality care delivered in a safe, specialist and research active environment on The Royal Marsden’s Sutton site. The Royal Marsden and the ICR, working together, provide the largest clinical trial facility for children in Europe, essential to further improve survival in those rare cancers. Following a review of the service specification for children’s cancer

services by NHS England to determine how they should be organised and delivered in the future, a decision was taken that all Principal Treatment Centres (PTCs) for children’s cancer should have an onsite paediatric intensive care unit (PICU). This service model, when implemented, will replace the current specialist network model which incorporates the safe treatment and transfer of patients when required.

As a result of this policy decision, NHS England London was asked to recommend a preferred provider to enable co-location of the region’s PTC with a PICU and this assessment process was completed in January 2023. Both St George’s University Hospitals NHS Foundation Trust and Guy’s and St Thomas’ NHS Foundation Trust were assessed as viable options to go out to public consultation. This consultation will be undertaken during the autumn, with a decision on the preferred provider expected by Spring 2024. The service is not expected to relocate until 2026 at the earliest and the Trust will continue to provide the highest standard of service to children and their families in a leading environment with age-appropriate areas, for as long as the service remains on The Royal Marsden site. Our Board is also committed to ensuring the children’s cancer service only transfers when the agreed provider has the capability and capacity to deliver an upgrade to the current exceptional level of patient care provided at our Sutton site and supported by the ICR’s research establishment.

Digital transformation

Our new Digital Health Record (DHR) was launched on 17 March – one of the most ambitious change programmes we have undertaken as a Trust. The DHR programme, called Connect, is transforming the way that patients engage with Royal Marsden services and experience their care. The new DHR is run using Epic software and we have partnered with Great Ormond Street Hospital for Children NHS Foundation Trust on Connect, which has given us the opportunity to harness the digital excellence, technologies and learning from their implementation of a new DHR in 2019.

The new DHR provides an accurate, real-time view of patient information and allows us to capture clinical information at the point of care, along with new functionality that enhances patient safety, increases efficiency and improves data quality. The Connect team worked closely with staff and patients to build a system that is user-centred, fit for purpose and future-proofed. As part of Connect, the MyMarsden patient app has also been launched, meaning patients can view different parts of their Royal Marsden healthcare record at the touch of a button, including appointment times, after-appointment summaries, clinical letters, prescribed medication and most test results. We are very grateful to colleagues at Great Ormond Street Hospital for Children NHS Foundation Trust for their support and guidance throughout this process.

Collaboration and partnerships

We have continued to work collaboratively with our key academic partner, the ICR, including agreeing the new five-year research strategy which aims to accelerate progress for cancer patients by harnessing the latest scientific knowledge and technology to drive innovation in treatment. Our strategy to defeat cancer rests on the latest advances in science, and our understanding that cancer evolves within a complex ecosystem of cells, signals and the immune system. The strategy has three pillars:

- **World-class cancer research** unravelling cancer’s ecosystem, overcoming drug resistance, and advancing diagnosis and treatment.
- **Inspiring tomorrow’s leaders** empowering our students and early-career scientists and clinicians to become tomorrow’s leaders
- **Growing our impact for patients** maximising the chances of our findings reaching patients, strengthening our partnerships and increasing income for our research.

Alongside the ICR we have also continued to collaborate with a number of research partners, in our effort to make discoveries that will improve the diagnosis and treatment of cancer. In collaboration with Cambridge Biomedical Research Centre, our researchers have created a comprehensive tool for predicting an individual’s risk of developing prostate cancer, which will help ensure that those men at greatest risk receive the appropriate testing while reducing unnecessary – and potentially invasive – testing for those at very low risk.

Other research collaborations include being part of the Cancer Research UK RadNet network, through which we will establish and lead a new pathology network studying the immune effects of radiotherapy – RadPath. We have also entered into a clinical research partnership with Royal Surrey NHS Foundation Trust. Initial areas of collaboration include studies for head and neck, and upper gastrointestinal cancers, including the investigation of novel techniques for the early diagnosis of oesophageal cancer.

In collaboration with Great Ormond Street Hospital for Children NHS Foundation Trust Biomedical Research Centre, we are working on the SM-PAEDS programme, which involves intensive radiological surveillance of children who relapse with solid tumours so that disease onset can be detected as soon as possible.

During 2023, The Royal Marsden will pioneer a state-of-the-art liquid biopsy testing facility for cancer clinical diagnostics and research, with Guardant Health, the first partnership of its kind in the UK. The Marsden360 liquid biopsy test will enable the cancers of many patients to be detected, diagnosed and analysed faster.

Thank you to all Royal Marsden staff for their outstanding contribution to patients during a time of significant change for the organisation. We look forward to harnessing and building on the benefits that our new Digital Health Record will bring for both staff and patients and are excited by the opportunities brought about by the opening of the Oak Cancer Centre, an exemplary example of the very best of patient environments. Our sincere appreciation to The Royal Marsden Cancer Charity and all its supporters for making this a reality.

## Our highlights

As one of the leading cancer centres in the world, with a track record of developing new and better ways of diagnosing and treating cancer, The Royal Marsden contributes to improved outcomes for patients globally. Our primary aim is to deliver the best cancer treatment through world-leading research, operating a 'bench to bedside' strategy with our academic partner, the Institute of Cancer Research, London (ICR).



**Right:** Rose Juliet Asoro, Matron for Private Patients, and Uzma Ally, Digital Volunteer Coordinator

If we find this system does improve outcomes for this patient group, it could be replicated across other tumour types too, potentially saving many lives.

**Professor Vinidh Paleri**  
Consultant Head and Neck Surgeon and EVEREST-HN Study Lead



## Research and innovation

### Head and neck cancer developments

The EVEREST-HN study was launched this year, aimed at re-designing the referral pathway for suspected head and neck cancer in the NHS. The study – which is being supported by the National Institute for Health and Care Research (NIHR) and the International Centre for Recurrent Head and Neck Cancer (IReC) via funding from The Royal Marsden Cancer Charity – will be the largest ever randomised trial for this disease. Over 100,000 patients from 52 centres across the UK who have been referred with suspected head and neck cancer will be recruited and asked to complete an electronic questionnaire about their symptoms.

This data will then be fed into a ‘calculator’ to assess the patient’s individual risk of cancer and then be shared with hospital cancer specialists. This will ensure clinicians have individualised information much earlier in the patient pathway to aid decision making about ongoing investigations and management.

The new system will be co-designed with patients, clinicians and several national stakeholder groups, and will include researchers from seven academic centres across the UK.

Researchers hope the trial will eventually speed up diagnosis of head and neck cancer and reduce anxiety for the thousands of people each year who are referred and then found not to have cancer.

The study is being led by Professor Vinidh Paleri, Consultant Head and Neck Surgeon at The Royal Marsden.

There were other developments in the field of head and neck cancer this year. The results of an international study led by Royal Marsden researchers found that robotic surgery can improve survival rates and reduce recovery times for some people with recurrent head and neck cancer. The RECUT study looked at 278 head and neck cancer patients who had transoral robotic surgery (TORS) at 16 centres and found that 72 per cent survived for at least two years; an improvement on other current treatments.

In another study, partly led by researchers at The Royal Marsden, a new adaptive radiotherapy technique was found to offer a better treatment option for patients with head and neck cancer. The new technique, known as ATS-Lite, can deliver a more robust treatment plan and requires less time on the MR Linac radiotherapy machine. It delivers radiation with 99.9 per cent accuracy, improves patients’ comfort during treatment and reduces side effects.

**Left: Professor Vinidh Paleri,**  
Consultant Head and Neck Surgeon

Funding secured for diagnostic innovations

The Trust secured two Small Business Research Initiative (SBRI) Healthcare Awards for late-stage innovation projects that advance the earlier and faster detection of cancer. It awarded £1.48 million to support the rollout of liquid biopsies for pancreatic and bile duct cancers. The funding will allow six hospitals in the RM Partners cancer alliance to add the technology, which detects tiny amounts of cancer in the blood, to the diagnostic pathway.

Liquid biopsies were first used for patients with these cancers in 2020 as part of the PREVAIL-ctDNA study, which was funded by The Royal Marsden Cancer Charity.

There was also a £730,000 award for improved genetic screening that allows the Trust to offer whole-body MRI scans to patients with an inherited gene that is associated with a 90 per cent risk of developing cancer by the age of 60. Around 50 patients with Li-Fraumeni syndrome will be recruited from several cancer centres for an annual whole-body MRI.

One year of Cancer Patients’ Voices

This year saw the one-year anniversary of Cancer Patients’ Voices, an online platform that lets patients and the public help shape The Royal Marsden’s cancer research, treatment and care. Since its launch in January 2021, there have been 6,300 visits to the website, 150 patients and members of the public registered, 282 questionnaires completed, 235 ideas shared and 338 documents downloaded.

6,300

visits to the Cancer Patients’ Voices website since its launch

AI used to predict lung cancer recurrence

Results from a study led by researchers from The Royal Marsden in collaboration with the ICR and Imperial College London has found that artificial intelligence (AI) could help identify the risk of cancer returning in non-small-cell lung cancer (NSCLC) patients using CT scans.

The latest phase of the OCTAPUS-AI study used imaging and clinical data from over 900 NSCLC patients from the UK and the Netherlands following curative radiotherapy to develop and test machine learning (ML) algorithms to see how accurately the models could predict recurrence.

The study was supported by the Early Diagnosis and Detection Centre, which aims to accelerate early diagnosis of cancer. The Centre has been established at The Royal Marsden in partnership with the ICR and is supported by funding from The Royal Marsden Cancer Charity and the National Institute for Health and Care Research (NIHR).

NSCLC makes up nearly 85 per cent of lung cancer cases and, when caught early, the disease is often curable. However, over a third of NSCLC patients in the UK experience their cancer returning. This technology could lead to improved post-treatment follow-up for NSCLC patients based on their risk of recurrence and, eventually, other tumour types too. This may mean recurrence in high-risk patients is identified earlier, leading to faster interventions and improved outcomes, while low-risk patients could be spared unnecessary follow-up scans and hospital visits.

Team Science Award for breast cancer research team

This year, a team from The Royal Marsden and the ICR won one of the world’s most prestigious science awards for work that has transformed treatment for patients with breast cancer. The researchers were named winners of the Team Science Award by the American Association of Cancer Research, which recognised their “seminal translational discoveries in breast cancer research that has led to significant improvements in diagnosis and treatment”, such as the discovery of new therapeutic approaches such as PARP inhibitors, the discovery of molecular changes in breast cancer, and leading work that changed international guidelines on the number of radiotherapy doses used.

The bench-to-bedside team is made up of researchers and clinicians at The Royal Marsden Cancer Charity-funded Ralph Lauren Centre for Breast Cancer Research, The Royal Marsden’s Breast Unit, and the ICR’s Clinical Trials and Statistics Unit and Toby Robins Research Centre. The Royal Marsden’s research was supported by The Royal Marsden Cancer Charity and the NIHR Biomedical Research Centre.

### Presenting research findings

For the first time since before the COVID-19 pandemic, the American Society of Clinical Oncology (ASCO) conference was held in person, in Chicago in June. Researchers from The Royal Marsden and the ICR joined other leading experts from around the world to highlight the latest in cancer treatment and care.

There were ‘practice-changing’ results from the Phase 3 DARS trial, which revealed the benefits of a precision radiotherapy technique, pioneered at The Royal Marsden for treating head and neck cancer. Dysphagia-optimised intensity-modulated radiotherapy (DO-IMRT) reduces radiation to the muscles that control swallowing and of the 112 patients in the study, 40 per cent of those treated with DO-IMRT reported normal swallowing function after two years, compared with 20 per cent of those treated with standard intensity-modulated radiotherapy.

Professor Ros Eeles, Honorary Consultant in Clinical Oncology and Oncogenetics, presented results from the 90S study, which showed that screening patients for defective genes at GP practices could detect or prevent disease.

Professor Mary O’Brien, Consultant Medical Oncologist, presented data from the Phase 3 KEYNOTE-091 trial, which treated early-stage non-small-cell lung cancer patients with pembrolizumab, a type of immunotherapy, followed by surgery. Compared with placebo, the drug extended disease-free survival in patients by almost a year, regardless of the type of surgery, lymph node involvement, tumour size, or type of chemotherapy.

Consultant Medical Oncologist Dr Anna Minchom presented data from a Phase 1 trial investigating the effects of a new drug combination in advanced cancers with mutations in the *KRAS* gene, which is dubbed the ‘Death Star’ because its protein drives one in four cancers and it has a largely impenetrable, drug-resistant surface. The trial, led by Professor Udai Banerji, showed that the treatment benefited patients with a range of *KRAS* mutations.

Royal Marsden experts also joined leading oncologists from around the world at the 2022 European Society for Medical Oncology (ESMO) Congress in Paris in September. Ahead of the congress it was announced that Consultant Medical Oncologist Professor Samra Turajlic had won the 2022 ESMO Translational Research Award for her outstanding work in the field.



Results from the Phase 3 RADICALS-HD study were presented by Professor Chris Parker, Consultant Clinical Oncologist. The study, which enrolled nearly 3,000 patients, found that in men receiving radiotherapy after surgery for prostate cancer, the addition of a two-year course of radiotherapy improved long-term cancer control.

Research was also presented on RP2 – a modified version of the herpes simplex virus – which has shown signs of effectiveness in a third of patients with advanced cancers. The research was led by Professor Kevin Harrington, Consultant Clinical Oncologist, and involved patients with a range of cancers who had exhausted other treatments.

Dr Susana Banerjee, Consultant Medical Oncologist, presented positive results from a study of a three-drug combination for recurrent ovarian cancer. The Phase 2 MEDIOLA study evaluated olaparib, durvalumab and bevacizumab – as well as a dual treatment of olaparib and durvalumab – in patients with non-germline *BCRA*-mutated platinum-sensitive relapsed ovarian cancer. Over a third of patients who received the triple-drug treatment showed no progression in their disease after a year.

**Left: Dr Anna Minchom,**  
Consultant Medical Oncologist

At the ESMO World Congress on GI Cancer, Professor Ian Chau, Consultant Medical Oncologist, gave updates on the international Phase 3 CheckMate 648 trial, showing the benefits of immunotherapy options for patients with advanced oesophageal cancer. Research Fellow Dr Avani Athauda discussed a study that analysed samples from more than 1,500 Royal Marsden-led clinical trials who had resected oesophagogastric cancer to determine whether the impact of chemotherapy on lymph nodes affects survival. Research Fellows Dr Elizabeth Cartwright and Dr Susanna Slater presented results from the Phase 2 EMERGE study, which showed that, in combination, the targeted drug domatinostat and the immunotherapy avelumab benefited some patients with advanced oesophagogastric adenocarcinoma.

### Research collaboration

The Royal Marsden this year announced that it has joined forces with Royal Surrey NHS Foundation Trust to share research data and recruit patients to clinical studies, ensuring both trusts can maximise the benefits of their research for cancer patients. The partnership will involve The Royal Marsden contributing anonymised digital mammograms and associated radiological and pathological data to Royal Surrey's OPTMAM breast-imaging database, which will be used for exploratory or specific academic research and training purposes. In addition, both trusts will collaborate on recruitment for research in head and neck and upper gastrointestinal cancers.

The SM-PAEDS programme, in collaboration with Great Ormond Street Hospital for Children (GOSH) NHS Foundation Trust Biomedical Research Centre, involves conducting routine multiomic prospective clinical sequencing of all children who relapse with solid tumours in the UK. For children with known high-risk germline alterations such as TP53, surveillance clinics jointly run by paediatric oncologists and geneticists at GOSH and The Royal Marsden, offer intensive radiological surveillance to detect disease onset as early as possible.

Patients with TP53 in remission and healthy carriers of TP53 mutations have a very high cancer incidence. In this area of unmet need, introduction of surveillance using serial liquid biopsy is practical and cost-effective. The aim is to implement serial analysis of ctDNA samples, collected in GOSH and The Royal Marsden surveillance and relapse clinics, using a novel ctDNA NGS capture panel and DNA methylation profiling.



Senior Radiographer Emily Holland with a mammography machine

### TRACC study to evaluate blood test to guide chemotherapy treatment decisions

An innovative trial which aims to determine whether patients with colorectal cancer can be spared unnecessary chemotherapy opened at The Royal Marsden this year. The 'Tracking mutations in cell free DNA to predict Relapse in eArly Colorectal Cancer' (TRACC) Part C study, evaluates the use of circulating tumour DNA (ctDNA) to guide chemotherapy treatment decisions after surgery in patients with resected early-stage colorectal cancer. The Chief Investigator for the study is Professor David Cunningham, Director of Clinical Research at The Royal Marsden.

The blood test can detect microscopic molecular residual disease by measuring the DNA shed from tumour cells into the bloodstream. If ctDNA is not detected in a blood test following surgery, the patient's treatment is de-escalated, which can improve patients' quality of life and lead to cost savings for the NHS.

Results from the TRACC Part B study demonstrated that patients with a negative ctDNA test following surgery are less likely to see their cancer return within two years, compared to those with positive results. These findings enable clinicians to identify patients with a low recurrence risk who may be suitable for chemotherapy de-escalation. These findings are now being investigated in the TRACC Part C study, which uses the Guardant Reveal blood test to detect microscopic molecular residual disease by measuring the DNA shed from tumour cells into the bloodstream.

### Immunotherapy shows promise for advanced cancer

Early results from a Phase 1 trial have suggested that a new type of immunotherapy that redirects the body's 'natural killer cells' to tumours could be effective against a range of cancers that can evade current treatments.

The treatment, known as AFM24, has the potential to be safer and less complex than cell therapies such as CAR-T. The trial, led in the UK by Dr Juanita Lopez, Consultant Medical Oncologist, showed that a third of patients responded to the treatment and saw their cancer stop growing.

### Proton beam therapy trial for breast cancer

The first UK trial to test the benefits of proton beam therapy for certain patients with breast cancer launched in the UK in January. The trial will compare proton beam therapy – which can target radiotherapy beams more precisely – with standard radiotherapy for patients who are at greater risk of long-term heart problems after radiotherapy treatment. It will help to determine whether proton beam therapy can help to deliver adequate doses of radiotherapy to breast tissue, while minimising off-target radiation delivered to the heart.

The PARABLE trial is being led by researchers at The Royal Marsden, The University of Cambridge, the ICR, and managed by the Cancer Research UK-funded Clinical Trials and Statistics Unit at the ICR. The trial will enrol 192 people across a planned 22 sites in the UK.

### Parental nutrition study

A new study at The Royal Marsden is examining the information needs of people who are on parenteral nutrition, and their carers. Led by Dr Clare Shaw, Consultant Dietitian, the INPUT study has recruited people with advanced cancer who are receiving, or have previously received, parenteral nutrition – a type of feeding that is given directly into a vein.

INPUT will help identify what information patients and carers need to facilitate shared decision-making around starting and stopping parenteral nutrition, and will help the Trust develop more user-friendly resources.

### New brain scans to improve diagnosis

The Trust has begun trialling two innovative imaging tools to improve the detection of cancer for patients with brain tumours and brain lymphomas. The first uses contrast clearance analysis, an MRI method that clearly shows any active cancers in vibrant colours. The second, choline PET, uses a form of choline to give an enhanced image, so clinical teams can provide a more accurate analysis. The Trust is the only centre in the country to be using choline PET scans.

### Trial to detect relapse in breast cancer patients

An innovative trial to detect relapse in breast cancer patients with circulating tumour DNA (ctDNA) has opened this year. The TRAK-ER trial, led by researchers at The Royal Marsden and the ICR, will establish a ctDNA surveillance programme for over 1,000 patients with ER-positive breast cancer who are currently receiving hormone therapy to reduce their risk of cancer returning. The trial will be rolled out to 20 UK centres over six months.

The blood tests used in the trial can detect very low levels of ctDNA in a blood sample, to help determine whether any cancer is present in the body. Very low levels of cancer found in the blood is known as molecular relapse, which indicates that the patient will eventually relapse. Therefore, testing a patient's blood for ctDNA will allow clinicians to diagnose the return of cancer at the very earliest stage. Previous studies have shown that ctDNA blood tests can identify relapse several months or even years before it can be seen on a scan.

Patients recruited to the TRAK-ER trial will have a blood test every three months, for up to three years, to detect their risk of cancer returning. If risk of relapse is indicated, their treatment will be altered to try and prevent relapse from happening.

**Right: TRAK-ER trial Chief Investigator, Professor Nicholas Turner, Consultant Medical Oncologist**

The risk of relapse for ER+ breast cancer patients is spread out over many years after initial treatment. If the trial produces encouraging results, this could revolutionise how we treat these patients in the future.

**Professor Nicholas Turner**  
Consultant Medical  
Oncologist and TRAK-ER trial  
Chief Investigator

## Treatment and care

### Super Surgeons under the spotlight

The Royal Marsden's skilled surgeons are among the best in the world – and a Channel 4 documentary this year shed light on their life-saving roles. For almost a year, the surgical team had a documentary crew filming them for a three-part series set at the hospital. The series, *Super Surgeons: A Chance at Life*, aired in July and followed eight Royal Marsden patients with advanced or relapsed cancers who were preparing for innovative surgery. It averaged one million viewers per episode and had the second highest viewing figures in the 10pm time slot on Channel 4 for the year.

The production team at Wonderhood Studios started filming in September 2021. Patients were approached via their clinical teams to ask if they were willing to share their experience and appear on camera. Embedded with the clinical teams, the crew adhered to the hospital's strict infection control procedures while researching and filming.

The surgeons featured were Mr Andrew Hayes, Professor Vinidh Paleri, Ms Marielle Nobbenhuis, Mr Dirk Strauss and Mr Ricky Bhogal.

### Olaparib approved for early-stage breast cancer

Olaparib, a precision medicine that was pioneered by The Royal Marsden and the ICR, was approved this year by the Medicines and Healthcare products Regulatory Agency (MHRA) for patients with high-risk early-stage breast cancer.

The Phase 3 OlympiA trial, which involved patients from The Royal Marsden, had shown that adding olaparib to standard treatment for this patient group cut the risk of death by nearly a third after an average follow-up of three and a half years.

Being in a position to help patients navigate their way through one of the most difficult parts of their lives is so humbling. There is no better feeling than when I can give patients their future back.

**Ms Marielle Nobbenhuis**  
Consultant Gynaecological  
Oncology Surgeon

**Left:** (From left to right) Mr Ricky Bhogal, Consultant Hepatobiliary Surgeon, Mr Andrew Hayes, Consultant General Surgeon and Surgical Oncologist, Professor Vinidh Paleri, Consultant Head and Neck Surgeon, Mr Dirk Strauss, Consultant Surgical Oncologist, Ms Marielle Nobbenhuis, Consultant Gynaecological Oncology Surgeon

**Risk tool extended to prostate cancer**

In collaboration with the NIHR Cambridge Biomedical Research Centre, Royal Marsden researchers have created a comprehensive tool for predicting an individual’s risk of developing prostate cancer, which will help ensure that those men at greatest risk receive the appropriate testing while reducing unnecessary – and potentially invasive – testing for those at very low risk. CanRisk-Prostate will be incorporated into the CanRisk web tool, which has recently recorded its one millionth risk prediction.

The free tool is already used by healthcare professionals worldwide to help predict the risk of developing breast and ovarian cancers. So far, the data used to develop CanRisk-Prostate has been from men of European ancestry. Next, the team hope to be able to include data from men of other ethnicities as further research is undertaken.

**New range of prostheses for women of colour**

A team at The Royal Marsden – Natalie Johnson, Oncoplastic Surgeon, and Sarah Adomah, Breast Unit Lead Clinical Nurse Specialist, in partnership with Nubian Skin, supported by funding from The Royal Marsden Cancer Charity – has created a new and more inclusive range of lightweight fabric prostheses for women, to improve the care that women of colour receive following mastectomy. This has meant that, for the first time in the UK, prostheses now match a wider range of skin tones.

Some women use these prostheses (also known as ‘softies’) temporarily following their operation, although many choose to use them long-term, as they can be more comfortable than other available options. There are four new options available, in eight different sizes.



Sarah Adomah, Lead Breast Clinical Nurse Specialist, and Natalie Johnson, Breast and Oncoplastic Surgeon

**Targeted radiotherapy for pancreatic cancer patients**

NHS England has approved the use of targeted radiotherapy in patients with pancreatic cancer, following an application co-led by The Royal Marsden. This means that NHS patients with suitably locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC) will become eligible for stereotactic ablative body radiotherapy (SABR) as an alternative to conventional chemoradiation.

SABR is a highly targeted form of radiotherapy that delivers multiple radiation beams from different angles around the body at the same time. It is delivered in fewer treatment sessions than conventional radiotherapy.

**NICE approval for new breast cancer treatments**

The National Institute for Health and Care Excellence (NICE) this year approved a new treatment for breast cancer patients at high risk of recurrence, following a trial led by Professor Stephen Johnston, Consultant Medical Oncologist and Head of the Breast Unit at The Royal Marsden.

Abemaciclib is a targeted drug used in combination with hormone therapy to treat high-risk HR+ and HER2- breast cancer patients. NICE approval was based on results from the Phase 3 monarchE trial, which involved more than 5,600 patients in 38 countries and was led by Royal Marsden researchers. It found a 32 per cent reduction in the recurrence of breast cancer when abemaciclib was used alongside standard hormone therapy, compared with treatments that used hormone therapy alone.

5,600

patients involved in the Phase 3 monarchE trial, led by researchers from The Royal Marsden

### MyMarsden

The Royal Marsden’s new Digital Health Record programme, Connect, has transformed the way that patients can engage with our services and experience their care. It offers a variety of ways for patients to receive information, contribute to care records, interact with clinicians, and contribute to research – all from their own mobile device or personal PC, using our patient portal, MyMarsden.

MyMarsden is a patient app and website through which patients can view different parts of their Royal Marsden healthcare record at the touch of a button, including appointment times, after-appointment summaries, clinical letters, prescribed medication and most test results.

Other benefits of MyMarsden include patients being able to: send messages directly to their healthcare team through Secure Chat; request video appointments; complete pre-visit tasks from home, reducing the time filling out paperwork during appointments; share their digital health record with loved ones (proxy access); and generate a one-time access code to share their record with healthcare providers outside of The Royal Marsden.

### Liquid biopsy testing facility

In April 2023, The Royal Marsden began offering a state-of-the-art liquid biopsy testing facility for cancer clinical diagnostics and research, with Guardant Health, the first partnership of its kind in the UK. The Marsden360 liquid biopsy test provides comprehensive solid tumour profiling in advanced cancers, allowing clinicians to personalise treatments more accurately.

From a simple blood sample, liquid biopsies identify the genetic changes in DNA. This innovative technology will ensure the cancers of many patients are detected, diagnosed and analysed faster. Initially, the service will be available for private and clinical trial patients being treated at The Royal Marsden, with the aim to have it available on the NHS in due course.



### Lung health check clinic

The Royal Marsden Private Care has launched a new lung health check clinic, which aims to diagnose more cancers at an earlier stage, so patients can be treated much more effectively, or even cured.

The new service is led Dr Richard Lee, Consultant Physician in Respiratory Medicine and Champion for Early Diagnosis, who also jointly leads the NHS England National Targeted Lung Health Check programme and helped develop the model for lung health checks.

These checks, available in this new service, have been rolled out at 25 pilot NHS sites but are not yet available widely. The service will primarily be run from The Royal Marsden Private Care at Cavendish Square.

“Finding lung cancer early means it is usually more treatable. Currently, only about half of patients who have lung cancer receive their diagnosis at an early stage.”

**Iman Awadh**  
Genetic Technologist

Left: Iman Awadh, Genetic Technologist

### ‘Man Van’ awarded funding

The ‘Man Van’ outreach programme was awarded more than £500,000 in funding from NHS England to offer more health checks to men in North and South West London during 2023, with The Royal Marsden Cancer Charity also continuing its financial support. This followed the release of data from a pilot study that found that Man Van could improve healthcare access for men and potentially speed up the detection of prostate cancer.

The mobile health clinic, developed by The Royal Marsden, the ICR London and RM Partners, was set up to improve healthcare access for men aged over 45 from groups who are less likely to receive regular health checks, and are at risk of having prostate cancer diagnosed late, when it is more difficult to treat.

Pilot data suggests that the rate of prostate cancer detected through the service and the proportion of cancers needing treatment could be higher than screening the general population. This may mean that this approach is an effective way to increase diagnosis rates. This will be tested through the next phase of the project, in which 4,000 more men will receive health checks.

**Right:** Royal Marsden volunteers, Atiyeh Razavi, Joan Donaid, Lucinda Cormack, Rhood Tandon and Amaya, with Charlie, a Pets As Therapy dog

### Therapy dogs introduced to wards

This year the Trust welcomed five Pets As Therapy (PAT) dogs to the Trust to provide comfort and companionship to patients and staff. PAT is a charity that enlists volunteers to visit healthcare centres across the UK with their pets. Studies have shown that the presence of animals can improve patients’ wellbeing simply by making the hospital environment happier, more enjoyable and less overwhelming.

Buddy, Stanley, Jess, Milly and Charlie who visit the hospitals are specially trained and accredited to ensure they have the right temperament for these unfamiliar environments. They’re also fully vaccinated and each situation they encounter is risk assessed with the help of the Trust’s infection prevention and control team. Feedback has been incredibly positive with both patients and staff enjoying their regular visits.



The aim of the PAT programme is to brighten the moods of people in the hospital. We’ve heard so much positive feedback from patients and staff. It’s been fantastic to see the joy on people’s faces.

**Barry Pridmore**  
Head of Volunteers



The Oak Cancer Centre will help the hospital to go faster and further in the delivery of research and cancer treatments and provide the very best environments for our patients.

**Dame Cally Palmer**  
Chief Executive

# Modernising infrastructure

## The Oak Cancer Centre

In June 2023, the Oak Cancer Centre, funded by The Royal Marsden Cancer Charity, was officially opened by His Royal Highness Prince William, Prince of Wales.

With floor-to-ceiling windows, the Oak Cancer Centre has been specifically designed to enhance patient experience in a bright and peaceful environment and provide staff with the best facilities to conduct their life-saving and innovative work, transforming the lives of cancer patients at The Royal Marsden, across the UK and beyond.

The Oak Cancer Centre includes the Kuok Research Centre which brings together more than 400 researchers – who were previously dispersed across the Sutton site – under the same roof. The space is designed to encourage communication across different tumour specialties so they can share their latest findings and innovations with other research colleagues. Being across different levels will inform this innovative ‘bench to bedside’ drug development process as effects on patients will be closely monitored and treated. This will speed up the translation of pioneering research into breakthroughs in treatment and care, meaning the Oak Cancer Centre truly has the potential to transform the lives of cancer patients.

The new Charles Wolfson Rapid Diagnostic Centre utilises the very latest technology, meaning The Royal Marsden can provide earlier and faster diagnosis for more people, helping to increase the number of cancer patients diagnosed at an early stage, when treatment is more likely to be successful.

The Olayan Day Care Unit has been designed specifically to maximise the comfort of patients receiving chemotherapy and other cancer treatments by creating a bright and peaceful environment with generous space. It includes more treatment chairs and has a pharmacy hub within the unit.

## Epsom and St Helier Specialist Emergency Care Hospital and London Cancer Hub

The Government has announced that Epsom and St Helier University Hospitals’ proposed Specialist Emergency Care Hospital (SECH) next to The Royal Marsden’s Sutton site is now able to move forward. An investment of more than £20 billion has been ring-fenced, on top of wider investment in hospital infrastructure, for the New Hospital Programme.

The London Borough of Sutton is also progressing its vision for a London Cancer Hub, a life science focused development on the land adjacent to The Royal Marsden Sutton site.

Left: Oak Cancer Centre

During 2022, in support of this vision, the London Borough of Sutton and the ICR launched the ‘Innovation Gateway’ offering 6,300 sq ft of laboratory and office space on the Sutton site, which has been filled within less than a year by oncology-focused small and medium life science companies.

The project took another step forward in 2023 with Sutton Council approving plans to clear disused hospital buildings from the site to make way for modern, state-of-the-art facilities which will form part of the new world-leading campus for cancer research and treatment. The clearance work started in April and is due to complete in the autumn. The Council also won £14.1 million of Levelling Up funding to double the number of trains running to Belmont in Sutton.

The Trust is supportive of this vision and the benefits it can bring both in terms of attracting potential partners to collaborate with on research and innovation, as well as the anticipated benefits to the amenities and landscaping of the site that could benefit patients and staff. The Royal Marsden will continue to liaise with the London Borough of Sutton as well as other site partners (the ICR, and Epsom and St Helier University Hospitals NHS Trust) as this plan evolves, to support the delivery of the anticipated science and site development benefits.

### Chelsea redevelopment

The Royal Marsden is exploring proposals to improve and extend the capacity of its Chelsea hospital. This will primarily be made possible by the generosity of supporters of The Royal Marsden Cancer Charity.

The process is at the very beginning, with feasibility studies being undertaken, development options explored and the broad parameters for what could be delivered at Chelsea being considered.

In June 2022, a competitive procurement process began to bring on board an architect. Following the completion of this process in November 2022, an architectural team has been appointed for this scheme. As lead architect, Stanton Williams brings extensive experience of designing complex buildings in sensitive urban locations and a track record of delivering highly successful and award-winning research and healthcare buildings with challenging briefs. They will work closely with John Cooper Architecture and MJ Medical on the healthcare aspects of the scheme.

In 2023, once this initial design work has progressed, the Trust will consult with the council, local community, key stakeholders, patients and staff to ensure that everyone has the opportunity to provide their feedback on the proposals.





I think the benefits of the programme go beyond just what Connect will do for us immediately, such as increasing efficiencies and improving patient care. It will also give us information and data to help us with our ongoing research.

**Dr Nadia Yousaf**  
Consultant Medical Oncologist

## Financial sustainability and best value

### New Digital Health Record launched

The Royal Marsden's new Digital Health Record (DHR) 'Connect' was launched on 17 March. Connect provides an accurate, real-time view of patient information and allows the capture of clinical information at the point of care, along with new functionality that will enhance patient safety, increase efficiency and improve data quality.

The Trust partnered with Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) who implemented a similar system in 2019. The partnership with GOSH has been beneficial to both trusts and has included the opportunity to harness the digital excellence, technologies and learning that GOSH achieved through its own DHR implementation. The partnership involves joint hosting of the DHR platform, which brings substantial benefits to both trusts, including reduced hosting costs, and shared training and development costs.

### Procurement transition to North West London (NWL) ICB

A new shared service for procurement, NWL Procurement Services, launched on 1 September 2022. The Royal Marsden, alongside eight other NHS partner organisations across north west London, is now part of NWL Procurement Services, the establishment of which enables the Trust to adopt a unified approach to identifying shared practice with colleagues across north west London, increase efficiency to deliver more from supply partners and improve the overall service experience for all stakeholders, staff and patients.

**Left: Connect Digital Health Record Team – (left to right)**  
Radiographer Khadija Begum, Oncologist Dr Nadia Yousaf,  
Programme Manager Ciara Gill, Nurse James Pritchard

## Our performance

The Trust continued to be affected by the lasting impact of the COVID-19 pandemic and the challenges this brought in maintaining treatment and care for patients.

The Royal Marsden launched its new Digital Health Record (DHR), Connect, in March 2023, one of the most ambitious change programmes the Trust has undertaken. Connect provides an accurate, real-time view of patient information, enabling clinical information to be accessible at the point of care.

On 1 July 2022, The Royal Marsden formally became part of South West London Integrated Care System. Integrated Care Systems (ICSs) are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

**Right:** Eve Allan, Matron, in the Olayan Day Care Unit, Oak Cancer Centre



# Our financial performance

The Royal Marsden has a track record of performing well financially. The financial performance of the Trust was greatly impacted by the COVID-19 pandemic, with a reduction in commercial income, increased costs and additional pressures on the workforce. While these pressures were managed and mitigated where possible, the current economic climate has provided a continued challenge. Additionally, the changing NHS contracting regime, moving away from payment by results to minimum contractual financial thresholds, has had a significant impact on trusts such as The Royal Marsden due to their geographical breadth of patients. Despite these challenges, the Trust delivered a moderate surplus (pre-impairment and adjustments relating to charitable donations) of £7.2 million in 2022/23.

The Trust continues to maintain a strong balance sheet and cash position. At 31 March 2023, the Trust held cash deposits of £165.1 million. The Trust generated £19.9 million from operational activities. The Trust invested £51.0 million in capital expenditure and made a Public Dividend Capital dividend to the Department of Health and Social Care of £4.8 million, which represented an actual dividend rate of 3.5 per cent.

## Efficiency

In a challenging economic environment, the Trust has delivered 94 per cent of the efficiency programme for 2022/23. 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. Where schemes were not delivered in year, they have been targeted for delivery in 2023/24.

## Financing and investment

The Trust has continued to invest in estate and infrastructure, spending £51.0 million on buildings, equipment and IT. There was £26.1 million funded through charitable donations and £0.3 million from Public Dividend Capital. The remainder of the capital programme was funded through operating surpluses, retained depreciation and free cash.

As part of the South West London Integrated Care System, the Trust contributed to the development of joint revenue and capital resource plans to support the objectives of the local health system of which it is a part. An active participant in the South West London Finance Committee and Recovery and Sustainability Board, the Trust ensured delivery over and above plan to support the wider system and meet NHS England’s targets.

## Consolidated statement of comprehensive income for the year ended 31 March 2023

|                                                                              | 2022/23   | 2022/23   | 2021/22   | 2021/22   |
|------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|
|                                                                              | Trust     | Group     | Trust     | Group     |
|                                                                              | £000      | £000      | £000      | £000      |
| Income from activities                                                       | 473,595   | 473,595   | 409,036   | 409,036   |
| Other operating income                                                       | 124,675   | 124,378   | 154,201   | 153,879   |
| Operating expenses                                                           | (578,393) | (578,072) | (513,784) | (513,494) |
| Operating surplus                                                            | 19,877    | 19,901    | 49,453    | 49,421    |
| Finance costs                                                                |           |           |           |           |
| Finance income                                                               | 2,813     | 2,898     | 83        | 70        |
| Finance expense                                                              | (400)     | (395)     | (189)     | (189)     |
| Public Dividend Capital dividends payable                                    | (4,791)   | (4,791)   | (4,368)   | (4,368)   |
| Net finance costs                                                            | (2,378)   | (2,288)   | (4,474)   | (4,487)   |
| Share of profit/(loss) in joint venture                                      | (188)     | (188)     | 122       | 122       |
| Corporation tax expense                                                      | –         | (22)      |           |           |
| Surplus/(Deficit) for the year                                               | 17,311    | 17,403    | 45,101    | 45,056    |
| Other comprehensive (losses)/income                                          |           |           |           |           |
| Amounts that will not be reclassified subsequently to income and expenditure |           |           |           |           |
| Revaluation (losses) on land and buildings                                   | (5,540)   | (5,540)   | (2,328)   | (2,328)   |
| Total comprehensive income for the year                                      | 11,771    | 11,863    | 42,773    | 42,728    |

|                                                                                              | 2022/23  | 2022/23  | 2021/22  | 2021/22  |
|----------------------------------------------------------------------------------------------|----------|----------|----------|----------|
|                                                                                              | Trust    | Group    | Trust    | Group    |
|                                                                                              | £000     | £000     | £000     | £000     |
| Surplus for the year pre impairment and adjustments relating to capital charitable donations | 17,311   | 17,403   | 45,101   | 45,056   |
| Donated capital income                                                                       | (26,119) | (26,119) | (42,113) | (42,113) |
| Depreciation on donated assets                                                               | 7,791    | 7,791    | 7,022    | 7,027    |
| Impairment of assets due to changes in market prices                                         | 8,146    | 8,146    | (6,352)  | (6,352)  |
| Centrally procured inventories                                                               | –        | –        | 308      | 308      |
| Surplus for the year pre impairment and adjustments relating to capital charitable donations | 7,129    | 7,221    | 3,966    | 3,926    |

Consolidated statement of financial position as at 31 March 2023

|                                       | 31 March 2023    | 31 March 2023    | 31 March 2022    | 31 March 2022    |
|---------------------------------------|------------------|------------------|------------------|------------------|
|                                       | Trust            | Group            | Trust            | Group            |
|                                       | £000             | £000             | £000             | £000             |
| Non-current assets                    |                  |                  |                  |                  |
| Intangible assets                     | 26,075           | 26,075           | 14,578           | 14,578           |
| Property, plant and equipment         | 289,448          | 289,468          | 288,652          | 288,679          |
| Right of use assets                   | 29,740           | 29,740           | –                | –                |
| Loan to subsidiary undertakings       | 419              | –                | 710              | –                |
| Investment in subsidiary undertakings | 3,360            | –                | 3,360            | –                |
| Trade and other receivables           | 1,202            | 1,202            | 1,494            | 1,494            |
| Investment in joint venture           | 434              | 434              | 622              | 622              |
| <b>Total non-current assets</b>       | <b>350,678</b>   | <b>346,919</b>   | <b>309,416</b>   | <b>305,373</b>   |
| Current assets                        |                  |                  |                  |                  |
| Inventories                           | 7,230            | 9,007            | 6,549            | 8,993            |
| Trade and other receivables           | 81,245           | 82,562           | 76,567           | 77,182           |
| Public dividend capital receivable    | 122              | 122              | –                | –                |
| Loan to subsidiary undertakings       | 291              | –                | 287              | –                |
| Assets held for sale                  | –                | –                | –                | –                |
| Cash and cash equivalents             | 160,267          | 165,147          | 167,697          | 171,348          |
| <b>Total current assets</b>           | <b>249,155</b>   | <b>256,838</b>   | <b>251,100</b>   | <b>257,523</b>   |
| Current liabilities                   |                  |                  |                  |                  |
| Trade and other payables              | (91,341)         | (95,170)         | (86,833)         | (89,228)         |
| Provisions                            | (74)             | (74)             | (2,314)          | (2,314)          |
| Borrowings                            | (5,188)          | (5,188)          | (4,736)          | (4,736)          |
| Deferred income and other liabilities | (42,881)         | (42,909)         | (45,177)         | (45,187)         |
| Public dividend capital liability     | –                | –                | (390)            | (390)            |
| Tax payable                           | (6,641)          | (6,669)          | (5,916)          | (5,945)          |
| <b>Total current liabilities</b>      | <b>(146,125)</b> | <b>(150,010)</b> | <b>(145,366)</b> | <b>(147,800)</b> |
| Non-current liabilities               |                  |                  |                  |                  |
| Trade and other payables              | –                | –                | (2,747)          | (2,747)          |
| Provisions                            | (4,923)          | (4,923)          | (2,994)          | (2,994)          |
| Borrowings                            | (35,482)         | (35,482)         | (14,379)         | (14,379)         |
| <b>Total non-current liabilities</b>  | <b>(40,405)</b>  | <b>(40,405)</b>  | <b>(20,120)</b>  | <b>(20,120)</b>  |
| <b>Total assets employed</b>          | <b>413,303</b>   | <b>413,342</b>   | <b>395,030</b>   | <b>394,976</b>   |
| Financed by taxpayers' equity         |                  |                  |                  |                  |
| Public dividend capital               | 115,556          | 115,556          | 115,285          | 115,285          |
| Revaluation reserve                   | 9,031            | 9,031            | 14,571           | 14,571           |
| Income and expenditure reserve        | 288,716          | 288,755          | 265,174          | 265,120          |
| <b>Total taxpayers' equity</b>        | <b>413,303</b>   | <b>413,342</b>   | <b>395,030</b>   | <b>394,976</b>   |

Consolidated statement of cash flows for the year ended 31 March 2023

|                                                                                                          | 2022/23         | 2022/23         | 2021/22         | 2021/22         |
|----------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                                                                                          | Trust           | Group           | Trust           | Group           |
|                                                                                                          | £000            | £000            | £000            | £000            |
| Cash flows from operating activities                                                                     |                 |                 |                 |                 |
| Total operating surplus                                                                                  | 19,877          | 19,901          | 49,453          | 49,421          |
| Non-cash income and expenses                                                                             |                 |                 |                 |                 |
| Depreciation and amortisation                                                                            | 23,624          | 23,631          | 22,183          | 22,190          |
| Impairment                                                                                               | 11,275          | 11,275          | (6,352)         | (6,352)         |
| Increase in inventories                                                                                  | (681)           | (14)            | (91)            | (412)           |
| (Increase)/Decrease in receivables excluding any items in relation to the transfer of items per note 12* | (4,373)         | (4,960)         | 2,075           | 2,122           |
| Increase in trade and other payables excluding any items relating to the transfer of items per note 12*  | 6,469           | 7,746           | 29,086          | 29,537          |
| (Decrease)/Increase in deferred income                                                                   | (3,730)         | (3,730)         | 4,130           | 4,133           |
| Increase in other liabilities                                                                            | 1,025           | 1,064           | 1,683           | 1,695           |
| (Decrease)/Increase in provisions                                                                        | (312)           | (312)           | 2,050           | 2,050           |
| <b>Net cash inflow from operating activities</b>                                                         | <b>53,174</b>   | <b>54,601</b>   | <b>104,217</b>  | <b>104,384</b>  |
| Cash flows from in investing activities                                                                  |                 |                 |                 |                 |
| Investment in subsidiary joint venture/undertaking                                                       | –               | –               | (500)           | (500)           |
| Loan repayments from subsidiary company                                                                  | 282             | –               | 282             | –               |
| Interest received from subsidiary company                                                                | 5               | –               | 19              | –               |
| Interest received                                                                                        | 2,809           | 2,898           | 65              | 70              |
| Purchase of intangible assets                                                                            | (12,592)        | (12,592)        | ( 12,713)       | ( 12,713)       |
| Purchase of property, plant and equipment                                                                | (39,133)        | (39,133)        | (67,220)        | (67,228)        |
| <b>Net cash used in investing activities</b>                                                             | <b>(48,629)</b> | <b>(48,827)</b> | <b>(80,067)</b> | <b>(80,371)</b> |
| Cash flow from financing activities                                                                      |                 |                 |                 |                 |
| Public dividend capital received                                                                         | 271             | 271             | 4,030           | 4,030           |
| Loan received                                                                                            | –               | –               | 1,960           | 1,960           |
| Interest paid                                                                                            | (144)           | (144)           | (195)           | (195)           |
| Loan repaid                                                                                              | (4,719)         | (4,719)         | (4,478)         | (4,478)         |
| Lease interest paid                                                                                      | (258)           | (258)           | –               | –               |
| Lease capital paid                                                                                       | (1,822)         | (1,822)         | –               | –               |
| Public dividend capital dividends paid                                                                   | (5,303)         | (5,303)         | (4,126)         | (4,126)         |
| <b>Net cash outflow from financing activities</b>                                                        | <b>(11,975)</b> | <b>(11,975)</b> | <b>(2,809)</b>  | <b>(2,809)</b>  |
| <b>Increase/(Decrease) in cash and cash equivalents</b>                                                  | <b>(7,430)</b>  | <b>(6,201)</b>  | <b>21,341</b>   | <b>21,204</b>   |
| <b>Cash and cash equivalents at 1 April</b>                                                              | <b>167,697</b>  | <b>171,348</b>  | <b>146,356</b>  | <b>150,144</b>  |
| <b>Cash and cash equivalents at 31 March</b>                                                             | <b>160,267</b>  | <b>165,147</b>  | <b>167,697</b>  | <b>171,348</b>  |

For the full financial performance, please refer to The Royal Marsden NHS Foundation Trust's Annual Report and Accounts 2022/23. \*See the notes to the accounts in The Royal Marsden NHS Foundation Trust Annual Report and Accounts 2022/23.



## The Royal Marsden Cancer Charity

The Royal Marsden Cancer Charity raises money solely to support The Royal Marsden. They ensure our nurses, doctors and research teams can provide the very best care and develop life-saving treatments, which are used across the UK and around the world.

In 2022/23, The Royal Marsden Cancer Charity raised an incredible £34.4 million, including £31.8 million from donations and gifts in Wills, enabling the hospital to go faster and further in its delivery of research, treatment and care.

The Charity continued to make grants across its four pillars: research – funding pioneering breakthroughs to change the lives of cancer patients, not just at The Royal Marsden but across the UK and around the world; equipment – state-of-the-art transformative technology to enable faster and more accurate diagnosis, as well as less invasive treatments for patients; patient environments – creating comfortable and reassuring surroundings for wellbeing and recovery; and treatment and care – helping the hospital to provide exceptional treatment for patients which is tailored to their needs and helps improve their emotional and physical wellbeing.

Innovating in areas of national and international priority allows The Royal Marsden to continue to deliver world-leading cancer research. The Charity's contributions enable the hospital to increase the scope and scale of its research and development expertise. Through a £5.4 million research grant, the Charity supported key priority areas including early phase drug development and research into immunotherapeutics, early diagnosis, imaging and data science.

Early and accurate diagnosis of cancer is critical to patient wellbeing. Through two equipment grants, totalling just over £4 million, the Charity enabled the hospital to provide faster and more accurate diagnosis for patients, with items such as a new image intensifier which captures moving X-ray images of the inside of the body, improving image quality to support diagnosis, and a fluoroscopy machine for the Chelsea site which captures X-ray footage of the body in real time, reducing the need for repeat scans.

This year, construction of the Oak Cancer Centre in Sutton, funded by the Charity's £70 million appeal, entered its final stages. Designed to enhance patient experience by providing a bright and peaceful environment, this incredible new building will also provide staff with the best facilities in which to conduct their life-saving work and accelerate the development of new treatments, offering hope to cancer patients worldwide.

Providing exceptional treatment and care for patients which is tailored to their needs and helps improve their emotional and physical wellbeing is essential. This year a £5.9 million quality of services grant, which commenced in 2020, funded services such as psychological support for patients and their families, and the prehabilitation team, which aims to better prepare patients to live and eat well prior to, and during, treatment.

Generous supporters of The Royal Marsden Cancer Charity continued to inspire us with their fundraising this year, ensuring the hospital could continue to transform the lives of cancer patients. More supporters returned to mass participation events in 2022/23, after the COVID-19 pandemic. This included the return of The Banham Marsden March in May 2022, with 2,650 supporters participating in the in-person event and a further 325 walkers taking part in The Banham Marsden March at Home. Together, the events raised over £1 million.

In December, the stunning Ever After Garden lit up Grosvenor Square once again, with over 20,000 illuminated white roses dedicated in memory of treasured family and friends. Established in 2019, the 2022 Ever After Garden was financially the most successful to date, raising more than £200,000.

The Charity's longstanding corporate partnership with Ralph Lauren continued to grow and this year included a holiday fundraiser at its flagship store on Bond Street. Featuring live music, it gave people the chance to see The Ralph Lauren Giving Tree for Bond Street in aid of The Royal Marsden Cancer Charity and guests could make a donation and personalise a star for the tree.

These are all such wonderful achievements, and the hospital would like to thank the Charity and its volunteers, donors, staff and everyone who has supported it over the last year. This support has made a vital difference to the lives of people with cancer and those who care for them



Left: The Banham Marsden March 2022

# Our values

The Royal Marsden brand is shaped by a distinct set of values that define what we are and how we behave.



## Pioneering Change

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



## Working Collaboratively

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



## Pursuing Excellence

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



## Showing Kindness

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

### The Royal Marsden NHS Foundation Trust

[Chelsea, London](#)

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

[Sutton, Surrey](#)

The Royal Marsden  
Downs Road  
Surrey SM2 5PT  
T 020 8642 6011

[Kingston](#)

The Royal Marsden  
Galsworthy Road  
Kingston upon Thames  
Surrey KT2 7QB  
T 020 8973 5030

[royalmarsden.nhs.uk](https://royalmarsden.nhs.uk)

**President**  
His Royal Highness Prince William, Prince of Wales



Radiotherapy and  
Chemotherapy Services  
F538021 & F538022

CUSTOMER  
SERVICE  
EXCELLENCE

