

The ROYAL MARSDEN
NHS Foundation Trust



NHS

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.



Life demands excellence

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Who we are

The Royal Marsden NHS Foundation Trust is a world-leading cancer centre specialising in cancer diagnosis, treatment, research and education.

Together with our academic partner, The Institute of Cancer Research (ICR), we form the largest comprehensive cancer centre in Europe with a combined staff of 4,300. Through this partnership, we undertake groundbreaking research into new cancer drug therapies and treatments.

We also have an academic partnership with Mount Vernon Cancer Centre (MVCC). This combined partnership enhances our research programmes and our contribution to the NHS in finding new and better ways to treat patients diagnosed with cancer.

We have two hospitals: one in Chelsea, London, and another in Sutton, Surrey. We also have a Chemotherapy Medical Daycare Unit at Kingston Hospital and provide Sutton and Merton Community Services.

The Royal Marsden was founded in 1851 by William Marsden. His vision was to create a pioneering cancer hospital dedicated to excellence in the study, treatment and care of people with cancer.

Today we continue to build on this legacy, constantly raising standards to improve the lives of the 40,000 cancer patients from across the UK and abroad we see each year.



The Royal Marsden, Chelsea, London.



The Sir William Rous Unit, Kingston Hospital, Kingston, Surrey.



The Royal Marsden, Sutton, Surrey.



Sutton and Merton Community Services, Sutton and Merton, Surrey.

Ten facts about The Royal Marsden

The Royal Marsden was the first hospital in the world dedicated to cancer when it opened in 1851. Its founder, William Marsden had a vision to create a pioneering cancer hospital dedicated to the treatment and care of people with cancer and research into the underlying causes of cancer.



Our new state-of-the-art Critical Care Unit, the only level 3 CCU in the UK dedicated to the needs of cancer patients.

1 This year, The Royal Marsden celebrated **seven years as an NHS foundation trust**. We were one of the first hospitals to be awarded this status in April 2004.

2 The Royal Marsden is the **best performing Trust in the country for staff satisfaction** and one of the top four in the country for patient quality of experience according to national survey data.

3 For the fourth year in a row The Royal Marsden has been **rated as excellent by the National Patient Safety Agency (NPSA)** following an annual inspection. The NPSA scored the Trust as “excellent” for overall hospital environment, levels of privacy and dignity given to patients, and the quality of food. The Trust’s levels of cleanliness and infection control procedures and rates were also commended.

4 We have academic partnerships with The Institute of Cancer Research (ICR) and Mount Vernon Cancer Centre (MVCC). These relationships strengthen our bench-to-bedside approach to the research and development of new cancer drugs, and new imaging and radiotherapy techniques. They also allow us to **combine our expert teams of scientists and clinicians to give the best care to our patients**.

5 Our Drug Development Unit, **rated “outstanding” by Cancer Research UK, has had major breakthroughs** in the treatment of advanced melanoma and prostate cancer. Thirty Phase I drug trials have taken place this year.

6 The Royal Marsden is the **largest NHS provider of molecular diagnostics in the UK**, allowing us to identify patients who will benefit from specific anti-cancer therapies and to tailor treatment programmes to the individual.

7 The completion of the first phase of the Trust’s new £18 million Oak Centre for Children and Young People (CCYP) was completed in Sutton. The official opening of the Centre is due in September 2011. **The CCYP will double inpatient and day capacity**, and includes a drug-development programme for children and teenagers.

8 We opened a new state-of-the-art £10 million Critical Care Unit in August 2010. The 19-bed facility is the **only level 3 critical care unit in the UK dedicated to cancer patients** and demonstrates exceptional clinical outcomes.

9 We invested in a **brand-new high-tech Ambulatory Care Centre (ACC)**. The ACC incorporates a purpose-built Medical Day Unit, a Clinical Assessment Unit and a Pharmacy Unit in a modern, comfortable patient environment.

10 In the past year, The Royal Marsden School of Cancer Nursing and Rehabilitation **educated over 700 nurses and allied health professionals**.



Our new Oak Centre for Children and Young People, one of the largest of its kind in Europe.

Chairman and Chief Executive joint statement

The Royal Marsden has a vital role in championing change and improvement in cancer care through research and innovation, education and leading-edge practice. Together with The Institute of Cancer Research, we form the largest comprehensive cancer centre in Europe, offering expert treatment supported by high-quality research.



Cally Palmer CBE, Chief Executive, and R. Ian Molson, Chairman.

We are designated as a specialist Biomedical Research Centre for cancer by the NHS and we operate in partnership with a range of other organisations whenever this will benefit patients. Our aim is to contribute to global improvement in the effective treatment of cancer as well as local treatment and care of the highest quality.

During 2010/11, The Royal Marsden was one of the leading performing trusts in the country for patient experience, and the top performing trust for staff satisfaction. It was one of only two trusts nationally to score “better than expected” or “expected” on all performance indicators set by the NHS to measure quality and efficiency.

The Trust was assessed during the year for the Customer Service Excellence Award, and achieved full compliance with this external assessment of quality of service to patients and the public. The Award was given for all the Trust’s services in Chelsea, Sutton and Kingston.

The Royal Marsden’s priorities include leadership of the latest techniques and advances in personalising treatment and care so that more patients are cured and quality of life is improved for those diagnosed with cancer. The NHS supports our role in the global research effort to achieve these aims, and we are building the UK’s first Centre for Molecular Pathology which will bring scientists and clinicians together to offer treatment of the very highest standard, informed by the very latest in scientific discovery. The Centre will open in 2012 and is an important extension of the work we already undertake in The Royal Marsden’s Drug Development Unit, described later in the Annual Review, and assessed as “outstanding” by Cancer Research UK.

We are supported in our academic and research activity by The Institute of Cancer Research (ICR), with fast translation of research into clinical service for the benefit of our patients. We were delighted to welcome Professor Alan Ashworth FRS as the new Chief Executive of the ICR in January 2011.

During the year we commenced a new academic partnership with Mount Vernon Cancer Centre in Middlesex. This presents an exceptional opportunity to work together to maximise the contribution all partners make to research into better ways of diagnosing and treating cancer.

2010/11 has been a year of major construction and redevelopment at our Chelsea and Sutton sites, to provide the technology and patient environment for 21st century medicine and science.

The Annual Review describes the completion of the rebuild and redevelopment of our Chelsea site, which includes eight new operating theatres, a 19-bed Critical Care Unit and our new Ambulatory Care Centre in the heart of the hospital, and investment in PET/CT imaging and CyberKnife radiotherapy technology.

At Sutton we have already made significant investment in leading-edge radiotherapy facilities and services, and this year we completed an £18 million investment in a new Oak Centre for Children and Young People, supported by generous donations from The Royal Marsden Cancer Charity and Teenage Cancer Trust.

Innovation and discovery are challenging in a tough economic climate, and all our staff are working hard to ensure treatment and care are given as efficiently as possible so that we can continue to invest in excellent facilities and services for patients.

This means changing the way we work, delivering care at home when possible and minimising inpatient stays in hospital. Our aim is to ensure that quality remains at the centre of our service and that efficiency is visible to patients only as a positive experience of care.

We were delighted to be given the opportunity to take over responsibility for managing community services in Sutton and Merton from 1 April 2011 and we welcome all community services staff to The Royal Marsden. While our central role will remain the delivery of cancer treatment and care, we are looking forward to working more closely with community and primary care to ensure patients can be treated locally or at home whenever possible.

Finally, we would like to thank the staff at The Royal Marsden for the exceptional commitment and professionalism which are commented on by so many of our patients. All our staff are committed to excellence, with a strong performance ethic and this pursuit of excellence permeates the organisation.

R. Ian Molson
Chairman

Cally Palmer CBE
Chief Executive

Building for the future

We are proud that our £85 million rebuild of Chelsea is in the final stages of being completed on schedule while still maintaining our excellent standard of patient care.

The staff in the hospital have worked incredibly hard to ensure that a complex and extensive redevelopment has been achieved with no adverse impact on patients. In the past year, eight new operating theatres have been completed, a 19-bed state-of-the-art Critical Care Unit opened, wards refurbished and a new Ambulatory Care Centre built in the heart of the hospital for patients needing medical day care, chemotherapy and clinical assessment.

Final schemes in Chelsea due to open in 2011 include the redevelopment of our Palliative Care Ward, our private inpatient facilities, and the installation of the latest imaging and radiotherapy technology with the introduction of a PET/CT scanner and CyberKnife for the first time. Chelsea represents the very best in modern technology and patient environment for the comprehensive treatment and care of patients to the very highest international standards.

The next stage of our plans focuses on our Sutton site, which is a successful health and science campus in south west London, shared with The Institute of Cancer Research. Recent capital developments at Sutton include the Radiotherapy Service with the latest in technological capability and expertise, and our Oak Centre for Children and Young People, completing in September 2011.

As an NIHR Biomedical Research Centre, we are building a Centre for Molecular Pathology which will bring scientists and clinicians together to further develop our leading molecular diagnostics service and to enhance our programme of providing personalised treatment and care for all our patients. Further information about these developments are included in this review.

Finally, our plans for Sutton include preparatory work for a new clinical treatment and research centre, to allow us to continue to modernise our service to patients, who have the right to expect the latest and best cancer care from The Royal Marsden.



Colin Rickard, Director of Capital Projects, and Mike Haskey, Site Project Manager (Osborne) at the Centre for Molecular Pathology building site at The Royal Marsden, Sutton.

What we do

It is estimated that one in three people will be diagnosed with cancer at some point in their life. Even for those who have not been personally affected, it is likely that someone they know has gone through their own cancer experience.

For this reason, treating patients as individuals is at the heart of our patient-centred approach. In the following pages, we present some of the achievements from the last year which will allow us to continue to deliver personalised cancer care along each step of the patient journey.

What we do

The patient's journey



Referral

General Practitioners (GPs) play a key role in assessing symptoms and referring patients for specialist diagnosis. Developing interactions that build our relationship with GPs is therefore vital to give patients fast access to care.



Diagnosis

A fast and accurate diagnosis contributes to better outcomes for patients. Our Rapid Diagnostic and Assessment Centre provides patients with immediate access to a specialist team and expert diagnostics, including digital imaging and molecular diagnostics to help sub-classify cancer types.



Treatment

We offer a comprehensive range of services, from surgery to radiotherapy and chemotherapy in state-of-the-art facilities. A multidisciplinary team of experts works together to plan each patient's course of therapy in order to achieve the optimum outcome.



Care

Our approach to care is patient-centred. This means we consistently strive to improve the patient experience in hospital and use our expertise to tailor care to meet the needs of individual patients.



Ongoing support

With increasing emphasis on treating cancer as a chronic disease, we have in place the essential support to help patients feel empowered and educated about their ongoing health.



Research

As a world-class cancer centre, The Royal Marsden works with The Institute of Cancer Research to accelerate research from bench to bedside. Together, we apply knowledge about the basic science of cancer to clinical research and treatment. Our work has been internationally recognised and has led to a better understanding of the causes of cancer and ways of treating it more effectively.

Referral

Many of our patients are referred to us after an initial consultation with their GP. To help GPs make decisive and timely referrals we continue to strengthen our relationships with them to ensure that together we can increase early diagnosis and achieve better outcomes.

Engaging with GPs has been a priority for us in the past year and our continued success in the GP Education Series and the introduction of the GP newsletter reflects our commitment.

GP Education Series

Figures state that in a 10,000-patient practice, ten breast cancer patients will be seen a year and rarer cancers may only be seen by a GP once or twice in their career. This makes it difficult for GPs to assess when it is appropriate to refer patients on to secondary care for investigation. Educating GPs about their role in patients' cancer care pathways and ensuring they understand how they can access our services is the key to ensuring that GPs can make swift referrals. This is why The Royal Marsden puts such emphasis on a programme of engagement with GPs.

Through various activities, GPs are provided with opportunities to learn about relevant aspects of cancer care. The programme also focuses on communicating our services so that GPs know how they can access these services for the benefit of their patients.



GP Oncology Update, our new quarterly online newsletter for GPs.

Our GP Education Days, the first of which was held in September 2009, have continued to increase in popularity. These day-long seminars are organised around both common and rare tumour types and feature talks from members of our multidisciplinary team. Over the course of six events, over 300 GPs have learned about the very latest in screening, what symptoms to look out for and when to refer. The majority of the event attendees are local to Sutton or London, but 30% come from further afield in line with our role as a national centre for cancer education and training.

Each of these events is filmed and edited for webcast, so that GPs who are unable to attend can still access the learning online at their convenience. Thanks to partners such as GPonline.com and doctors.net.uk who promote these webcasts, we have had over 2,800 views in the past year and the reach of the educational programme has been greatly extended, benefiting GPs from all parts of the UK.

Another key activity in our engagement programme is our quarterly online newsletter, GP Oncology Update. The first issue was sent to more than 700 GPs in March. Alongside news about the latest research and updates about service developments at The Royal Marsden, GPs can access additional learning that aims to promote early diagnosis. The content is provided by clinical experts and each feature is written to be as relevant as possible to our GP audience. One of the regular features, 'Cancer: Your questions answered', is sourced from questions submitted by GPs who attend our events.

Above and beyond the standard

The Breast Unit has exceeded a standard brought in by the Department of Health at the start of this year by seeing around 98% of new GP patient referrals within 14 days, and over half within a week, all of which surpasses the target of 93%. Achieving these results has been greatly aided by the Rapid Diagnostic and Assessment Centre (RDAC).

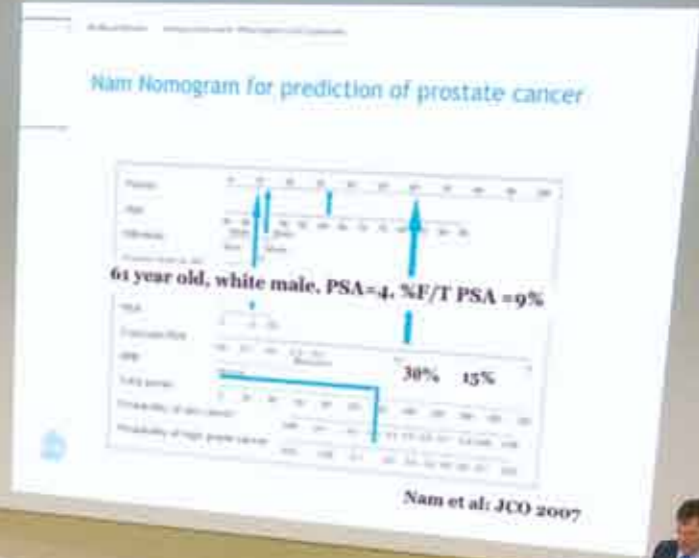
These results have been achieved through the careful planning and hard work of all our staff working in the RDAC. This has included extra Saturday morning clinics when required. Their efforts are greatly appreciated.

Professor Ian Smith
Head of the Breast Unit

Referral

I recently attended your GP Education day and it was excellent. The quality of the the lectures was great – it was an excellent use of time and will be of great benefit to my clinical practice.

Dr Anna Bullock
GP Moatfield Surgery, West Sussex



Diagnosis

Our vision for patients to routinely receive a molecular diagnosis which will improve their treatment and outcome is fast becoming a reality. A new state-of-the-art Centre for Molecular Pathology (CMP) is due to open at our Sutton site at the end of 2012.

Early diagnosis is vital in achieving better outcomes for cancer patients. We can provide access to a specialist team and expert diagnostic services through our Rapid Diagnostic and Assessment Centre (RDAC). Our philosophy is to reassure patients with quick results, for all those with breast, prostate and skin cancer symptoms which need to be reviewed.

Personalised medicine

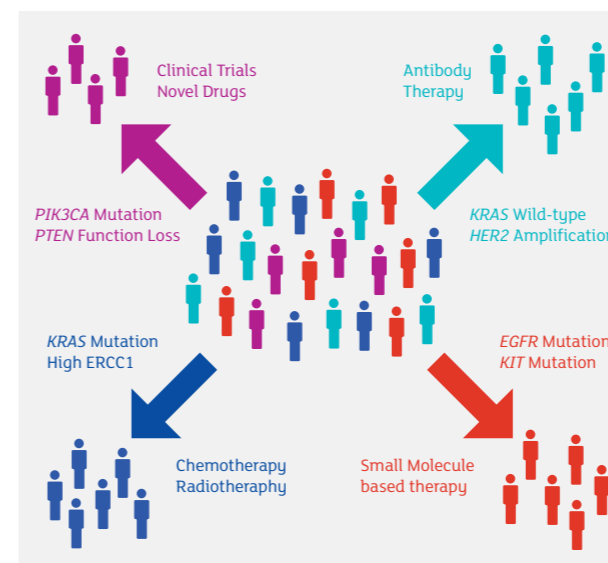
At The Royal Marsden we're always striving to improve the outlook for cancer patients. For years we have pioneered the bench-to-bedside approach to cancer research and treatment with our academic partner The Institute of Cancer Research (ICR).

We have now taken this one step further and are leading the way in providing patients with a routine molecular diagnosis as part of our personalised medicine programme.

Based on the understanding that individuals with the same type of cancer may respond differently to the same treatment, molecular diagnostic tools can help identify who may benefit from different therapies. It means cancer treatment can be tailored to suit an individual patient's needs rather than using the traditional one-size-fits-all approach of conventional treatment.

The new CMP at our Sutton site will bring scientists, pathologists, geneticists and clinicians together to continue working to revolutionise the diagnosis and treatment of cancer.

The Centre is due to open at the end of 2012.



Different subgroups of tumours can now be identified. This molecular sub-classification then has a direct impact on the management of cancer patients.

Molecular tools are incredibly sensitive – they can detect one malignant cell within several million normal cells. Early detection will, in the future, lead to early interventions and will improve the outcomes for cancer patients.

Dr David Gonzalez de Castro
Head of Molecular Diagnostics

Fast access to skin facilities

The Royal Marsden appointed a Consultant Dermatologist to help enhance rapid access and diagnosis of primary skin cancer. The new post has helped the RDAC carry out the See and Treat system whenever possible. This accessible system is fast and efficient; a patient with skin lesions will be examined and a sample of tissue (a biopsy) taken on the day, if needed. Results will then be processed as rapidly as possible, generally within a week.

The new skin facilities at the RDAC also include state-of-the-art technology such as a dermatoscope (a device to examine an area of skin in detail), and a camera (which exposes damage beneath the skin and surface of the skin).



A fast and accurate diagnosis contributes to better outcomes for patients.

Diagnosis

The Rapid Diagnostic and Assessment Centre (RDAC) will take us to the next level of skin diagnostics. The new skin facilities are equipped with state-of-the-art technology such as this dermatoscope and a camera that exposes damage beneath the skin's surface. Vivaly it enables the specialist team to view skin lesions in a magnified way, which greatly aids diagnosis and monitoring.

Dr Louise Fearfield
Consultant Dermatologist



Treatment

We continue to provide pioneering treatment for all our patients to ensure they receive the best possible care. Our investment in making personalised medicine a clinical reality is also moving forward.

CyberKnife

Royal Marsden patients will benefit from the very latest in stereotactic radiotherapy technology – the CyberKnife.

The state-of-the-art technology will be available for NHS patients with tumours in the prostate, pancreas, lung, spinal cord, head and neck, and liver.

The CyberKnife's pinpoint accuracy and sophisticated imaging means patients will be able to receive treatment with far less risk of damaging the surrounding healthy tissue, and will also reduce the number of treatments from an average of 30 to five treatments at the most.

One of the major benefits of using the CyberKnife is that its linear accelerator can be positioned at almost any angle, and can treat patient tumours that are literally out of reach of traditional radiation delivery systems.



CyberKnife, one of the first in the NHS, operational from July 2011.

Bone marrow transplants

The Royal Marsden was one of the first hospitals to perform bone marrow transplants (BMT) nearly 40 years ago and we are the biggest transplant centre in Britain. This year we continued to reduce our mortality rate for BMT patients and achieved a 90% success rate.

Dr Mike Potter, Head of Haematology and BMT, said high standards of nursing care, excellent policies and procedures, and well-trained junior doctors are key to the success of BMTs.

He said: "In the first year following a BMT it is all about after care. Most patients who survive the first year generally do well, and after five years they are unlikely to relapse."

Out of 209 BMT patients in the past year 187 survived. Dr Potter said: "We strive to reduce the mortality rate in the future but there is still a high complication risk with BMT. We hope umbilical cord transplants and improved donor selection will help us continue to improve these results."

New Ambulatory Care Centre

The Ambulatory Care Centre (ACC) opened in the heart of the Chelsea hospital at the end of 2010. The new high-tech centre includes a Medical Day Unit (MDU) and Clinical Assessment Unit (CAU) – the latter being the first for The Royal Marsden.

The facility has doubled the number of patients we can treat in the MDU and the brand-new CAU has ensured our unwell patients are seen quickly, with urgent tests or treatments being carried out as soon as possible. The ACC has been a major step forward in delivering the best standards of care to our patients.

New Oak Centre for Children and Young People

Our brand-new Oak Centre for Children and Young People will be one of the largest comprehensive children's cancer centres in Europe when it opens in September 2011. The 31-bed facility will treat more than 300 new patients a year.

Recent advances in technology and drug development mean that many of our patients are moving from inpatient to day care. The new purpose-built facility will increase our capacity enabling us to offer more treatments in a daycare setting and to develop innovative approaches in nursing practice. Additional capacity is helping us to meet growing demand, avoid delays in treatments and provide great new facilities for young patients and teenagers to meet all their health, educational and social needs.

The state-of-the-art Centre will see almost 600 inpatient episodes and more than 5,000 daycase attendances annually.



Oak Centre for Children and Young People, fully open September 2011.



Treatment

To improve the outcomes of young people with cancer is vital. Patients benefit from being surrounded by a wealth of expertise in cancer care and treatment whether that is our consultants and clinical nurse specialists, the latest equipment or clinical techniques and advances.

Dr Mike Potter
Consultant Haematologist

Care

We pride ourselves on our excellent standards of care for all our patients. In the past year we have set up partnerships with other trusts to benefit our patients and we were delighted to be given the opportunity to take over responsibility for providing community services in one of our largest local areas, Sutton and Merton.

This aligns with our increasing role in working beyond our hospital boundaries to ensure patients can be cared for at home whenever possible, and to work closely with GPs to ensure patients have swift access to the right expertise at the right time.

Working beyond our boundaries Sutton and Merton Community Services

The Royal Marsden influence extended to the community when we were chosen as the preferred provider of Sutton and Merton Community Services.

We were invited to submit an application to be considered as a host as part of an NHS initiative called “externalisation”, which asked high-performing trusts and commercial healthcare firms to consider taking over the management of local community services from Primary Care Trusts (PCTs).

At The Royal Marsden our philosophy is based on the delivery of high-quality seamless care to patients and their families. We are committed to doing so locally in our communities to support the NHS agenda of providing care closer to home.

More people are living with cancer as a long-term chronic illness. By becoming a provider of Sutton and Merton Community Services we can offer patients an improved pathway and the essential continuity of care they need from hospital to home.

Cancer patients face a long and complex journey involving different types of treatment from many agencies. This can be a difficult and uncertain time for patients as they spend most of their time outside of hospital in the community. It is essential that effective communication and seamless care is provided by all partners in this pathway: GPs, district nurses, ambulance staff, hospice staff, volunteers and acute trusts.

The objective is to improve the continuity of care for people with long-term conditions, such as cancer, and to ensure safe and speedy discharge from hospital back into the community.

The Royal Marsden has already commenced a number of initiatives to provide care at home, including chemotherapy and end-of-life care so that patients have choice and comfort without visits to hospital for treatment or ongoing management of their symptoms.

The integration of Sutton and Merton Community Services with a larger organisation also committed to clinical excellence is really exciting. We're looking forward to working closely with colleagues across The Royal Marsden to share knowledge and to offer patients and their families high-quality seamless care as they move between the hospital and community setting – improving patient experience and outcomes.

Adam Doyle
Divisional Director of Community Services



Physiotherapists in The Robin Hood Clinic, Sutton.

New collaboration in west London

The Royal Marsden has established a formal link with the specialist Diabetes and Endocrine Department at Chelsea and Westminster Hospital to improve the care of our diabetic patients.

Several consultants from this neighbouring institution now help to look after our cancer patients with diabetes. Diabetic patients in Chelsea are seen weekly on consultant ward rounds and are offered support from the Diabetes Team at the Beta Cell Diabetes Centre at Chelsea and Westminster Hospital.

Cancer treatment can pose particular challenges specific to the management of auto-immune disorders such as diabetes and prompt access to specialist care is vital.

Coping with diabetes in hospital can often be hard, especially when also facing the challenges of cancer treatment. This means that patients at The Royal Marsden can now have access to specialist care for their diabetes.

Dr Daniel Morganstein
Consultant Endocrinologist

An audit has identified that 12% of our patients had either known diabetes or elevated blood glucose levels which they were not aware of. This is similar to the rate of diabetes among patients in general hospitals.

The audit's results were presented at the 2011 Diabetes UK Conference. The results from the audit also highlighted the increasing need for specialist endocrine input into the management of patients with endocrine tumours, and the setting up of a specialist multidisciplinary clinic for patients with rare forms of thyroid cancers.

Healthy nutrition for patients

Nutritious and healthy eating are essential for patients' recovery and overall wellbeing. The Royal Marsden's award-winning Catering Department ensures that our patients are served meals that not only taste good, but are value for money and ethically sourced.

For the second year running the Catering Department received a Good Food and Plate Award, funded by the Greater London Authority. The hospital was awarded the accolade thanks to its use of organic milk, British pork and free-range eggs.

We are proud that all our meals are made on-site and ingredients are locally sourced.

Gareth Ferguson
Catering Manger



Enjoying lunch in the Mulberry Tree Café.

Acute oncology service

The Royal Marsden is committed to delivering the highest standards of cancer care to our local communities in partnership with colleagues in the acute trusts of south west London and primary care. Patients with cancer can require urgent admission to their local hospital as a result of their illness or the complications of treatment.

The Royal Marsden, together with Kingston, Epsom and St Helier and Croydon University Hospitals, has made consultant and senior nursing appointments to bring the expertise of our centre to the bedside of those who have been admitted as emergencies to local hospitals. This joint working will allow patients to receive more locally based specialist care when they are acutely ill.

It will also support colleagues in those hospitals to improve the speed of diagnosis and to streamline referral and treatment pathways. This is part of a national initiative to set up acute oncology services in all acute trusts.

We are developing the concept a step further by ensuring that these new colleagues will also pursue a specialist interest at The Royal Marsden and thus allow particular expertise to be taken right into the heart of our communities.



Care

We feel that there are real opportunities for patients now that we are part of the same organisation. As occupational therapists, we are looking at clear ways to share best practice, to develop a better understanding of the holistic needs of all patients and to learn from our new colleagues.

Marisa Canfield

Occupational Therapist, Sutton and Merton Community Team

Ongoing support

Living with and beyond cancer can still be a difficult time for patients who may need ongoing support and reassurance. We offer patients and their families help and guidance following treatment.

Open access follow up scheme

A new patient-led follow-up scheme is being piloted by The Royal Marsden's Breast Unit.

The Open Access Follow-Up scheme will mean participating patients will continue to have yearly mammograms, but will not have routine follow-up appointments.

Instead, at the end of their treatment, they see their consultant and their breast care nurse jointly for an in-depth consultation. The consultant covers their diagnosis, treatment and future surveillance plan and patients are given a treatment summary to take away with them. The breast care nurse talks with the patients about how they feel now, how they may be coping with any side effects and what to be aware of as possible signs of recurrence. A contact number is provided for patients to call if they have any concerns. If there is a specific concern, an appointment can be made with the clinical team within seven days.



Nikki Snuggs, Clinical Nurse Specialist in consultation with a patient.

This is a major development in the way we carry out breast cancer follow up. It is much more sensible for patients, and it enables us to use our resources more efficiently.

Professor Ian Smith
Head of the Breast Unit

Nikki Snuggs, Clinical Nurse Specialist in the Breast Unit, said: "For a well woman with no signs or symptoms of recurring breast cancer, research has actually shown that follow-up appointments can be time-consuming and anxiety-provoking experiences for them, with often little or no clinical benefit. We are enabling patients to look after themselves and turn to us if and when they need to. It is a process which is being well received."

Currently all patients diagnosed since September 2010 are placed automatically on the Open Access Follow-Up scheme as long as it is clinically appropriate for them. Many patients remain on traditional follow-up as they were diagnosed prior to September. The Trust now aims to begin transferring patients from existing follow-up to Open Access as appropriate.

Living with and beyond cancer

As part of the National Cancer Survivorship Initiative's (NCSI) aim to improve ongoing services and support for those living with and beyond cancer, NHS Test Communities were commissioned to test and evaluate the tools and methodology for Holistic Assessment and Care Planning from both patient and professional perspectives.

The Royal Marsden was selected as one of 12 NHS Test Communities for the Colorectal Cancer Assessment and Care Planning Pilot, with the objective to identify and manage the concerns of patients more efficiently and effectively, and improve the communication between tertiary, secondary and primary care.

Following a successful pilot, tools such as the concerns thermometer, care plan and treatment summary (used to assist in improving clinical outcomes and quality of life of people living with and beyond cancer) were adapted from existing validated tools to ensure that they were both effective and user friendly. By using these tools, staff could better identify the concerns of patients following treatment for colorectal cancer and use this information to promote a smooth transition from the active treatment phase to the supported self-management phase of living with and beyond cancer. In addition, by including a focus on potential issues associated with living with and beyond colorectal cancer to the treatment summary, it is hoped that collaboration with community partners will be enhanced.

As a tertiary referral centre with the potential in the future to change care pathways, this integration with community partners, especially referring GPs, will be critical to moving the work forward locally.

Personalised cancer information prescriptions

The Royal Marsden has been selected as a beacon site to offer patients and carers personalised cancer information prescriptions. This is information that is tailored to each patient and includes points about their consultation with a healthcare professional, their diagnosis, treatment and/or care plan support.

We are one of 16 such beacon hospitals. Over the next two years, every hospital that provides cancer services in England will be able to offer personalised cancer information prescriptions.

The Royal Marsden is one of the first pilot sites and one of the leading trusts implementing this new programme.

To help make this happen, each hospital taking part has a dedicated member of staff funded by Macmillan and the National Cancer Action Team.

The Customer Service Excellence standard is the Government's tool to drive customer-focused change in public services. Each year The Royal Marsden is assessed against a third of the 57 elements of the standard. The elements are distributed between criteria that cover timeliness, information, professionalism, customer insight and service delivery. In December 2010 The Royal Marsden passed the latest annual assessment with the assessor identifying improvement across all criteria and highlighting the Trust's strengths in engagement and consultation.

Psychosexual therapist

The Royal Marsden appointed a psychosexual therapist in response to feedback received from the Trust's Patient and Carer Advisory Group (PCAG).

Dr Isabel White offers a service for both male and female patients and their partners following members of PCAG recognising a gap in the Trust's services.

Dr White, a trained cancer nurse and psychosexual therapist, hopes to help patients trying to get back to normal life after treatment, of which sex is often a part, who find difficulties they hadn't originally anticipated. She is also helping clinicians talk to patients about sexual recovery, recognise people who need further help and identify next steps that would be beneficial for these patients.



Dr Isabel White, Clinical Research Fellow.

Patient feedback on our new website

The Royal Marsden's website was revamped in October 2010. The aim of the project was to make the website quicker and easier for patients, carers, health professionals and others to use. Simple improvements have helped make it a success. For example, popular information like the hospital addresses are now on the homepage, the text is larger, making it easier to read, and the design is easier on the eye.

More people are now visiting the new website. They are also spending more time on it and are looking at more pages on each visit. This more patient-focused website will continue to evolve to keep up to date with the latest trends.



Our new website at www.royalmarsden.nhs.uk

Ongoing support

At The Royal Marsden we understand the importance of ensuring our patients and their families have the care and support they need during and after treatment. We have a well-established and comprehensive paediatric long-term follow-up service for all our young patients.

Amber Conley

Matron, The Oak Centre for Children and Young People



Research

The Royal Marsden and The Institute of Cancer Research (ICR) form the largest comprehensive cancer centre in Europe. Our new partnership with Mount Vernon will strengthen this further, combining expertise and critical mass for our research programmes.

Partnership with Mount Vernon Cancer Centre

The Royal Marsden and The Institute of Cancer Research announced a new academic partnership with Mount Vernon Cancer Centre (MVCC) in summer 2010.

The partnership will make a major contribution, through translational research, to improving personalised medicine and patient care, and to providing access to the latest developments in therapy.

Together we are developing a single research and development department enabling us to become one of the largest European research institutions recruiting patients to clinical trials. New staff have been recruited by The Royal Marsden and MVCC to ensure the collaboration between teams can be strengthened.

Senior members of the clinical research community at MVCC are now represented on leading research committees at the ICR and The Royal Marsden. Staff from tumour and research groups from all three organisations, for example breast, melanoma and kidney, now meet formally to generate new ideas, talk about combined strategies and to realise opportunities for shared posts and benefits for cancer patients and their families.

A Challenge Fund has also been set up help fund research work that enhances partnership working between the three organisations.

Breakthrough new pill treats advanced melanoma

A Phase III study led in the UK from The Royal Marsden by Dr James Larkin has shown a major breakthrough in the treatment of advanced melanoma. Early results from the trial have revealed that the RG7204/PLX4032 pill extends both progression-free and overall survival compared to standard dacarbazine chemotherapy in the first line setting in patients with advanced malignant melanoma and a BRAF genetic mutation. This is the first time an investigational medicine designed to target a specific genetic abnormality has been shown to extend the lives of patients with advanced melanoma – the most aggressive form of skin cancer.

Based on the strength of trial results, the BRIM3 study was amended so that all patients on the trial who had been receiving standard chemotherapy (patients in the control arm of the study) were offered treatment with the pill.

Melanoma is now the second most common cancer in young adults aged 15 to 34 in the UK, affecting almost twice as many young women as young men. Approximately half of patients with the advanced form have the BRAF genetic mutation which drives the cancer cells to grow and spread. The new pill targets and blocks the mutated BRAF protein, causing tumours to shrink.



This is an incredibly exciting breakthrough. Malignant melanoma is a very difficult disease to treat, and with a growing incidence in younger people the results of this Phase III trial are very encouraging.

Dr James Larkin
Consultant Medical Oncologist

Investing in personalised therapies

European research group the PREDICT Consortium – of which The Royal Marsden is a part – was recently awarded a €5.8 million grant to identify ways to develop more effective and personalised therapies for kidney cancer, also known as renal cell carcinoma (RCC).

The grant aims to help scientists accelerate the development of predictive biomarkers of individual patient response to anti-cancer drugs.

PREDICT have identified RCC as a disease with no existing reliable biomarkers. A biomarker is a laboratory parameter, almost like a bar code, that can help make decisions in selecting a patient's course of treatment. We are one of a few European trial centres being brought together by the PREDICT Consortium to recruit into trials aiming to establish these biomarkers.

Dr Charlie Swanton, who is leading the scientific aspects of the project, said: "We are delighted to be part of this exciting opportunity aimed at advancing care for those with RCC and developing methods to predict which patients will benefit from which drugs."

Dr James Larkin, who leads the clinical part of PREDICT, explained that making personalised treatment a clinical reality will be a challenge. He added: "There are a number of benefits to patients who are involved in clinical trials and it is increasingly becoming part of a patient's cancer care."

Human virus with radiotherapy benefits patients

A naturally occurring harmless human virus given in combination with radiotherapy has shown significant benefit in patients with advanced cancer.

Laboratory tests on tumour cells showed Reolysin appeared to magnify the effects of radiotherapy, so The Royal Marsden and the ICR began a Phase I study on patients with a range of solid tumours, including lung, colorectal, ovarian and skin cancer.

The study primarily assessed whether the treatment combination was safe, and found side effects were generally mild and typical of patients receiving radiotherapy alone. However, the study also measured tumour response and found tumours for the majority of patients either shrank or stabilised.

Dr Kevin Harrington from The Royal Marsden and the ICR said the next step was to investigate the treatment combination in patients with newly diagnosed cancers that would normally be treated with radiotherapy alone, to see whether it could improve cure rates.



Radiographer inserting a collimator into the cone beam CT prior to performing Image Guided Radiotherapy.

Prostate cancer drug breakthrough

A ground-breaking drug, first designed and generated at the ICR, has been found in Phase III testing at The Royal Marsden to significantly extend life expectancy for men living with advanced prostate cancer.

Abiraterone is being hailed as a major step forward in treating prostate cancer, and the once-a-day pill could treat more than 10,000 British men with the most aggressive type of prostate cancer each year. Studies are now being planned to evaluate this drug in men with earlier forms of this disease.

The drug has gone through Phase I and II clinical trials at The Royal Marsden and a recent Phase III trial led by Professor Johann de Bono has revealed that men with a specific type of prostate cancer who have previously received chemotherapy live significantly longer if they are treated with abiraterone.

Prostate cancer growth is fuelled by the male hormone testosterone, and a reduction in growth can slow the tumour growth. Most prostate cancers become resistant to these treatments and resume growing, at least in part by these cancer cells making their own hormones.

Abiraterone concentrates on blocking the production of these hormones and can slow or even halt the tumour growth, causing tumour shrinkage. The drug improves overall survival rates and relieves pain and improves quality of life without the side effects of chemotherapy.



Research

Men with this aggressive type of prostate cancer have a very poor prognosis, with only one-in-three survival rates five years after diagnosis. We believe that this drug offers them a real hope of an effective way of managing their condition and prolonging their lives.

Professor Johann de Bono

Professor in Experimental Cancer Medicine and Honorary Consultant in Medical Oncology, The Royal Marsden and The Institute of Cancer Research.

Education

Whether it's sharing our learning with the clinical community or furthering the knowledge and improving the skills of our staff, education and training is made an absolute priority at The Royal Marsden.

Education

The Trust has maintained its commitment to the education, training and development of its staff through the year, ensuring that staff are able to keep up to date professionally, perform their roles safely and further develop their knowledge and skills.

A significant investment continues to be made in the professional development of clinical staff, with staff from all professional groups gaining access to a full range of Continuing Professional Development (CPD) activities internally and external conferences, workshops and events. Over 120 clinical professionals have had support in undertaking some form of post graduate education, be that a postgraduate Certificate, Diploma module, Masters course or dissertation for a PhD.

A range of clinical training sessions have been designed and delivered in response to National Patient Safety Association (NPSA) and National Institute for Health and Clinical Excellence (NICE) guidance, clinical incidents and the increasing acuity of patients. These include training on: medical gases, nasogastric tube insertion and recognising the deteriorating patient. A new multi-disciplinary simulation facility has enhanced these learning opportunities providing a safe environment to respond to scenarios that replicate clinical practice.

The Trust continued its role in providing cancer education beyond Royal Marsden staff. This included the Education and Conference Centre organising and hosting six medical conferences with an international audience. The School of Cancer Nursing and Rehabilitation increased further its role providing specialist post-registration cancer education to nurses and allied health professionals. Last year this included a new masters pathway in cancer care with St Georges University of London.



Student in the David Adams Library at The Royal Marsden School of Cancer Nursing and Rehabilitation.



I found the course very useful and relevant. I've learnt a lot and it has made me more confident in providing a high standard of care to my patients.

Lowri James
Student

Education

I believe working both as an educator in the classroom and a physiotherapist at The Royal Marsden, highlights the unique aspect of what the School has to offer. I know our students value the opportunity to be taught by a wide range of cancer specialists and take this back to their clinical practice.

Katharine Malhotra
Allied Health Lecturer Practitioner



Our staff

Thanks to the commitment and expertise of our staff, we have built an international reputation for delivering the highest quality cancer care.

Our staff

Annual Staff Achievement Awards

Staff were rewarded for their hard work and dedication at the annual Staff Achievement Awards. The winners in 2010/11 were:

Pursuing Excellence

Gerald Gui, Consultant Surgeon, Breast Surgery

Ensuring Quality

Wendy Jones, Cancer Care Assistant, Critical Care Unit

Team

Play House Day Nursery

Driving Efficiency

Nikki Kettley, Patient Transport Manager

Team

Stores

Breaking Boundaries

Jervoise Andreyev, Consultant in Pelvic Radiation Disease, GI Unit

Developing Potential

Victoria Hollis, Matron, Transitional Care Unit

Anything's Possible

Andrew McElwee, Friends Volunteer, The Friends of The Royal Marsden, Chelsea

Team

Critical Care Unit

Working Together

James Johnston, Biomedical Scientist, Biochemistry

Team

Granard House Private Outpatient Team/Granard House Outpatients

Other notable individual achievements

Many of our staff are highly respected internationally for their contribution to cancer research. Key achievements in the past year include:

Sue Alexander was elected a Fellow of the Society of Biology. This body was formerly the Institute of Biology but rebranded itself after amalgamating with all smaller biological societies and groups to form an overarching body to represent biological sciences in the UK. Among a range of activities it advises government on policy, promotes biology in education and supports academic endeavour. Fellows represent about 10% of the overall membership base with women a minority. Fellowship cannot be obtained by straight qualifications or application: it is conferred by the Society via the recommendation of a current Fellow.

Sue's successful election was based not only on her career to date but also on all the work she carries out with schools and universities promoting biological and biomedical sciences.

Mary Burgess and Rebecca Weeks won a Macmillan Action award in the patient nomination category. Mary is a Clinical Psychologist providing individual, couple and group support for patients. Rebecca is a Staff Nurse in the Rehabilitation Team.

Professor Cyril Fisher published two books on Diagnostic Pathology and Biopsy Interpretation of Soft Tissue Tumors.

Doctor Mike King was awarded an Honorary Fellowship of the Royal College of Physicians. Dr King, Consultant Radiologist and Divisional Medical Director for the Clinical Services Division, has a shared contract with Chelsea and Westminster Hospital.

Doctor Chris Nutting was awarded the British Institute of Radiology Mackenzie Davidson Medal for his research in head and neck cancer IMRT.

Founded in 1920 in memory of pioneering British radiologist Sir James Mackenzie Davidson, nominations are sought for this lecture, which has since 1940 generally been delivered by a medical lecturer.

Natalie Pattison won the European Society of Intensive Care Medicine and the European Critical Care Research Network's Edwards Nursing Science Award. The research she is undertaking for the award is a two-year mixed-method study looking at the long-term implications of cancer critical care.

Clare Shaw's latest book *Nutrition and Cancer* was published in December. The book, edited by Dr Shaw, looks at how nutrition plays a crucial role in supporting patients receiving treatment for cancer and options for different diagnostic groups.

Professors Ian Smith and Mitch Dowsett received a L'Oreal Award for breast cancer research.

Actress Elizabeth Hurley presented the award which was created by the Estee Lauder Foundation in recognition of her fundraising contribution, which plays a major part in raising money for the Breast Cancer Research Foundation (BCRF).

For the past eight years, Professors Smith and Dowsett have been joint recipients of a BCRF Research Award of around \$250,000.

Professor Paul Workman was awarded the George and Christine Sosnovsky Award in Cancer Therapy by The Royal Society of Chemistry.

The prestigious society singled out Professor Workman out for his seminal research on the role of chaperone proteins in cellular processes and the application of this knowledge at the forefront of anti-cancer drug discovery.

Professor Workman's team in Cancer Therapeutics at the ICR has discovered 14 new cancer drug candidates over the past five years; five of these have trialled at The Royal Marsden this year.

New titles

Jeff Bamber

Reader in Physics Applied to Medicine

Liz Bishop

Divisional Director, Cancer Services

Johann de Bono

Professor in Experimental Cancer Medicine

Ros Eeles

Professor of Oncogenetics

Kevin Harrington

Reader in Biological Cancer Therapies

Stephen Johnston

Professor of Breast Cancer Medicine

Andy Pearson

Divisional Medical Director, Cancer Services

Jen Watson

Divisional Nurse Director, Cancer Services

Tim Wigmore

Divisional Medical Director, Clinical Services

Charity

Fundraisers, volunteers, sponsors and supporters of all ages made 2010/11 another successful year for The Royal Marsden Cancer Charity and The Friends of The Royal Marsden. Their contribution helps to fund major research, modern facilities and state-of-the-art equipment. Their support enhances the wellbeing of patients and staff throughout the hospital.

Our charity

The Royal Marsden Cancer Charity's progress and achievements during this year have been exceptional. We've celebrated the opening of a Critical Care Unit at our Chelsea site and look forward to the opening of the Oak Centre for Children and Young People and the arrival of CyberKnife later in the year.

New facilities

The state-of-the-art Critical Care Unit (CCU) opened in Chelsea in the summer of 2010.

The CCU, funded by The Royal Marsden Cancer Charity, is the only facility in the UK to provide full intensive care exclusively for cancer patients.

This new 19-bed Unit was designed around patients' needs to optimise their experience and offer something beyond standard NHS provision. With a high proportion of single rooms and a focus on space and natural light, this project represents the best in intensive care facilities.

A new Ambulatory Care Centre also opened in Chelsea, housing The Diane McCarthy Medical Day Unit and a new Clinical Assessment Unit.

This bright and spacious Centre has been designed to increase patients' comfort and reduce waiting times for chemotherapy treatment.

New equipment: CyberKnife

The Royal Marsden Cancer Charity launched a fundraising appeal to buy the latest in stereotactic radiography technology.

The ground-breaking CyberKnife – a revolution in delivering radiotherapy treatment – is set to come into operation at our Chelsea hospital this spring.

The CyberKnife treats tumours by delivering multiple doses of highly concentrated radiation beams from almost any angle.

The fundraising target will help cover the costs of purchasing and installing the equipment.



New buildings: The Oak Centre for Children and Young People

One of The Royal Marsden Cancer Charity's major fundraising projects in the past few years is near completion.

The final stages of building work on The Royal Marsden's brand-new 31-bed Oak Centre for Children and Young People is being carried out and is on schedule to open in summer 2011.

The Centre, which has been funded by supporters of The Royal Marsden Cancer Charity and the Teenage Cancer Trust, will be one of the largest comprehensive children's cancer centres in Europe.

On track to open in the summer of 2011, architects have included features that appeal directly to the different age groups. The roof terrace and chill-out zone have been specially designed to ensure young people have alternatives to being in bed or day rooms all day.

The project's second phase – the refurbishment of the existing Children's Unit – began in October 2010. When completed, this Centre will provide purpose-built facilities that will double The Royal Marsden's current capacity to treat children with cancer in response to demand for this highly specialised service.

New activities: The Marsden March

The charity continued to identify new and innovative ways to raise money and held its inaugural Marsden March in March 2011. Two thousand people took part and raised money by being sponsored to walk 14 miles between our Chelsea and Sutton hospitals. Participants included supporters, patients and Royal Marsden staff, all united in their ambition to raise money for the charity.

The event was a great success and raised over £820,000. The Royal Marsden Cancer Charity would like to thank everyone that helped to make the 2011 event such a great success. The next Marsden March will take place on Sunday 11 March 2012.



Children's bathroom in our new Oak Centre for Children and Young People.



Our charity

Our supporters get behind us with their heart and soul. So we try and be the very best we can be and give them the best supporter experience possible.

Sarah Bateson
Head of Fundraising

The Friends of The Royal Marsden

The Friends of The Royal Marsden, in Sutton and in Chelsea, continue to provide valued support to enhance the wellbeing of patients and staff throughout the hospital. As well as fundraising for medical equipment, they provide voluntary non-medical assistance in various wards and departments, and run the shops and refreshment bars in Outpatients.

Chelsea

This year The Friends at Chelsea generously funded nutritious fruit cocktails for patients and the continuation of our music therapy service. They also introduced a new 'meet and greet' scheme whereby volunteers meet with patients and visitors and help them navigate through the hospital, accompanying them to their units or wards as required. The volunteers also help collect items from pharmacy, carry out questionnaires, make tea and coffee and help patients with bags and cases to and from units across the hospital. This year alone it is estimated that volunteers contributed some 10,000 hours of their time to help the hospital.



Friends and guests at the Cura Ball in May this year raised over £200,000 for The Royal Marsden.

Sutton

This year The Friends at Sutton generously purchased an echocardiogram machine for the new Oak Centre for Children and Young People which enables us to scan children's hearts. They also purchased a Bioquell Q10HPV generator which allows hydrogen peroxide spray to be distributed in an area to maximise infection prevention and control. From September 2010 The Friends volunteers took on a new role in Outpatients, running a daily patient survey. This provides real-time feedback to the hospital ensuring that we continue to monitor the standards of care delivered to our patients.

We have more than 200 volunteers who work extremely hard to provide a wide range of services. We are very fortunate that the staff are so supportive of The Friends as this allows our volunteers to feel part of The Royal Marsden team.

Jessica Dodwell
Chairman of The Friends at Sutton



Barbara Dickenson, one of our longest serving volunteers at the Sutton tea bar.

Quality Account

We continually strive towards improving the quality of patient care as well as the overall patient experience as both are vital in achieving better outcomes. Our quality report summarises our performance over the last year and sets out our targets for 2011/12 and beyond.

Statement on quality by the Chief Executive Officer

2010/11 has been another excellent year for The Royal Marsden NHS Foundation Trust as we have continued to achieve the highest ratings from our two major external regulators, Monitor and the Care Quality Commission (CQC). We have also achieved high scores in many other important areas that directly affect patients and their families. Highlights include:

National Patient Safety Agency Annual Patient Environment Action Team (PEAT)

The Royal Marsden was delighted to be awarded a score of “Excellent” at both its Chelsea and Sutton hospitals in February 2011 for the fourth year running. The inspection, which included external inspectors and patients, looked at the following areas: cleanliness of the patient environment (wards, rooms, waiting and reception areas), infection prevention and control, safety and security, hospital food, and the privacy and dignity afforded to patients.

The annual Picker Inpatient survey

479 Royal Marsden patients answered a total of 86 questions, in 74 of which they rated us as above average for England. We also achieved scores for:

- care being rated good or excellent (96%)
- doctors and nurses working well together (97%)
- rooms or wards being very/fairly clean (96%)
- there always being enough privacy when being examined or treated (93%).

Customer Service Excellence Award

The Customer Service Excellence (CSE) award replaced the Charter Mark in 2007 and is a standard awarded to public services that are “efficient, effective, excellent, equitable and empowering – with the citizen always and everywhere at the heart of public services provision” (CSE 2007).

The CSE tests in depth those areas that research has indicated are a priority for customers, with particular focus on delivery, timeliness, information, professionalism and staff attitude. Emphasis is also placed on developing customer insight, understanding the user’s experience and robust (reliable) measures of service satisfaction.

The Royal Marsden was the first hospital to be awarded with the Customer Service Excellence Award in 2007. We were assessed again in December 2010 and found to be compliant and therefore retain the award.

The NHS Litigation Authority (Safety Scheme)

A major focus for the Trust is patient safety. The Trust was awarded NHSLA level 2 in 2009 and is currently working towards achieving NHSLA level 3 (the highest award) which shows the significant work that the hospital is undertaking to ensure that we achieve the safest environment for our patients, their families and staff working in the Trust.

Reducing the risk from healthcare associated infections

We achieved a reduction in healthcare associated infections during the year and have one of the lowest rates for an acute trust in the country.

Same-sex accommodation

In March 2010 we were able to declare compliance and that we have met all the standards set by the Government to provide accommodation for patients that is not shared with the opposite sex.

A modern healthcare environment

Finally, 2010 has seen the completion of several phases of a substantial capital building programme which is ensuring that patients and their families experience care in the most appropriate, modern and technically sophisticated environment.

During 2010 at Chelsea we were delighted to see the opening of eight new operating theatres and the 19-bed Critical Care Unit. At Sutton work is nearing completion on the new Oak Centre for Children and Young People, the largest centre dedicated to children and young people with cancer in Europe. The first stage was opened in 2010 and the remainder will open in summer 2011.

In 2011 work has also started on building the first centre for molecular biology dedicated to cancer in the NHS. This is a very exciting development as it will bring together scientists and doctors in the same environment working to develop new medicines and treatments that will be targeted to the unique genetic codes of each individual human being. These new targeted medicines and treatments will ensure that cancer patients all over the world benefit more rapidly from accurate cancer treatments.

This is the second year that we have published a Quality Account and we are very grateful for the feedback we received on last year’s QA from patients, carers, the public through Local Involvement Networks (LINKs) and our commissioners. We have tried to use this feedback to improve our QA this year.

To read a full version of our Quality Account please visit our website at www.royalmarsden.nhs.uk



Cally Palmer CBE
Chief Executive Officer

Priorities for improvement

In 2009/10 and 2010/11 we consulted with patients and carers from the Council of Governors, Patient and Carers Advisory Group, the Board and frontline clinical staff to choose from a long list of national and local priorities ten quality priorities for improvement over 2010/11. In setting these priorities we have aimed to reflect national and international priorities that are a measure of the quality of patient care and have endeavoured throughout to set stretching targets.

A summary of our priorities is outlined in the table opposite. To read a full version of our Quality Account please visit our website at www.royalmarsden.nhs.uk

Priorities for improvement 2010/11

No.	Category	Priority
1.	Safe care	Reduction of health associated infections (HCAI)
2.	Safe care	Reduction in falls
3.	Safe care	Reduction in medication incidents
4.	Safe care	Reduction in venous thromboembolism (VTE or blood clots)
1.	Effective care	Reduced length of stay
2.	Effective care	Reduction in the hospital standardised mortality ratio
3.	Effective care	Reduction in the incidence of hospital-acquired pressure ulcers
1.	Patient experience	To be in the top 20% of trusts for key areas of inpatient survey
2.	Patient experience	To be in the top 20% of trusts for key areas of outpatient survey
3.	Patient experience	Roll-out of real-time patient feedback throughout the Trust

Performance against key metrics

National targets

Target/priority	National target	2009/10 % achieved	2010/11 % achieved	National target 2011/12
Referral to treatment times				
All urgent GP referrals seen within 14 days	93%	95.2%	98.8%	93%
All referrals for breast symptoms seen within 14 days**	93%		96.9%	93%
Treatment within 31 days of decision to treat for first treatment	96%	99.3%	99.6%	96%
Subsequent surgical treatment started within 31 days of decision to treat	94%	94.2%	97.0%	94%
Subsequent drug treatment started within 31 days of decision to treat	98%	99.8%	99.9%	98%
Subsequent radiotherapy treatment started within 31 days of decision to treat*	94%		99.4%	94%
Treatment started within 62 days of urgent GP referrals	85%	95%	87.4%	85%
Treatment started within 62 days of recall date for urgent screening centre referrals	90%	100.0%	93.1%	90%

*Only a national target since December 2010. **Only a national target since January 2010.

NHS 18 week targets

Target/priority	National target	2009/10 % achieved	2010/11 % achieved	National target 2011/12
Patients requiring admission who waited <18 weeks from referral to treatment (not national targets since 2010)	90%	94.4%	94.90%	90%
Patients not requiring admission who waited <18 weeks from referral to treatment (not national targets since 2010)	95%	98.0%	98.40%	95%

Access targets

Target/priority	National target	2009/10 % achieved	2010/11 % achieved	National target 2011/12
Operations cancelled by the Trust at the last minute	<5%	0.6%	0.3%	<5%
Last minute cancelled operations not subsequently performed within one month	0.0%	0.0%	0%	0%

The Royal Marsden met all key performance waiting times and access targets in 2009/10 and 2010/11.

Regulatory findings

As an NHS foundation trust, we regularly report on our performance to Monitor, the independent body which regulates all foundation trusts to ensure they are compliant with their terms of authorisation.

Commentary

Monitor uses a risk-based framework to guide the intensity of its monitoring and indicate any concerns which may cause a breach of the terms of an NHS foundation trust's authorisation. This covers three areas:

- financial risk rating
- governance risk rating
- mandatory services.

Financial risk is based on indicators including delivery of plan, operating margin, return on assets and liquidity to provide a weighted metric rated '1' (highest risk) to '5'.

Governance risk is derived from factors including performance against national targets and indicators, Care Quality Commission registration and ongoing performance against registration requirements. The metrics are graduated using green (lowest risk), amber-green, amber-red and red (highest risk).

The mandatory services rating assesses the provision of mandatory goods and services set out in the terms of authorisation and is measured on a similar scale to the governance risk rating.

The tables below set out The Royal Marsden's quarterly performance in 2009/10 and 2010/11 against its Annual Plan.

Overview of performance

There have been no deviations from the plan in the year and no requirements for intervention by Monitor.

2009/10 and 2010/11 Monitor ratings

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial risk rating	4	4	4	4	4
Governance risk rating					
Mandatory services					

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial risk rating	4	4	4	4	4
Governance risk rating					
Mandatory services					

Governance

After seven years as a NHS Foundation Trust The Royal Marsden continues to maintain an excellent performance record. As one of the first wave of foundation trusts, we have developed strong governance arrangements through our Council of Governors (previously known as the Membership Council) and Trust Board.

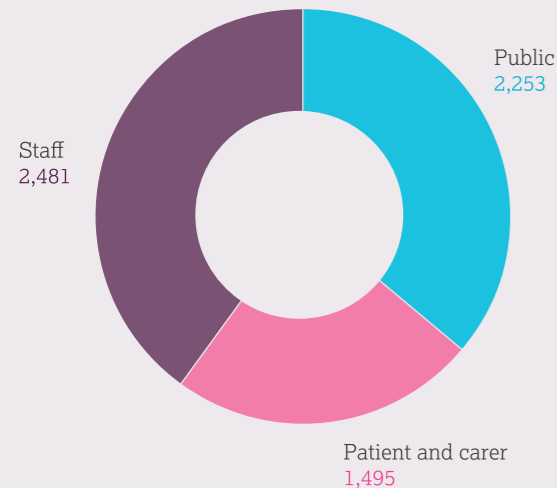
Membership

The Royal Marsden Membership is drawn from three constituencies, as shown in the chart below.

Membership by constituency

Over the past year Membership numbers have increased from 5,381 to 6,229 and are overall 13% ahead of the target set. The Trust has exceeded expectations of new public, patient and carer joiners and the overall Membership figure has also been supported by an improvement in the attrition rate for these constituencies.

To see the constituency definitions visit our website at www.royalmarsden.nhs.uk/membership



The aims of the Trust's Membership Strategy focus on:

- Key activities that focus on identified Member themes; to recruit, inform, support and involve.
- Annually increasing the size of the Membership so that it is increasingly representative and that we have credible elections.
- Enabling the effective use of differing levels of engagement, to allow Members to play an active role suited to their needs.
- Facilitating the representative role of Members in the strategic development and governance of the Trust through their Governors (previously known as Councillors) at the meetings of the Council of Governors, and other Trust committees.

Member engagement

During the past year, in addition to the recruitment activities to increase the size and representative nature of our Membership, the Trust continued with its Member engagement opportunities.

Members had the opportunity to meet with Governors at the Annual General Meeting (AGM) and two Members' events which were held to engage, consult with, and inform Members in line with the Membership Strategy.

RM Magazine continued to provide Members with a quarterly update on the work of the Trust and the Council of Governors, thus also encouraging a dialogue between Governors and Members.

Council of Governors

In addition to the AGM, the Council met four times during the year. The role of the Council of Governors is set out in its Terms of Reference. The main duties of the Council are:

- to appoint or remove the Chairman and other Non-Executive Directors
- to approve the appointment of the Chief Executive
- to decide the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors
- to appoint or remove the auditor
- to be consulted on the development of the forward business plans of the Trust and any significant changes to the healthcare provided by the Trust.

Composition of the Council of Governors and Governor elections

To view the composition of the Council of Governors and their terms of office see the table on page 76.

The Trust has a rolling programme of elections for Public, Patient, Carer and Staff Governors. During the year, elections were held for 12 seats on the Council of Governors. For further information about the election results see the Governance section of our Annual Report and Accounts 2010/11 on our website at www.royalmarsden.nhs.uk

Foundation Trust Office

The Foundation Trust Office continues to be the central point of contact for all Members and the public to make contact with the Council of Governors.

The Register of Governors' interests is held at the Foundation Trust Office. Members of the public can gain access to this by calling 020 7808 2844, freephone 0800 587 7673 or emailing foundation.trust@rmh.nhs.uk

Terms of office and attendance by Governors at meetings of the Council of Governors 2010/11

Governor	Constituency/organisation	Term of office	End of current term	Meetings attended Total meeting = 5
Patient Governors				
Mr James Miller	Paediatric and Adolescent	Second	June 2011	2
Mrs Anita Gray	South West London	Second	June 2011	3
Mr John Tholstrup	South West London	First	June 2011	4
Mrs Raelene Salter	South West London	First	June 2012	3
Mr Edward Crocker	South West London	First	June 2012	5
Dr James Laxton	East Elmbridge and Mid Surrey	Third	April 2013	5
Mr Christopher Pelley	East Elmbridge and Mid Surrey	Second	June 2012	3
Mrs Hilary Bateson	Greater London	Second	April 2013	5
Dr Geoff Harding*	Greater London	Second	April 2013	5
Ms Vikki Orvice	Elsewhere in England	First	April 2013	4
Mrs Sally Mason	Elsewhere in England	Third	April 2013	5
Carer Governors				
Mrs Lesley-Ann Gooden	Carer	First	April 2013	5
Mr John Preston	Carer	First	April 2013	5
Mr John Howard	Carer	First	July 2013	4 (of 4)
Mr Charles McGregor	Carer	First	June 2011	1 (of 1)
Public Governors				
Mr Anthony Sykes	Kensington and Chelsea	First	June 2011	2
Mr Anthony Hazeldine	Sutton and Merton	Third	April 2013	5
Mrs Ann Curtis	Elsewhere in England	First	January 2012	5

Terms of office and attendance by Governors at meetings of the Council of Governors 2010/11 continued

Governor	Constituency/organisation	Term of office	End of current term	Meetings attended Total meeting = 5
Staff Governors				
Professor Ian Smith	Doctor	Third	April 2013	3
Ms Lorraine Hyde	Nurse	Second	April 2013	5
Ms Nina Kite	Other Clinical	First	April 2013	5
Ms Kim Andrews	Non Clinical	First	April 2013	4
Nominated Governors				
Professor Keith Willison	The Institute of Cancer Research	Third	April 2013	0
Dr Chris Elliott	Primary Care Referrer	Second	October 2013	3
Ms Alison Hill	South West London Cancer Network	First	March 2013	2
Vacant	West London Cancer Network	n/a	n/a	n/a
Councillor Iain Hanham	London Borough of Kensington and Chelsea	Third	April 2013	1
Dr Martyn Wake	Sutton and Merton PCT	Third	April 2013	1
Vacant	Croydon PCT	n/a	n/a	n/a
Ms Mable Wu	Kensington and Chelsea PCT	First	July 2012	1
Mr Michael Munt	Surrey PCT	Second	October 2013	0
Vacant	University Partner	n/a	n/a	n/a
Dr Sally Burtles	Cancer Research UK (Charity)	First	June 2012	3

* Geoff Harding was appointed by the Council of Governors as the Lead Governor with effect from 11 May 2010

Our Board of Directors

Key

R
Member of Remuneration and
Terms of Service Committee

A
Member of Audit and
Finance Committee

I
Member of Investment Committee

E
Member of Equality and
Diversity Committee

ICR
Member of the Board of
Trustees of The Institute of
Cancer Research

QAR
Member of Quality, Assurance
and Risk Committee



Mrs Tessa Green CBE
Chairman

R ICR (alternate)
QAR I (to 31/10/10)

Tessa Green was appointed Chairman of The Royal Marsden NHS Foundation Trust in April 2004 having been Chairman of The Royal Marsden NHS Trust since November 1998. Previously, she was a Non-Executive Director of the Royal Berkshire and Battle Hospitals NHS Trust in Reading and Chairman of the Research Ethics Committee at The Royal Marsden. Tessa worked in the media until 1990 as Head of Corporate Communications for Carlton Communications PLC. In 1991 she embarked on a law degree and was called to the Bar in 1994. She was awarded a CBE for services to healthcare in the Queen's Birthday Honours in 2008. Tessa stood down as Chairman on 31 October 2010.



Mr R. Ian Molson
Chairman

R ICR (alternate)
QAR I (from 1/12/10)

Ian Molson became Chairman on 1 December 2010. From 1999 to 2004, he was Deputy Chairman of the Board and Chairman of the Executive Committee of Molson Inc, a Canadian public corporation founded in 1786. Between 1977 and 1997, he was employed by Credit Suisse First Boston, one of the leading investment banking and securities firms in the world. From 1993 to 1997, he served as co-Head of their Investment Banking Department in Europe, a position which encompassed all corporate finance, corporate advisory, mergers and acquisitions for businesses in Europe, Russia, Africa and the Middle East. He graduated from Harvard University (AB Honours) in 1977.

Executive Directors



Miss Cally Palmer CBE
Chief Executive

ICR QAR I

Cally Palmer became Chief Executive of The Royal Marsden in 1998 and a Trustee of The Institute of Cancer Research (ICR). Previously, Cally was Deputy Chief Executive and Director of Services at the Royal Free Hampstead NHS Trust. Cally is an MSc graduate in management from the London Business School, which she gained with distinction in 1995, and a member of the Institute of Health Services Management. Cally was awarded a CBE in 2006 for her contribution to the NHS.



Dr Shelley Dolan
Chief Nurse

A QAR

Shelley Dolan was appointed to the role of Chief Nurse at The Royal Marsden NHS Foundation Trust in June 2007. She was promoted from her position as the first Nurse Consultant in Critical Care in the UK, a role she took up at The Royal Marsden in 2000. Shelley has worked clinically in the field of intensive care for over 20 years and is a trained Intensive Care and Cancer Nurse who achieved her MSc in Cancer Care in 1996, and Doctorate in 2011. She is also the Vice Chair of the Board of the MHRA. Shelley is a member of the European Oncology Nursing Society and the International Nurses in Cancer Care and lectures extensively nationally and internationally. Her research is in the areas of early detection of sepsis and the critical and acute care of the cancer patient.



Mr Alan Goldsman
Director of Finance

I A QAR

Alan Goldsman was appointed in 2002 from Guy's and St Thomas' NHS Trust where he was Deputy Director of Finance. Prior to this, Alan's career includes four years in senior finance roles with the Health Service in New Zealand and a further four years spent in the construction industry and in commercial banking. Alan is a qualified accountant and has an MSc in Health Management from City University.

Non-Executive Directors



Professor Martin Gore
Medical Director

QAR

Professor Martin Gore qualified in medicine at St Bartholomew's Hospital, London in 1974. He trained in General Internal Medicine for five years and then was appointed as a Clinical Scientist at the Ludwig Institute of Cancer Research (1981–84). In 1984, he joined the training programme at The Royal Marsden and was appointed Consultant Cancer Physician to The Royal Marsden and Senior Lecturer at the ICR in 1988. He has served on the editorial board of several journals and has published over 300 articles and edited eight textbooks.

He is currently Chairman of the Department of Health's Gene Therapy Advisory Committee and Vice-Chairman of the Health and Safety Executive's Scientific Advisory Committee on Genetically Modified Organisms.



Mr David Probert
Chief Operating Officer

QAR

David Probert joined The Royal Marsden in October 2007 as its first Chief Operating Officer. Having completed his MBA in 1998, David joined the NHS Management Training Programme working in a mixture of community and acute settings, including a period of time spent with the world renowned Institute of Healthcare Improvement in Boston, USA.

Following his time in the US, David joined Guy's and St Thomas' NHS Trust as a Deputy General Manager, being promoted to General Manager in 2003. He joined The Royal Marsden, having held the position of Divisional General Manager/Deputy Divisional Director at Guy's and St Thomas' NHS Foundation Trust for almost four years, to look after a mixture of surgical, specialist and chronic services.



Reverend Dame Sarah Mullally*
Senior Independent Director

A E QAR

Reverend Dame Sarah Mullally was Chief Nursing Officer for England/Director of Patient Experience until September 2004 and Assistant Curate at Battersea Fields Benefice, London until September 2006. She is now Rector for the Church of England Team Ministry in Sutton. Sarah is the designated Link Non-Executive Director with the Council of Governors and Chair of the Equality and Diversity Committee. She was appointed Senior Independent Director in November 2008 and was Acting Chairman from 1–30 November 2010.



Mr Gregory Andrews FCA*

A I

Greg Andrews joined The Royal Marsden as a Non-Executive Director on 1 April 2008. Greg has spent most of his career in financial services. He was with Merrill Lynch for 20 years where he held a number of positions including that of Managing Director of Merrill Lynch International Bank Limited and as Chief Financial Officer of Merrill's Global Private Banking Group in New York. From 2002 to 2006 he was Chief Operating Officer of New Philanthropy Capital and now runs his own consulting business specialising in change management. He is a Governor of Epsom College and advisor to, and Trustee of, a number of charities. He is Chair of The Royal Marsden's Audit and Finance Committee and the Investment Committee.



Mr Colin Clark*

R A I

Colin Clark has had over 30 years' experience in the investment management industry. Colin previously worked with Mercury Asset Management and Merrill Lynch Investment Managers and has, since 2010, been an Executive Director of Standard Life Investments.



Sir John Craven*

R QAR

Sir John Craven joined The Royal Marsden as a Non-Executive Director on 1 April 2008. He was Chairman of Lonmin plc, a primary producer of Platinum Group Metals, until his retirement in January 2009. Previously, he was Chairman of Fleming Family and Partners Limited, an independent, privately-owned investment house, the Group Chief Executive and Chairman of Morgan Grenfell Group plc and a member of the Board of Managing Directors of Deutsche Bank AG after that company's acquisition of Morgan Grenfell. Sir John has served as a Non-Executive Director of a number of companies including Reuters (of which he was the Senior Independent Director), Société Générale de Surveillance and Ducatti SpA. He holds both British and Canadian nationality and was knighted for his services to banking and to the City.



Professor Peter Rigby

QAR ICR
(until 14 January 2011)

Professor Peter Rigby was Chief Executive of the ICR until 14 January 2011. He is a Fellow of the Academy of Medical Sciences and a Governor of the Wellcome Trust.



Professor Alan Ashworth FRS

QAR ICR
(from 17 January 2011)

Professor Ashworth is Chief Executive of the ICR, where he is responsible for a major programme of cancer research which extends from basic laboratory science through translational research to clinical implementation. He is a Professor of Molecular Biology and a Fellow of the Royal Society.



Mr Richard Turnor*

R QAR A

Richard Turnor joined The Royal Marsden as a Non-Executive Director on 1 January 2009. He was a partner with the international law firm Allen & Overy LLP from 1985 to 2009 where he headed the Commercial Trust and Partnership Group. In 2010, he established Maurice Turnor Gardner LLP, an independent firm practising in association with Allen & Overy LLP, from which he continues to advise professional firms and fund managers on structuring and constitutional issues including international structure, disputes, mergers, de-mergers and governance issues. Richard was Vice Chairman of The Royal Marsden Cancer Campaign (now The Royal Marsden Cancer Charity) from 2002–08.

* The Non-Executive Directors which the Board considers to be independent. The Chairman had no other significant commitments during the reporting period.

I am really pleased to belong to an organisation that is performing such important and vital work, and I look forward to playing my part in ensuring that The Royal Marsden continues to build on its reputation as an international leader in cancer treatment, research and education.

R. Ian Molson
Chairman

The work of the Board

The Royal Marsden NHS Foundation Trust's Standing Financial Instructions Policy sets out the powers reserved for the Board of Directors and the Scheme of Delegation sets out its other responsibilities. Decisions taken by the Board include the following:

- regulations and control
- appointment and dismissal of committees
- strategy, business plans and budgets
- policy determination
- appointment of internal auditors
- receipt and approval of the Trust's Annual Report and Accounts
- monitoring and continuous appraisal of the affairs of the Trust.

Decisions delegated to management include policy implementation and operational management. The Trust's Management Executive (ME) meets monthly. ME has two sub-committees, the Performance Review Group, which looks at key performance issues, and the Quality and Efficiency Group, which looks at driving quality across the Trust through efficient service and working arrangements.

Board of Directors' balance, completeness and appropriateness

The Nominations Committee has considered the key backgrounds felt to be important on the Board against its current profile. The Board considers its current composition to be balanced, complete and appropriate to the requirements of the Trust. When vacancies arise, the Board and Nominations Committee consider the balance and ensure role descriptions are developed which accurately reflect the Board's requirements.

Performance evaluation of the Board of Directors, its Committees and its Directors

Following a corporate governance review undertaken in 2009, the structure and remit of the Audit and Finance Committee and the Quality, Assurance and Risk Committee was revised in order to clarify accountability and responsibilities. A further review of the Board working arrangements may be considered now that the new Chairman is in post.

The Chairman is generally appraised annually through a three stage process led by the Senior Independent Director. This takes into account the views of the Board, the Council of Governors and the Charity Trustees. The Senior Independent Director formally reports the outcome of these discussions to the Trust Board and Council of Governors. This did not take place in 2010/11, as the previous Chairman announced in April that she would be standing down later in the year and the new Chairman has only been in post since December 2010. The appraisal process will resume in 2011/12.

The Chairman conducts an annual appraisal of Non-Executive Directors. This information is an important part of the consideration when an individual is seeking re-appointment.

Members of the public can gain access to the Register of Directors' Interests through the Board Secretariat Office by telephoning 020 8661 3048 or emailing foundation.trust@rmh.nhs.uk

The Audit and Finance Committee

The Audit and Finance Committee is formally constituted as a sub-committee of the Trust Board and its main purpose is to independently contribute to the Board's overall process for ensuring that an effective internal control system is maintained. In particular, the Committee has the following key objectives:

- providing confidence in the objectivity and fairness of financial reporting
- providing assurance about the adequacy of internal control
- safeguarding of assets
- reducing the risk of illegal or improper acts
- reinforcing the importance, independence and effectiveness of internal and external audit.

The Nominations Committee

The Nominations Committee was established in 2004 to manage the appointment or reappointment of Non-Executive Directors to the Trust. The Committee has responsibility for handling all aspects of the recruitment and remuneration process and makes their recommendation for approval to the Council of Governors. The Terms of Reference and Membership of this Committee were reviewed and amended in 2009.

Membership of the Nominations Committee comprises:

- Chairman (or Vice Chair/Senior Independent Director)
- three Non-Executive Directors
- one Executive Director
- three Council of Governor representatives to include one Elected Governor, one Stakeholder Governor and one Staff Governor.

Within the above Membership, those attending particular meetings will vary according to the business of the meeting, e.g. a Non-Executive Director would not attend when his/her reappointment is under discussion. Where remuneration is discussed, only Council Members attend.

Four meetings of the Nominations Committee were held during the reporting period, including one attended only by Council Members when the Chairman and Non-Executive Directors' remuneration was discussed.

During 2010, the Nominations Committee managed the appointment of the new Chairman and the re-appointment of three Non-Executive

Directors. Both an external search consultancy and open advertising were used in the appointment of the Chairman. The Board and Council of Governors were consulted on and kept fully informed of the process, prior to a recommendation for the appointment of Mr R. Ian Molson presented to a Special Meeting of the Council of Governors on 22 September 2010.

The Equality and Diversity Committee

The Equality and Diversity Committee sets the strategic direction for equality and diversity in service provision and development and in employment matters in line with the Trust's strategy. It considers the implications of local and national initiatives from a patient, staff and public perspective and leads action to promote good practice.

The Quality, Assurance and Risk Committee (formerly Clinical/Research Governance and Risk Management Monitoring Committee)

The Quality, Assurance and Risk Committee supports the Trust Board in developing an integrated approach to governance by ensuring robust systems to monitor achievements against objectives. A key focus of the Committee is patient safety, including infection control.

NHS Foundation Trust Code of Governance – compliance statement

The Royal Marsden has governance policies and procedures which support the main and supporting principles of the NHS Foundation Trust Code of Governance, which was published in September 2006. The Trust Board considers that it was compliant with the provisions of the Code with the following exceptions:

Balance and independence of the Board of Directors

A.3.2 This provision requires at least half the Board, excluding the Chairman, should comprise Non-Executive Directors determined by the Board to be independent. The Royal Marsden does not comply with this provision because one of its Non-Executive Directors, Professor Alan Ashworth, is not considered to be independent because he is the Chief Executive of the Trust's academic partner, The Institute of Cancer Research.

Chief Executive and Executive Director reappointment

C.2.1 The Chief Executive and other Executive Directors are not subject to a formal reappointment process because of associated contractual and resource issues. They do, however, undergo a formal appraisal process annually to ensure continued high standards of performance and effectiveness, which is discussed at the Remuneration Committee.

Terms of office and attendance at meetings of the Board Directors, Audit and Finance, and Remuneration Committees 2010/11

Name	Role	Meetings attended	Term of office	End of current term
Board of Directors		Total meetings = 11		
Tessa Green	Chairman(to 31/10/10)	5 (out of 5)	Third	
R Ian Molson	Chairman (from 1/12/10)	4 (out of 4)	First	30.11.13
Gregory Andrews	Non-Executive Director	11	Second	31.3.14
Colin Clark	Non-Executive Director	7	Third	30.4.12
Sir John Craven	Non-Executive Director	10	First	31.3.11
Reverend Dame Sarah Mullally	Senior Independent Director	11	Third	31.10.13
Professor Peter Rigby	Non-Executive Director	7 (out of 8)	Second	
Professor Alan Ashworth	Non-Executive Director	1 (out of 3)	First	16.1.14
Richard Turnor	Non-Executive Director	11	First	31.12.11
Cally Palmer	Chief Executive	11		
Shelley Dolan	Chief Nurse	11		
Alan Goldsman	Director of Finance	11		
Professor Martin Gore	Medical Director	10		
David Probert	Chief Operating Officer	10		
Audit and Finance Committee		Total meetings = 4		
Gregory Andrews	Chairman of Committee/Non-Executive Director	4		
Colin Clark	Non-Executive Director	2		
Shelley Dolan	Chief Nurse	4		
Alan Goldsman	Director of Finance	4		
Reverend Dame Sarah Mullally	Non-Executive Director	3		
Richard Turnor	Non-Executive Director	4		
Remuneration Committee		Total meetings = 1		
Sir John Craven	Chairman of Committee/Non-Executive Director	1		
Tessa Green	Chairman of the Trust	1		
Colin Clark	Non-Executive Director	1		
Richard Turnor	Non-Executive Director	1		
Nominations Committee		Total meetings = 4		
Tessa Green	Chairman of the Trust	1 (out of 1)		
Gregory Andrews	Non-Executive Director	3 (out of 3)		
Dr Sally Burtles	Stakeholder Governor, Cancer Research (UK)	4		
Colin Clark	Non-Executive Director	1 (out of 3)		
Sir John Craven	Non-Executive Director	3 (out of 3)		
Charles McGregor (to July 2010)	Elected Governor – Carer	3 (out of 3)		
Reverend Dame Sarah Mullally	Non-Executive Director	3 (out of 3)		
Cally Palmer	Chief Executive	3 (out of 3)		
Professor Ian Smith	Staff Governor	4		
Richard Turnor	Non-Executive Director	3 (out of 3)		
Anthony Hazeldine (from July 2010)	Public Governor	1 (out of 1)		

The Management Executive

- 1. Cally Palmer**
Chief Executive
- 2. Alan Goldsman**
Director of Finance
(Not pictured)
- 3. David Probert**
Chief Operating Officer
- 4. Shelley Dolan**
Chief Nurse
- 5. Martin Gore**
Medical Director
- 6. Stephen Johnston**
Director of Clinical R&D
- 7. Nicky Browne**
Director of Performance and Strategy Implementation
(Not pictured)
- 8. Rachael Reeve**
Director of Marketing and Communications
- 9. Deborah Tarrant**
Director of Workforce and Corporate Affairs
- 10. Liz Bishop**
Divisional Director of Cancer Services
- 11. Ian Haig**
Divisional Director of Clinical Services
- 12. Kerensa Heffron**
Development Director, Business and Private Practice
- 13. Adam Doyle**
Divisional Director of Community Services
- 14. Sunil Vyas**
Deputy Director of Projects
- 15. Gary Burkill**
Head of Facilities
- 16. Anne Carey**
Project Director (Strategic Planning)
- 17. Jon Reed**
Director of ICT
(Not pictured)
- 18. Mike Carey**
Assistant Director of Projects (Estates)



The Royal Marsden Management Executive.

Finance

In its seventh year as an NHS Foundation Trust The Royal Marsden has maintained its excellent track record of financial performance. The Trust has met, and in most cases exceeded, its financial and performance plans for the year.

The following information is an overview of the Trust's financial position for 2010/11. The full Annual Report and Accounts – which includes an unqualified Auditor's Report – is available from the Director of Finance, The Royal Marsden, Fulham Road, London SW3 6JJ or at www.royalmarsden.nhs.uk

Financial Review for the year ended 31 March 2011

In its seventh year as an NHS Foundation Trust, The Royal Marsden has maintained its excellent track record of financial performance. The Trust has met, and in most cases exceeded, its financial and performance plans for the year.

The following information is an overview of the Trust's financial position for 2010/11. The full Annual Report and Accounts – which includes an unqualified Auditor's Report – is available from the Director of Finance, The Royal Marsden, Fulham Road, London SW3 6JJ or at www.royalmarsden.nhs.uk

Whilst the Trust generated a deficit of £0.8m, this was after reflecting a technical accounting loss of £6.2m following the valuation of its estate, and a profit on disposal of buildings of £0.7m. The 'underlying' surplus is therefore £4.7m against a full year plan of £2.9m. This result is due to a combination of factors including strong income performance, the continued delivery of the Trust's efficiency programme, and good financial discipline and control.

The surplus will be applied to capital development, in particular to schemes that will enhance services to patients at both the Chelsea and Sutton hospitals.

The Trust continues to maintain a strong balance sheet and cash position. At 31 March 2011 the Trust held cash deposits of £41.2m, a reduction of £22.3m from the previous year end. This reduction reflects net cash flow from operations of £8.7m, capital expenditure of £46.8m which has been partly financed by £18.1m of charitable donations towards capital projects. The Trust continues to commit its surpluses to its significant capital developments plans.

In light of the capital development in the year, a professional valuation firm completed a valuation of the Chelsea and Sutton sites as at 31 March 2011. As a result fixed asset values were reduced by £16.1m with £6.2m being charged to expenditure and the remainder booked to the revaluation and donation reserves.

Efficiency

The Royal Marsden continues to be committed to delivering its plans for efficiency having already delivered £26.4m efficiency savings in the first seven years of operation as an NHS Foundation Trust. It is anticipated that a further £25m of recurrent savings will be delivered over the next two years.

The rationale for the programme is to reduce unit costs and overheads in order to create margins on activity so that this can be reinvested in business strategy developments. This will also enable The Royal Marsden to maintain its position as a comprehensive cancer care provider in an evolving market and to manage risk by creating financial contingency.

The efficiency programme is comprised of initiatives which will increase income with less, or no, increase in costs; and those which reduce costs with less or no reduction in income. These include conducting portfolio analysis and constructing efficient clinical models, workforce modernisation, commercial activity and consideration of shared services and procurement with other local providers.

Financing and investment

The Trust has an authorised Prudential Borrowing Limit of £59.6m. Because the Trust has maintained healthy cash flow it has not needed to either borrow or use its working capital facility to date.

In 2009/10, the Trust Board approved a five-year capital programme for 2010–15 totalling £102m. This programme will, for the most part, provide new assets that are considered 'protected' for the NHS under the Foundation Trust Terms of Authorisation. During the year the Trust spent £46.1m against a plan of £56.5m. Of this expenditure £23.6m was financed by charitable donations, with the remainder being funded by operating surpluses and free cash.

Income and expenditure plans

The Trust receives the majority of its patient care income from Primary Care Trusts. Patient referrals are centred on the Trust's sites in London, Sutton and Kingston, but extend from this local base to cover all of England and beyond, particularly for referrals for rare cancers. The patient referral pattern is reflected in representation on The Royal Marsden Membership Council.

Patient income is supplemented by income to provide infrastructure support for research and development activity and from private patient income. The margin delivered on our private patient income remains a vital source of support for NHS services to patients. Private income is expected to continue to grow, though it is expected to remain within the private patient income 'cap' set out in the Trust's Terms of Authorisation.

Relationships with key stakeholders

During the year the Trust has continued to develop its relationships with stakeholders including South West London Acute Commissioning Unit, Sutton and Merton PCT, Kingston Hospital NHS Trust and St George's Healthcare Trust. Its contracts with Primary Care Trusts are governed by the legally binding contract introduced as part of the Foundation Trust reforms. Over the year the Trust has delivered increased activity for NHS patients.

The Trust's relationship with The Institute of Cancer Research and Mount Vernon Cancer Centre to develop a new academic and research partnership continue to grow stronger with the aim of increased collaboration and joint working on trials and research.

During the year the Trust conducted due diligence over the acquisition of Sutton and Merton Community Services. This follows selection by Sutton and Merton Primary Care Trust and NHS London, as part of a process called 'externalisation'. This acquisition took place on 1 April 2011.

Managing risks

Finance

Over the full year the Trust has consistently maintained a financial risk rating of 4 (where 5 is the lowest risk and 1 is the highest). This means that the Trust is considered by Monitor – the independent regulator of NHS Foundation Trusts – to be low risk in financial terms. This risk rating incorporates the key financial performance indicators for the Trust.

Governance

The Trust is rated on its governance arrangements which cover compliance with the Terms of Authorisation. The rating is based on self-certification where the Trust Board is required to confirm that all core national healthcare targets and standards have been met, and that plans are in place to ensure that they will be met going forward.

There are two possible declarations: the first is unqualified and the second qualified with supportive narrative. At the end of the year the Trust Board has approved an unqualified declaration.

Mandatory services

The Trust is rated on its provision of mandatory services in conjunction with the Healthcare Commission. The Trust has continued to maintain its 'green' rating from Monitor.

Counter fraud

The Trust has a counter-fraud officer in place who proactively reviews the Trust's counter-fraud arrangements and follows up on any incidents reported. There is also a whistle-blowing procedure in place which is available to all staff; all matters raised are dealt with in confidence.

Principle risks and future developments

The following are regarded as the principle areas of risk and future development for the Trust:

- The Trust has a substantial programme of capital development over the next four years. Investment has been made to ensure sufficient operational support is available to support this programme.
- Changes in NHS Research and Development funding continue to represent a significant risk to the Trust's research infrastructure and capacity. Further work is being undertaken with the NHS Research and Development Directorate to identify sufficient funding to allow the Trust to plan its research portfolio in the year ahead.

- The Trust has continued to be fully engaged in the Pan London Cancer Services Review and the development strategies of the Trust are aligned with the future direction set out in this policy.
- The Trust acquired community services for Sutton and Merton Primary Care Trust on 1 April 2011, and these services will be integrated with existing services to create synergies and efficiencies.
- The future landscape of commissioning remains.

Statement of comprehensive income for the year ended 31 March 2011

	2010/11	2009/10
	£000	£000
Income from activities	173,517	160,194
Other operating income	63,797	65,321
Operating expenses	(234,684)	(218,919)
Operating surplus	2,630	6,596
Finance costs		
Finance income	261	196
Public Dividend Capital dividends payable	(3,653)	(3,413)
Net finance costs	(3,392)	(3,217)
(Deficit)/surplus for the year	(762)	3,379
Other comprehensive income		
Revaluation losses and impairment losses property, plant and equipment	(9,969)	(10,228)
Increase in the donated asset reserve due to receipt of donated assets	23,639	12,540
Reduction in the donated asset reserves in respect of depreciation, impairment, and/or disposal of donated assets	(3,066)	(4,052)
Total comprehensive income and expense for the year	9,842	1,639
Surplus for the year pre impairment	2010/11	2009/10
	£000	£000
Retained (deficit)/surplus for the year	(762)	3,379
Impairment	6,165	1,179
Surplus for the year pre impairment	5,403	4,558

Operating expenses includes £6,165,000 (2009/10 £1,179,000) in relation to impairment of fixed assets. This reconciliation shows the surplus achieved pre impairment.

Statement of financial position as at 31 March 2011

	31 March 2011	31 March 2010
	£000	£000
Non-current assets		
Intangible assets	74	47
Tangible assets	198,016	177,640
Total non-current assets	198,090	177,687
Current assets		
Inventories	4,218	4,028
Trade and other receivables	21,366	19,703
Cash and cash equivalents	41,153	63,490
Total current assets	66,737	87,221
Current liabilities		
Trade and other payables	(30,599)	(38,886)
Provisions	-	(167)
Other liabilities	(16,344)	(18,043)
Tax payable	(2,944)	(2,824)
Total current liabilities	(49,887)	(59,920)
Non-current liabilities		
Provisions	(23)	(32)
Total non-current liabilities	(23)	(32)
Total assets employed	214,917	204,956
Financed by taxpayers' equity		
Public dividend capital	101,349	101,230
Revaluation reserve	13,110	15,400
Donated asset reserve	62,658	49,967
Income and expenditure reserve	37,800	38,359
Total taxpayers' equity	214,917	204,956



Miss C. A. Palmer CBE
Chief Executive
2 June 2011



Mr A. G. Goldman
Director of Finance
2 June 2011

Cash flow statement for the year ended 31 March 2011

	2010/11	2009/10
	£000	£000
Total operating surplus	2,630	6,596
Non-cash income and expense		
Depreciation and amortisation charge	9,252	8,978
Impairment	6,165	1,179
Transfer from donated asset reserve for depreciation on donated assets	(3,066)	(4,052)
Increase in inventories	(190)	(925)
(Increase)/decrease in receivables	(1,632)	10,546
(Decrease)/increase in trade and other payables	(1,931)	76
Decrease in other liabilities	(1,699)	(5,297)
Decrease in provisions	(176)	(273)
Other non-cash movements	(646)	275
Net cash inflow from activities	8,707	17,103

Cash flow statement for the year ended 31 March 2011 (continued)

	2010/11	2009/10
	£000	£000
Cash flows from operating activities		
Net cash generated from operations	8,707	17,103
Cash flows used in investing activities		
Interest received	261	196
Purchase of property, plant and equipment	(46,796)	(33,224)
Proceeds from sale of property, plant and equipment	1,000	-
Net cash generated from investing activities	(45,535)	(33,028)
Cash flow from financing activities		
Public dividend capital received	119	15,378
Public dividend capital dividends paid	(3,691)	(3,534)
Donated capital receipts	18,064	23,285
Net cash generated from financing activities	14,492	35,129
(Decrease)/increase in cash and cash equivalents	(22,336)	19,204
Cash and cash equivalents at 1 April	63,489	44,286
Cash and cash equivalents at 31 March	41,153	63,490

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.

The Royal Marsden NHS Foundation Trust

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Patron

Her Majesty The Queen

President

HRH Duke of Cambridge, KG

Life demands excellence



The Government Standard

