

ANNUAL PERFORMANCE REVIEW & ACCOUNTS 07/08



INSPIRING, IMPROVING, INVESTING

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Arabic

إذا كنت ترغب في الحصول على نسخة من هذا التقرير بتنسيق آخر، يرجى الاتصال بنازنين بوستاني عبر البريد الإلكتروني n.bustani@rbht.nhs.uk أو رقم الهاتف 020 7351 8671.

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Chairman's letter

This report for 2007-8 describes another year of significant achievement by the Trust, in which everyone involved in our two hospitals can rightly take pride.

We are the country's largest specialist heart and lung centre and continue to provide a service which gains high ratings from patients across the UK.

With our international reputation, we continue to attract clinical staff of outstanding quality not only from our own shores but from around the world.

As a result – as our Chief Executive, himself from Canada, brings out very clearly in his review – we continue to advance the frontiers of healthcare and to promote research and innovation, in partnership with Imperial College, to the benefit of patients in the UK and beyond.

All of this has helped us in responding to changes in NHS research funding. These changes present a continuing financial challenge and contributed to the disappointment of our application for foundation trust status being put on hold.



Despite these changes, and a difficult start to the year, we achieved the surplus asked of us by NHS London. And as the year ended, our success in securing Biomedical Research Units on both sides of our work – cardiac and respiratory – gave us added confidence for the future.

This record in 2007-8 – and indeed everything the Trust has achieved in the ten years of its existence – rests on one thing more than any other: the commitment and professionalism of our staff, clinical and non-clinical alike.

Internally, we have recognised this with a new staff recognition awards scheme – based on the votes of staff themselves – which has proved a great success.

This record in 2007-8 – and indeed everything the Trust has achieved in the ten years of its existence – rests on one thing more than any other: the commitment and professionalism of our staff, clinical and non-clinical alike.

Externally, it has been recognised by the visit of HRH the Prince of Wales to mark the quality of our catering service, and above all by the universal tributes to our team's response to the fire which affected our Royal Marsden neighbours so badly in January 2008.

On the Board, the year saw the retirement of Charles Perrin, to whom we are all deeply grateful for over a decade of quite outstanding service as a non-executive director and Deputy Chairman. In his place, we have welcomed Nick Coleman, who is already making his own valuable and distinctive contribution.

Both of them, and everyone on the Board, would wish once again to record our thanks to all the Trust's staff for their endeavours.

A handwritten signature in black ink, reading 'Lord Newton of Braintree'.

The Rt. Hon, Lord Newton of Braintree, OBE
Chairman
19 June 2008





Chief Executive's review

Once again I find myself in the enviable position of introducing a report which is a credit to colleagues throughout the Trust.

Commitment, dedication and hard work have been major themes for us in 2007/08, along with a renewed emphasis on advancing the range of services at both our sites.

We encountered a number of challenges along the way, but reacted with what has become our customary response: resilience, professionalism, integrity and an absolute refusal to divert attention from our primary focus, patient care.

An impressive performance in the Healthcare Commission's adult inpatient survey offered an insight into how our patients themselves feel about the care we deliver. The Trust was in the category of "best performing 20 per cent of Trusts" in over two thirds of the questions asked, which cover issues such as hospital cleanliness, confidence in doctors and nurses, quality of food, and access to information about treatments and conditions.

The Healthcare Commission's other main audit – the annual health check – provides further data on our performance. Meeting all core standards, the Trust was rated "good" on "use of resources," and was judged to be providing good value for money by managing its finances efficiently. We also achieved an "excellent" score on new national targets, including those on infection prevention and control. And in data published in March 2008 by the Commission,



we were shown to have the lowest MRSA and Clostridium difficile rate per 1,000 bed days in England, thanks in the main to our robust infection control policies, established screening programmes and commitment to a range of governance and safety initiatives.

What current audits and assessments do not capture fully are the many developments which take place every year to provide new and improved services for patients. New initiatives this year include: a pioneering programme of percutaneous valve replacement, offering the UK's only comprehensive programme for the treatment of both congenital and acquired heart valve defects; the expansion of services for patients with chronic obstructive pulmonary disease (COPD) to ensure seamless care for patients in the local community and for those referred from further afield; the integration of a new non-heart beating transplant programme, which has brought about a significant increase in the number of lung transplants carried out; the launch of a personalised service for parents whose baby tests positive for cystic fibrosis; and the introduction of the world's smallest heart pump to our heart failure programme, offering greatly improved support for patients.

Most services and treatments have benefited at some stage in their development from research support, and news that our applications to create respiratory and cardiovascular Biomedical Research Units (BRU) at the Trust had been successful was a particularly positive way to end our financial year. These Units, designated by the National Institute for Health Research, will be at the forefront of a national £45 million drive to prevent, diagnose and treat illness. The BRUs are a partnership with Imperial College and offer us the opportunity to lead new developments in heart and lung research in the UK. They bring with them funding of over £10 million over a four-year period. The change in financial support for research (Culyer funding) by the Department of Health still represents a sizeable financial challenge for a research-led Trust such as ours. We will need to surpass our impressive financial performance of 2007/08 in the coming year to account for the expected reduction of guaranteed research funding in future years.

Whatever the next year brings, and 2008/09 will no doubt be an equally challenging year, I know that the life-saving and life-changing work that goes on every day throughout the Trust will continue. The reaction of staff at Royal Brompton to the fire at Royal Marsden in January, which saw most affected patients being re-located and treated on our wards with speed and seamless integration, was a superb example of the level of professionalism which exists right across the Trust. You will find many examples of it throughout this report.

A handwritten signature in dark ink, appearing to read 'R. Bell'.

Robert J Bell
Chief Executive
19 June 2008

Who we are and what we do



Royal Brompton & Harefield NHS Trust is a national and international specialist heart and lung centre based in Chelsea, London and Harefield, Middlesex.

We help patients of all ages who have heart and lung problems. From the moment they arrive, our patients become part of a community of people who have benefited from more than 160 years of expert diagnosis, treatment and long-term care.

Over the years our experts have been responsible for several major medical breakthroughs – carrying out the first coronary angioplasty in the UK, founding the largest centre for cystic fibrosis in Europe and pioneering intricate heart surgery for newly born infants.

Our care extends from the womb, through childhood, adolescence and into adulthood. Our fetal cardiologists can perform scans at just 12 weeks, when a baby's heart valve is barely over a millimetre in size, and our clinical teams regularly treat patients well into their 90s. As a specialist trust our patients come from all over the UK, not just from our local areas.

Research programmes play a vital role at both our hospitals. This is because the most talented medical experts are rarely content with using tried and tested methods to treat their patients. The opportunity to influence the course of modern medicine by developing new treatments is a prospect which attracts them to specialist centres, where research opportunities are a fundamental part of delivering patient care.

In March 2008, The National Institute for Health Research awarded a four-year grant worth over £10 million to a partnership of the Trust and Imperial College London, to fund both respiratory and cardiac Biomedical Research Units (BRUs) at the Trust. The Units will lead innovative research in respiratory and cardiovascular medicine and will help to consolidate and build upon our position as a leading clinical research centre.

“The nurses and doctors were outstanding in their care and attention to detail.”

Our vision and goals

Our vision is to be a leading national and international centre for treating heart and lung disease, developing services through research and clinical practice to improve the health of people across the world.

In order to achieve this vision we aim to:

- 1 Provide specialist and sub-specialist expertise and clinical care for our patients**
- 2 Undertake pioneering and world-class research into heart and lung disease in order to develop new forms of treatment which can be applied across the NHS and beyond**
- 3 Recruit, train and develop tomorrow's international clinical leaders and experts**
- 4 Develop and continuously improve responsive service models in partnership with our patients, carers, partner organisations and the public**
- 5 Generate surpluses to invest in new technologies and services.**

We are supported in this by active patient and community groups who enthusiastically encourage and challenge us to deliver our goals.

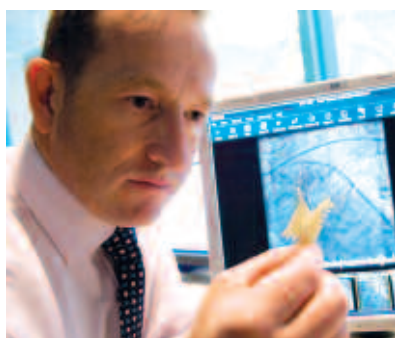


The year in brief

Achieving excellence for our patients

April 2007

■ An innovative programme of percutaneous valve replacement begins, offering the UK's only comprehensive programme for the treatment of both congenital and acquired heart valve disease.



■ Transplant surgeons introduce a pioneering form of surgery at Harefield as they perform their first non-heart beating transplant, bringing new hope to many on the transplant waiting list.

May 2007



■ Our patients once again rate us highly in the Healthcare Commission's adult inpatient survey.

June 2007

■ New research presented at the British Cardiovascular Society's Annual Scientific Conference shows heart attack patients are more likely to survive if taken straight to a specialist centre such as Harefield for primary angioplasty rather than to their local hospital for clot busting drugs.



■ An advanced robotic pharmacy is officially opened at Royal Brompton, offering state-of-the-art dispensing capabilities.

July 2007



■ A major appeal to raise £1.5 million for a cutting-edge MRI (Magnetic Resonance Imaging) scanner for Harefield is launched with an immediate response from the local community.

August 2007



■ Patient Environment Action Team (PEAT) scores are announced with excellent ratings for our food, and good ratings for the environment, at both hospitals.

September 2007



■ Our new patient gowns are chosen as examples of best practice in a national Healthcare Commission report on dignity in care.

October 2007

■ We improve our score in the annual health check and are rated "excellent" in relation to new national targets.

■ Professor Sir Magdi Yacoub, consultant cardiothoracic surgeon at Harefield for more than 20 years, receives the Pride of Britain lifetime achievement award.



November 2007

■ Eight process improvement teams report on their work, showing innovative service enhancements and substantial efficiency savings in thoracic surgery, LVADs ("artificial hearts"), adult congenital heart disease, nuclear medicine, respiratory medicine, theatres and paediatrics.



December 2007

■ An anniversary symposium, attended by guests from research institutions around the world, celebrates ten years of achievements by the Trust's Clinical Trials Evaluation Unit.



■ Work begins on Royal Brompton's magnetic navigation catheter laboratory – the most advanced in Europe.



January 2008

■ As a major fire sweeps through the Royal Marsden Hospital, patients are evacuated and re-located at Royal Brompton. No patient suffers any ill-effects of the transfer. Prime Minister Gordon Brown, his wife Sarah and Secretary of State for Health, Alan Johnson, visit to thank staff and meet those evacuated. Prince William visits the following day.

February 2008



■ HRH The Prince of Wales visits Royal Brompton for a seminar on hospital food. The Prince meets patients and staff and praises the hospital's catering department for its commitment to locally-sourced, organic food.

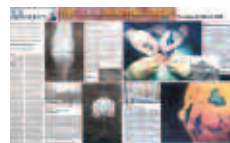
■ A spectacular fundraising event at Her Majesty's Theatre in London raises nearly £50,000 for an innovative research project: "Singing for Breathing".

March 2008

■ The National Institute for Health Research (NIHR) awards a four-year grant worth over £10 million to the partnership of Royal Brompton & Harefield NHS Trust and Imperial College London to fund respiratory and cardiac Biomedical Research Units (BRUs) at the Trust. The Units will lead innovative research in respiratory and cardiovascular medicine, translating advances in medical research into benefits for patients and supporting the expansion of current research output in these priority areas of disease.

■ Data published by the Healthcare Commission shows the Trust has the lowest rates of MRSA and Clostridium difficile per 1,000 bed days in England.

■ The Trust is named "best heart hospital" in England by the *Independent* newspaper.





A total of 26,421 patients were admitted to the Trust in 2007/08. This compares with 25,507 in 2006/07.

Our position in the healthcare market

Our role in international healthcare

Royal Brompton & Harefield NHS Trust has a clear brand and an established international market. It is vertically integrated, delivering services and undertaking research for heart and lung disease across the healthcare spectrum.

Clinical services – the UK market

We hold a unique position within the UK as the only specialist heart and lung provider delivering services to patients of all ages. Other specialists in the field, Papworth Hospital NHS Foundation Trust, Liverpool Heart and Chest Hospital NHS Trust and Great Ormond Street NHS Trust treat adults or (in the case of Great Ormond Street) children only. A comparison of activity levels demonstrates our strong position amongst our peers (see Figure 1 below).

Investment in cardiac facilities has been significant in the UK in recent years. Our review of these developments has determined that other providers are largely focused on providing local and regional services as opposed to the national service we offer. Both cardiac and respiratory activity have shown steady growth in 2007/08, building on the levels of previous years (see Figure 2 below).

We remain the leading UK provider of respiratory care and are national leaders in the specialist areas of paediatric cardiorespiratory care, treatment of congenital heart disease, and cystic fibrosis. Our nuclear medicine department is the largest in the UK, conducting between 10,000 and 11,000 scans a year. We also remain the market leader in London for electrophysiology services.



Private patients

Our reputation as a leading provider of heart and lung disease services means that the Trust attracts private patients from across the UK and around the world. Private patient earnings are a significant source of income for us and are the second highest of any NHS trust – a position we have held for several years. This income directly benefits NHS patients.

Figure 1: Comparison of cardiac procedures (annual HRG totals) with peer trusts

Source: Dr Foster Hospital Guide 2008

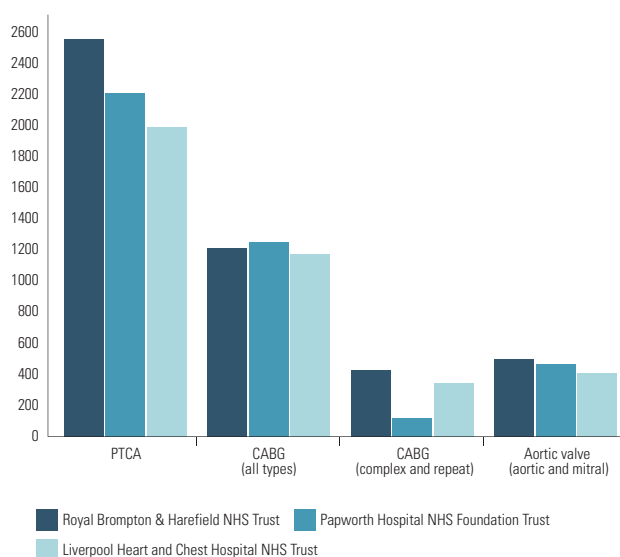
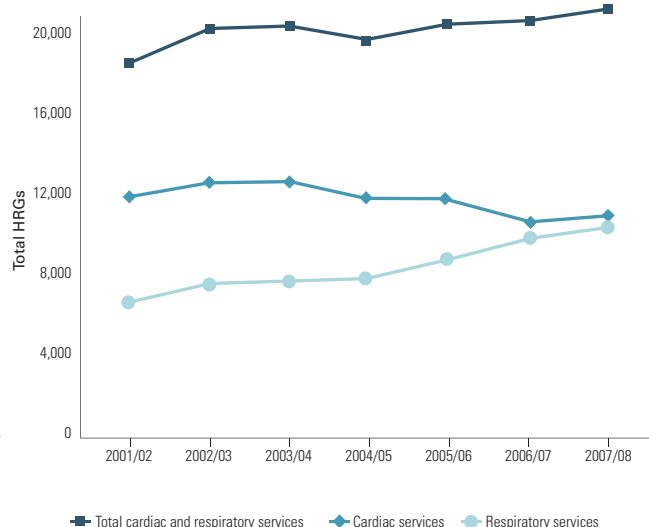


Figure 2: Trust cardiac and respiratory inpatient activity (2001/02 to 2007/08)

(2001/02 to 2007/08)



Research and development

Finding new ways to treat heart and lung disease

We are proud to offer world-class care for those with heart and lung disease. We are equally proud to continually conduct groundbreaking research into these illnesses. The starting point for our research work is always the needs of the patients we treat every day.

Our international cardiac and respiratory research programmes are conducted with partners at Imperial College as well as with those at other hospitals and universities.

Research and excellent clinical care go hand-in-hand, and the Trust has an unrivalled record of highly-cited publications in both cardiac and respiratory disease, as well as in intensive care, pushing the boundaries of medical discovery and development.

Our researchers have been responsible for many medical advances that have been introduced throughout the NHS and beyond. We take very seriously the responsibility of training a future generation of researchers: many young doctors and scientists achieve their higher degrees at the Trust and present their work around the world.

A new regime for NHS research

In 2007/8, we worked hard to meet the requirements of the new regime outlined in the National Institute for Health Research's research strategy "Best Research for Best Health", and to secure financial support for our work from new funding streams as they were announced. The system is still in transition, with considerable uncertainty about future funding levels.

The change in financial support for research (Culyer funding) by the Department of Health still represents a sizeable challenge for a research-led Trust such as ours. Nonetheless, we have continued to develop our research output, particularly in areas in which we combine academic strength with excellence in clinical services.

Biomedical Research Units

The most significant development came in March 2008, when, in partnership with Imperial College, we were awarded Biomedical Research Unit status in both cardiovascular and respiratory disease by the National Institute for Health Research. The Biomedical Research Units will establish an Advanced Lung Disease Unit (respiratory) and a Cardiac Regeneration Unit (cardiovascular), and provide a focus for future research endeavour in the Trust. They will link with our proven clinical expertise to turn scientific discoveries in these areas into new clinical treatments for the conditions our patients bring to us every day.

The new units will be at the forefront of a national, £45 million drive to prevent, diagnose and treat illnesses such as heart disease and asthma, and will help to ensure that the UK retains its position at the top of the international league table for biomedical research.

Hosting two Biomedical Research Units puts us in a strong position to develop collaborations with other leading research groups, strengthen our profile internationally and – potentially – attract new funding from other sources.

Some highlights

Each year the pioneering work of our researchers gains national and international attention. Some of the highlights from the past year include:

Vaccine for hay fever

An international trial published this year in the *Journal of Clinical Immunology* showed that a new grass allergen tablet (GRAZAX) is effective in reducing the symptoms of hay fever. The trial, led by Professor Stephen Durham, consultant and professor of allergy and respiratory medicine, showed the vaccine reduced the need for "rescue medication", and improved quality of life. Ongoing studies will determine whether the vaccine, which is taken as a daily rapid-dissolving tablet placed under the tongue, has the same long-term benefits as the injectable form.

Diesel fumes and asthmatics

Air pollution from diesel traffic can have harmful effects on the health of asthmatics, according to a study published in December in the *New England Journal of Medicine*. A team of



researchers led by Dr Paul Cullinan, honorary consultant in respiratory medicine at Royal Brompton Hospital and reader in respiratory epidemiology at Imperial College's National Heart and Lung Institute (NHLI), and Professor K F Chung, honorary consultant in respiratory medicine and professor of respiratory medicine at NHLI, has shown for the first time that diesel traffic can reduce the lung function of asthmatics.

The study is the first in the world to assess these effects in a real-life setting and gained national press attention. In addition, a study by Dr Cullinan and Stephanie Macneill, medical statistician at NHLI, on the impact on children's respiratory health of pedestrianisation in Oxford was awarded the paediatric epidemiology prize by the European Respiratory Society this year.

Controlling glucose levels

In December, a major children's intensive care research study, led by the Trust, was formally launched. The Control of Hyperglycaemia in Paediatrics Trial (CHiP) study is the first multi-centre study to be carried out in UK children's intensive care units. It will look at whether strictly controlling glucose levels in children in intensive care – as already happens with adults in intensive care – leads to fewer deaths, shorter stays in hospital, and fewer complications.

Muscle strength and COPD

Research published this year in the medical journal *Thorax* shows that quadriceps strength predicts mortality in patients with advanced chronic obstructive pulmonary disease (COPD). Patients with advanced COPD often develop weakness and wasting in their quadriceps leg muscles. It is not clear why this occurs, but our research shows that this



weakness is associated with a poorer prognosis for patients. We continue to focus on ways to increase leg muscle strength.

Telemonitoring for heart patients



A study, led by Professor Martin Cowie, consultant cardiologist and professor of cardiology at Imperial College, investigated the benefits of home telemonitoring for heart failure patients. The system allows blood pressure, heart rate, weight, blood oxygen levels and heart failure symptoms (such as breathlessness) to be monitored by the patient at home, with the data transferred to a nurse specialist for review, reducing the need for frequent hospital visits. A paper on the study presented by Jillian Riley, head of postgraduate education at the Trust, won the award for best oral abstract paper from the Council on Cardiovascular Nursing and Allied Professions (CCNAP) of the European Society of Cardiology (ESC).

Cardiac procedures for migraine

The Trust has been at the centre of exciting research indicating that a one-off cardiac procedure might reduce the burden of migraine. The study specifically focused on migraine sufferers with a patent foramen ovale (PFO) – a small hole between two of the chambers of the heart – and showed that closing this hole often effectively treated migraines in many patients. The research was led by Dr Michael Mullen, consultant cardiologist, and has attracted a great deal of interest.

Help with severe asthma

In collaboration with St Mary's Hospital, London, and the Royal Free Hospital, researchers recently carried out a clinical trial with patients with moderate to severe persistent asthma, using a new biological drug called infliximab. The drug is already on the market for treating inflammation in arthritis and bowel disease, but has not previously been investigated in asthma. Our study showed a reduced number of asthma episodes in patients taking the new drug. This promising work is now being taken forward by the pharmaceutical industry with larger studies.

Cardiology

Providing a world-class service



Royal Brompton & Harefield is one of Europe's largest centres for the diagnosis and treatment of heart disease. We are internationally recognised as leaders in the development of minimally invasive therapy for coronary heart disease.

2007/08 highlights

■ A series of new appointments has strengthened cardiology services in the past year. Dr Wajid Hussain, consultant cardiologist, joined the Harefield electrophysiology team in October 2007, an appointment which has enabled the significant expansion of the service. Cardiac imaging at Harefield also continues to develop thanks to the appointment of Dr Shelley Rahman Haley who specialises in echocardiography and cardiac magnetic resonance.

■ Echo services at Harefield have also been strengthened by the acquisition of new 3D imaging equipment. Staff in the echo department will work with colleagues in cardiac surgery and transplantation to develop the clinical and research uses of these 3D techniques.

Harefield's primary angioplasty centre continues to offer patients in outer north-west London a gold standard service. At the British Cardiovascular Society's Annual Scientific Conference in June, consultant cardiologist Miles Dalby and colleagues presented new research to show the benefits of primary angioplasty for some heart attack patients.

Dr Dalby and his colleagues compared patients who received primary angioplasty at Harefield to those who received traditional clot busting treatment (thrombolysis) in an A&E department. They found that patients who had been taken to Harefield and treated with angioplasty – in which a tube is passed into the heart and a small balloon inflated to open up blocked vessels – had significantly better outcomes than patients who had received thrombolysis.

■ At Royal Brompton, Dr Sabine Ernst joined the team in late 2007 as consultant cardiologist, honorary senior lecturer and lead for electrophysiology research.

Dr Ernst is an internationally recognised expert in magnetic navigation and has overseen the introduction of a new magnetic navigation laboratory at Royal Brompton. The new system allows our consultants to carry out complex catheter-based procedures almost entirely by remote control, allowing greater accuracy and reducing radiation exposure for both staff and patients.

The new lab is the most advanced of its kind in Europe and will benefit patients with complex congenital heart defects and arrhythmias. As well as advancing clinical practice in the UK, the new lab will allow experts at the Trust to pioneer important new research projects in 3D imaging and morphology, which should lead to the development of new invasive cardiac procedures to the ultimate benefit of patients internationally.



■ During 2007, a major investment of almost £1m was made to upgrade one of Royal Brompton's existing catheter laboratories. In November the lab opened with new state-of-the-art equipment improving our capacity to carry out electrophysiology and pacing procedures.

■ The pioneering LDL apheresis service for patients with familial hypercholesterolemia, a genetic defect which causes high levels of cholesterol, expanded this year. The Harefield-based service is now the largest of its kind in England. As part of a Department of Health study, the team is working to establish a genetic testing service for families of people with this condition.



■ In December, the Trust's clinical practice committee approved the use of Impella left ventricular assist devices. Traditionally, heart pumps have been quite large and have had to be inserted through a cut in the chest. The Impella, however, is the world's smallest heart pump and can be inserted through the groin.

This means it is far easier to implant and can provide support to the heart more quickly. Unlike traditional heart pumps, which are currently only used on a small number of very sick patients, the Impella can be used with angioplasty and heart surgery as a "bridge" to support the heart while waiting for further treatment, or in emergency situations.

Two patients have already benefited from the new devices and the programme, which is led by consultant invasive interventional cardiologist,

Professor Carlo Di Mario, will continue to develop in the coming year.

■ Professor Michael Gatzoulis, consultant cardiologist and director of our adult congenital heart unit, was invited to Harvard University in June 2007 as a visiting Professor, reflecting the international reputation of our adult congenital heart team. During his time at Harvard, Professor Gatzoulis delivered the Distinguished Harvard University Fyler Annual Lecture in cardiology, discussed research opportunities with staff, took part in ward rounds, and ran teaching sessions for Harvard cardiology trainees.

■ In March, Professor Martin Cowie, consultant cardiologist, was appointed as a senior investigator by the National Institute of Health Research (NIHR). The Institute aims to support outstanding individuals who are conducting cutting-edge research. Professor Cowie was one of just 100 researchers selected and his five year appointment recognises the academic strength of the Trust's heart failure team. Successful applicants were selected by an international panel of judges.

■ Our cardiologists have continued to share their expertise with colleagues around the world. Both Dr Michael Mullen and Professor Carlo Di Mario have performed procedures which were broadcast live to international conferences. Dr Mullen broadcast to the Synergy in Science conference in Seattle, Professor Di Mario to the Joint Interventional Meeting in Rome, and both to the American College of Cardiology Congress in Chicago.

The cardiology team has worked closely with the surgical directorate to develop the new percutaneous valve replacement programme. More details about this initiative, which enables valve replacement to be carried out via a small cut in the groin rather than via open-heart surgery, can be found on page 14.



"It was very reassuring to have the arrhythmia nurse specialist contact me before my first admission, visit me on the ward and contact me after admission. She took away my fears and anxiety."

Surgery

Innovation and investment



“The nurses and doctors were outstanding in their care and attention to detail.”

Our surgeons offer a full range of surgical procedures for heart and lung disease, many pioneered at the Trust.

2007/08 highlights

■ A groundbreaking new form of valve replacement, which offers new hope to patients who may be at high risk from traditional surgery, was introduced by our cardiac surgeons and cardiologists in April 2007. Percutaneous – “through the skin” – valve replacement is an emerging technique which is the subject of much scientific interest and discussion. An alternative to open heart surgery, it involves making a small cut in the groin through which a catheter (plastic tube) is inserted into the artery and then passed into the heart. An artificial valve is then guided into place through the catheter. Patients experience a much shorter recovery time than for conventional surgery where the breast bone must be cut.

We are the only Trust in the UK to offer both aortic and pulmonary valve replacements using this technique, and the programme will be expanded to include mitral valve repair in 2008/09.

This successful programme has involved a multi-disciplinary team led by Mr Neil Moat, consultant cardiothoracic surgeon, and Dr Michael Mullen, consultant cardiologist.

■ In May, delegates from across the UK and Europe gathered at the Trust for an aortic surgery masterclass course. The two-day course was organised by Mr Mario Petrou, consultant cardiac and transplant surgeon, and Professor John Pepper, consultant cardiac surgeon. An array of Trust staff spoke at the event, each offering insights into how they personally carry out complex aortic surgery procedures. Guest speakers included Professor Sir Madgi Yacoub.

■ Royal Brompton’s cardiac homecare team was recognised in the prestigious British Cardiac Nursing Awards in April. The team was presented with the Excellence in Cardiac Intervention or Surgery Award for its service to support patients and relatives both before and after admission for cardiac surgery. The initiative, the first of its kind in the UK, has cut length of stay by 30 per cent and has already been recognised by both the British Blood Transfusion

Service and the Department of Health. The award also recognised the team’s project for anaemic patients and their manual for patients awaiting coronary bypass surgery.

In February, colleagues, former patients, friends and family gathered in the Harefield Heart Science Centre to celebrate 25 years of outstanding achievements – including over 1,000 transplants – by consultant cardiac surgeon Mr Asghar Khaghani. Several prominent figures gave speeches, including Professor Sir Magdi Yacoub and Trust chief executive Bob Bell.

■ Delegates from across the UK gathered at the Trust at the end of June for a conference on multi-disciplinary care of thoracic patients. “Cutting Edge in Thoracic Care: A Multi Disciplinary Approach” was attended by 95 thoracic nurses, nurse specialists, and allied health professionals representing acute thoracic care centres from across the country. The programme was developed by Rachel Boldery, clinical practice educator in surgery, and held at the National Heart and Lung Institute.

■ Two new consultant surgeons were appointed to the team at Royal Brompton in February. Mr Richard Trimlett was appointed surgical tutor in cardiothoracic surgery and consultant adult cardiac surgeon. His main areas of interest are education, intensive care, and the use of robotics in surgery. Mr Eric Lim, who specialises in surgical diseases of the chest, took up the post of consultant thoracic surgeon.

In December 2007, Mr Lim organised and hosted an international congress on advances in pulmonary neuroendocrine tumours at the National Heart and Lung Institute. Presentations were given by consultants from around the world and participants included

physicians, oncologists, surgeons, pathologists and radiologists.

■ Significant investment to increase capacity at both hospitals has been made. Work on new theatres and additional recovery space at Harefield began in early 2008 and will continue into the coming year.

■ Research progress in the directorate continues. Professor Peter Goldstraw, lead for the academic division of thoracic surgery, is chair of the International Association for the Study of Lung Cancer's (IASLC) staging project, which is working on revisions to internationally-used guidelines on staging lung cancer (determining how far cancer has advanced).

The first IASLC conference on pulmonary neuroendocrine tumours was hosted in December at Royal Brompton and attracted delegates from around the world.

Research from the academic division led by Eric Lim was recognised with prizes and awards from the British Thoracic Oncology Group meeting in Dublin (for the second year running), the Society for Cardiothoracic Surgeons meeting in Edinburgh and the European Society for Medical Oncology meeting in Geneva. The department of thoracic surgery as a whole had the highest number of presentations of any organisation at the 2008 annual meeting of the Society for Cardiothoracic Surgery.



Transplantation

Breaking new ground



Funding from the Cystic Fibrosis Trust has seen the appointment of a new clinical fellow whose main responsibility is donor management and assessment. Dr Kristof Racz has now attended more than 50 organ retrievals using a variety of methods to provide expert assessment of the suitability of potential donor organs. This new service has been welcomed both by the network of donor hospitals and by the transplant team.

Our transplant unit, based at Harefield Hospital, is the UK's largest and most experienced centre for heart and lung transplants. Unit staff work closely with researchers at the Heart Science Centre, which is at the forefront of research into heart disease and transplantation.

2007/08 highlights

■ Transplant activity has increased by 18 per cent this year. A major reason is the non-heart beating transplant programme, which has brought about a significant increase to the number of lung transplants carried out.

Traditionally, organ donors are brain dead but their hearts are kept beating and they are kept breathing by ventilators. The heart is then stopped in a controlled fashion in the operating theatre prior to harvesting the organs. Non-heart beating donors are patients who have no hope of recovery.

With family consent, ventilatory support is withdrawn and the team waits for the patient's heart to stop before removing the organs. By introducing this new approach, the number of available organs has been significantly increased. The programme is now very much a "mainstream" rather than a developmental part of the service.

■ The decision to improve care for patients with short-term ventricular assist devices (heart pumps) by treating them on the transplant ward, rather than in the intensive care unit, has led to increased capacity of ITU beds. Harefield is probably the first and only centre in Europe to introduce this treatment regime.

■ Harefield patients once again triumphed at the British and World Transplant Games. The British games, held in Edinburgh in July, saw the Harefield team win 50 individual medals – 20 brought home by the children's team.

The youngsters were also honoured with the best paediatric heart team award for the third year in a row – and the fifth time in eight years – while 14 year-old Jade Carr won the best achievement award for the 11-15 year age group. Following their victories at the British Games, Harefield representatives travelled to Thailand in August to compete in the World Games. They won close to 30 individual medals at the games helping the UK to top the medal table.

"The location of Harefield is in itself very therapeutic."

Respiratory medicine

A year of expansion



Royal Brompton & Harefield NHS Trust is a world leader in the diagnosis, management and treatment of lung disease. We treat patients from across the UK, and abroad, for the full range of respiratory disorders, and have one of the world's largest lung disease patient populations.



2007/08 highlights

Recent innovations pioneered at the adult cystic fibrosis unit include a nurse-led telephone clinic for patients, reducing the need for frequent hospital visits. A twice-

yearly multi-disciplinary course on cystic fibrosis, run by our nurse specialist, has gained international recognition, with participants this year from Belarus, Lithuania and Albania.

Professor Peter Barnes, honorary consultant at the Trust and professor of thoracic medicine at the National Heart and Lung Institute, was elected to the Fellowship of the Royal Society. Professor Barnes is a renowned expert on asthma and chronic obstructive pulmonary disease (COPD). He was one of the first doctors to recognise the role of chronic inflammation in asthma and the importance of early treatment with inhaled steroids, which has since become standard clinical practice.

Dr Said Abdallah, associate specialist in respiratory medicine, was awarded membership of the Royal College of Physicians in recognition of his contribution to medicine. In a citation to the

college, Dr Robert Wilson, director of respiratory medicine and Trust associate medical director, spoke of Dr Abdallah's flair for teaching; his empathetic care for his patients; and his achievements at the Wandsworth Chest Clinic, a respiratory medicine outreach clinic run by Royal Brompton.

In August, Professor Duncan Geddes, consultant in respiratory medicine, retired from full-time clinical work after 30 years to take up a part-time senior management role. Professor Geddes is widely recognised as having had a major impact on cystic fibrosis care and research worldwide. Dr Diana Bilton was appointed as Professor Geddes' successor. Dr Bilton has many years of experience of cystic fibrosis care and her expertise is internationally recognised. She joined the Trust after 14 years at Papworth Hospital in Cambridge where she set up and ran the adult cystic fibrosis service. Her appointment will further strengthen Royal Brompton's cystic fibrosis unit, already the largest in Europe.

Technological innovations have improved care for patients with sleep apnoea, a condition whereby patients stop breathing for short periods during sleep. Many are treated with continuous positive airway pressure (CPAP) machines, which open up the airways and aid breathing. Our state-of-the-art machines now include smart card readers, which monitor how effectively a patient's sleep apnoea is being controlled. Patients post these cards back at intervals for analysis. The system reduces the need for follow-up appointments and offers a greater level of convenience for patients. Should the machine's settings need adjusting, this can be done via the smart card.

Respiratory medicine

Continued

■ Services for patients with chronic obstructive pulmonary disease (COPD), a condition affecting more than 900,000 people in the UK, have expanded with the appointment of Suzanne Regan, COPD clinical nurse specialist, and Victoria Lord, specialist COPD physiotherapist.

The team is led by Dr Nicholas Hopkinson, senior lecturer and honorary consultant physician, and works closely with Chelsea and Westminster NHS Foundation Trust, and a number of primary care trusts, to ensure seamless care for COPD patients in the local community and for those referred from further afield. Access to pulmonary rehabilitation – an exercise and education programme for people with lung disease – has been improved with an increase in the number of classes available and the refurbishment of the physiotherapy gym.

■ Patients with respiratory disease in Kensington and Chelsea gained an extra source of support in March thanks to a new group facilitated in part by clinical staff at Royal Brompton. The Breathe Easy support group – part of the support network of the British Lung Foundation – offers a chance for patients with lung conditions to meet, talk, and learn more about their illness in a friendly and supportive atmosphere. Though patient-led, clinicians at Royal Brompton will offer help and support as the group becomes established.

■ In May, a pilot programme offered patients a musical way to develop their lung capacity. The workshops supplement “normal” physiotherapy by teaching basic singing techniques – a sustainable and enjoyable way to develop lung capacity. Following a special fundraising concert in February, funding was secured to continue the innovative project throughout 2008.

The Department of Occupational and Environmental Medicine continues to run a national referral centre, the largest of its kind in Europe. Two hundred and fifty new patients from across the UK are seen each year. The department also runs the country’s busiest specialised laboratory service for occupational immunological testing.

■ In February, as a direct result of patient feedback, the lung function department at Royal Brompton began to offer new evening appointments due to strong ongoing demand for the service. From 5th February, 12 additional lung function appointments were made available each week.

■ Junior doctor Dr William Man won a Department of Health Clinician Scientist Award. The awards support clinical academics seen as capable of leading

research in their discipline and provide up to five year funding. Dr Man will work with consultant physician Professor Michael Polkey and Dr Paul Kemp from Imperial College on a research-based pulmonary rehabilitation programme at Harefield. The aim of the research is to better understand how COPD affects the body.

■ Staff in the respiratory medicine directorate continued to publish extensive research this year, much of it gaining national attention. More information about their studies can be found on Pages 10 and 11.

“Everyone was extremely helpful, pleasant and easy to talk to.”



Paediatrics

Expert services for children



Royal Brompton & Harefield's dedicated paediatric department is a national referral centre for children with heart and lung conditions. We offer the full range of diagnostic and surgical interventions from the prenatal stage onwards.

2007/08 highlights

■ Paediatric and fetal cardiology services have been strengthened by the appointment of Dr Anna Seale. Dr Seale joined in January 2008 as consultant in paediatric and fetal cardiology, a joint post with the Hammersmith site of Imperial College Healthcare NHS Trust. She has recently returned from Boston Children's Hospital in the USA, where she worked in the non-invasive cardiac imaging department. Her interests are in paediatric and fetal echocardiography and magnetic resonance imaging.

■ In February, Dr Sejal Saglani joined the Trust as senior lecturer in paediatric respiratory medicine and honorary consultant paediatric chest physician. She has since been awarded £750,000 from The Wellcome Trust for research into asthma.

Staff have continued to share their expertise with colleagues worldwide. Members of the paediatric cardiology department at Royal Brompton held a joint conference with The Queen Silvia Children's Hospital, Gothenburg. The event, held in Gothenburg, ran over two days and included presentations from nurses and members of the medical team. A second meeting is planned in London in October 2008.

■ Dr Duncan Macrae, consultant in paediatric intensive care and clinical director of paediatrics; Dr Meredith Allen, consultant intensivist; and Dr Nazima Pathan, honorary consultant paediatric intensivist, travelled to Geneva to attend the fifth World Congress on Paediatric Critical Care. All presented their work at this world paediatric intensive care meeting. In addition, Dr Macrae and Dr Joan La Rovere, consultant paediatric intensivist, organised the European Symposium of the Paediatric Cardiac Intensive Care Society. Over 300 people attended the meeting, which showcased the latest in research and clinical

practice in caring for children after congenital heart disease surgery. A range of Trust staff presented their work at the meeting.

■ Dr Pathan was awarded a grant from Heart Research UK this year for her work on the role of naturally occurring bacteria in children who have had heart bypass surgery. The research aims to identify children who are at risk of illness after surgery and to determine when best to offer treatment.

■ Jackie Francis, paediatric cystic fibrosis coordinator, presented a poster at the Cystic Fibrosis European Conference, held this year in Turkey. The presentation won the Best Care Abstract Award, beating five other entrants. Jackie also received national recognition when she won a "Children's Champion" award. The awards, run by the *News of the World*, were set up to honour those who go the extra mile for children across the UK, and Jackie received her prize at a star-studded ceremony.



Paediatrics

Continued

■ Dr La Rovere is leading a multi-disciplinary team of clinicians and nurses in the development of an integrated care pathway (ICP) for children with congenital heart disease. ICPs are structured multi-disciplinary care plans which detail essential steps in the care of patients with a specific clinical problem. They encourage the translation of national guidelines into local protocols and are a means of improving systematic collection of clinical data for audit.

■ Dr Ian Balfour-Lynn, consultant in paediatric respiratory medicine, became associate editor of *Archives of Disease in Childhood*, President of the British Paediatric Respiratory Group and a member of the British Thoracic Society council. Andrew Bush, Professor of paediatric respirology, was the 2007 Charles West lecturer at the Royal College of Physicians and president of this year's International Congress on Paediatric Pulmonology held in Nice, France.

■ Dr Claire Hogg, paediatric respiratory consultant, has continued to expand the national specialist service for patients with

primary ciliary dyskinesia. This inherited condition causes infections in the lungs, nose, throat, and ears and can be very difficult to diagnose. New diagnostic tests are available for the condition and collaborations are being formed to understand the underlying genetic abnormalities that cause the disease.

■ A personalised service for parents whose baby tests positive for cystic fibrosis was launched this year as a result of the introduction of newborn screening for cystic fibrosis nationally. The Trust's cystic fibrosis specialist homecare nurses take a lead role in liaising with parents and results are made available within an hour, keeping the agonising waiting time as short as possible. Families join the cystic fibrosis team for an intensive two day period of education and treatment. Feedback on this new service has been overwhelmingly positive.

■ Children on Rose Ward received a special present in October – a brand new Nintendo Wii games console. The machine was donated by the Simone Cowland Trust,

a charity raising money to provide cystic fibrosis patients with the “extras” which improve quality of life during hospital stays. Games on the Wii console are controlled by motion sensitive remotes, making it particularly useful for young patients who need to stay active but who are often reluctant to take part in “conventional” exercise.

■ In November, hundreds of pounds' worth of audiovisual and entertainment equipment was presented by four members of a 72-strong fundraising team, who took part in this year's London Hydro Active Challenge. The team raised over £10,000 for Rose Ward.

“The staff made us feel confident about the safety of our child, which made us comfortable about being here.”



Critical care and anaesthetics

Leading the way



The department of critical care and anaesthesia provides top-class anaesthetic and critical care services to patients across the Trust. We have adult intensive care units at both hospitals and a dedicated paediatric intensive care unit (run by the department of paediatrics) at Royal Brompton.

2007/08 highlights

■ Two new consultants were appointed to the critical care and anaesthesia team at Royal Brompton this year. Dr Simon Finney – who spent time at the Texas Heart Institute during his clinical training – has several areas of expertise, including intensive care, transoesophageal echocardiography and cardiothoracic anaesthesia. Dr TC Aw joined us in June 2007, having previously worked as a locum consultant at Royal Brompton, and has special interests in paediatric anaesthesia and transoesophageal echocardiography.

■ An innovative, new, external artificial lung has been used for the first time at the Trust. Patients who are unable to breathe by themselves have been treated with the “Novalung”. This device

functions like a normal set of lungs and avoids the need for a breathing machine or ventilator, reducing the risk of lung injuries associated with the use of this type of technology.

■ In May, a new Patient Controlled Analgesia (PCA) pump was introduced at Royal Brompton. The Hospira Gemstar device is a compact pump which allows patients to move around more easily whilst receiving pain relief. By enabling patients to move around, the risk of potentially deadly blood clots (deep vein thrombosis) can be reduced, and the length of hospital stay shortened.

■ In the aftermath of the January 2008 fire at the Royal Marsden Hospital, all evacuated patients needing critical care were admitted to Royal Brompton. This included two who were undergoing surgery at the time of the fire and who came to the hospital still intubated. The patients made good progress and returned to Royal Marsden within the week.

■ The academic output of staff in the directorate continues. Two studies are currently investigating how inhaled nitric oxide therapy can help surgical patients. One will look at whether giving patients this gas during the

implantation of LVADs (left ventricular assist devices – heart pumps) can help prevent and treat problems in the right ventricle (a chamber of the heart). The other will look at ways to improve the efficiency of the therapy for transplant patients.

■ Dr Nandor Marczin, honorary consultant in anaesthesia at Harefield, is one of two principal investigators on a European Union-funded study which aims to find a new way to detect cancer. The study will be investigating whether the presence of certain trace gasses in patients’ exhaled breath indicates the early stages of lung and oesophageal cancers. If breath analysis proves successful in this instance, this could be a new, non-invasive way to detect these cancers at an early stage when they are typically much more treatable.

Our academic cardiothoracic anaesthesia group continues its research work as part of the Department of Anaesthesia, Pain Medicine and Intensive Care at Imperial College. The group has recently collaborated with staff at the Harefield Heart Science Centre on studies into the role of the hormone apelin in heart failure. This work was selected as a finalist in the American Heart Association’s clinical science poster competition.

■ In September, the Closed Loop Insulin Infusion for Critically Ill Patients (CLINICIP) project was selected as project of the month by the EU Information Society & Technologies Programme. A Royal Brompton team, along with colleagues from 13 organisations in seven European countries, is working to develop a decision support system to help with glucose control in critically ill patients. It has been shown that carefully controlling glucose levels in these patients improves outcomes.

Clinical support services

Underpinning our success



Our comprehensive and advanced clinical support systems underpin the work of all our clinical teams, making a vital contribution to our overall success.

2007/08 highlights

Imaging

■ Emma Dawson-Moray, senior radiographer at Harefield, was named London Radiographer of the Year by The Society of Radiographers at a House of Commons ceremony in November. In 2006, Emma was diagnosed with a brain tumour which required surgery and six weeks of radiotherapy. Throughout her treatment she was determined to get back to her patients and returned to the department just six and a half months after her diagnosis.

■ Dr Farhat Kazmi was appointed consultant radiologist and leads ultrasound services at Royal Brompton. He completed his medical training at Guy's and St Thomas' Hospitals and his radiology training at Chelsea and Westminster Hospital.

A 4-slice CT scanner was installed at Royal Brompton in May for intensive care patients and very ill patients from the Sydney Street wards. The new facility has greatly improved the hospital experience for these patients, who previously had to be taken to other buildings for scans.

■ Despite an increased workload, the imaging department has met the six month national waiting list target for the third year in a row.

■ In nuclear medicine, a recent European survey led by Professor Underwood confirmed that the Trust is the largest provider of nuclear cardiology services in Europe.

■ Two new training fellowships in advanced cardiac imaging were introduced. The van Geest fellowship was awarded to Dr Dana Dawson, who will spend a year gaining advanced experience in radionuclide imaging, magnetic resonance imaging and cardiac X-ray CT. In addition, Dr Leena Sulaibeekh was appointed to a three year training fellowship before she returns to Bahrain to lead cardiac imaging services for her home institution.

Laboratory medicine

■ The laboratory medicine departments achieved compliance with all requirements from relevant national and clinical regulatory authorities. This includes Clinical Pathology Accreditation (CPA) across all services on both sites. This was the first time laboratories at Harefield had been assessed against these rigorous standards and was a key achievement. The assessment teams commented very favourably on the team's commitment to a quality, patient-focused service.

■ In March, a new laboratory opened at Royal Brompton offering hope for those who have lost loved ones to sudden cardiac death. The unit is funded by the charity Cardiac Risk in the Young (CRY), and led by consultant histopathologist, Dr Mary Sheppard. It offers a fast-track national pathology service to determine the cause of unexpected cardiac death in young people, providing answers within weeks rather than the current months, and highlighting any risk to other family members who can then plan appropriate screening and, if necessary, treatment.

■ A new arrangement with a major commercial partner this year will allow the laboratory medicine team to develop a state-of-the-art blood sciences laboratory at Royal Brompton. The initiative will involve refurbishment of the current biochemistry and haematology areas and the installation of new analytical equipment. These changes will aid cross-disciplinary working and allow more efficient use of resources. This arrangement will also see new biochemistry and haematology analysers installed in the laboratories at Harefield.

■ New measures to reduce the risk of patients forming potentially deadly blood clots have been introduced. Risk assessment forms and patient information leaflets on deep vein thrombosis and pulmonary embolism – known collectively as venous thromboembolism or VTE – were developed in line with new guidance from the Department of Health's Chief Medical Officer and the National Institute for Clinical Excellence (NICE).

■ E-requesting has been piloted at Royal Brompton and will soon roll out to all areas of the Trust. The software allows staff to request laboratory medicine investigations electronically and is linked to barcode scanning of patient wristbands. It removes the need for handwritten request forms so increases patient safety. The process is the first of its type in Europe.

Pharmacy

■ In June, Royal Brompton's new automated pharmacy officially opened. All medicines at Royal Brompton are now dispensed by an advanced robotic system. Pharmacy staff use a computer to select the medicine needed, the robot selects the medication from stock, and it is then transported to the dispensary via advanced air-tube technology. Royal Brompton is the first hospital in the UK to use airtubes in this way. The new system has cut patient waiting times for prescriptions and improved stock control. Staff from many other trusts have visited the hospital in the past year to see the system in action.

Prescription tracking software has also been introduced. The program allows ward staff to track the progress of medicines needed by patients when they go home, making it easier to plan discharge from hospital.

■ The pharmacy team successfully retained its Investors in People accreditation again this year. The accreditation – which recognises work in improving performance and realising objectives through the effective management and development of staff – was re-awarded following a detailed two day assessment.

■ A new controlled drugs dispensary area has been created at Royal Brompton. Controlled drugs are prescription medicines which have a potential for abuse and dependence, and the new area provides a more appropriate environment for their storage and supply.

■ Investment in staff training has continued. A medicines management e-learning induction module for junior doctors has proved popular, and work has also supported National Patient Safety Agency (NPSA) recommendations around medication safety.

Rehabilitation and therapies

Several new services have launched in the rehabilitation and therapies department this year.

■ A new Trust-wide psychiatry service was launched in May 2007 with additional psychologists also appointed on both sites.

A new food allergy clinic has been introduced, set up and managed by Isabel Skypala, director of rehabilitation and therapies, in collaboration with consultant colleagues. The clinic has resulted in quicker referral-to-diagnosis times for patients with a food allergy.

■ The physiotherapy service has continued to expand on both sites. At Harefield, a new lead for the service was appointed, specialising in critical care. At Royal Brompton, a senior physiotherapist in chronic obstructive pulmonary disease (COPD) and pulmonary rehabilitation was appointed

to coordinate the rehabilitation programme for those with breathing difficulties, and organise smoking cessation clinics. She is assisted by colleagues in the newly-expanded occupational therapy (OT) team. OT services at Harefield have also been expanded with the appointment of a complex discharge coordinator. Investment has also been made in social work and speech and language services.

At Royal Brompton, the healthcare chaplaincy service has been improved to better meet the spiritual needs of our patients. New multi-faith rooms have also been opened on both sites, providing staff, visitors and patients with greater opportunity for quiet prayer and contemplation.



Clinical engineering

■ During 2007/08, the clinical engineering department, which is responsible for ensuring that all medical equipment used at the Trust is safe and effective, managed a £4.13 million programme for the renewal and extension of medical equipment. This included a major upgrade of ventilators, ultrasound and endoscopy equipment.

■ The clinical support team in the department provides technical help at the bedside and is currently managing the installation of a new cross-site clinical information system and the renewal of patient monitors at Royal Brompton.

Our performance

Delivering an efficient service



Patient admissions

A total of 26,421 patients were admitted to the Trust in 2007/08. This compares with 25,507 in 2006/07. Of this year's admissions, 20,493 were elective (planned) and 5,928 were emergency.

Outpatient clinics

The number of patients seen in outpatient clinics increased again this year, to 91,770 (see Figure 3 below).

Cancelled operations

Cancelled operations are distressing for patients and so our objective is to keep cancellations to a minimum.

Unfortunately, our percentage of cancelled operations increased this year. This was due to increased levels of activity in our intensive care units. We are reviewing ways in which to maximise our available

critical care capacity in order to avoid these problems next year.

When operations are cancelled, patients must be readmitted within 28 days. There were no breaches of this standard in 2007/08 (see Figure 4 below).



Figure 3: Number of patients seen in outpatient clinics

Year	New patients	Follow-up appointments	Total patients seen
06/07	10,204	76,948	87,152
07/08	11,036	80,734	91,770

“All the staff made my stay as welcoming and easy as possible for me. They had taken the time to research my disability and took time to talk to me and understand my needs.”

Inpatients

The overall waiting time target for inpatients remained at 26 weeks for 2007/08. We had no breaches of this standard.

Revascularisation patients

The maximum wait target for patients requiring revascularisation procedures – cardiac bypass surgery or angioplasty, in which narrowed arteries are widened – was 13 weeks for 2007/08. We had one breach of this target.

Outpatients

The overall waiting time target for outpatients remained at 13 weeks this year. We also had one breach of this standard.

Figure 4: Percentage of cancelled operations

Year	% of cancelled operations
06/07	0.91%
07/08	1.39%

Cancer patients

The waiting time target for patients who have been diagnosed with cancer is 31 days (one month) between the decision to treat and the start of their first treatment. We had no breaches of this standard in 2007/08.

The waiting time target for patients urgently referred by their GP for suspected cancer is 62 days (two months) from referral to treatment. This includes time spent waiting or having diagnostic tests at other hospitals prior to referral to us.

We significantly improved our performance on this target this year. Only two of our patients waited longer than the target time in contrast to thirteen patients last year. Any difficulties meeting this target are typically explained by the high proportion of our cases that are clinically complex and take longer to diagnose and treat than more straightforward cases. Indeed, in both these breaches, patients had been referred to us having already waited more than 62 days.

Diagnostic waits

The waiting target for all diagnostic procedures was 13 weeks in 2007/08. We saw all our patients within this timeframe.

The 18 week wait

From December 2008, the 18 week wait will become the target against which NHS waiting times are measured. Previously, waiting time targets specified how long a patient should wait during each "section" of their treatment – from GP to outpatient appointment, and from outpatient appointment to inpatient admission. With this new target, waiting is seen in a fundamentally different way. Patients have to be seen within a maximum 18 week "referral to treatment time". This means that a patient has to have all necessary tests and outpatient appointments and start any treatment within 18 weeks of referral by a GP.

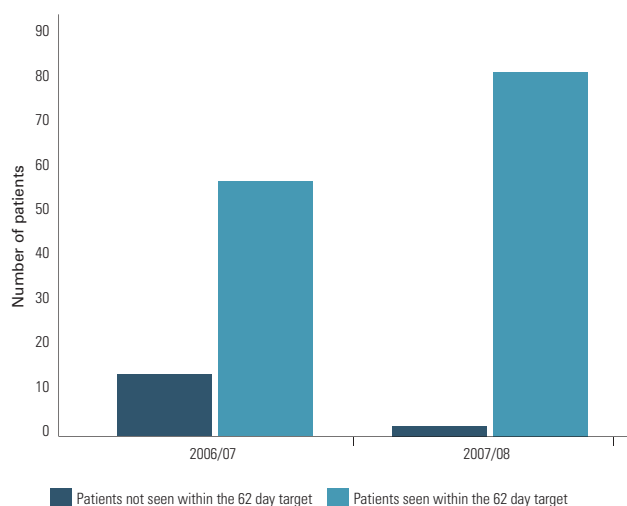
The 18 week target will therefore eventually replace the individual outpatient and inpatient targets reported above. In order for accurate measurement of the



18 week target to be possible, it is essential the Trust knows the exact date when each patient was referred for hospital treatment by his or her GP. As only 10 per cent of patients referred to Royal Brompton & Harefield come direct from GPs, dates for the remaining 90 per cent are held in patient records at other hospitals, where initial treatment has been given. Work has been undertaken to ensure that this crucial information is received when patients are sent to the Trust for further hospital treatment, to enable us to track the patient pathway. For the month of March 2008, the Healthcare Commission rated the Trust on data quality for these so-called "clock starts". We were able to find 100 per cent of these clock starts so we will score highly on this part of the indicator.

Our performance on the number of patients seen within 18 weeks was rated by the Healthcare Commission for the month of March 2008. During this time we treated 72 per cent of inpatients and saw 83 per cent of non-admitted patients (outpatients) within the 18 week period. Clinical directorates are reviewing how patients are managed through the hospital to improve on the operational management of waiting times and waiting lists. The final rating for the Trust's performance on this indicator, which is one of the new "national targets", will be subject to further discussions with the Healthcare Commission and will be announced in October 2008.

Figure 5: 62 day target for cancer waits



Constantly improving patient care

Innovation and improvement

We constantly strive to find new and innovative ways of improving patient care.

This year a new post of director of modernisation was created and a modernisation board formed to consolidate and support quality improvement initiatives throughout the Trust. The modernisation director and board oversee projects in areas as diverse as out of hours care, meeting the 18 week wait (see the performance pages on 24 and 25), and maximising theatre capacity.

Some of the highlights of the past year include:

Process improvement programmes

A series of process improvement programmes again ran throughout the year, identifying areas of work where improvements could be made to efficiency and patient experience. Eight teams were formed – two at Harefield and six at Royal Brompton – with findings reported at presentations on both sites in November.

Harefield

■ The **thoracic surgery group** worked towards increasing activity levels and identified the need for additional web-based resources for referrers. The group also began work to increase bed capacity.

■ The **left ventricular assist device (LVAD) group** developed a new, improved discharge process for patients.

Royal Brompton

■ The **adult congenital heart disease team** created a day case assessment unit to cut waiting times for patients. By ensuring appropriate patients undergo all tests on one day, waiting times were dramatically cut.



■ The **magnetic resonance imaging (MRI) team** made improvements to the booking process and helped to cut waiting times. One staff member is now dedicated to overseeing patient bookings and this, along with improved technology and additional scanning appointments, has helped keep waiting times down for this procedure.

■ The **immunoglobulin therapy team** investigated home treatments for patients. Traditionally, patients with compromised immune systems have needed frequent day case admission for immunoglobulin therapy (which works to strengthen the immune system). Home therapy, however, gives them much greater freedom. Trials of the therapy will begin later this year.

■ The **recovery and theatre utilisation teams** improved scheduling and timeliness, so making the best possible use of facilities.

■ The **Rose Ward team** worked to reduce the length of stay for children. Enhanced data collection has led to the introduction of an improved discharge process.

Significant changes have also occurred within the catheter laboratories with the restructuring of the service, the appointment of a catheter lab manager, and the development of a catheter lab user group. These changes have improved communication within the team, leading to better utilisation of the catheter labs and reduced cancellations of cases.

Hospital at Night

Hospital at Night is a new approach to providing out of hours care. It focuses on delivering good patient care while also ensuring doctors work appropriate hours. Any non-acute patient activity between 9pm and 8am, and at weekends, is minimised and a multi-disciplinary team is available at all times to care for patients.

A cross-site audit was carried out in the summer of 2007 to better understand activity levels from 5pm to 9am. In common with other acute trusts, the audit showed high levels of activity from 5pm to 10pm and then minimal activity until 6am.

The project team continues to look at different staffing options to ensure overnight patient care needs are met. Once complete, the proposed models will be fully risk-assessed using National Patient Safety Agency guidance and then ultimately implemented.



Service development

Responding to patients' needs



The Trust delivers services not only from its own sites but also at partner district general hospitals through a system of consultant-delivered peripheral clinics. This system allows patients to benefit from our expertise in their local environment, with inpatient care at our hospitals available as needed.

Our main partner district general hospitals are Chelsea and Westminster, Hillingdon, Basingstoke and Heatherwood, and Wexham Park, but we also run clinics at many other hospitals in Surrey, Kent, Essex, Hertfordshire and Hampshire.

2007/08 highlights

In the past year, there have been several new developments to our services.

Heart surgery patients who suffer from cardiogenic shock – in which the ventricles in the heart fail to work properly, causing poor circulation of blood around the body – are benefiting from the use

“I felt I was given the best treatment by a highly professional team.”

of a new mechanical pump after their operation. The device provides short-term support to the heart, helping it to pump blood around the body and greatly increasing the patient's chances of survival.

Some patients with short-term acute lung failure are now being helped by the use of “Novalung”, a relatively new device which serves as an artificial external lung. The Novalung helps the lungs by drawing carbon dioxide out of the blood and infusing cells with oxygen. The device is particularly helpful for patients who have too much carbon dioxide in the blood or for those who might be at risk from traditional mechanical ventilation.

Patients with severe persistent allergic asthma are being helped by

a new drug. Omalizumab is given subcutaneously (under the skin) and the specialist nature of the medication means it can only be given in tertiary centres such as ours.

We treat many patients with Marfan's Syndrome, in which the aorta – the largest artery and the one which transports oxygenated blood to all parts of the body – becomes enlarged, leading to low blood pressure and subsequent enlargement of the heart. We now use a new device to constrict the aorta and prevent this increase in size. The device is manufactured for individual patients from their MRI scan images and then placed in the heart. It is expected that this new technique will reduce the number of Marfan's patients hospitalised for emergency care due to heart failure or tears in the aorta.

Service level agreements

In 2007/08 income from Service Level Agreements was nine per cent ahead of that achieved the year before, and £5 million above the budgeted income target. Service Level Agreements are the contracts in place between the Trust and its commissioners – mainly primary care trusts (PCTs).

The Trust continues to move towards a more complex case mix, and more emergency activity, especially inter-hospital transfers and primary angioplasty. We continue to work with the Department of Health on refining tariffs for very specialist work, particularly cystic fibrosis and children's services, so that they more accurately reflect costs.

The annual health check

Performing well in all areas

The Healthcare Commission assesses our performance using the annual health check. The assessment aims to focus on what matters most to the people who use and provide healthcare services.

A key part of the annual health check is the declaration of compliance against core standards.

There are 24 essential standards that all NHS organisations in England should be achieving. These standards cover seven “domains” of activity:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care environment and amenities
- Public health

In October each year the Healthcare Commission publishes two annual performance ratings for each trust – a quality rating and a finance rating. These ratings are given a score on a scale of excellent, good, fair or weak. In 2007/08, we were awarded a “good” rating for both the quality of our services and the use of our resources. We met all core standards in the assessment and gained an “excellent” score on new national targets. These new targets include year-on-year reductions in MRSA levels, full participation in audits relating to cardiovascular disease, and the successful monitoring of data on patients’ ethnic groups to help reduce health inequalities.

All trusts are required to make a self-declaration in May each year; our declaration was made by the Board at its April 2008 meeting. As an organisation, we set ourselves high standards and work hard to maintain and exceed them. To read our declaration in full, visit www.rbht.nhs.uk

Essential standards

■ First domain: safety

Domain outline: patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Compliant

■ Second domain: clinical and cost effectiveness

Domain outline: patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

Compliant

■ Third domain: governance

Domain outline: managerial and clinical leadership and accountability, as well as the organisation’s culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

Compliant

■ Fourth domain: patient focus

Domain outline: healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

Compliant



■ Fifth domain: accessible and responsive care

Domain outline: patients receive services as promptly as possible, have choices in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

Compliant

■ Sixth domain: care environment and amenities

Domain outline: care is provided in environments that promote patient and staff wellbeing and respect for patients’ needs and preferences, in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Compliant

■ Seventh domain: public health

Domain outline: programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Compliant



Governance and quality

Understanding that only the best will do



We constantly strive to offer our patients the safest and most effective care possible.

Risk management

To ensure that potential risks are managed appropriately, and patient safety is given top priority, the Trust has a well-established clinical governance framework within which care is monitored and reviewed.

We continue to develop a “safety culture” in which actual and near miss incidents are reported openly, discussed and lessons learned. We combine these statistics with national data, information from complaints, and feedback from our Patient Advice and Liaison Service (PALS) to ensure that potential trends are identified and addressed early.



We work hard to improve the quality and consistency of care by implementing evidence-based practice in all areas.

During the year two, one-day patient safety training workshops were held. The programme, led by Dr Elizabeth Haxby, lead clinician for clinical risk, provided an opportunity for staff to learn more about patient safety issues.

Patient Safety Walkrounds are regularly undertaken by the executive team with the aim of ensuring safety is a priority for all staff.

We have recently been accepted onto the Leadership in Patient Safety Programme run by the NHS Institute for Innovation and Improvement. This programme will run throughout 2008.

Health and safety

The Trust was inspected by the Health and Safety Executive (HSE) this year. A detailed inspection was carried out over four days and covered areas including patient moving and handling; slips, trips, and falls; and stress management. We received positive feedback from the visit along with recommendations for possible improvements and are now working to address these recommendations.

Harefield Hospital has benefited from a major refurbishment of the existing health and safety and fire systems.

To reflect the introduction of recent legislation and to ensure patient safety, comprehensive fire safety risk assessments have been undertaken on both sites.

As part of this assessment, revised fire management plans and associated training programmes have been developed.

Summary of other personal data-related incidents in 2007-8

Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	2
Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
Unauthorised disclosure	0
Other	0

Emergency planning

We are committed to our role within the regional and national scheme for major incident planning. We have an up-to-date major incident procedure which is regularly tested, both internally and externally. We are fully integrated with regional and national activity.

Trust representatives have been engaged in extensive planning for pandemic flu. This has taken place both internally and in conjunction with London Strategic Health Authority.

Clinical effectiveness and audit

The clinical effectiveness and audit team monitors the quality of clinical care we provide to our patients.

In the past year the team has:

- Carried out a major audit on consent, which showed that compliance with the Trust's consent policy was very high.
- Participated for the first time in the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study into patients who die after having heart bypass. The study aims to review clinical practice and to develop national recommendations to improve the quality and delivery of cardiac care.
- Worked to decrease the amount of time needed to enter and submit clinical data, allowing more time for in-depth review of clinical outcomes.
- Developed regular reports on clinical outcomes in all directorates.
- Created an electronic database for clinical data related to thoracic surgery and updated clinical databases into a version that can be accessed over the internet.

■ Coordinated and standardised the process for reviewing compliance with guidance from the National Institute for Health and Clinical Excellence (NICE).

■ Developed a Trust framework for clinical audit.

In the coming year the team will build on this work and focus on developing the regular analysis of clinical outcomes to influence the quality of care provided.

Safeguarding children

The safety of children in our care continues to be a priority:

- All staff employed to work directly with children undergo an enhanced Criminal Record Bureau check.
- Annual child protection awareness training is mandatory for all staff who come into contact with children as part of their daily work. We aim to ensure that all other staff undergo awareness training on a three-yearly basis.
- A full-time paediatric social worker is employed by the Trust.



■ In 2007/08 the Common Assessment Framework was implemented. This helps us to identify those children who may have additional needs and ensures we share information with other agencies caring for them.

Infection prevention and control

Infection prevention and control remains a key priority. Continuing work to ensure that staff are aware of Trust policies in this area, and that patients are screened for healthcare associated infections, is proving highly effective.

In data published in March 2008 by the Healthcare Commission, we were shown to have the lowest MRSA bacteraemia and Clostridium difficile rate in the over 65s per 1,000 bed days in England.

MRSA

Our strict MRSA policy ensured low rates once again. For the year 2007/08, the Trust had a total of seven MRSA bacteraemias – in other words, seven patients (four at Royal Brompton and three at Harefield) were found to have MRSA in their bloodstream.

Our aim for 2007/08 was to have no more than five MRSA bacteraemias. Although our total of seven exceeds this we believe that, taking statistical tolerance into account, we will still be within our Healthcare Commission target.

“The cleanliness of the wards, toilets etc was excellent.”

Governance and quality

Continued

Clostridium difficile

Clostridium difficile (*C. difficile*) is a bacterium that lives in the bowel and can cause diarrhoea in patients who are given antibiotics to treat infection. In 2004 the Health Protection Agency started a surveillance programme looking at the numbers of patients over 65 years with *C. difficile*. In 2007 the programme was extended to look at all patients over the age of two.

In 2007/08 the Trust reported a total of 36 cases of *C. difficile*, 20 of them in patients over 65 (nine at Harefield and 11 at Royal Brompton). The remaining 16 were in patients under 65 (nine at Harefield and seven at Royal Brompton).

Working to meet national standards

The Health Act 2006

In 2006, Parliament passed The Health Act, a code of practice for the prevention and control of healthcare associated infections. The infection prevention and control team has been working hard to ensure that we meet all aspects of the act.

Saving Lives

Saving Lives is a Department of Health initiative, launched in 2005, which is aimed at reducing healthcare associated infection. We already fulfil the majority of the criteria set down by the programme and infection prevention and control leads in each directorate continue to monitor our overall compliance.

Essence of care

Essence of care benchmarking – a process by which current practice is audited and best practice identified and shared – has been a crucial part of service improvements in the NHS in



recent years. In 2007/08 we reviewed the benchmarks on personal and oral hygiene and on pressure ulcers.

We also completed our work on the mental health benchmark.

Mental health

The following action has been taken in this area:

- Staff mental health awareness training has been delivered across both sites
- An additional psychologist has been employed on both sites
- A cross-site full-time psychiatrist has been employed

Complaints

We very much value patient feedback, including complaints. Patients and carers are encouraged to highlight any concerns they have with our services to enable us to identify areas for improvement.

We received 74 complaints this year, a decrease from 2006/07. Nineteen complaints were made at Harefield – a significant decrease on the 30 received the year before. Fifty-five complaints were about services at Royal Brompton, a decrease from the 57 received the previous year.

There were 47 complaints about clinical treatment and patient-related matters including

admission arrangements, discharges, appointments and cancellations. This represents 63 per cent of all complaints, an increase of six per cent on the previous year. Overall, 46 per cent of complaints concerned clinical treatment alone, including explanations from our staff on the risks and benefits of a procedure.

As of March 31st 2008, 88 per cent of complaints were resolved within the 25 days national performance target, or within an agreed extension of that target.

Of the 74 complaints received, 70 were resolved locally by our staff. An independent review by the Healthcare Commission was requested by four complainants and of these, two were upheld with recommendations given to the Trust. In line with these recommendations, action was taken to ensure the nutritional needs of patients are fully met, that changes implemented as a result of complaints are monitored, and that a particular piece of ultrasound equipment is always available in critical care.

One complaint was not upheld. For the fourth, a meeting was held with the complainant and as of March 31st 2008, further contact was awaited.

In early 2007 the Trust was audited by the Healthcare Commission on its handling of complaints. Encouraging feedback was given and a number of recommendations were made, specifically on making complaints information accessible for those with learning disabilities or sensory impairment; making information available in other languages; and ensuring that complainants are treated with courtesy and sympathy. An action plan was developed and a group established to put the plan into action. During the Healthcare

Commission's follow-up visit in July, positive feedback was given on the progress made.

In the past year, complainants have been contacted to ensure they were happy with how their complaint was handled. This work will continue in the coming year.

Changes implemented in the past year as a result of complaints include:

Deferral of surgery

If a patient's surgery is deferred, a formal system is now in place to explain the reasons for that deferral.

Clinical letters

Following problems with clinical letters being sent out late (on one occasion, a patient was discharged to the local district general hospital without the GP knowing that a routine follow-up appointment was needed) letters are now audited on a monthly basis and an additional clinical recording system is now in place.

Outpatient department

An improved clinic checklist is now in place in the outpatient department, which helps staff to establish a patient's whereabouts, track test results and update them on any delay. This follows a long delay experienced by one patient due to the late arrival of a test report and a subsequent lack of coordination between members of staff.

In October 2007, the Parliamentary and Health Service Ombudsman published six "Principles for Remedy" which represent best practice for complaints-handling within the NHS. These principles – getting it right, being customer focused, being open and accountable, acting fairly and proportionately, putting things right and seeking continuous improvement – are all central to the way in which complaints and complainants are handled at the Trust.



Patient and Public Involvement (PPI)

Involving our patients



Our PPI strategy, approved by the Trust board in May 2006, was influenced by comments from a range of patients and representatives from voluntary organisations. It is currently being updated to build on the progress made in the last 12 months and to reflect evolving PPI policy and legislation at a national level.

PPI core group

The PPI core group continues to meet every three months. The group, made up of patient and carer representatives and our PPI team, helps to monitor progress with the PPI strategy as well as identify the issues that matter most to patients and carers. Members are currently involved in outpatient services, patient safety, and service improvement projects.

PPI forum

The PPI forum has helped us monitor services on behalf of our patients. Members of the forum, which is an independent organisation, have attended meetings of the Trust board, the audit and risk committee, the

complaints working group, the infection control committee and the PPI core group. They have contributed to our work on a range of issues including equality and diversity, patient safety, disabled parking, infection prevention and control and complaint management.

Following the passage of the Local Government and Public Involvement in Health Act, PPI forums were replaced by Local Involvement Networks (LINKs) on 1 April 2008. These networks will be responsible for seeking the views of those who use health and social care services and will be hosted by each local authority in England. We are grateful to the members of the PPI forum for their help over the past three years and are looking forward to working with LINKs.

In the past year we have:

■ Organised a PPI event in December 2007 that brought together patients, staff and representatives of local voluntary groups to discuss the issues that matter to patients and carers. The event attracted sixty people and helped us to identify areas for action and improvement, particularly around how we

welcome patients and communicate with them. Feedback from the event will help to inform the updated PPI strategy.

■ Introduced comment cards to all inpatient areas following a successful pilot last year. The cards ask patients to share their opinions on their stay, and have enabled us to significantly increase the amount of patient feedback collected this year. The cards are also helping us identify areas for improvement. For example, as a result of feedback received in paediatric outpatients at Harefield, staff in the echo department have introduced a new appointment service which has reduced waiting times for children.



■ Strengthened and forged new links with voluntary sector organisations including Action Disability Kensington and Chelsea.

■ Continued to keep patients informed about work at the Trust through our regular newsletter *Patient Focus*.

■ Piloted a respiratory medicine patient panel. The panel is made up of 15 patients and has helped review inpatient discharge procedures, and content on the Trust website. Members are currently offering feedback on visiting hours and will soon be looking at how to make letters more patient-focused and friendly. We hope to introduce patient panels to other directorates in the coming year.

■ Held a review group with six parents whose children needed heart surgery and intensive care. The group offered the parents the chance to share their opinions and experiences. These views have now been passed on to staff in the relevant units who are considering any changes which might improve the experience of parents in this position.

■ Collected the stories of cancer patients, asking them to share their experiences of care. These stories are now on the Trust website and allow prospective patients to read about the real experiences of fellow cancer patients.

■ Hosted two expert patient programmes, one at each hospital, in partnership with local primary care trusts. The programmes, run by patients for patients, aim to help sufferers of long-term conditions manage their own health.

Our NHS survey results

We continue to perform well in national NHS surveys. In 2007, we completed both an outpatient and an inpatient survey. At 60 per cent, our response rate for both surveys was above average.

Outpatient survey

We last asked outpatients about their experiences in 2004. Our results this year showed a significant improvement on twelve of the questions asked. When comparing our results with other trusts, we performed better than average on 27 of the questions asked:

■ 84% of respondents rated their care as excellent or very good

■ 95% of respondents felt they were treated with respect and dignity all or some of the time

The results suggest we could give more information about treatment, improve how we manage waiting times in clinics and how we explain tests and investigations.

Inpatient survey

In 62 of the questions asked in this year's inpatient survey, we performed significantly better than other trusts. On two questions, we performed significantly better compared to the 2006 survey. We maintained our performance on 53 questions:

■ 90% of inpatients rated their care as excellent or very good

■ 98% of inpatients felt they were treated with respect and dignity all or some of the time.

The results suggest we can improve in some areas including reducing discharge delays and negotiating admission dates.

Quality improvements: Patient amenities fund

In 2007/08 the Corporate Trustee Committee once again awarded £100,000 for patient amenity and welfare projects. There were 37 applications to the Patient Amenity Fund for new equipment and environmental

improvements, of which 31 were successful.

Projects funded in the past year include:

■ The introduction of two FreeStyle portable oxygen concentrators for young adults with cystic fibrosis. These lightweight and inconspicuous oxygen concentrators give patients who are oxygen dependant much more freedom. One of our young patients was able to spend Christmas Eve and Christmas Day with family and friends rather than being confined to the hospital ward thanks to the device.

■ The purchase of a new state-of-the-art ECG monitor for use during exercise tests. The device allows the cardiac rehabilitation team to monitor a patient's heart rate in real time and reports can be seen within seconds.

■ The purchase of five additional "Lightwriter" communication aids. These small electronic devices enable patients who cannot talk to type out what they want to say, with the text appearing on a screen. Their words can be then be converted into an artificial voice.



Patient and Public Involvement (PPI)

Continued

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) is a confidential service providing support, advice and assistance to patients, families and carers. The aim of PALS is to encourage users to voice their views and concerns, and to ensure that this feedback is used to improve services across the Trust.

In 2007/08, the team helped 632 patients. Work included:

■ **Disabled car parking.** Patients at Harefield reported that the disabled parking bays were too narrow and that it was therefore difficult to get in and out of cars. The bays have now been widened and no further complaints have been received. At Royal Brompton, PALS and the estates department have worked together during negotiations with the borough concerning better locations for disabled parking.

■ **Deaf patients.** Following concerns from deaf patients, induction loops – which help deaf and the hard of hearing by cutting

out background noise – have been installed in 21 areas across the Trust, with an additional 25 loops planned for the coming year. Forty portable loops are also available.

■ **The “Hobby Trolley”:** Following feedback from patients about the difficulty of passing the time when waiting for a procedure or for discharge, the PALS team made a successful application to the Patient Amenities Fund to set up the “Hobby Trolley”. This contains puzzle books, art and craft sets, jigsaw puzzles and playing cards which patients can buy at cost. Volunteers regularly take the trolley to wards and to waiting areas. The trolley was introduced in April 2008 at Royal Brompton and, if successful, will be introduced at Harefield.

In the year ahead PALS will continue to work closely with the patient and public involvement team to collate feedback received from patients. Work will also continue on enhancing customer care at the Trust.

Our volunteers

More than fifty volunteers, regularly offer their time to help patients and assist staff. We very much appreciate their contributions.

We were delighted that Margaret Levoir, one of our Harefield volunteers, was recently nominated for one of the Trust’s first staff recognition awards. Margaret is celebrating her tenth year of volunteering at the hospital and was nominated by the staff on the ward where she works.

In the past year a particularly successful volunteer initiative has been the introduction of our “Meet and Greet” team at Royal Brompton main reception. Volunteers are now available to show patients and visitors to their destinations and to stay with them if needed. We will now introduce the same scheme at Harefield.



A world-class team

Maintaining the highest standards



As a specialist Trust, our aim is to recruit, train and develop international clinical leaders. We are in the fortunate position of attracting leading cardiothoracic healthcare practitioners from around the world and support them with highly skilled management and administrative teams.

Nurse specialists

Our specialist nurses, who work across all areas of the Trust, offer expert skills, knowledge and advice to patients and encourage constant improvements in care:

■ Our asthma clinical nurse specialist provides assessment and on-going care for patients with severe allergic asthma. This service is one of the largest of its kind within the UK.

■ Our anticoagulation nurse provides a nurse-led outpatient service for patients on anticoagulation medication (this reduces the blood's clotting rate and consequently reduces the risk of blood clots which can cause heart attacks and stroke). The clinics ensure patients are closely monitored and supported.

The nurse specialist also ensures that information on anticoagulation is available to clinical colleagues.

■ Our two transfusion practitioners work towards the safe and appropriate use of blood. In 2007 they were involved in over 100 patient cases, supporting care for patients with haematological conditions such as the iron deficiency anaemia.

■ Our cardiac surgery homecare nurse specialists run a pre-operative assessment programme called "Fit for Surgery". The programme, which supports patients and relatives both before and after admission for cardiac surgery, has cut length of stay by 30 per cent and reduced the need for blood transfusion in many patients. It has been recognised by the Department of Health, the British Blood Transfusion Service, and with a cardiac nursing award.

■ Our thoracic nurse practitioner has worked to update the written information for patients undergoing thoracic surgery. The new patient information booklets aim to support patients and their families before, during and after a hospital stay, and have been well received.

■ Our perioperative specialist practitioners (nurses and other healthcare professionals who have

"The people were very friendly and helpful and made me feel comfortable as it was my first time here."

undergone additional training) work within surgical teams and alongside consultant surgeons to care for patients before and after surgery.

We have a large team of paediatric nurse specialists:

■ Our paediatric cardiac nurses have introduced pre-admission clinics so that children coming in for surgery are ready before they are admitted. This saves time and reduces the anxieties of both youngsters and their parents. In October, the team organised a seminar for community nurses, helping to share their expertise in caring for children with heart conditions.

■ Our paediatric respiratory nurses have led a project on the development of a care protocol for children with difficult asthma. They presented it at a meeting of the British Thoracic Society and are due to publish their work in the near future.

■ Our paediatric cystic fibrosis nurses have been working with the new born screening service, visiting and caring for families at home.

■ The work of the children's long-term ventilation coordinator for the pan-Thames region, who is based at the Royal Brompton, enables children who need long-term ventilation support to be cared for safely at home rather than in intensive care.

A world-class team

Continued



Nurse recruitment

The recruitment and retention of experienced specialist nurses continues to be a top priority.

In the past year we have continued to look for innovative ways in which to attract new staff. One initiative which has proved extremely effective is the new nurse recruitment page on the Trust website. The page allows potential applicants to register their interest in a variety of ways and has seen the number of nurses registered on our database quadruple in three months. Text messages are now used alongside phone calls and e-mails to let applicants selected for interview know when we would like to meet them.

Keeping our valued staff is just as important as recruiting new members. We have recently introduced an online exit interview for nurses leaving the Trust which can be completed at their convenience. This will allow us to collect honest and confidential feedback.

Developing nursing leaders

Nurse Management Programme

This four-day programme is available to all sisters, charge nurses and practice educators and focuses on areas which are of specific relevance to them. Areas include professional and personal accountability of the ward manager, people management, and leading and managing a team.

Cardiorespiratory Nurse Leadership Rotation Programme

The overall aim of this programme is to give junior nurses the skills and knowledge needed to become specialist cardiorespiratory nurses. Nurses on the programme work in different ward areas within the 18 month period, and take part in a tailor-made teaching programme which is divided into clinical, mentorship and leadership modules. By the end of the programme it is hoped that the nurses will achieve promotion.

Royal College of Nursing Clinical Leadership Programme

Nurses took part in the Royal College of Nursing's Clinical Leadership Programme for the eighth time this year. The aim of the programme is to enable nurses to deliver high-quality, patient-centred, effective and evidence-based care in day-to-day clinical practice.

The twelve nurses taking part identified both good practice and areas requiring improvement on the theme of medicines safety. They identified that interruptions experienced by nurses while they were with patients were common, and that this was both a medication safety and a privacy and dignity issue. In response, a Red Peg "Do Not Interrupt" campaign was developed. Pegs were pinned on curtains and signs with the Red Peg logo stuck on doors, when private care or discussion was taking place, signalling that colleagues should think twice before interrupting. The campaign gained national attention and was featured in an August issue of "*Nursing Times*".

Staff survey

The aim of the staff survey is to gather information on how employees regard the Trust as an employer. For 2007, a random sample of 738 staff were sent copies of the survey and 368 returned it, representing a response rate of 50 per cent. The human resources team will work to increase the response rate next year.

The results show that an above average number of staff feel positively about the organisation. High scores were also achieved on the number of staff who said they felt the Trust was committed to helping them balance their work and home life. Linked to this, was a significant increase in the percentage of respondents who said that they had taken advantage of at least one of the flexible working options available in their current job.

The survey shows a significant increase in the percentage of staff who said they had taken part in an appraisal in the previous 12 months – 60 per cent – up from the 2006 figure of 49 per cent.

The survey also reveals areas for improvement. There was a decrease in the number of respondents who reported feeling job satisfaction, an above average rate of staff who said they worked longer than their contracted hours, and a continuing issue around harassment and bullying from other members of staff.

The human resources team will carry out further analysis of the survey and will work with staff throughout 2008/09 to create an action plan to address areas of concern.

Learning and development

The learning and development team continues to provide a range of training courses for staff. New courses in the past year include sessions on assertiveness, presentation skills and change management.

“Everyone is treated as an individual.”

Also launched was an advanced line management modular programme which proved very popular, and a second course is now underway. Both this programme, and the introduction to line management course, are in the process of being accredited by the University of Wales, enabling staff who attend to have a recognised qualification.

An e-learning system is now in place across the Trust, allowing staff to access training modules from any computer with access to the network. The service will continue to develop throughout 2008/09.

A number of staff began National Vocational Qualifications (NVQs) in business administration and health and clinical laboratory support. The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) medical terminology course also proved popular once again.

Funding was once again awarded to staff to attend external short courses, conferences and longer courses, including MScs and PhDs.

Childcare

Day nurseries are available on both sites. There are 97 places in all (49 at Royal Brompton and 48 at Harefield) which are offered to staff and colleagues from neighbouring trusts as well as to the local community.

A childcare voucher scheme and a workplace nurseries salary sacrifice scheme were introduced in 2007/2008. These schemes allow staff with children to request part of their salary to be paid as childcare vouchers, which are exempt from tax and national insurance contributions.

Plans for an after school club and a holiday play scheme, to be introduced in 2008/2009, have been developed. This will help staff with children over the age of five.



A world-class team

Continued

Reducing sickness and absence

At 3.02 per cent, the Trust's sickness rate for this year compares favourably to similar acute trusts in London, but is slightly above our internal target of three per cent. The rate is now calculated using calendar days rather than weekdays, as favoured by NHS London, giving us more consistent data across the organisation and allowing us to compare our rate with other trusts more effectively.

The reporting of sickness rates continues to improve. A new occupational health provider was introduced this year and staff have helped with the management and resolution of long-term sickness cases.

Equality and diversity

The equality and diversity agenda enables us to enhance the services we deliver, to meet patient expectations, and to continue to advance our reputation as a world-class centre of clinical and academic excellence. We are proud of our diverse staff and the fact that we provide first-class services to our unique and diverse patient population.

We are committed to providing an excellent service for all; treating everyone with fairness, respect and dignity; promoting equal opportunity; and eliminating unlawful discrimination. Our Equality Strategy Board reviews the strategic direction in promoting equality and diversity issues and our newly-established steering group champions and leads initiatives at departmental level.

Equality Impact Assessments (EQiAs) are central to the

development of equality and diversity strategies and in partnership with the Trinity Development Centre, an e-tool Equality Impact Assessment was developed during 2007/08 and applied to Trust policies.

A number of policies were identified as having potential for discrimination, and more detailed impact assessments of these will be carried out during 2008/09. The impact of other recent policies or functions will also be assessed and the e-tool kit will eventually be rolled out across all equality strands. A robust action plan will be developed, incorporating an effective implementation strategy as well as training to support managers and policy makers undertaking Eqs. The outcomes of all equality impact assessments were published as part of the Single Equality Scheme in December 2007.

This year we:

- Finalised our Single Equality Scheme (SES). This framework ensures equality for all and incorporates the previously-published Disability Equality Scheme, General Equality Scheme,

and Race Equality Scheme. We were selected by the Department of Health as a national learning site for the SES.

- Started to carry out equality impact assessments to ensure our work and policies are non-discriminatory

- Continued our work on understanding the needs and ethnicity of both our staff and the people who use our services

- Introduced a black and minority ethnic (BME) mentoring scheme to help address the lack of BME representation at senior management level

- Continued to hold equality and diversity staff forums on both hospital sites

- Continued to provide training for our staff on equality and diversity issues, including at staff induction

- Performed an audit of our compliance with the Disability Discrimination Act (DDA). The recommendations will help us make adjustments to improve access to services for our disabled users and staff.



Information and telecommunications systems

Enhancing our technology



A commitment to investing in information technology (IT) and telecommunications remains a central theme throughout the organisation.

IT strategy

The main aim of the Trust's IT strategy continues to be to integrate services between the two hospital sites and, by 2010, to offer such a wide range of computer-based systems that a near paperless system is possible.

Electronic Patient Record (EPR) system

Work continues on the development of our Electronic Patient Record (EPR) system. The system will allow us to consolidate all patient information into one computer system accessible anywhere within the Trust. To date, patient details, consultant details, X-rays, MRI scans and similar images are available via the system. In the coming year we will continue to expand the range of clinical information available.

A new state-of-the-art PACS (Picture Archiving and Communications System) was commissioned in 2007/08. PACS allows for the electronic storage of x-rays and other images, and the new system will, for the first time, enable the electronic storage of cardiac catheterisation images. We hope to implement the system midway through 2008/09.

Connecting for Health (CfH)

CfH is a national Government initiative bringing modern computer systems into the NHS to improve patient care and services.

In the past year we have fully implemented two early CfH systems: a Trust-wide theatre management system and a new order communications system, which allows clinical staff to place diagnostic orders electronically. Both systems are fully integrated with our own IT and telecommunications agenda.

Roll-out of an electronic staff rostering system was completed at Royal Brompton this year.

"I would not hesitate recommending this hospital to anyone."

The system – which aims to give staff more control over their working lives and cut down on data duplication and errors – is now due to be introduced at Harefield in 2008/09.

Improving patient identification

Significant progress was made this year on a major project to further enhance our patient identification methods. Barcoding, radio frequency identification (RFID) and wireless network systems will all allow staff to access patient information from anywhere in the hospital. Full consolidation of these systems is planned for 2008/09.

Choose and Book

Choose and Book, the national electronic patient appointment system, is fully implemented for appointments made by GPs. As a tertiary centre, the majority of our referrals are from other hospital doctors and we are now working to implement a system which will allow these appointments to be made via Choose and Book.

18 week wait management

Newly installed computer systems are allowing us to closely monitor our performance against the new 18 week wait target. We meet all national guidance in this area.

Telecommunications

Planning work has begun on integrating data systems (computers) and voice systems (telephones) at the Trust and this will be a major area of expansion in 2008/09.

Estates and facilities

Continuing investment in our working environment



Continuing investment in estates capital projects this year has seen a number of new facilities across both sites.

■ Investment in Harefield has continued, with remedial work to improve the infrastructure now well underway. This activity has been supported by the £2.3 million awarded by the former North West London Strategic Health Authority and will continue through 2008/09. Last year a temporary ward was installed to house the medical care unit (MCU) during the course of the remedial works. We were initially renting this building but have now purchased it outright as this made more long-term economic sense.

Work is underway to create additional theatres and recovery space at Harefield, increasing capacity and allowing us to care for more patients. Building work began in early 2008 and will continue into 2009.

■ A major development at Royal Brompton has been the installation of a magnetic navigation catheter laboratory. The new system, called Stereotaxis, will allow our

consultants to carry out complex catheter-based procedures almost entirely by remote control, allowing greater accuracy and reducing radiation exposure for both staff and patients. The magnetic lab is housed in refurbished catheter laboratory four.

Refurbishment has also taken place in the neighbouring catheter laboratory. The £950,000 programme saw cutting edge equipment introduced to the lab. The new facility opened in November 2007.

■ Work has also continued on the expansion of the theatre recovery suite at Royal Brompton. This will see much needed space created in the main Sydney Wing building with six new recovery beds and a brand new, sixth operating theatre. All of these developments will allow us to care for more patients.

■ Clearance of backlog maintenance works has continued with improvements to the electrical systems at both sites, and extensive roof replacements and renovations. We have also upgraded a number of patient bathroom facilities, and the restaurant at Royal Brompton, providing improved surroundings for our patients and visitors.

Patient Environment Action Team (PEAT)

PEAT self-assessments took place in both hospitals during February. The inspection forms were updated this year and our teams consisted of modern matrons, infection prevention and control staff, and two patient representatives on each site. High standards were observed and reported throughout the Trust with overall scores of 92.5 per cent at Royal Brompton and 92 per cent at Harefield.

Catering

The catering departments at both hospitals remain committed to providing good food for patients, visitors and staff. Both teams achieved maximum possible scores for services to patients in the PEAT assessments.

The Harefield service has continued to grow in popularity this year, thanks in part to new dishes and new patient menus. "Tiffin Bites" is a curry menu available in the restaurant on Thursdays, with "Chicken Joe's" chicken wraps available on Wednesdays. Both have proved very popular.

The catering service at Royal Brompton continues to gain national recognition due to an on-going commitment to use organic and locally-produced goods.

"All of the house-keeping and catering staff were efficient, very pleasant and considerate."

In February, the hospital hosted a seminar on hospital food, organised by the Soil Association, and attended by HRH The Prince of Wales. The Prince took the opportunity to praise the work of catering manager Mike Duckett and his team, and toured both the kitchens and wards at the hospital.

Cleaning

Cleaning (domestic) services at the Trust are provided by ISS Mediclean Ltd. Routine quality assurance, monitoring and audit show that the company is providing an excellent service.

In October 2007, the Prime Minister and Secretary of State for Health announced that funding

was to be made available for the "deep cleaning" of all NHS hospitals. The Trust was allocated £176,000 and completed a deep cleaning programme by the 31 March 2008 deadline.

In accordance with government



guidelines, the exercise included the purchase of new equipment, the refurbishment and redecoration of difficult-to-clean areas, and the steam cleaning and descaling of some areas.

Harefield re-development

The Trust Board remains completely committed to the re-development of the Harefield site. A strategic outline case for the project has been prepared and will be submitted to NHS London in late Summer 2008. This will be the first step in developing a business case to re-develop the hospital. Plans are also being made to re-develop Royal Brompton.

The arts programme

Improving the healing environment

The arts programme has continued its trajectory of rapid development this year and remains central to work at the Trust.

"Transplant" – a sound and photographic installation, book of essays, DVD and website, resulting from Tim Wainwright and John Wynne's year-long residency at Harefield – has received a generous grant from Arts Council England which will



allow us to show the work at the Nunnery Gallery (Bow) in September 2008, and then at the Beldam Gallery (Brunel University) from November 2008 to January 2009. Other benefactors include the Derek Butler Trust, Re-Beat, the John Lewis Partnership and the Royal Brompton & Harefield Charitable Fund.

After a highly successful, star-studded fundraising event at Her Majesty's Theatre, Haymarket, in February 2008, we launched a ground-breaking research project into the effects of singing training on patients with respiratory disease. This is believed to be only the second project of its kind and the first in the UK. We plan to use the results of our research to support a long-term programme of singing training, and to advocate singing as therapy to other healthcare professionals.



The exhibition programme continued at both sites, alongside site-specific creations for patient and public areas, and live music remains a major feature on the wards. We have recently been able to increase the frequency of musical events to two per month on each site and hope to sustain this level of activity until 2010 when the frequency will be raised to weekly. New events have included developing a programme of workshops with the National Portrait Gallery, Wigmore Hall and the Royal Academy of Music.



FINANCIAL ACCOUNTS 2007/08

Director of finance report 2007/08

The Trust has achieved all of its operational financial targets and reported a surplus of £3.56m at the end of 2007/08. This surplus exceeds one per cent of turnover which, although not used as the basis of any surplus target set by the Department of Health, remains a benchmark to indicate the underlying financial health of the Trust.

OTHER STATUTORY DUTIES

The Trust achieved its external financing limit duty by drawing additional public dividend capital (PDC) of £1.21m. The Trust achieved a capital cost absorption rate of 3.3 per cent and the planned PDC dividend payments totalling £6.657m were paid on time to the Department of Health. Additionally the Trust considerably improved its Better Payment Policy Code position, and paid 87 per cent by number and 84 per cent by value of non-NHS trade invoices within the compliance target of 30 days.

Capital resource limit (CRL) duty has changed since last year. The Trust is no longer allocated CRL by Department of Health; instead, it may retain the depreciation cost charged to the income and expenditure account, to which it may add other elements of funding, such as disposal proceeds, charitable donations and the application of accumulated revenue reserves. The Trust is, however, required to agree its CRL with the Department of Health and may not then change it without their express permission. Thus, the Trust cannot overshoot this agreed position but may under-spend.

The Trust's CRL for 2007/08 was agreed in early 2007 by the Department of Health at £11.785m. The actual capital spend to be measured against the CRL was £8.869m and so the Trust under-spent by £2.916m. The Trust undertook a review of the carrying value of all fixed assets at the year-end and prudently wrote off those no longer adding economic value. The effect of this write-off is to reduce the amount of capital spend which is measured against the CRL.

INCOME AND EXPENDITURE

Patient spell activity of 25,901 (2006/07: 25,498) was 1.7 per cent above plan.

Total income for the year was £230.9m (2006/07: £212.8m). The increase was

due to strong performances from critical care, thoracic surgery, cardiac surgery and respiratory medicine. The remaining areas of NHS clinical activity were broadly in line with plan. Private patient income delivered £0.9m below plan due to lower activity volumes mainly within cardiology. The Trust has also amended its practice of accounting for part completed patient episodes as per Department of Health guidance. This led to the recognition of an additional £3.1m in 2007/08.

Total costs increased, as would be expected from increased activity volumes, to £219.3m (2006/07: £203.5m). Of these costs, pay expenditure increased to £131.7m (2006/07: £124.0m), in part reflecting the additional staffing required to deliver the activity growth. Non-pay expenditure was £87.6m (2006/07: £79.5m). The increase is caused by cost pressures, price inflation and the associated costs of delivering the activity growth.

BALANCE SHEET

The Trust ends the financial year with an extremely strong balance sheet position.

Fixed assets total £215.8m, an increase of £20.3m in the year. This is predominantly due to upwards revaluation in the year. New fixed assets with a value of £10.5m were acquired during the year and in addition £6.7m of assets were donated to the Trust. Assets under construction at 31 March 2008 were £8.6m (2007: £2.8m), representing the value of projects which will be completed during 2008/09. Two of these projects are major information technology programmes which will enhance patient treatment. In addition, the extensive programme of estates works on the Harefield site continues into 2008/09.

Debtors have increased to £27.0m from £16.7m. £5.0m of this increase is due to the timing of charitably-funded capital expenditure, recoverable from the Charitable Funds of the Trust. Recovery of this money could not be achieved before 31 March 2008 and so has been settled in the early months of 2008/09. The remainder of the increase is mostly due to the recognition of £3.1m of partially completed patient episodes (PCPE – commonly called "Healthcare Work-in-Progress") as part of debtors at 31 March 2008.

Creditors have increased in the year from £15.8m at 31 March 2007 to £29.6m at 31 March 2008. During the year, the Trust paid £4.4m to the Department of Health as part of NHS cash and resource management processes, which was financed by increasing creditors. In addition, creditors were increased to finance the debtor balance with the Charitable Funds until settlement could be arranged. The Trust also used the finance available to take the opportunity to invest in stock at attractive prices. The levels of stock therefore increased to £7.2m.

CODES OF CONDUCT, ACCOUNTABILITY AND OPENNESS

The Trust has an obligation under the codes of conduct and accountability for NHS boards to compile and maintain a register of any interests of directors which might influence their role. The register is available to the public, in accordance with the Freedom of Information Act, through written application to the Trust's chief executive. The Trust is also required to publish in the annual report the directorships of any member of the Board in companies that are likely to, or seek to, conduct business with the NHS.

In this context declarations of the directors of Royal Brompton & Harefield NHS Trust are as follows:

CHAIRMAN

Lord Newton of Braintree

Chairman, Honours Committee for Community, Voluntary and Local Services

Chairman, Investigation Board into the fire at Buncefield Oil Depot

Chairman, Administrative Justice and Tribunals Council

Chairman, Help the Hospices

Member, Lloyds Pharmacy Healthcare Advisory Panel

President, Drugscope

President, Friends of Carers UK

President, Neighbourhood Energy Action

President, Braintree Community Association

President, Essex Lupus Group

President, Braintree Multiple Sclerosis Society
 President, Braintree Parkinson's Disease Society
 President, Braintree and Bocking Abbeyfield Society
 President, Tabor Centre for Disabled People, Braintree
 President, Phoenix Group Homes, Colchester
 President, Corporate Friends of Farleigh Hospice
 Trustee, (former Chairman) East Anglia's Children's Hospices
 Trustee, National Benevolent Fund Association
 Trustee, National Heart and Lung Institute Foundation
 Trustee, Pharmacy Practice Research Trust
 Council Member, Institute of Directors

NON-EXECUTIVE DIRECTORS

Mr Nicholas Coleman

Consultant, Risk Reputation Consultants Ltd

Mrs Christina Croft

Non-Executive Director, Juvenile Diabetes Research Foundation

Mrs Jenny Hill

Trustee, Chelsea and Westminster Health Charity
 Consulting Director, Echelon Ltd

Mr Richard Hunting

Chairman, Hunting Plc
 Non-Executive Director, Yule Catto & Co Plc
 Director, CORDA, the Heart Charity

Professor Sir Anthony Newman Taylor

Chairman CORDA, the Heart Charity
 Chairman, Colt Foundation
 Trustee, National Heart and Lung Institute Foundation
 Trustee, Colt Foundation
 Member, Medical Honours Committee
 Trustee, Rayne Foundation

EXECUTIVE DIRECTORS

Mr Robert J Bell

Board Member, CORDA, the Heart Charity
 Board Member, NHS Innovations, London

Professor Timothy Evans

Academic Registrar, Royal College of Physicians

Council Member, British Lung Foundation

Advisor, Grant Reviewer and Advisory Board Member for multiple organisations including Medical Research Council, Wellcome Trust, British Heart Foundation and Dunhill Medical Trust

Mr Mark Lambert

Chairman, Thames Audit Consortium

Mr Patrick Mitchell

Trustee, Interact Worldwide, health related charity

Dr Caroline Shuldham

None

SUMMARY ACCOUNTS

The summary financial statements provide an overview of the information contained in the full accounts. A copy of the full accounts, which give a more complete understanding of the results and state of affairs at the Trust, can be obtained free of charge by writing to:

The Director of Finance and Performance,
 Royal Brompton & Harefield NHS Trust,
 Sydney Street, London, SW3 6NP.

STATEMENT OF INTERNAL CONTROL

Each year the Trust issues a Statement on Internal Control. The statement explains the scope of responsibility and purpose of the system of controls as well as the Trust's capacity to handle risk. It also gives a brief review of the effectiveness of these controls and identifies any significant risks. A copy of this document can also be obtained, free of charge, by writing to:

Head of Risk Management, Royal Brompton & Harefield NHS Trust,
 Sydney Street, London, SW3 6NP.

INDEPENDENT AUDITORS' REPORT TO THE BOARD OF ROYAL BROMPTON & HAREFIELD NHS TRUST

We have examined the summary financial statement of Royal Brompton & Harefield NHS Trust for the year ended 31 March 2008 which comprises the Income and Expenditure Account, Balance Sheet, Cash Flow Statement,

Statement of Total Recognised Gains and Losses and the related notes 1 to 9.

This report is made solely to the Board of Royal Brompton & Harefield NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Board as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

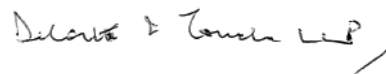
The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the annual report with the statutory financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any mis-statements or material inconsistencies with the summary financial statement.

BASIS OF OPINION

We conducted our work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statement" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

OPINION

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2008. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (23 June 2008) and the date of this statement.



Deloitte & Touche LLP
 Chartered Accountants and Registered Auditors, St Albans, 20 June 2008

Summary Financial Statements

INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Income from activities	186,991	163,522
Other operating income	43,933	49,240
Total income	230,924	212,762
Operating expenses	(219,307)	(203,545)
Operating surplus	11,617	9,217
Loss on disposal of fixed assets	(2,083)	0
Surplus before interest	9,534	9,217
Interest receivable	714	340
Interest payable	(25)	(20)
Surplus for the financial year	10,223	9,537
Dividends paid	(6,657)	(6,197)
Retained surplus for the year	3,566	3,340

BALANCE SHEET AS AT 31 MARCH 2008

	2007/08 £000	2006/07 £000
Fixed assets	215,787	195,500
Current assets		
Stocks	7,212	5,331
Debtors	27,007	16,656
Cash at bank and in hand	634	634
Creditors: amounts falling due within one year	(29,570)	(15,843)
Net current assets/(liabilities)	5,283	6,778
Total assets less current liabilities	221,070	202,278
Provisions for liabilities and charges	(1,142)	(1,023)
Total assets employed	219,928	201,255
Financed by		
Public dividend capital	98,335	101,524
Revaluation reserve	92,798	81,798
Donation reserve	13,659	8,496
Income and expenditure reserve	15,136	9,437
Total capital and reserves	219,928	201,255

Signed on behalf of the Board

Chief Executive



Director of Finance



CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Operating activities		
Net cash inflow from operating activities	19,470	7,071
Returns from investments and servicing of finance		
Interest received	714	340
Net cash inflow from returns on investment and servicing of finance	714	340
Capital expenditure		
Payments to acquire tangible fixed assets	(10,529)	(6,311)
Receipts from sale of tangible fixed assets	191	0
Net cash outflow from capital expenditure	(10,338)	(6,311)
Dividends paid	(6,657)	(6,197)
Net cash inflow/ (outflow) before financing	3,189	(5,097)
Financing		
Public Dividend Capital received	1,210	5,209
Public Dividend Capital repaid (not previously accrued)	(4,399)	0
Net cash inflow/(outflow) from financing	(3,189)	5,209
Increase in cash	0	112

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Surplus for the financial year before dividend payments	10,223	9,537
Unrealised surplus on fixed asset revaluations/indexation	13,544	12,611
Increase in the donation reserve due to receipts of donated assets	6,714	1,124
Total gains and losses recognised in the financial year	30,481	23,272

Summary Financial Statements

1. MANAGEMENT COSTS

	2007/08 £000	2006/07 £000
Management costs	11,866	10,618
Income	231,296	212,762

Management costs are defined as those on the management costs website at www.dh.gov.uk/Policy/FinanceAndPlanning/NHSManagementCosts/fs/en.

2. BETTER PAYMENT PRACTICE

	Number	Value (£000)
Total non-NHS bills paid	60,191	99,476
Total non-NHS bills paid within target	52,391	83,297
Percentage of non-NHS bills paid within target	87%	84%
Total NHS bills paid	2,080	25,318
Total NHS bills paid within target	1,770	24,359
Percentage of NHS bills paid within target	85%	96%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

3. TANGIBLE FIXED ASSETS

	Total
Cost or valuation at 1 April 2007	225,358
Additions - purchased	10,530
Additions - donated	6,714
Indexation	14,712
Disposals	(2,709)
Cost or valuation at 31 March 2008	254,605
Accumulated depreciation at 1 April 2007	(29,858)
Provided for during the year	(8,226)
Indexation	(1,168)
Disposals	434
Accumulated depreciation at 31 March 2008	(38,818)
Net Book Value	
Purchased at 1 April 2007	187,004
Donated at 1 April 2007	8,496
Total at 1 April 2007	195,500
Net Book Value	
Purchased at 1 April 2008	202,128
Donated at 1 April 2008	13,659
Total at 1 April 2008	215,787

4. EXTERNAL FINANCING

The Trust is given an external financing limit which it is permitted to undershoot.

	2007/08 £000	2006/07 £000
External financing limit set by the Department of Health	(3,189)	(5,097)
Cash flow financing	(3,189)	(5,097)
External financing requirement	(3,189)	(5,097)

5. CAPITAL RESOURCE LIMIT

The Trust is given a Capital Resource Limit which it is not permitted to overspend.

	2007/08 £000	2006/07 £000
Gross capital expenditure	17,244	7,435
Book value of assets disposed of	(2,275)	0
Plus: loss on disposal of donated assets	614	0
Less: donations	(6,714)	(1,124)
Charge against the CRL	8,869	6,311
Capital resource limit	11,785	6,311
(Over)/underspend against the CRL	2,916	0

6. RELATED PARTY TRANSACTIONS

Royal Brompton & Harefield NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year, none of the Board Members, key management staff or parties related to them has undertaken any material transactions with Royal Brompton & Harefield NHS Trust.

The Department of Health is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department. These entities are Strategic Health Authorities, Primary Care Trusts, other NHS Trusts, the NHS Litigation Authority and NHS Supplies Chain.

In addition, the Trust has had a number of material transactions with other Government departments and other

central and local Government bodies. Most of these transactions have been with Imperial College of Science, Technology and Medicine, the University of London (relating to research projects), the London Borough of Hillingdon and the Royal Borough of Kensington and Chelsea (relating to non-domestic rates).

The Trust operates in close collaboration with the National Heart and Lung Institute of Imperial College of Science, Technology and Medicine to deliver education, research and medical care.

The Trust has also received from the Royal Brompton & Harefield Charitable Fund, £507,000 funding of benefits (2006/07: £502,000), £2,422,000 for research activity (2006/07: £2,408,000), and £6,462,000 contributions towards fixed assets (2006/07: £919,000). The Trust acts as the Charitable Fund's Corporate Trustee. The audited accounts of the Charitable Fund are available separately.

7. AUDIT FEES

Expenditure for the year includes £176,000 (2006/07 £173,000) for audit services provided by Deloitte & Touche LLP.

8. ACCOUNTING FOR PENSIONS

The accounting treatment of pension liabilities is laid out in the accounting policy note 1.14 in the statutory accounts.

9. TRUST FORMATION

The Trust was established on 1st April 1998 under Statutory Instrument 1998 no. 784 (Royal Brompton & Harefield NHS Trust (Establishment) Order 1998).

Committee members

At 31 March 2008

FINANCE COMMITTEE

Richard Hunting (chair)

Non-executive director

Patrick Mitchell

Director of operations

Professor Duncan Geddes

Consultant, respiratory medicine

Dr Charles Ilsley

Director of cardiology (Harefield),
consultant cardiologist

Professor Sir Anthony Newman-Taylor

Head of National Heart and Lung
Institute, non-executive director

Robert Bell

Chief executive

Dr Caroline Shuldham

Director of nursing and governance

Nicholas Hunt

Director of service development

Mark Lambert

Director of finance and performance

Jenny Hill

Non-executive director

Christina Croft

Non-executive director

AUDIT AND RISK COMMITTEE

Nicholas Coleman (chair)

Non-executive director

Christina Croft

Non-executive director

Jenny Hill

Non-executive director

Richard Hunting

Non-executive director

Professor Sir Anthony Newman-Taylor

Head of National Heart and Lung
Institute, non-executive director

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Lord Newton of Braintree (chair)

Trust chairman

Charles Perrin

Non-executive director and Trust
Vice-Chairman (until 30 November 2007)

Christina Croft

Non-executive director

Jenny Hill

Non-executive director

Richard Hunting

Non-executive director

Professor Sir Anthony Newman Taylor

Head of National Heart and Lung
Institute, non-executive director

Nicholas Coleman

Non-executive director
(from 1 January 2008)

Remuneration Report

MEMBERSHIP OF REMUNERATION AND TERMS OF SERVICE COMMITTEE

Lord Newton of Braintree (chair)

Trust chairman

Charles Perrin

Non-executive director and Trust vice-chairman (until 30 November 2007)

Christina Croft

Non-executive director

Jenny Hill

Non-executive director

Richard Hunting

Non-executive director

Professor Sir Anthony Newman Taylor

Head of National Heart and Lung Institute, non-executive director

Nicholas Coleman

Non-executive director (from 1 January 2008)

In attendance:

Mr Robert J Bell – chief executive

STATEMENT OF POLICY IN CURRENT AND FUTURE YEARS

The Remuneration and Terms of Service Committee advises the Trust Board on appropriate remuneration and terms of service for the chief executive, other executive directors, and other senior managers reporting directly to the chief executive as specified by the Board. The committee ensures that these very senior managers are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff where appropriate.

The committee monitors the performance evaluation of individual executive directors and also advises on appropriate contractual arrangements for such staff. The committee reviews compensation annually for each very senior manager post, based on comparisons to external market comparators and a positioning of each post against the external market, utilising a compensation band range for each post.

Other provisions for employee benefits and succession planning will be considered at a future time.

The committee was advised by two external HR consultancies, Jackie Reeves Associates and Hays HR Consulting in respect of its deliberations during 2007/08.

POLICY ON DURATION OF CONTRACTS, NOTICE PERIODS AND TERMINATION PAYMENTS

The policy on duration of contracts, notice periods and termination payments for each executive director is determined by the Remuneration and Terms of Service Committee on the appointment of each postholder. Arrangements for the notice periods of those serving in 2007/08 are detailed below:

Chief executive (appointed 28 March 2005) – 12 months from employer and six months from employee

Director of nursing and governance (appointed 5 May 1998) and operations director (appointed 12 June 2000) – six months by either party

Director of finance and performance (appointed 6 November 2006) – six months from employer and three months from employee

Medical director (appointed 5 May 2005) – three months by either party.

All the above appointments are permanent with the exception of the medical director, whose appointment from within the Trust consultant body is subject to periodic review.

The duration of contracts, notice periods and termination payments for the Trust chairman and non-executive directors are determined by the Department of Health.

Below are listed the details of those serving in 2007/08:

Lord Newton of Braintree (chairman)

Appointed 1 April 2001, term of office until 30 November 2008

Charles Perrin (vice chairman)

Appointed 1 April 1994, term of office ended 30 November 2007

Jenny Hill

Appointed 1 December 2005, term of office until 30 November 2009

Christina Croft

Appointed 1 April 2006, term of office until 31 March 2010

Professor Sir Anthony Newman Taylor

Appointed 1 April 2006, term of office until 31 March 2010

Richard Hunting

Appointed 1 January 2007, term of office until 31 December 2010

Nicholas Coleman

Appointed 1 January 2008, term of office until 31 December 2011

Remuneration Report

Continued

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

REMUNERATION

Name and title	2007/08				2006/07			
	Salary	Performance Pay	Other Remuneration	Benefits in Kind	Salary	Performance pay	Other Remuneration	Benefits in Kind
	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Lord Newton of Braintree, chairman	20 - 25				20 - 25			
Robert J. Bell, chief executive	170 - 175				165 - 170			
Professor Timothy Evans, medical director	35 - 40		195 - 200		35 - 40		170 - 175	
Patrick Mitchell, director of operations	95 - 100				95 - 100			
Caroline Shuldham, director of nursing and governance	85 - 90				80 - 85			
Mark Lambert, director of finance and performance	130 - 135				50 - 55			
Jenny Hill, non-executive director	5 - 10				5 - 10			
Professor Sir Anthony Newman Taylor, non-executive director	5 - 10		195 - 200		5 - 10		190 - 195	
Richard Hunting, non-executive director	5 - 10				0 - 5			
Christina Croft, non-executive director	5 - 10				5 - 10			
Nicholas Coleman, non-executive director (from 01/01/08)	0 - 5				0			

Mr Charles Perrin (vice chairman) was with the Trust until 30 November 2007 and waived his entitlement to remuneration during both years.

Nicholas Coleman (non-executive director) joined the Trust on 1 January 2008

Mark Lambert's salary in 2006/07 was from 6/11/06 to 31/03/07

PENSION BENEFITS

Name and title	Real increase in pension and related lump sum at age 60 at 31 March 2008	Total accrued pension and related lump sum at age 60 at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real Increase in Employer Funded Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2,500) £000	(bands of £5000) £000	£000	£000	£000	To the nearest £100
Robert J. Bell , chief executive	5 - 7.5	15 - 20	76	48	19	0
Professor Timothy Evans , medical director	45 - 47.5	260 - 265	1,114	867	158	0
Patrick Mitchell , director of operations	7.5 - 10	110 - 115	349	308	23	0
Caroline Shuldham , director of nursing and governance	0 - 2.5	145 - 150	620	589	12	0
Mark Lambert , director of finance and performance	5 - 7.5	5 - 10	24	7	12	0

Pension calculations are provided by NHS Pensions Agency.

As non-executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Royal Brompton & Harefield Hospital Charitable Fund

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2008

The Royal Brompton & Harefield Hospital Charitable Fund (the Charity) was created in 1998, following the merger of Royal Brompton and Harefield Hospitals, to generate income for projects which are outside the scope of NHS funding. Through sources of income including grants, donations and legacies, the Charity funds research, medical equipment, and amenities to benefit both staff and patients.

During the year the Charity incurred £15.6m of Charitable Expenditure of which £2.5m was for restricted purposes and £13.1m for unrestricted purposes. The Charity also generated income of £6.2m of which £2.8m was restricted, and £3.4m unrestricted. At 31 March 2008 the Charity had £76.5m of funds of which £67.3m was unrestricted; £8.9m was restricted, with £0.3m of endowment funds.

The Charity's annual report and accounts for the year ended 31st March 2008 have been prepared by the Corporate Trustee which is Royal Brompton & Harefield NHS Trust, in accordance with the Charities Act 2006 and the Charities (Accounts & Reports) Regulations 2005. The Charity's report and accounts include all the separately established funds for which Royal Brompton & Harefield NHS Trust is the main beneficiary.

This report provides a summary of the accounts; the full audited annual accounts of the Charity are available as a separate booklet from the address on page 61.

OBJECTIVES AND ACTIVITIES

The objectives of the Charity – as stated in its governing document, the Charity Commission scheme dated 19th April 1999 – are to further such charitable purpose or purposes as the Trustee thinks fit, relating:

- To hospital services of Royal Brompton & Harefield NHS Trust, including research, or
- To any other part of the service associated with any hospital.

In meeting these objectives the Charity aims to maximise the income generated through fundraising and investment management and to use as much of the income as possible to provide grants for the benefit of Royal Brompton & Harefield NHS Trust. The Charity therefore aims to break-even or operate at a deficit each year, maximising the grants provided without having a materially adverse effect on the long-term income from investments.

GRANTS DISTRIBUTION POLICY

Unrestricted funds

The Charity has both restricted and unrestricted funds. Restricted funds are given to the Charity for purposes specified by the donor and used in accordance with the donor's wishes. These restricted funds are spent mainly on research and medical equipment.

Unrestricted funds may be used for general purposes for the benefit of the hospitals.

The Charity has adopted the following guidelines for the annual allocation of *unrestricted funds* in accordance with

the needs of Royal Brompton and Harefield Hospitals:

Research	30%
Medical equipment	25%
Staff amenities	15%
Patient amenities	15%
Strategic initiatives	15%

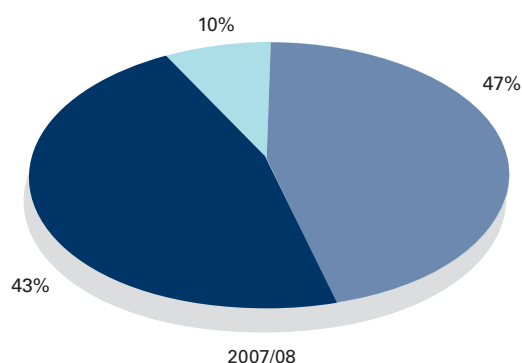
These percentages are applied after taking into account depreciation, administration and fundraising costs, and costs incurred in maintaining and upgrading charitable property. Using these criteria, the actual percentages achieved in 2007/8 were: research (5%), medical equipment (88%), staff amenities (3%), patient amenities (3%), and strategic initiatives (1%).

Due to an additional grant of £10m made for medical equipment during 2007/08, the percentage allocated for this category was significantly higher than the guidelines. This resulted in the percentage allocation in other categories being reduced.

In some cases grants are over a period of more than one year. In this instance, under the Statement of Recommended Practice (SORP), the grant is fully recognised in the year it is made. Over a period of years, the expenditure over various categories evens out and is close to the percentage guidelines shown above.

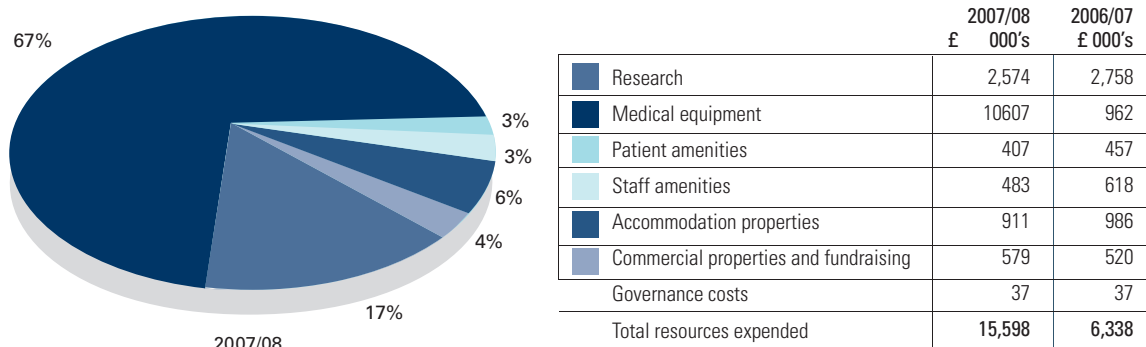
Royal Brompton & Harefield NHS Trust requests applications for funding as part of its annual business planning process. From the applications, the Trust chooses a list of items it feels are eligible for funding from Charitable Funds. The list is put forward to the Corporate Trustee, which then considers the merits of each project and chooses the most appropriate, taking into account the percentage allocation.

INCOMING RESOURCES



	2007/08 £ 000's	2006/07 £ 000's
Donations and legacies	2,912	3,054
Investment income	2,653	2,324
Rent from accommodation properties	625	629
	6,190	6,007

RESOURCES EXPENDED



Note: Included within the staff welfare category is £130,000 on projects relating to strategic initiatives.

ANNUAL REVIEW:

OUR ACTIVITIES

A range of projects benefiting patients, visitors and staff have once again been made possible due to charitable funding. Some of the highlights of the past year include:

- Magnetic navigation catheter laboratory, Royal Brompton**
 Three million pounds from the Charity has helped fund the new magnetic navigation catheter laboratory at Royal Brompton. The lab, which will benefit patients with complex congenital heart defects as well as those with heart rhythm disturbances, is the most advanced of its kind in Europe. It will allow our consultants to carry out complex catheter based procedures almost entirely by remote control, allowing greater accuracy and reducing radiation exposure for both staff and patients. As well as advancing clinical practice in the UK, the new lab will allow experts at the Trust to pioneer important new research projects in 3D imaging and morphology, which should lead to the development of new invasive cardiac procedures to the ultimate benefit of patients internationally.
- PACS (Picture Archiving and Communications System)/RIS (Radiology Information System) replacement**
 A new state-of-the-art PACS was introduced in 2007/08, thanks in part

to £2.5 million from the Charity. PACS allows for the electronic storage of x-rays and other images and the new system will, for the first time, enable the electronic storage of cardiac catheterisation images. It will also enhance collaboration between researchers in the Trust and beyond.

- Biplane catheterisation laboratory three**
 Cardiac catheterisation laboratory three at Royal Brompton was refurbished this year. A £800,000 investment of Charitable Funds has seen the lab become biplane – meaning two views of a patient's heart can be captured and displayed simultaneously in real time. The development will further enhance electrophysiology work at the Trust.
- Creation of sixth theatre at Royal Brompton**
 £930,000 from the Charity was used to fund the expansion of the theatre suite at Royal Brompton. The new theatre will increase the number of patients that can be seen at the hospital and will help us in our world-class programme for percutaneous (under the skin) valve replacement, in which replacement heart valves are inserted via a small cut in the groin rather than through open heart surgery. Our Trust is the only centre in the UK simultaneously pursuing percutaneous programmes for pulmonary, aortic and mitral valve replacement.

- Patient Amenity Fund**

£100,000 from the Charity was once again used to support patient amenities. A total of 31 projects were funded, including a "Hobby Trolley" to help patients pass time while waiting for discharge or procedures; the refurbishment of selected areas; and the purchase of new equipment.

- Arts programme**

The arts programme at the Trust was awarded £90,000 from the Charity. The programme continues to thrive, with regular live music events, exhibitions and new workshops for patients. Full details of the programme can be found on page 43.

- Staff projects**

The Charity committed £116,000 to long course funding and £30,000 in bursaries to ensure the continuation of relevant and up to date training for staff. A grant of £191,000 was given to the crèche facilities for staff at both sites.

- Research**

Research is central to work at the Trust. £2.6 million was allocated to some 130 research projects this year. The larger research areas were molecular genetics (£0.2m), imaging (£0.2m), nuclear medicine (£0.1m) and rhinology (£0.1m).

Charitable Fund

Continued

FUNDRAISING

Approximately half of the Charity's income during the past year came from donations and legacies. The generosity of our friends and supporters continues to make a real difference to those with heart and lung disease.

Our new appeal, launched this year, is for a state of the art MRI (Magnetic Resonance Imaging) scanner. The scanner will offer speedy and more accurate early diagnosis of conditions such as coronary artery disease, heart failure and congenital heart disease and will also be used for research, providing a valuable contribution to knowledge in this field. The ambitious fundraising target is £1.5 million. To date, we have raised £148,550.

A significant contribution to the appeal was made by the ever-popular Harefield Fun Run which attracted over 900 participants this year. TalkSPORT's Mike Parry and Sky Sports presenter Clare Tomlinson compered the event, keeping the crowds entertained throughout the day. Almost £40,000 was raised towards the scanner appeal.

Her Majesty's Theatre was sold out one February evening as over 50 stars of stage and screen paid tribute to the late Ian Adam. Ian, who was treated at Royal Brompton Hospital for many years, was a world-renowned vocal coach to the stars. The event raised £48,000 for the "Singing for Breathing" Fund to help patients with severe breathing difficulties through singing.

Thanks to the fundraising efforts of the Ben Williams Trust, children being treated at Royal Brompton for arrhythmias (heart rhythm disturbances) will be cared for by their own specialist nurse, known as "Ben's nurse." The Trust was set up two years ago and aims to work with the medical community to raise awareness of heart muscle disorders in children and young adults.

We are extremely grateful to all the volunteers who raise funds for the charity in a variety of ways. Some other highlights include:

- **The Mary Anderson Benefit Night** in aid of the paediatric MRI scanner
- **Donna Adams** raised funds for a special parents' room on Rose Ward in memory of her daughter

- **Chris and Nicki Gray** endured a long "Walk with Heart & Sole" raising funds for the transplant unit
- **Russell White** walked from Crawley to Harefield to raise funds for the hospital
- **The Cystic Fibrosis Cricket Match** raised valuable funds for CF research
- **Leigh Beazley** led a team in the HydroActive Women's Challenge to raise funds for audio-visual equipment on Rose Ward

CONTACT DETAILS

Contributions to assist the Charity in its work are gratefully welcomed. Donations may be made online through the Trust's website www.fundraising.rbht.nhs.uk

For further information and advice on how to give, please contact the fundraising department (details below). Annual accounts and summary accounts are also available from the charity accountant, finance department, who can also advise on tax-efficient giving methods.

Royal Brompton & Harefield Hospital Charitable Fund

Sydney Street London SW3 6NP
Tel: 020 7351 8613 Fax: 020 7349 7747

Hill End Road Harefield UB9 6JHT
Tel: 01895 828820

Registered charity number 1053584

PROPERTY

Accommodation property

The Charity owns and manages 13 staff accommodation properties that house over 158 members of staff. These are all situated in the South Kensington area and are in close proximity to the Royal Brompton Hospital site.

The staff accommodation properties continue to provide good quality, low cost accommodation for staff of Royal Brompton & Harefield NHS Trust. The value of subsidised rent provided to nurses and other staff in accommodation for 2007/08 was estimated to be £0.5m (2006/07 £0.5m).

The Charity committed £0.9m (2006/07 £1m) towards the management and necessary maintenance of the properties during the year. In addition

to the normal maintenance costs, the Charity incurred £0.1m expenditure on a major refurbishment of Flat 5/6 Trafalgar Chambers; this was treated as capital expenditure and included in the balance sheet.

The Charity continually monitors its property portfolio and accommodation management policy.

Investment property

The Charity also owns 39 commercial properties and flats in South Kensington, which generated rent of £1.7m during 2007/08. None of the properties held for investment purposes were sold during the year.

The Charity's investment properties are managed by AtisReal, who report on the rent collection and other issues related to these properties to the investment committee. The performance target set by the investment committee is that 100 per cent of the current quarter's rents are to be collected within 28 days of the due date, save for disputes and tenants in financial difficulties. Other performance targets set, relate to yield and voids so that the Charity achieves maximum value from its property portfolio. The investment committee closely monitors the performance of AtisReal with regards to these benchmarks on a regular basis.

OUR FUTURE PLANS

During 2008/9 the Corporate Trustee will continue to review its grant making and distribution policy to ensure that the allocation between expenditure categories is appropriate and matches the requirements of the beneficiaries.

During 2007/8 the Corporate Trustee approved the formation of a property development advisory board to review and advise on maximising the value of the Charity's land and property portfolio. The board will report and provide recommendations to the Corporate Trustee during 2008/9.

Royal Brompton & Harefield NHS Trust has a long and distinguished reputation of internationally recognised heart and lung research. Due to increased competition for research and development income, multiple sources of funding are being sought for R&D, including support from charitable funds.

The fundraising department will be actively seeking donations for research projects.

SUMMARY OF THE FINANCIAL POSITION FOR THE YEAR ENDED 31 MARCH 2008

The audited annual accounts of the Charity are not attached to this report but are available as a separate booklet from the address on page 61.

The statement of financial activities for the year to 31 March 2008 shows a deficit of income over expenditure of £9,408,000 (2006/07: deficit of £331,000).

The property portfolio of the Charity is revalued every five years; between these valuations an appropriate index is applied to revalue the assets. The accommodation properties were revalued on 1st April 2006 by the district valuer and the unrealised gains during the year due to indexation were £610,000.

The Corporate Trustee authorised a revaluation of the commercial properties during 2007/8, this was carried out by AtisReal on 29 June 2007, the value determined by AtisReal was used for the commercial properties at 31st March 2008. The opinion of AtisReal was that the value of the commercial properties should be increased by £16,809,000. This was offset by unrealised losses of £846,000 and realised losses of £420,000 for quoted investments. The value of the funds thus increased over the year from £69,776,000 to £76,518,000 of which £8,886,000 (2006/07: £8,572,000) is restricted in purpose and £67,336,000 (2006/07: £60,906,000) unrestricted and £296,000 (2006/07: £296,000) is permanent endowment funds.

The balance sheet at 31st March 2008 shows that the funds held as staff accommodation property of £8,507,000 (2006/07: £8,279,000), investment property assets of £55,976,000 (2006/07: £39,167,000), stock exchange investments of £22,275,000 (2006/07: £25,217,000), long term liabilities of £484,000 (2006/07: £627,000) and net current liabilities of £9,756,000 (2006/07: £2,260,000).

ACHIEVEMENT AND PERFORMANCE

Each year the Charity aims to break even or operate at a small managed surplus/deficit for the unrestricted funds. For the year ended 31 March 2008, the Charity had budgeted to achieve break even for its unrestricted funds. However, the Charity actually recorded a deficit of £9.7m; this was predominantly due to an exceptional grant of £10m made to Royal Brompton & Harefield NHS Trust for medical equipment during the year.

The Charity received donations of £2.4m during the year; this was £129,000 below budget due to the "plateau effect" following the successful CT scanner appeal. In spite of lower than expected donations, the Charity increased the level of grants from £5.8m in 2006/7 to £15m in 2007/8.

In achieving its objectives, the Charity involves both the staff and management of Royal Brompton & Harefield NHS Trust (the main beneficiary) in the grant allocation process.

Fundraising performance is provided on page 58 and the performance on the quoted investments is provided below.

RESERVES

The Charity's reserves policy is as follows:

The Charity's main objects are to provide significant funding for medical equipment and research, staff and patient amenities and related matters. Many of the projects funded are on continuing support from the Charity although decisions are taken annually as to the level of support required. In view of this, and having regard to the level of unrestricted funds that the Charity requires in order to continue to provide this type of support, the Trustee has determined that a level of capital funds should be maintained in order to provide the income to meet these ongoing funding needs. Because of varying investment returns, the Trustee keeps this level of funds under review, but at present it is of the opinion that the level remains appropriate.

The Trustee intends to complete a review of the planned long-term staffing accommodation requirements of the Trust before reassessing the level of reserves required for the long-term viability of the Charity.

QUOTED INVESTMENTS

The Charity's quoted investments are overseen by an investment committee. The committee presents reports on the performance of the investments to the Corporate Trustee on a regular basis.

The Charity's policy on investments is:

- a) That there should be no direct investments in tobacco stock
- b) No investments in shares unquoted on the relevant major stock exchange
- c) The maximum amount that can be invested in small companies (ie. companies with market capitalisation below £100m) should be 7.5% of the portfolio and should be held in a pooled vehicle.

The performance targets set by the Trustee require Newtons, the investment managers, to exceed an agreed benchmark by one per cent per annum after fees over rolling 3-year periods. During the year ended 31 March 2008, the portfolio exceeded the benchmark by 1.1 per cent and also exceeded the benchmark by nine per cent on a cumulative basis since Newtons were appointed (January 2002).

STRUCTURE AND ADMINISTRATIVE DETAILS

The main charity, The Royal Brompton & Harefield NHS Charitable Fund, registered charity number 1053504, was entered on the Central Register of Charities on the 19th April 1999. This is the umbrella charity under which some 211 individual funds are registered.

The Charity's monies and property are held on trust by the corporate body for the purposes of the health service as described in the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

Charitable Fund

Continued

TRUSTEE

Royal Brompton & Harefield NHS Trust is the Corporate Trustee of the Charitable Funds and is governed by the laws applicable to trusts, principally the Trustee Act 2000 and also by the law applicable to Charities which is governed by the Charities Act 2006.

The members of the NHS Trust Board who served during the financial year were as follows:

Lord Newton of Braintree
Chairman

Charles Perrin (until 30/11/07)
Non-executive director, vice-chairman

Robert Bell
Chief executive

Nicholas Coleman (from 1/1/08)
Non-executive director

Christina Croft
Non-executive director

Professor Timothy Evans
Medical director

Jenny Hill
Non-executive director

Richard Hunting
Non-executive director

Mark Lambert
Director of finance and performance

Patrick Mitchell
Director of operations

Dr Caroline Shuldham
Director of nursing and governance

Professor Sir Anthony Newman Taylor
Head of National Heart and Lung Institute, non-executive director

NON-EXECUTIVE DIRECTOR

The responsibility to oversee the management of both property and quoted investments is undertaken by the investment committee which is a sub-committee of the Corporate Trustee.

The members of the investment committee during the year were as follows:

Charles Perrin (until 30/11/07),
Robert Bell, Nicholas Coleman

(from 1/1/08), Christina Croft, Professor Timothy Evans, Richard Hunting, Mark Lambert, John Martin (until 25/7/08), Sir Michael Partridge, Professor Anthony Newman Taylor.

Mr Charles Perrin was the Chairman of the Committee until 30th November 2007; Mrs Christina Croft took over the position on 27th February 2008.

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Charity's unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original fund are added to those fund balances within the existing charity. Where funds have been received which have specific restrictions set by the donor, new restricted funds have been established.

The charitable funds available for spending are allocated to specialities within Royal Brompton & Harefield's directorate management structure. Each allocation is managed by use of a designated fund within the general unrestricted fund.

Members of the Trust Board and the investment committee are not individual trustees under Charity law but act as agents on behalf of the Corporate Trustee. Non-executive members of the Trust Board are appointed by the NHS Appointments Commission and executive members of the Board are subject to recruitment by the NHS Board. Royal Brompton & Harefield NHS Trust, as a corporate body, appoints an investment committee to oversee management of the charitable fund's property and investments.

The Charity has an induction pack for newly appointed members of the Trust Board. This induction pack provides:

- Information about the Charity, including the governing document, minutes and report and accounts from the previous year.

- Information about trusteeship, including Charity Commission booklet CC3, Investment of Charity Funds booklet CC14 and Hallmarks of a well run Charity.

- Accounting and Restricted Funds procedures.

- Trustee Act 2000, Charities Act 2006 Summary and the Charity SORP 2005.

- Details of the Charity's property portfolio and quoted Investment mandate.

The Corporate Trustee delegates responsibility for certain investment matters relating to the charitable funds to the Charitable Funds investment committee.

The committee is required to:

- Formulate and review policies for the investment funds that are held on trusts of the Charitable Fund.
- Review the management of the investments and make recommendations to the Corporate Trustee regarding removal and appointment of investment managers.
- Oversee the management of the investments by investment managers.
- Review the terms on which the investment managers are engaged annually.
- Receive and review regular reports of the investment managers, including details of acquisitions and disposals of investments, income yield, capital appreciation and performance generally compared to indices that are selected by the Committee.

The chief executive of Royal Brompton & Harefield NHS Trust is Robert Bell who, under the scheme of delegated authority approved by the Corporate Trustee, has day-to-day responsibility for the management of the Charitable Fund. The accounting records and the day-to-day administration of the funds are dealt with by the finance department of the Trust.

RISK MANAGEMENT

The major risks to which the Charity is exposed, as identified by the Corporate Trustee, have been reviewed and systems have been established to mitigate those risks. These include having relevant firms of external advisors to manage the property and quoted investments portfolio.

OTHER CHARITIES

Charities closely associated with the Trust include:

- The Magdi Yacoub Institute (registered charity number 1082750)
- Friends of Harefield Hospital (registered charity number 215956)
- Friends of Royal Brompton Hospital (registered charity number 278058)
- CORDA – the Heart Charity (registered charity number 271070)

All the above are separate charities with their own trustees. Professor Anthony Newman Taylor is the Chairman of CORDA, both Mr Robert Bell and Mr Richard Hunting are Trustees of CORDA, Sir Michael Partridge serves on the board of the Magdi Yacoub Institute.

ADVISORS

Legal

Beachcroft Wansbroughs
100 Fetter Lane
London
EC4A 1BN

Withers
16 Old Bailey
London
EC4M 7EG

Investment

Newton Investment Management Ltd
Mellon Financial Centre
160 Queen Victoria Street
London
EC4V 4LA

Property

Atisreal
90 Chancery Lane
London
WC2A 1BU

Bankers

Lloyds TSB Bank plc Chelsea Branch
33-33a King's Road
London
SW3 4LX

Auditors

Deloitte & Touche LLP
3 Victoria Square
Victoria Street
St Albans
Herts
AL1 3TF

PRINCIPAL OFFICE

The principal address of the Charity is:

The Royal Brompton & Harefield
Hospital Charitable Fund
Sydney Street
London
SW3 6NP
020 7351 8879

Annual accounts and summary accounts are available from the charitable funds manager, finance department at the above address and telephone number.

Signed on behalf of the Corporate Trustee – Royal Brompton and Harefield NHS Trust



Lord Newton of Braintree
Chairman
19 June 2008

Board of directors

CHAIRMAN

The Rt Hon Lord Newton of Braintree OBE DL joined the Trust Board as chairman in April 2001. Formerly an MP (Conservative, Braintree 1974 to 1997), he was minister for health from 1986 to 1988 and later chaired various cabinet committees on health-related issues between 1992 and 1997. After being made a life peer in 1997 he chaired the North East Essex Mental Health NHS Trust between 1997 and 2001, and chaired the West London Partnership Forum from 1999 to 2001.

He currently also chairs the Administrative Justice and Tribunals Council, Help the Hospices and the Honours Committee for Community, Voluntary and Local Services.

NON-EXECUTIVE DIRECTORS

Mr Nicholas Coleman was appointed as a non-executive director in January 2008. He is an experienced business executive with a background in sub-surface numerical simulation and analysis, business administration and corporate governance. He has worked in the international oil, gas and petrochemicals arena, mainly with BP and most recently as a Vice President in their finance and control and corporate social responsibility areas. He left BP in 2007 and is now engaged in various not-for-profit organisations. He has a BSc in physics with geophysics from Imperial College London.

Mrs Christina Croft is an experienced international banker, with a background in corporate finance and private banking. She has worked for major financial institutions around the world, including Citibank in Hong Kong, New York and Sydney. Mrs Croft is a Director of Juvenile Diabetes Research Foundation; Treasurer of the Certosa di Capri and a part-time financial consultant. She has an MBA from London Business School and a BSc in Physics from University College London.

Mrs Jenny Hill is founder and consulting director of Echelon Learning Ltd – strategic consultants and publishers of professional qualifications – where she advises on strategic planning and service development issues. She has worked with clients such as Bupa, Tussauds Group and Channel Tunnel Rail Link. Previously she worked for the NHS for ten years, having joined through the graduate training scheme. She has an honours degree in politics and history, is a Fellow of the Chartered Institute of Personnel and Development and is a trustee of the Chelsea and Westminster Health Charity.

Mr Richard Hunting is chairman of Hunting PLC, the international oil services company. He is also a non-executive director of chemical company Yule Catto & Co PLC; chairman of the trustees of the Geffrye Museum in London; a court member of the Worshipful Company of Ironmongers, one of the twelve principal livery companies of the City of London; chairman of The Battle of Britain Memorial Trust; and a director of CORDA: preventing heart disease and stroke.

Mr Charles Perrin CBE retired from the Board, and from his position as deputy chairman, in November 2007. A qualified barrister, he worked in the City until retiring in 1998 from his position as the chief executive of a major merchant bank.

Professor Sir Anthony Newman Taylor was appointed consultant physician at Brompton Hospital in 1977. He was appointed medical director of Royal Brompton Hospital when it became a trust in 1994. When Royal Brompton merged with Harefield Hospital in 1998, he was appointed medical director of the new organisation. Professor Newman Taylor was, until January 2008, chairman of an expert scientific advisory committee to the Government (the Industrial Injuries Council). He is currently chairman of the charity CORDA and the Colt Foundation.

On 31 March 2006 he replaced Professor Malcolm Green as head

of Imperial College's National Heart and Lung Institute, where he is also head of the Department of Occupational and Environmental Medicine. He remains a consultant respiratory physician at the Trust.

EXECUTIVE DIRECTORS

Mr Robert J Bell joined the Trust as chief executive in March 2005 from the William Osler Health Centre, Ontario, Canada, where he was president and chief executive officer.

He has had over 30 years' international experience in hospital and health services management. He is a member of the Board of Directors of NHS Innovations London and the heart charity CORDA. He has previously held positions as vice president, Health Care and Life Sciences Market Sectors, Cap Gemini Ernst & Young Canada Inc; partner and national director, Healthcare for Ernst and Young in Canada; partner, KPMG (Peat Marwick), Toronto; vice president, Hilton Universal Hospitals UK Ltd, London; vice president, International Services, Extencicare Inc (London and Toronto); executive director of District Health Councils in the Ministry of Health, Ontario; Treasury Board officer, Management Board of Cabinet, Government of Ontario; and systems engineer, Hospital for Sick Children, Toronto. He is a bachelor of applied science in Industrial Engineering and a master of Public Administration.

Professor Timothy Evans BSc MD PhD DSc FRCP FRCA FMedSci is medical director of the Trust and was appointed deputy chief executive on 31 March 2006.

In addition to his various roles within the Trust (such as director of clinical governance, professor of intensive care medicine and consultant in thoracic and intensive care medicine) he is a consultant physician at Chelsea & Westminster Hospital, London, head of the unit of critical care at the National Heart and Lung Institute, an honorary consultant in Intensive Care Medicine to HM Forces, and Academic Registrar of the Royal College of Physicians.

Mr Mark Lambert is the Trust's director of finance and performance. He joined the Trust in November 2006 from The Royal Bank of Scotland, where he was finance director of specialised lending services. Mark began his career at Deloitte Haskins & Sells – which subsequently became PricewaterhouseCoopers – and spent a total of 13 years with the firm.

He qualified as a chartered accountant in 1991 and has worked for a wide range of clients in both commerce and financial services.

Mr Patrick Mitchell is the Trust's director of operations. He came to the Trust in June 2000 from PricewaterhouseCoopers in San Francisco, where he had led the merger of the two organ donor organisations in Los Angeles covering a population of 16 million, and a major hospital process re-engineering project in Monterrey County.

Prior to that he was operations manager at Guy's and St Thomas' Trust in London. He is chair of the Trust's equality and diversity agenda and of the Harefield oversight board.

Dr Caroline Shuldham, director of nursing and governance, has worked in the Trust since its inception, having previously been employed at the Royal Brompton Hospital.

She has a background in cardiac and intensive care nursing, nursing education and research. In addition to leading nursing, she is responsible for clinical governance, and patient and public involvement. Dr Shuldham is an honorary clinical senior lecturer at the National Heart and Lung Institute of Imperial College London and a nurse fellow of the European Society of Cardiology.

Glossary of financial terms

Break even duty

A financial target requiring the NHS Trust to match income with expenditure ie. make neither a profit nor a loss. This is now being replaced by a system of target surpluses.

Capital cost absorption rate

The Trust is required to pay a dividend to the Department of Health each year. This is equal to 3.5 per cent of average net relevant assets.

Capital expenditure

Expenditure to renew the fixed assets used by the Trust.

Capital resource limit

An expenditure limit determined by the Department of Health for each NHS organisation limiting the amount of capital expenditure it may undertake.

Depreciation

The process of charging the cost of a fixed asset to the income and expenditure account over its useful life to the Trust, as opposed to recording the cost in a single year.

External financing limit (EFL)

A cash limit on net external financing set by the Department of Health. The EFL is designed to control the borrowing available to an NHS Trust in the year.

Fixed assets

Land, buildings or equipment that are expected to be used to generate income to the Trust for a period exceeding one year.

Indexation

The process of adjusting the value of a fixed asset to account for inflation. Indexation is calculated using indices published by the Department of Health.

Net book value

The value of fixed assets as recorded in the balance sheet of an organisation. The net book value takes into account the replacement cost of an asset less the accumulated depreciation.

Net current assets

Items that can be converted into cash within the next 12 months (e.g. debtors, stock or cash minus creditors). Also known as working capital.

Net relevant assets

These are the total assets of the Trust less donated assets and bank balances held at the Office of the Paymaster General.

Provision

Costs treated as expenditure in the current or previous periods but where cash will actually be paid in future periods. Amounts are estimated because it is not possible to be certain about exact timing and amount.

Public dividend capital

The NHS equivalent of a company's share capital.

Service level agreement

Agreements with other Trusts and Primary Care Trusts to perform healthcare work on patients referred to the Trust by them, or to supply them with other specialist services. Levels of work and prices are agreed at the beginning of the year and adjusted throughout the year to reflect actual activity.

Turnover

Total income from activities (patient care and other income generation).

www.rbht.nhs.uk

Royal Brompton Hospital
Sydney Street, London SW3 6NP

Harefield Hospital
Hill End Road, Harefield UB9 6JH

Designed by Bull Rodger
www.bullrodger.co.uk

