



ANNUAL PERFORMANCE REVIEW & ACCOUNTS 08_09

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Royal Brompton & Harefield NHS Foundation Trust is a proud supporter of the Patient Safety First campaign.

Other formats

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Arabic

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

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Large print

If you would like a copy of this report in large print please contact Nazneen Bustani at n.bustani@rbht.nhs.uk or on 020 7351 8671.

I was delighted to be appointed chairman of Royal Brompton & Harefield NHS Trust on 1st January 2009. The hospitals in Chelsea and at Harefield, their reputations, standing, research capability and success both nationally and internationally make them together an extraordinary Trust to run. I look forward immensely to the time ahead and in working with our directors, governors and many other stakeholders in building yet further its capacity for the care and cure of disease of heart and lung.

I was pitched right into the final months of our application for foundation trust status which we obtained on June 1st, 2009. This status will be of immense importance as we seek to build on our independence as a world class specialist Trust, as we seek to create state-of-the-art buildings for the care of our patients and in finding appropriate partners with whom we can pursue research into diseases of the heart and lung.

I am indebted to the hard work during this last year of my many colleagues and directors and for the welcome they gave me on arrival. Without their dedication and enthusiasm we cannot continue to achieve the success to which we aspire for taking our Trust further forward.

I am also indebted for the very significant burden carried for the Trust by my immediate predecessor, The Rt. Hon Lord Newton of Braintree. He has laid down the groundwork for an exciting future.



Sir Robert Finch
Chairman
June 24 2009



'I am indebted to the hard work during this last year of my many colleagues and directors'

Sir Robert Finch

Reviewing the past year has been one of the most gratifying tasks I have undertaken since joining Royal Brompton & Harefield NHS Foundation Trust four years ago.

The two groups of people whose opinions matter most to any hospital are first and foremost its patients, and secondly the regulatory authorities who measure its performance. This year we have received particularly positive feedback from both of them.

Patients praised the standards of our care in the annual NHS inpatient survey. Overall, 98 per cent of them rated their care as good to excellent, placing us in the top band of trusts nationally. We scored significantly better than the national average on all questions relevant to us, including those which scored: treatment being delivered with dignity and respect; involvement in decisions about care; and confidence and trust in staff. Of those questioned:

99 per cent said their room or ward was clean; 97 per cent believed doctors and nurses worked well together; and 92 per cent always had confidence and trust in the doctors treating them.

Such complimentary feedback from our patients was preceded by the achievement of the highest possible rating of 'excellent' for the quality of our services, in this year's national annual health check. Some particularly impressive highlights included: Standard of care 6/6; Dignity and respect 10/10; Safety and cleanliness 13/13; Good management 17/17.

In recognition of this success, I received a letter from both the Secretary of State for Health and the Chair of the Healthcare Commission, publicly thanking us for our achievement. To quote briefly from the letter: "According to this assessment, your trust's services were among the best in the country in 2007/08 and your

organisation has also performed well over time. So we want to thank you and your staff personally for all that you have done to achieve this on behalf of patients. Your organisation has achieved a level of performance that all trusts should aspire to."

Gaining such a strong endorsement from this comprehensive review, and being commended as an example to other trusts, was extremely satisfying for all of us. I believe it clearly reflects our uncompromising focus on patient care, safety and wellbeing.

While outside the financial year 2008-09, the news that the Monitor board had granted us foundation trust status at its meeting in May was received warmly by everyone associated with the Trust. We have always felt that our role as a national specialist heart and lung centre, with an impressive performance record of clinical excellence and financial

management, put us in a strong position to achieve foundation trust status. Authorisation by Monitor was a welcome endorsement not only of the services we offer currently, but also of our strategic direction and future plans.

Becoming a foundation trust brings real advantages which will put us in a much stronger position to determine our own independent future. It will enable us to make decisions more quickly about fundamental aspects of our work – such as developing new and existing services to address the needs of our patients.

And from June 1st the Trust retains surplus revenue, allowing us, amongst other things, to invest in new services and buildings, a vital benefit for a Trust such as ours which has major re-development plans for both sites.

And finally, I cannot introduce

this annual performance review without offering my sincere thanks to our chairman of over eight years, The Rt. Hon, Lord Newton of Braintree, whose term of office ended in November 2008. Lord Newton played a pivotal role leading our Trust through exciting but challenging times. He remained a constant force for good in the face of change, working publicly and behind the scenes to ensure his voice was heard. For that we owe him a great debt of gratitude.

On behalf of the Trust's executive directors and all members of staff, I sincerely welcome his successor, Sir Robert Finch.



Robert J Bell
Chief executive
June 24 2009



'Complimentary feedback from our patients was preceded by the achievement of the highest possible rating of 'excellent''

Robert J Bell



Royal Brompton & Harefield NHS Foundation 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 just 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. An update of their progress begins on page 15.

Our mission is to be the UK's leading specialist centre for heart and lung disease.

The Trust will achieve this mission by a strategy of focused growth in aspects of heart and lung treatment, such as congenital heart disease, arrhythmia, advanced lung diseases and heart failure. Our business model can be summarised as:

- Continual development of leading-edge services through clinical refinement and research
- Effective and efficient delivery of core specialist treatment

- Managing the transition of more routine services to other centres to release capacity for new interventions.

Remaining an autonomous, specialist organisation is central to preserving and building on our strong clinical and organisational record.

However, we are equally convinced of the importance of effective partnerships, particularly with major academic bodies to ensure a continuing pipeline of innovations to develop future treatments.

Trust vision:
To be the UK's leading specialist centre for heart and lung disease

Specialist: We will specialise in complex care not provided by others and working with other organisations to enable less complex care to be provided closer to home. We will continue to use translational research to develop new clinical services in support of our aim of focused growth.

Centre: We will maintain organisational independence as a specialist centre focusing on heart and lung disease. We will enter into focused joint ventures and partnerships with other organisations when this will increase the quality and experience of patient care.

Strategic goals

Service
excellence

Organisational
excellence

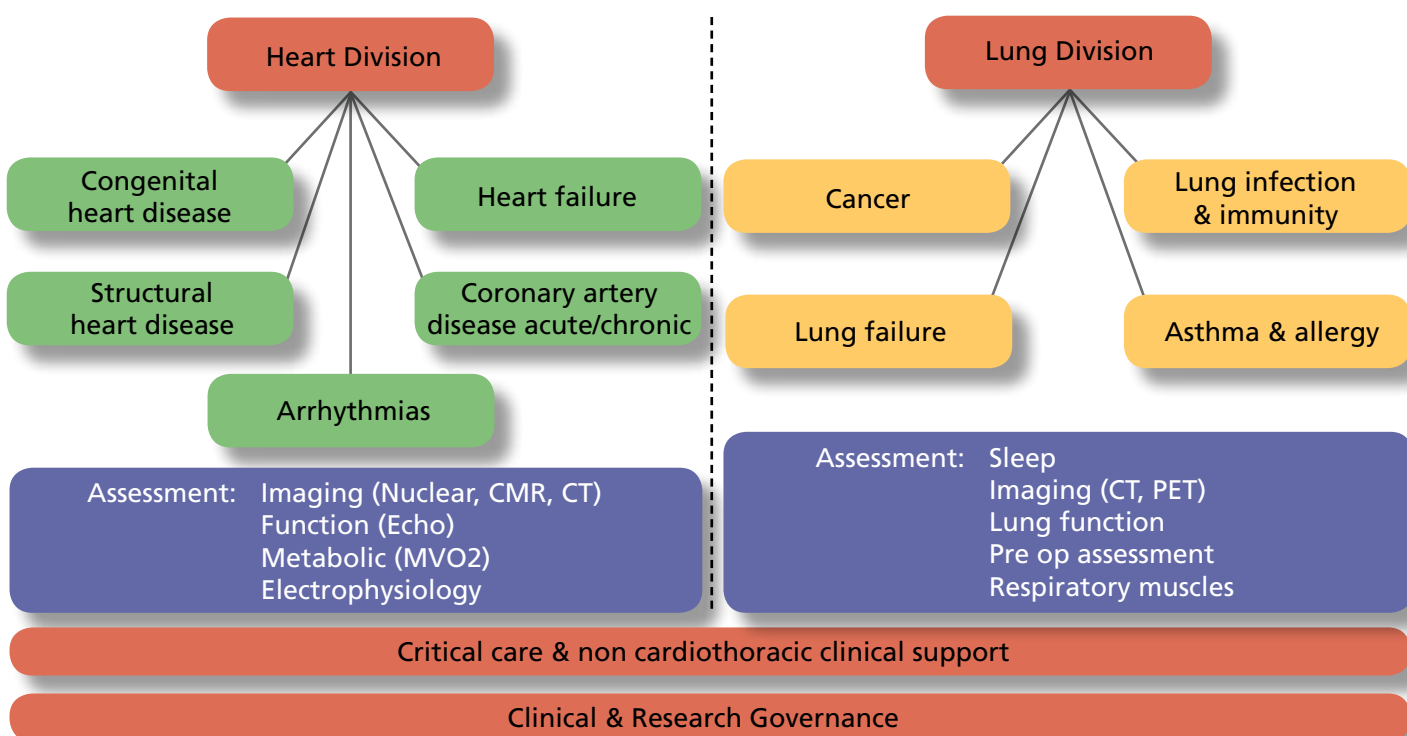
Productivity
and Investment

OUR STRATEGY

Changes to the clinical structure

Changes to the Trust's clinical structure were implemented in 2008-09 following a period of consultation and review.

The new structure more clearly reflects the Trust's business needs and research direction and will help us better meet the demands of referral relationships and commissioning, user involvement and changes to research and development funding.



We care, we respect, we are inclusive, we believe in our staff, we are responsible, we discover, we share our knowledge.

At the core of any organisation are its values: belief systems that are reflected in thought and behaviour. When values are successfully integrated throughout an organisation, the result is a shared outlook and consequent strength, from performance through the style of communications to the behaviour of employees.

Our values were developed by staff for staff. We have three core patient-facing values and four others which support them. Our three core values are:

We care

We believe our patients deserve the best possible specialist treatment for their heart and lung condition in a clean, safe place.

We respect

We believe that patients should be treated with respect, dignity and courtesy and that they should be well informed and involved in decisions about their care. We always have time to listen.

We are inclusive

We believe in making sure our specialist services can be used by everyone who needs them, and we will act on any comments and suggestions which can help us improve the care we offer.

And the following values support us in achieving them:

We believe in our staff

We believe our staff should feel valued and proud of their work and know that we will attract and keep the best people by understanding and supporting them.

We are responsible

We believe in being open about where our money goes, and in making our hospitals environmentally sustainable.

We discover

We believe it is our duty to find and develop new treatments for heart and lung disease, both for today's patients and for future generations.

We share our knowledge

We believe in sharing what we know through teaching, so that what we learn can help patients everywhere.



THE YEAR IN BRIEF

Achieving excellence for our patients

April 2008

■ The National Institute for Health Research (NIHR) announces that a four-year grant worth £10 million has been awarded 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.

■ An hour-long documentary about Royal Brompton cystic fibrosis patient Alex Stobbs is broadcast as part of Channel 4's Cutting Edge series. The documentary, which features several members of staff and follows Alex as he copes with the challenges of teenage life with the chronic disease, is met with critical acclaim and shortlisted for a BAFTA television award.



May 2008

■ Harefield Hospital tests its readiness for dealing with a major emergency in a large scale simulation. Staff are joined by colleagues from the London Fire Brigade, the Metropolitan Police, Hillingdon Hospital, Primary Care Trust and Borough Council, the Health Protection Agency, London SHA and other agencies to test readiness for a fire in the hospital. A total of 60 firefighters attend the scene and the exercise is structured to simulate the effects of unexpected developments in a real emergency. A spokesperson for the London Fire Brigade comments, "The exercise was an enormous success from the London Fire Brigade's perspective".

June 2008

■ Prime Minister Gordon Brown officially opens Royal Brompton's new £2.2 million magnetic navigation catheter laboratory – the most advanced of its kind in Europe. He offers his congratulations to all at the Trust. The Prime Minister also hosts a specially convened health research summit at the Trust to commemorate 60 years of health research in the NHS. At the summit, the Prime Minister confirms that health research is a core function of the NHS.



July 2008

■ Official statistics show that residents of north west London, Hillingdon, Harrow and Hertfordshire who are taken to Harefield hospital after suffering a heart attack, get the fastest treatment in the country.

August 2008

■ The finishing touches are made to a groundbreaking arts project which documents the experiences of transplant patients at Harefield Hospital. *Transplant* is made up of a large-scale photographic sound installation, together with an accompanying DVD and book of critical essays.

September 2008

■ Patients and staff at Royal Brompton Hospital are the first in the UK to benefit from a new paperless and wireless electronic patient test requesting system. 'E-requesting' helps clinicians, phlebotomists and laboratory medicine staff work together more effectively so that patients receive their test results quicker.

■ A crew from the BBC 1 documentary series *Children's Rescue* begins filming in the Paediatric Intensive Care Unit (PICU). The programme highlights the cutting-edge work of the Trust's paediatric teams and focuses on the close relationship that exists with CATS – the NHS Children's Acute Transport Services team.



THE YEAR IN BRIEF

October 2008

■ The Healthcare Commission announces that Royal Brompton & Harefield NHS Trust has achieved the highest possible rating of 'excellent' for the quality of its services in this year's annual health check. In recognition of this success, the Secretary of State for Health and the Chair of the Healthcare Commission publicly thank the Trust in writing, stating that: 'Your organisation has achieved a level of performance that all trusts should aspire to.'

■ More than 100 leading heart surgeons from around the world gather at Harefield Hospital for a three-day advanced "Master of valve repair programme" which, over the years, has provided training in mitral valve repair for more than 1,000 surgeons.

November 2008

■ Harefield Hospital plays host to Parliamentary Under Secretary for Health, Ann Keen MP. The former nurse takes the opportunity to praise services at the hospital, saying: "It is a privilege and an absolute pleasure to be here. Thank you for everything you're doing – it's fantastic."

December 2008

■ Staff at Harefield Hospital's heart attack centre are commended in a London-wide award which recognises innovation and excellent team work. The awards, organised by NHS London in association with the King's Fund and the Evening Standard, are announced at the inaugural London Health 08 conference.



January 2009

■ Sir Robert Finch becomes chairman of Royal Brompton & Harefield NHS Trust, bringing significant board experience from both the business and not-for-profit sectors. Sir Robert has a legal background and spent much of his career at the City law firm Linklaters. He is a former Lord Mayor of London and has also been a Church Commissioner.

Sir Robert replaces The Rt. Hon Lord Newton of Braintree, who retires from the post after eight years.

February 2009

■ A groundbreaking project which uses singing as a therapy for respiratory patients is launched. "Singing for Breathing" workshops offer patients a fun and informal way to learn more about breathing control and technique. The project is made possible by a special fundraising concert held last year in memory of renowned singing teacher – and Royal Brompton patient – Ian Adam.

March 2009

■ Royal Brompton patient and best-selling children's author Dame Jacqueline Wilson publicly thanks staff at the hospital in her latest book. The book – Tracey Beaker's Thumping Heart – was written for Red Nose Day and features both the hospital and consultant Dr John Foran in the acknowledgments.



Our markets

The Trust operates in one area of business – healthcare – but its activity can be sub-divided into five markets:

Market	Trust activity pa	Trust earnings pa*
1 NHS Heart	14,000 spells	£133m
2 NHS Lung	13,000 spells	£48m
3 Private patients UK	1,850 spells	£15m
4 Private patients non-UK	550 spells	£6m
5 Research & Development	c. 300 active studies	£16m

* 2008/9 – excludes Trust-to-Trust income and education funding, so does not represent total Trust income.

A growing market

Heart and lung diseases are the world's biggest killers. Overall, the markets for their treatment are therefore strong and growing, as a result of both increased need and national policy initiatives to meet that need.

Our international role

The Trust does not operate in a single, local health economy, but treats patients from across the UK (and more than 50 countries overseas). We are leaders for specialist heart and lung care in the NHS. Sustained and sustainable growth in patient care, partly as a result of patient choice, has enabled us to absorb the impact of changes in the research and development market, which nonetheless remains an important source of both income and innovation for service development.

A strong reputation

Our strong reputation enables us to maintain and grow our market position, both by developing new interventions and by securing referral patterns through established networks of referring hospitals.

RESEARCH AND DEVELOPMENT

Groundbreaking research is carried out throughout the Trust to improve our understanding and treatment of common and rare diseases of the heart and lungs. We are driven by the clinical needs of patients and work closely with our academic research partners such as Imperial College, London.

The research strategy of the Trust for 2008-11 is based on placing the clinical needs of patients at the heart of our drive for scientific advancement and innovation. Together with Imperial College, the Trust was successful in obtaining Biomedical Research Unit (BRU) status for cardiovascular and respiratory research in 2008. This significant achievement led to the establishment of a Research Directorate (see diagram below). This is centred around the Research Management Committee (RMC) chaired by Professor Timothy Evans, medical director, who was appointed director of research & development in August 2008.

The RMC will direct the Trust's research and development portfolio in order to maximise its academic, strategic and financial contribution. It will oversee the Trust's systems of research governance and identify and exploit relevant, strategic

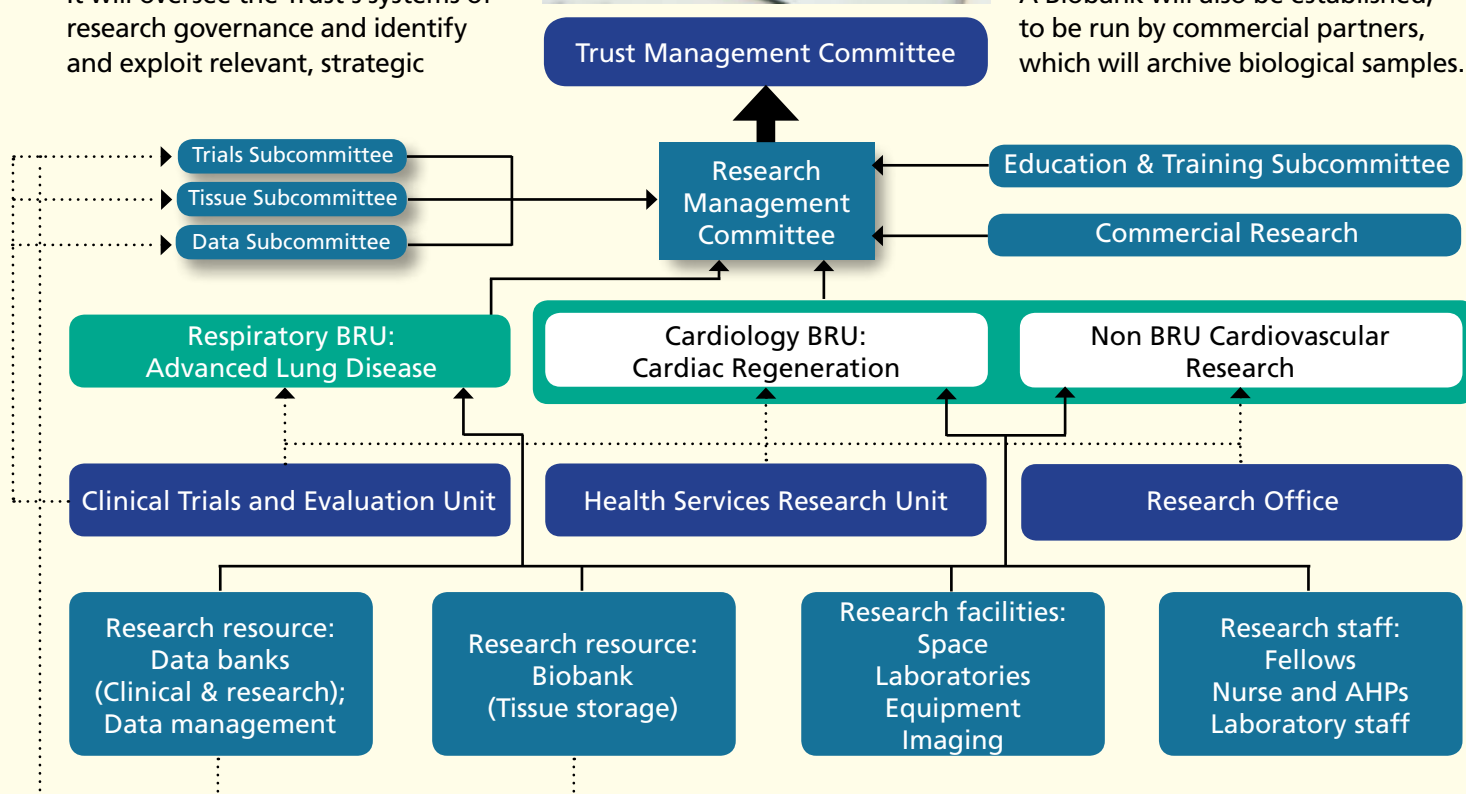


National Institute of Health Research and related initiatives, as well as government, charitable, commercial and other funding opportunities.

In addition, the RMC will explore opportunities for closer collaboration in the management, administration and governance of research between the Trust, National Heart and Lung Institute and the rest of Imperial College. To achieve this, two appointments were made in 2008: Dr Marcus Flather was appointed deputy director of research & development and Professor Peter Collins Trust-wide director of education.

Clinical databases

A technical review of the clinical databases the Trust supports was carried out in 2008/09. The Trust has large, well established and phenotyped populations of patients with both relatively common (e.g. difficult asthma, advanced heart failure) and rare (e.g. interstitial lung disease, cystic fibrosis, grown-up congenital heart disease) conditions. These provide a unique national resource for research into all aspects of cardiac and pulmonary diseases. A Biobank will also be established, to be run by commercial partners, which will archive biological samples.

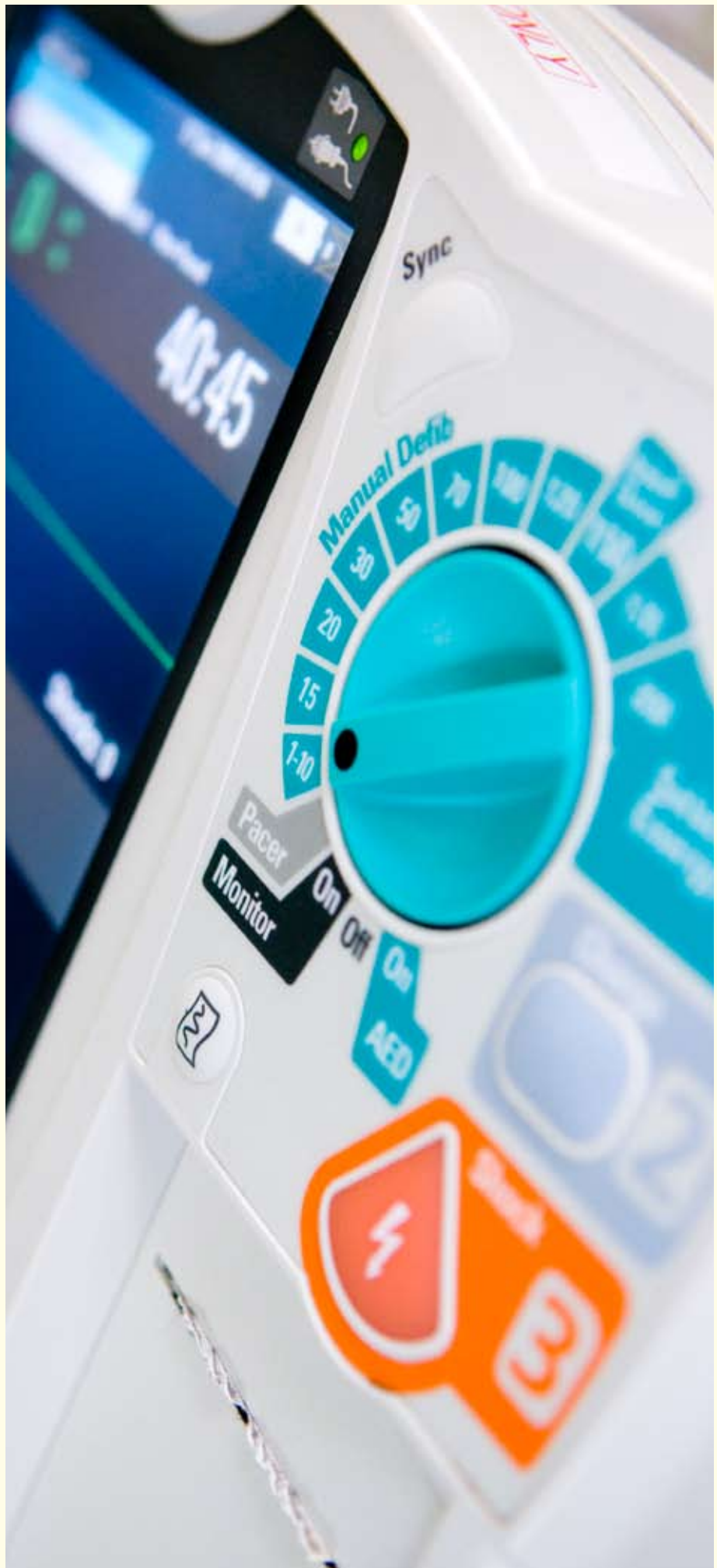


Cardiovascular Biomedical Research Unit (BRU)

The Cardiovascular BRU (CV-BRU) is now some 10 months old. In this time, plans for a major research facility on the ground floor of Royal Brompton Hospital have been completed with the installation of an interventional 3T cardiovascular magnetic resonance (CMR) scanner positioned next to an interventional catheter laboratory. This will allow high-resolution high-field CMR of patients undergoing interventional procedures, using radio waves instead of potentially harmful x-rays.

The facility is designed for children and adults and will also contain interview rooms for the development of cardiovascular genetics. This rapidly growing field is relevant to all aspects of cardiology, as more is understood about the genetic drivers of both rare (single genes with large effects) and common (multiple genes with small additive effects) diseases. The new area should be open by summer 2010.

A CV-BRU manager has been appointed and joins the Trust in July 2009. The post-holder has extensive research management experience and has worked with NIHR (National Institute for Health Research). Dr Stuart Cook has joined Royal Brompton as consultant in cardiovascular genetics to advance the clinical genetics service and research. Three new research nurses and a new senior research physicist have also joined the team. A Biobank manager and a database manager are also being recruited.



RESEARCH AND DEVELOPMENT

Respiratory Biomedical Research Unit (BRU)

The Respiratory BRU has been running for a year and good progress has been made:

- Disease specific consortia have been set up to improve the link between basic science and the clinic. These include Chronic Suppurative Lung Disease (CSLD), severe Chronic Obstructive Pulmonary Disease (COPD), Interstitial Lung Disease (ILD), Severe Asthma, Sleep Medicine and Acute Respiratory Failure (ARF).
- Core facilities have been provided to increase throughput, standardise assays and remove duplication of effort.
- An education programme in translational medicine has been developed.
- A public engagement programme to bring patients into research at the design stage has been set up.

A number of capital projects have also been progressed. These include:

Clinical Research Facility (CRF):

This is the main focus of the design and building work. The CRF will provide state-of-the-art inpatient and outpatient clinical research facilities and will also house an education centre and refreshment area, located on the first floor of Royal Brompton's Fulham Wing. Plans have been finalised with work due to start in July 2009.

Tissue Bank/Histology: To improve tissue collection and processing, and in collaboration with the Cardiovascular BRU, a biobank is being created. An external supplier will provide the storage facility and a biobank manager will oversee the tissue collection and distribution. Significant progress has been made during 2008/09 to make the team's ambitious plans come to fruition. Further sustained development is planned for 2009/10.



Prime Minister hosts summit to honour 60 years of health research

In June 2008, Prime Minister Gordon Brown hosted a specially convened health research summit at Royal Brompton & Harefield NHS Trust to commemorate 60 years of health research in the NHS. At the summit, the Prime Minister confirmed that health research is a core function of the NHS.

The summit had the theme The Power of Partnership to emphasise the key role played by all partners - NHS, Government, universities, charities, patients and industry - in working together to improve health and drive international competitiveness through research. It highlighted the central role played by the NHS in research and considered what steps are needed by all partners working together, to consolidate and build on this strong position.

Dawn Primarolo, Minister of State for Public Health; Professor Lord Darzi of Denham, Parliamentary Under Secretary of State (Lords) and Professor Dame Sally Davies, Director General of Research and Development, Department of Health were in attendance.

Delegates included Royal Brompton & Harefield chief executive Mr Bob Bell, Professor Sir Anthony Newman Taylor, non-executive board director and deputy principal of Imperial College's Faculty of Medicine, Leszek Borysiewicz, chief executive of the Medical Research Council, Chris Brinsmead, President of the Association of British Pharmaceutical Industry, Harpur Kumar, chief executive, Cancer Research UK and Professor Sir Bruce Keogh, NHS medical director.



Providing a world-class service

Royal Brompton & Harefield is one of Europe's leading centres for the diagnosis and treatment of heart disease. The Trust is internationally recognised as a leader in the development of minimally invasive therapy for coronary heart disease and for its electrophysiology expertise.

'The staff were all brilliant the ward sparkling clean and my husband thought that the food was lovely. On behalf of my daughters and myself thank you a million times for making their father and my husband better'

2008/09 highlights

■ In June, Prime Minister Gordon Brown officially opened Royal Brompton's new £2.2 million state-of-the-art magnetic navigation catheter laboratory. Mr Brown, who was accompanied by Secretary of State for Health Alan Johnson, expressed his pleasure at opening the new facility and offered his congratulations to all at the Trust. The lab is the most advanced of its kind in Europe and puts the Trust at the forefront of magnetic navigation, a major development

in cardiac care. It will be used by experts at the hospital to treat patients with complex congenital heart defects and arrhythmias using two large permanent magnets to guide special highly flexible magnetic catheters around the heart with expert precision. The lab will also be used for international teaching purposes and to pioneer integrated research projects relating to 3D imaging, morphology and the development of new invasive cardiac procedures.

CARDIOLOGY

- The 2008 report of the National Infarct Angioplasty Project (NIAP) showed that patients taken to Harefield for primary angioplasty – in which a catheter is used to unblock arteries and a stent used to keep the arteries open – are treated within 23 minutes of arrival at the hospital. The national average is 56 minutes. Time is critical when giving heart attack treatment as the longer an artery remains blocked, the greater the damage. The service at Harefield's Heart Attack Centre is used as a model by healthcare professionals establishing similar services around the country, and staff frequently run training sessions and conferences.
- The quality of the primary angioplasty service at Harefield was also highlighted at a special conference on health in London. London Health 08, held at

Islington's Business Design Centre in December, was the largest ever event bringing together the capital's health community. The Heart Attack Centre was showcased both through a stand in the event exhibition and through a well-attended seminar by Dr Miles Dalby, consultant cardiologist at Harefield. The event saw the work of the primary angioplasty team shortlisted for an NHS London "Making a Difference" award.

- In September, 60 patients were given the opportunity to find out more about congenital heart disease at a unique conference organised by staff at Royal Brompton. The event included presentations from a range of staff including consultants and clinical nurse specialists. Topics included: palpitations; surgery; Eisenmengers syndrome;

pregnancy in women with congenital heart disease; and living wills. The conference was the first of what will become an annual event.

- More than 100 members of the London, East of England and South Central ambulance services gathered at Harefield for a special conference on primary angioplasty in May. The two-day South of England Primary Angioplasty Meeting offered an insight into the logistical and clinical issues surrounding the use of primary angioplasty for heart attack and offered delegates the chance to see live cases broadcast via a large screen in the conference hall. The course was targeted primarily at ambulance crews and was designed to raise awareness of the benefits of primary angioplasty for suitable patients.

Accolades for staff:

- A paper investigating the benefits of home telemonitoring, 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).
- Juan Pablo Kaski, a specialist registrar in paediatric cardiology at Royal Brompton, won the prestigious clinical sciences young investigator award from the European Society of Cardiology (ESC) in September, for his research on cardiomyopathy.
- Our nurses were once again successful at the British Cardiac

'I liked it because I could discuss the operation in advance with the consultant cardiologist and I had a good Q&A session and he was frank and answered all my questions the best he could'

Nursing Awards, collecting prizes for innovation through service development, excellence in primary or secondary prevention, innovation through service development and excellence or innovation in acute or critical care.

- The 40th edition of Gray's Anatomy was co-edited by consultant cardiologist Professor Michael Gatzoulis and published in mid-November. The book is the world's most famous anatomical reference book and was first published in 1858. The thorax section of this edition was edited by experts at the Trust, reflecting both their own expertise and international recognition of their work.



Working to improve the lives of patients

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

2008/09 highlights

- In March transplant surgeons at Harefield performed their first lung transplant using a machine that improves the condition of donor lungs, making them suitable for transplantation. It is estimated that over 80 per cent of donor lungs are currently not suitable for transplant.

The new machine, an ex-vivo lung perfusion (EVLP) system, enables surgeons to re-condition donor lungs by pumping a bloodless solution containing nutrients, steroids and antibiotics through them inside a protected chamber, outside the body. This was the first time this type of EVLP system has been successfully used in Europe. It will increase the donor lung retrieval rate by around 50 per cent and will make a difference to how potential donors are managed in intensive care, ultimately helping

to save many lives. Earlier in 2009, a multidisciplinary team from Harefield had training in ex-vivo lung perfusion (EVLP) and reconditioning 'marginal' donor lungs at Toronto General Hospital.

- In July the National Specialised Commissioning Group (NCG) approved the Trust's bid for full designation as a provider of Ventricular Assist Device (bridge to transplant) services along with four other UK cardiothoracic transplant centres. A five year activity plan has been agreed with the NCG which projects an increase of 33 per cent in the number of patients who will benefit from this form of treatment.
- In September Ms Karen Redmond was appointed to the transplant

team as consultant thoracic and pulmonary transplant surgeon, following completion of specialist training in the UK and the prestigious Covidien Fellowship in Toronto. Ms Redmond's appointment has strengthened the clinical team providing lung transplant services and her specialist skills in lung surgery will enable a number of important clinical developments to be added to the service, including both cadaveric and live lobar lung transplantation.

- An external month-long review of heart transplant operations at Harefield gave the unit a clean bill of health. The report of the external review of outcomes in the heart transplant service, published in November 2008, found that the overall high risk-profile of patients was an important contributing factor in a small number of recent deaths. The findings of both the external review of case-notes and the Trust's internal review were consistent with the UK Cardiothoracic Transplant Audit (UKCTA) statistical analysis, which showed that heart transplant recipients at Harefield had a higher risk-profile in 2008 compared with previous years and UK centres as a whole.

Accolades for staff:

- Transplant unit sister Helen Doyle's presentation on caring for patients with short-term ventricular assist devices on the transplant ward, rather than in intensive care, won the award for best oral presentation at the annual conference of the British Association of Critical Care Nurses, held in York in September.



The department of critical care and anaesthesia provides a vital service to patients across the Trust. We have adult intensive care units at both hospitals and a dedicated paediatric intensive care unit at Royal Brompton.

2008/09 highlights

- In 2008/2009, the critical care unit replaced its clinical information system with a state-of-the-art system that will be rolled out Trust-wide. It provides a single automated integrated record of patient data including admissions documents, vital signs and lab results. The system aids clinical decisions, facilitates clinical audit and supports patient care during the vital periods of anaesthesia, surgery, intensive care and high dependency care.
- The critical care unit at Royal Brompton, which offers expertise for patients with the severest acute pulmonary failure, has helped pioneer the use of a novel device that helps patients expire carbon dioxide gas. This has enabled the unit to successfully support patients who had not responded to conventional therapies in neighbouring teaching and district hospitals. Brought to Royal Brompton as a place of last resort, 57 per cent of patients have survived and gone home. The team from the critical care unit have also travelled to other hospitals to start the therapy and then safely transferred the patient back to Royal Brompton.
- The academic unit of critical care played a prominent role in the Trust's successful bid to the National Institute for Health Research (NIHR) for respiratory Biomedical Research Unit (BRU) status. The Acute Respiratory Failure Consortium is one of six in the BRU.
- A research manager has been appointed to the consortium and collaborative links are being established with Glenfield Leicester and the respiratory BRUs in Nottingham and Southampton. In addition, the first clinical trial is being carried out.
- Three new anaesthesia consultants were appointed this year to reflect the growing demands for clinical anaesthesia for surgery and interventional cardiology: Dr Arshad Ghori, consultant in cardiothoracic anaesthesia with additional special interest in trans-oesophageal echocardiography

and perioperative critical care; Dr Sarah Trenfield, consultant in cardiothoracic anaesthesia with additional special interest in trans-oesophageal echocardiography and perioperative critical care; and Dr Mary Lane, consultant paediatric cardiac anaesthetist.

Accolades for staff:

- Dr Mark Griffiths, consultant intensivist, was awarded a European Society of Intensive Care Medicine Established Investigators Award at its annual meeting in Lisbon 2008 for his research into the role of prostanoid receptors in the pathogenesis of acute lung injury.
- Harefield nurses travelled to York in September to share their work at the annual conference of the British Association of Critical Care Nurses. Presentations were made on: supporting learner nurses in intensive care; the implementation of a patient at risk (PAR) scoring system; and the unique satellite haemodiafiltration service provided at Harefield.



Accolades for staff:

- Mr Eric Lim, consultant thoracic surgeon, was highly commended in the 2008 NHS London Innovator Awards for 'Medicine and Surgery – An Integrated Textbook', which he edited. The awards are designed to recognise individuals striving to provide a better service for patients.
- Dr David Hunter was appointed director of theatres in October. Following his appointment a number of processes to improve patient safety were introduced including formal daily team briefs to allow all members of the theatre team to discuss the plan for the day to ensure that any issues are identified in advance. New procedures have been introduced to reduce the number of cancelled operations – now running at below 0.8 per cent. These developments are part of the programme to support the World Health Organisation's global patient safety challenge 'safe surgery saves lives'.

Expansion and innovation

Our surgeons continue their pioneering work offering a full range of surgical procedures for heart and lung disease.

2008/09 highlights

- In late June, the Healthcare Commission published updated survival rates for patients undergoing heart surgery. The data now covers more than 35,000 operations performed between April 2006 and March 2007 at the 37 heart units across the UK. The data shows that our overall heart surgery survival rates are better than would be expected by European standards. Only five centres achieved this accolade.
- More than 100 leading heart surgeons from across the globe gathered at Harefield in October to hear about the latest developments in heart valve repair. The expert delegates participated in a three-day advanced 'Master of Valve Repair Programme' which, over the years, has provided training in mitral valve repair for more than 1,000 surgeons. Those attending the course were able to see live cases broadcast from the operating theatres to a large screen in the conference hall.
- In May the first phase of the expanded recovery and theatre suite opened at Royal Brompton. The new theatre reception, offices and coffee room were opened, alongside the six bedded recovery unit, with the remaining four beds opening a few weeks later. In September, the new operating theatre was opened. The theatre, which is much larger than the existing ones, allows for more urgent and emergency work.
- Well over a hundred people visited Harefield's theatres in May. The theatres open day gave patients, staff and visitors the chance to see areas normally closed off to the public. Presentations from staff included an explanation of how an interactive art display helps patients relax before surgery; a description of how patients are intubated for surgery; and a close-up look at the heart itself. Visitors also enjoyed playing surgeon with mocked up keyhole surgery sessions.

A year of innovation

The Trust is a world leader in the diagnosis, management and treatment of lung disease. Patients from the UK and overseas are treated for the full range of respiratory disorders.

2008/09 highlights

- Dr Andrew Barlow, consultant respiratory physician, launched an innovative new service at Harefield Hospital in January 2009 involving a procedure known as Endobronchial Ultrasound (EBUS) which uses new technology combining on ordinary bronchoscope with an ultrasound probe. EBUS is particularly useful in diagnosing and staging lung cancer and means that some patients can avoid having a surgical procedure.
- The world's largest trial of gene therapy for cystic fibrosis continued at Royal Brompton during 2008-09. The trial is being conducted by the UK Cystic Fibrosis Gene Therapy Consortium, made up of approximately 80 clinicians and scientists in the UK from Royal Brompton/Imperial College and Oxford and Edinburgh Universities. It is led by Professor Eric Alton, consultant physician, and principally funded by the Cystic Fibrosis Trust (approximately £33 million to date).
- In November 2008 commuters travelling through Victoria station in London were able to take advantage of free lung health checks and advice from Trust experts, including Dr Nicholas Hopkinson, senior lecturer and honorary consultant physician in respiratory medicine. Staff in the lung division organised a stand in the busy station to mark World COPD Day. COPD (chronic obstructive pulmonary disease) kills around 30,000 people a year in the UK yet it is estimated that around three million people with the disease are unaware they have the condition. The Trust's advanced



COPD clinic receives referrals from all over the UK and offers cutting edge experimental therapies for people with severe emphysema including endobronchial valve insertion and transpleural airway bypass.

- Research undertaken at Royal Brompton, led by Professor Stephen Durham, confirmed that the tablet vaccine for hayfever, Grazax, shows positive results for four years with maintained improvement for at least one year after treatment has stopped. This vaccine is now approved in the UK and Europe.

'I could not have been better treated or received better care. I hope I can repay them somehow one day'



Accolades for staff

■ Professor Anthony Newman Taylor was honoured with a knighthood in the Queen's 2008 birthday honours list. The award was given in recognition of his public service. Sir Anthony joined Royal Brompton in 1977 as a consultant respiratory physician and built the largest clinical and research department in Europe, investigating the occupational and environmental causes of lung disease, particularly asthma. He is a non-executive director of the Trust and deputy principal of Imperial College's Faculty of Medicine.

■ Drs Mary Morrell and Anita Simonds were awarded a £1.5 million National Institute for Health Research Health Technology Assessment grant to investigate the role of nasal continuous airway pressure therapy in elderly patients with obstructive sleep apnoea. Bridging the gap between cardiology and respiratory medicine, the sleep team is working with Professor Martin Cowie on a pioneering European multicentre trial of adaptive servo-ventilation in heart failure patients with central sleep apnoea.

'Everybody was very helpful and very professional. There is a friendly and relaxed atmosphere'

■ A £500,000 Medical Research Council grant was secured in 2008-09 to study the use of Angiotensin-Converting Enzyme (ACE)-inhibitors to reverse muscle wasting. This research is led by Dr Nick Hopkinson and Professor Mike Polkey.

■ Research carried out at the Host Defence Unit at Royal Brompton has supported the development of a service providing expertise in managing non-tuberculous mycobacteria infections. In the past few years, these have been increasingly recognised both as causing primary infection of the lung in previously well people, and more commonly as an infection that complicates pre-existing lung damage.

■ Royal Brompton's dedicated severe asthma service, the largest in the UK, has developed significantly in the past year leading to the recruitment of a second asthma clinical nurse specialist who is responsible for the care of 32 patients. Trust experts are at the

forefront of research into novel treatments for severe asthma and have one of the largest clinical services for the administration of Omalizumab therapy for severe atopic asthma. This is the first of a range of targeted therapies for severe asthma that have been approved by NICE.

■ In November, a 'poetry wall' was created by artist Michelle Johnson in the bronchoscopy recovery room on Lind ward as part of the rb&harts programme. The installation has provided a welcome distraction for patients as they recover from their procedure.

■ A new telephone system was introduced in the appointments department in April 2008 to improve the service given to patients who call every day. The service has had overwhelmingly positive feedback from both patients and staff.

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 a full range of diagnostic and surgical interventions from the prenatal stage onwards.

2008/09 highlights

- Olivier Ghez, consultant in paediatric and congenital heart surgery, joined the team in August. Mr Ghez trained in France and was previously consultant and reader in paediatric cardiothoracic surgery at La Timone Children's Hospital in Marseille. His special interests include neonatal heart surgery, congenital heart diseases and circulatory assistance.
- Royal Brompton Hospital and Queen Silvia Children's Hospital joined forces to hold the second joint meeting in Fetal and Paediatric Cardiology and Paediatric Cardiac Surgery in October. This built on the success of the first meeting
- The work of Royal Brompton's paediatric teams will be highlighted in a new BBC documentary series after filming on the unit took place during 2008-09. 'Children's Rescue' will focus on the team's close relationship with CATS – the NHS Children's Acute Transport Services team. CATS is responsible for stabilising and transporting children in need of specialist intensive care which cannot be provided by district general hospitals – for example new born babies who have a suspected congenital heart defect.
- Children treated for arrhythmias at Royal Brompton will now be cared for by their own specialist nurse. Catherine Renwick - who previously worked as a paediatric cardiac liaison nurse - was appointed paediatric cardiac electrophysiology nurse specialist this year. Catherine will also be

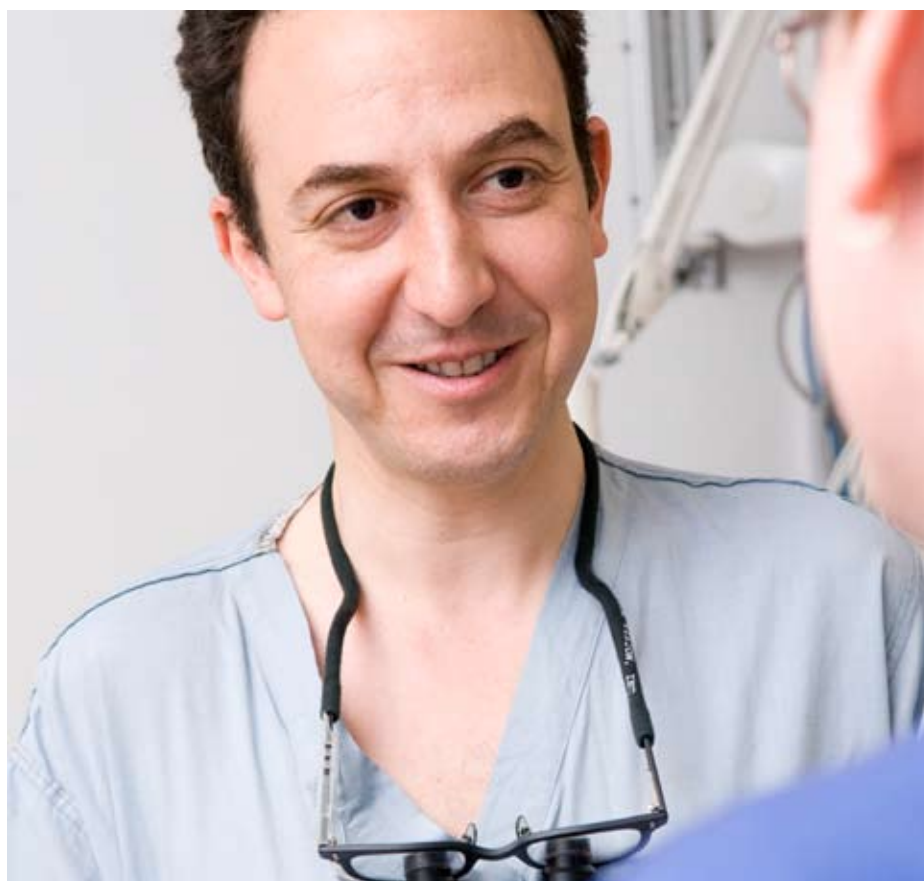
in Gothenburg in 2007 and strengthened the links between medical and nursing colleagues in terms of research and clinical care.

known as "Ben's Nurse" as her appointment and post has been made possible by the fundraising efforts of The Ben Williams Trust.

- The high risk cardiac obstetric service, run jointly with Chelsea & Westminster NHS Foundation Trust, continues to expand. The service provides pre-conception, antenatal and peripartum services for a wide range of patients with congenital heart disease, pulmonary hypertension and heart failure. Around 25 outpatients are reviewed every month and very high risk patients deliver their babies at Royal Brompton. This high-level tertiary care is only available because of the expertise and close working relationship between Royal Brompton and Chelsea & Westminster clinical teams.

Accolades for staff:

- Fetal cardiologist Dr Julene Carvalho has been appointed to the board of the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) – a world leading organisation. She was invited to become a director as a result of her international contribution to the field of prenatal cardiology and is the only member of the board from a cardiology background, the others being specialists in fetal medicine. Julene is also chairperson for the ISUOG fetal heart interest group.
- Dr Yen Ho, honorary consultant, was awarded the title Professor of Cardiac Morphology by Imperial College London in Sept 2008. This was in recognition of her considerable academic achievement including more than 300 peer-reviewed publications, the high level of respect she commands in her field, and her important contributions to cardiac surgery.



Our state-of-the-art clinical support systems make a vital contribution to the success of all our clinical teams.

2008/09 highlights

Imaging

The Trust's new Agfa PACS (Picture Archiving and Communication System), which allows near instantaneous access to diagnostic images, was installed during 2008-09. The new PACS solution is highly customised but flexible and will represent a substantial improvement on the current system. Other advantages include:

- Unification of processes that deliver radiology services across the Trust with a single advanced and integrated RIS /PACS
- Standardisation of the Trust-wide radiology datasets to improve management and financial reporting
- Integration with existing RBHT IT system technologies and the Trust's contract and financial systems
- Web-based RIS (Radiology Information Systems)/PACS architecture that will enable software upgrades to be undertaken with little or no impact on clinical service.
- A lung tumour radiofrequency ablation service has been set up at both sites. This is an exciting new development which allows clinicians to keep at the forefront of treatments for lung tumours. This treatment allows patients, who are otherwise medically inoperable, access to potentially curative treatment which can be used instead of, or together with, other non-surgical approaches, such as radiotherapy. The service continues to expand month by month.

Pharmacy

The Pharmacy Technical Services department has increased the provision of ready-prepared doses



of intravenous drugs for adults (adult CIVAS), releasing nursing staff for other duties on the wards and improving the safety of intravenous drug administration.

- The Pharmacy team has also supported the introduction of electronic prescribing in critical care. This system provides immediately accessible information on medicines and offers an integrated approach to the prescribing and administration of medicines, making it easier to monitor how medicines are being used.
- Increased specialist pharmacist input into paediatrics is enabling the team to deliver more training to nursing and medical staff and help ensure that the most effective use is made of medicines.
- The pharmacy department has been involved in the negotiation of a new homecare service for respiratory patients who need long term specialist medicines which General Practitioners (GPs) are unable to provide. This is increasing patient convenience and enabling the team to offer a cost-effective service.
- In October, the structured training programme offered to rotational pharmacists was formally recognised when the Trust became an accredited site for delivery of the Postgraduate Diploma in General Pharmacy Practice.
- The Trust governance arrangements for medicines management have been reviewed and a new Medicines Management Board has been created, supported by six sub committees assuring the safe and effective use of medicines throughout the Trust.

CLINICAL SUPPORT SERVICES

Rehabilitation and therapies

An in-house representatives service has been established at Royal Brompton. The Reverend Susan Hollins initially ran the service three days a week and the new permanent post holder, reverend Robert Thompson, is now working full-time to ensure that spirituality and pastoral care remain a top priority for the Trust. In order to improve the diversity of the service Muslim and Hindu representatives were appointed.

■ The Speech and Language Therapy service has expanded, especially on the Harefield site, with an increase in videofluoroscopy services reducing the risk of aspiration in vulnerable patients. A paediatric speech and language therapist from the Trust is co-running a national course on dealing with neonatal feeding and swallowing difficulties in premature infants.

■ The paediatric cardiology dietitians have introduced the use of indirect calorimetry to assess the energy requirements of the Paediatric Intensive Care Unit (PICU) patients; only three centres in the UK to have access to this equipment.

■ Director of rehabilitation and therapies, Isabel Skypala, was recognised for her work with a UK Allied Health Professionals and Healthcare Scientists award in February 2009. She was chosen from more than 300 entries. Isabel has also co-written and edited a book called Food Hypersensitivity, which was published in March 2009, and sat on a working group which has produced the BTS (British Thoracic Society) Guidelines for the physiotherapy management of adults with cystic fibrosis.

■ The Adult Psychology team has also enjoyed publishing success with Dr Liz Steed co-editing a book which was published in December 2008, entitled Chronic Physical Illness: Self management and behavioural interventions.

■ A dietetic clinical lead post in cystic fibrosis has been created to provide specialist support to patients.

■ All services continue to have a strong commitment to research and best practice and staff have been invited to speak or present at European and US conferences in the fields of cystic fibrosis, heart transplantation, speech and hearing, respiratory medicine and allergy.

■ The psychiatry service, which was set up in October 2007, has also expanded to provide full out-of-hours cover on both sites.

Laboratory medicine

■ In September a blue plaque commemorating the work of Sir Alexander Fleming was unveiled at Harefield Hospital. Fleming, whose discovery of penicillin revolutionised modern medicine, was appointed regional pathologist at Harefield in 1939 and spent much of his time at the hospital studying the effects of his discovery on a wide variety of infections.

■ Patients and staff at Royal Brompton Hospital are the first in the UK to benefit from a new paperless and wireless electronic patient test requesting system. The new system allows staff to use handheld, wireless flat screens at the bedside, avoiding the need for paper request forms entirely. Labels to identify samples taken are then printed off using mobile handheld printers which communicate with the flat screen devices via

Bluetooth technology. The new system improves the efficiency and reliability of test requesting and is being rolled-out Trust-wide.

■ In January the blood bank at Royal Brompton was assessed for the first time against the Blood Safety and Quality Regulations 2005 by the Medicines and Healthcare products Regulatory Agency. The bank received a high level of compliance and very positive feedback from the assessment team.

■ The installation of a pneumatic tube has begun in the Sydney Street wing at Royal Brompton. The computer controlled system will allow rapid transport of samples between the wards, theatres and other departments with a typical transfer time of one minute.

■ Extensive refurbishment of the clinical biochemistry and haematology laboratories has been completed at Royal Brompton with the installation of new and automated analytical equipment underway to develop a blood sciences laboratory. This will enable cross-disciplinary working and more efficient laboratory processes.

Clinical engineering

During 2008/09, the Clinical Engineering department, responsible for ensuring that all medical equipment used at the Trust is safe and effective, managed a £4 million programme for the renewal and expansion of medical equipment.





Mr Robert Bell
Chief Executive
Royal Brompton and Harefield NHS Trust
Royal Brompton Hospital
Sydney Street
London
Greater London
SW3 6NP

15 October 2008

Dear Mr Bell

May we congratulate you and everyone in your trust on your performance in the Healthcare Commission's annual health check for 2007/08.

As you will know, the health check is the most comprehensive assessment of the NHS' performance that has ever been carried out. It draws on thousands of items of data relating to performance, targeted inspections and intelligence from patients and the public.

To do well, your trust must perform strongly across a broad range of standards and targets covering what really matters to patients.

According to this assessment, your trust's services were among the best in the country in 2007/08 and your organisation has also performed well over time. So we want to thank you and your staff personally for all that you have done to achieve this on behalf of patients. Your organisation has achieved a level of performance that all trusts should aspire to.

Governments and regulators can encourage improvement but we know that it is the hard work and dedication of NHS staff that make things happen. We are sure that many patients will have benefited from your efforts. We hope that you and everyone at the trust will continue to drive forward improvements on behalf of the communities that you serve.

The NHS is one of our most important public services. Working within it can be highly rewarding. But we know that it can also be extremely challenging and sometimes the staff - on whom the service depends - do not get the recognition they deserve.

This is why we believe it is so important to celebrate the achievements of those who do a good job. With this in mind, we would be grateful if you could convey our congratulations and best wishes to your patients and all your staff.

Yours

Alan Johnson MP
Secretary of State for Health

Professor Sir Ian Kennedy
Chair of the Healthcare Commission

OUR PERFORMANCE

Providing an efficient service

Patient admissions

A total of 29,263 patients were admitted to the Trust in 2008/09. This compares with 26,421 in 2007/08. Of these, 23,825 were elective (planned) and 5,438 were emergency.

Outpatient clinics

The number of patients seen in outpatient clinics increased again this year, to 98,257 (see table below).

Number of patients seen in outpatient clinics

Year	New Patients	Follow-up appointments	Total patients seen
07/08	11,036	80,734	91,770
08/09	12,360	85,897	98,257

Cancelled operations

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

This year our percentage of cancelled operations fell to 1.22 per cent (see table below). When operations are cancelled, patients must be readmitted within 28 days. There were no breaches of this standard in 2008/09.

Percentage of cancelled operations

Year	% of Cancelled Operations
07/08	1.39%
08/09	1.22%



Inpatients

The overall waiting time target for inpatients remained at 26 weeks from decision to treat to inpatient admission for 2008/09. We had one breach 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 from decision to treat to inpatient admission for 2008/09. We had no breaches of this target.

Outpatients

The overall waiting time target for outpatients remained at 13 weeks from GP referral to first outpatient appointment this year. There were no breaches of this standard.

Cancer patients

The waiting time for patients referred by their GP with a suspicion of cancer is 14 days (two weeks). We had no breaches of this standard in 2008/09.

The waiting time 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 2008/09.

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 before being referred to us.

The way that this target is measured changed at the end of December 2008 so that patients who are too ill to have an operation are no longer taken off the waiting list on medical grounds.

For the period April to December 2008, we had three breaches to the 62 day target. In two of these cases, patients had been referred to us having already waited more than 62 days so were counted as breaches against another NHS Trust. The remaining case was counted as a shared breach with another NHS Trust.

For the first quarter of 2009, due to the new system of measurement, we had three breaches to the 62 day target. Of these, two were reallocated to another NHS Trust and one was counted as a shared breach with another NHS Trust.

Diagnostic waits

The 18 week wait

From December 2008, the 18 week wait became the definitive target against which NHS waiting times are measured. Existing waiting time targets specify how long a patient should wait during each stage of their treatment – from GP referral to outpatient appointment and from decision to treat to inpatient admission. With this new target, waiting is seen in a fundamentally different way and sets a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary.

The 18 week target is expected to eventually replace the individual outpatient and inpatient targets reported above.



'Last week I was a patient on York Ward at Royal Brompton Hospital and have nothing but praise for all the staff. The nurses were kind, thoughtful, very professional and gave me a feeling of great security'

Measuring performance

Tolerances have been set to allow for patient choice, patients not attending appointments and clinical complexity. The operational standards of delivery for the NHS are:

- 90 per cent of pathways where patients are admitted for hospital treatment should be completed within 18 weeks
- 95 per cent of pathways that do not end in an admission should be completed within 18 weeks.

Meeting the standards early

Through a concerted team effort and collaborative work with our referring hospitals, we have made sustainable changes to clinical and administrative processes which support patients accessing diagnostics and treatment faster than before.

The 18 week standard for admitted patients was met and exceeded in September 2008, three months ahead of schedule. For non-admitted patients, the standard was met in December, the national deadline. We also met 18 week data completeness standards.



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 or service rating and rating for use of resources. These ratings are given a score on a scale of excellent, good, fair or weak.

In 2007/08, we were awarded an ‘excellent’ rating for the quality of our services and a ‘good’ rating for the use of our resources. We met all core standards in the assessment and gained a ‘fully met’ score for existing national targets and an ‘excellent’ rating for 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

Staying ahead of the game

We constantly strive to find and implement new and innovative ways of improving the quality and safety of care for patients

Modernisation

The newly created post of head of modernisation, leading a modernisation team, was introduced this year. A modernisation board is also now in place to drive and support quality improvement initiatives throughout the Trust in areas as diverse as maximising theatre capacity, optimising length of stay and reviewing single sex patient accommodation. Patients now experience the benefits of closer working between the patient safety and modernisation teams. The advantages of such joined-up activity will be seen in areas such as a shorter length of stay and faster implementation of patient safety interventions, such as reducing wound infections.

Some of the highlights of the past year include:

The Productive Ward

This initiative focuses on improving ward processes and the ward environment to give nurses and therapists more time to spend on patient care, thereby improving safety and efficiency. Several wards are now working in new ways to reduce waste and delay.

18 week wait target met early

Thanks to the hard work of many staff reviewing and changing processes and patient pathways, we met the 18 week referral to treatment target two months early in October 2008 (see previous section).

Maximising theatre capacity

The operating theatre team has been working to improve daily communication and reduce cancellations.

Single sex patient accommodation

An action plan has been developed to reduce the number of times patients are accommodated in ward bays shared by men and women, or use shared washing facilities. This has involved measuring baseline information and improving signage and screens for ward areas.

Taking Care 24:7

This is a new approach to providing high quality care both at night and during the day. It focuses on delivering good patient care while also ensuring doctors work appropriate hours. Staff work in a more multi-disciplinary, team-based way to care for patients. Models of care are being developed which apply this approach to all our services.

'The nurses were excellent, can't fault them with anything. The surgeon was brilliant, he made me feel so comfortable'

SERVICE DEVELOPMENT

The Trust not only delivers services from its own sites, but also at partner district general hospitals through a system of clinics run by our consultants. This enables patients to benefit from our expertise in their local environment, with inpatient care at our hospitals provided as needed.

NHS activity contracts

The Trust continued to achieve income above target from its contracts with commissioners – by some £12 million in 2008/09.



The contracts – or Service Level Agreements – are the agreements in place between the Trust and its commissioners, principally primary care trusts and the National Specialist Commissioning Group.

Growth continues in areas of complex sub-speciality in both heart and lung disease treatment. The fact that the new Payment by Results tariff issued for 2009/10 has been refined by the Department of Health to reflect the cost of this specialist work was welcomed by the Trust.

GOVERNANCE AND QUALITY

Putting patient safety first

We strive to provide the highest levels of patient safety and quality of care possible.

Risk management

During the year the Trust board has demonstrated its commitment to providing the highest levels of patient safety through its membership of the NHS Institute of Improvement and Innovation's (NHSI) Leadership in Patient Safety programme, and by signing up to the National Patient Safety First Campaign for England.

Key members of the organisation, including the chief executive, have received training as part of the programme and implemented a range of staff initiatives to improve safety, quality and the patient experience at every level.

The Trust board has carried out a full review of its assurance framework to ensure that patient safety issues are reported in the same way as risks relating to operational and financial activity. This work is supported by the Audit and Risk Committee, which provides detailed reviews of the key risks and assurance to the board that the

identified safety issues are being adequately controlled.

Executive leadership 'safety walkrounds' have been introduced. These involve members of the board and other directors visiting clinical areas to meet staff to discuss patient safety and quality of care issues, to ensure that a culture of safety is promoted across the organisation.

In addition to this, the reporting of both actual and near miss incidents is encouraged to ensure these are discussed openly and lessons learned. This information is combined with national data, information from complaints and claims, and feedback from our patient advice and liaison service (PALS) to ensure that potential trends are identified and addressed as early as possible. Evidence-based practice is implemented in all areas to improve the quality and reliability of care throughout the organisation.

Health and safety

The Trust has identified three key themes to address health and safety concerns:

- Slips, trips and falls. While not the most frequent incidents, these account for the majority of major

incidents which are reported to the Health and Safety Executive (HSE) under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

- Manual handling injuries continue to be a concern within healthcare generally. Reviews are underway on risk assessments and training provision to increase expertise amongst staff.
- Needlestick injuries. The frequency of these incidents is relatively low, but their potential for harm means special emphasis is placed on this area.

Business continuity and emergency planning are essential to ensure the safety of patients and staff. Two major multi-agency live exercises tested our response to a major fire incident. The exercise at Harefield hospital proved valuable to our staff and members of the fire brigade as they tested their search and rescue skills. The Royal Brompton exercise involved the evacuation of 'patients' on ski sheets and the high level platform of the London Fire Brigade.

Further exercises and business continuity planning will take place in the coming year.



Emergency planning

Up-to-date major incident plans are in place and have been tested and revised following the two large scale live evacuation exercises in May and September 2008 (see above). The Trust emergency planning liaison officer gave a presentation at the NHS London Emergency Planning Conference on the lessons learned from the exercises and shared the planning process. Staff have also taken part in health and local resilience exercises.

Executive and senior manager on-call training continues and the technology within the incident control rooms has been improved. Nursing staff are receiving training in the use of evacuation equipment and testing vertical evacuation.

Pandemic Flu

The NHS continues to work at a national and local level to develop comprehensive action plans to address the threat of a potential flu pandemic. The Trust has an internal action plan in place based on NHS guidelines and continues to monitor the situation carefully. A flu pandemic core group meets on a regular basis.

Accurate and helpful information for members of the public and health care professionals is available on the Department of Health website: www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu

Clinical effectiveness and audit

The clinical effectiveness and audit team records and monitors the quality of clinical care we provide to our patients. This work involves:

- The continuous monitoring of patient outcomes for internal review and external submission to national bodies such as the Central Cardiac Audit Database and UK Transplant
- Supporting the development of a clinical audit programme



- Analysis of clinical data in response to ad-hoc requests.

In the past year the team has:

- Established a programme of regular reports on the clinical outcomes of patients we treat. This allows us to monitor what happens to patients very carefully and quickly identify areas where care can be improved
- Carried out substantial improvements to the databases we use to collect our clinical

audit data. The majority of these are now linked to the main electronic patient record system

- Increased the number of national clinical audit projects in which we take part – we are now involved in all national audits for which we qualify.
- Carried out a series of audits to support achievement of Level 2 of the National Health Service Litigation Authority (NHSLA) risk management standards.



Quality Account

The challenge for 2009/10 will be to continue this work and expand reporting on a range of patient outcomes in line with the new 'Quality Account'. The Trust will be an early adopter of this new national initiative, which is based on the Darzi report 'High Quality Care for All'.

The Quality Account sets out priorities for quality improvement, including local indicators for patient safety, clinical effectiveness and patient experience, as well as a number of national targets. Work has started to define the indicators used to monitor the quality of care delivered to patients. These will fall into four groups; patient safety, clinical outcomes, patient experience and staff measures, with a selection in each category reflecting both Trust-wide and specific measures.

Many of these indicators are already monitored and are presented in the various sections of this report, but our Quality Account will set goals to ensure continuous improvement in the way patients are cared for. It will be published annually so that commissioners and patients can monitor progress.

Safeguarding children

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

- A safeguarding children steering group has been established. This group meets regularly and ensures that staff across the Trust are actively engaged in the drive to improve arrangements for protecting children across public services
- 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. In addition, all other staff undergo awareness training on a three-yearly basis. The e-learning child protection module of the NHS Core Learning Unit is now in use to spread awareness training to staff working outside the core paediatric areas
- A full-time paediatric social worker is employed by the Trust
- During 2008/09, the group has taken part in the child health

mapping exercise led by Durham University and has completed both of the questionnaires issued by the Healthcare Commission covering the arrangements for safeguarding children.

Infection prevention and control

Infection prevention and control remains a key priority for the Trust. Ensuring high levels of staff awareness of Trust policies in this area and screening patients for healthcare associated infections is proving highly effective.

In August 2008 the Trust had a spot check by the Healthcare Commission. The inspection report showed a strong performance on infection prevention and control issues, concluding that the Trust 'provides and maintains a clean and appropriate environment for healthcare, provides suitable and sufficient information to patients and the public on healthcare associated infection, and provides adequate isolation facilities'.

It also highlighted our excellent performance keeping MRSA and C. difficile rates low, with figures consistently below the national average.

The Healthcare Commission criticised the Trust for not being able to provide evidence to show how contractors were trained in infection prevention and control. In line with recommendations made in the report, arrangements with contractors are now formalised to ensure that their infection prevention and control training is officially recorded.

MRSA: Our strict MRSA policy ensured low rates once again. For the year 2008/09, the Trust had a total of two MRSA bacteraemias – two patients (one at Royal Brompton and one at Harefield) were found to have MRSA in their bloodstream. This is within the Department of Health target of no more than five MRSA bacteraemias per year.

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 2008 formal targets were set by the Strategic Health Authority (SHA) to monitor the number of cases within each Trust. In 2008/09 an overall total of 23 cases of C. difficile was reported, 15 of them in patients over 65 (five at Harefield and 10 at Royal Brompton). The remaining eight were in patients under 65 (seven at Harefield and one at Royal Brompton).



Four patients at Harefield were deemed to have been admitted already infected (any patient found to have C. difficile within 48 hours of admission is deemed not to have acquired it within the Trust). This was within the target of no more than 31 cases for the year 2008/2009.

Essence of Care is a tool which helps healthcare professionals compare and share best practice to enhance patient care. During the past year food and nutrition and privacy and dignity have been reviewed.

Food and nutrition was the last benchmark reviewed in the year 2007/2008 and good scored were achieved in all parts of the benchmark including an A (above 81 per cent) for the provision of food.

Since the benchmark, steps have been taken to reduce the number of interruptions patients experience at mealtimes. The introduction of a protected mealtimes policy prevents them being disturbed unless absolutely necessary.

A new nutritional screening tool has been introduced to improve the way patients' nutritional requirements are assessed and the care that is provided following this assessment.

The Royal College of Nursing (RCN) made nutrition one of its top priorities for 2007/2008 and launched the Nutrition Now campaign in April 2007 (RCN, 2007).

This campaign was linked to the Trust's benchmark and RCN Improving Nutritional Care workshops were hosted at Royal Brompton at both sites in May 2008.

Privacy and dignity: The findings from this benchmark identified that the Trust performed well with an overall benchmark score of B (61.0 per cent - 80.9 per cent) in the outpatient, inpatient and paediatrics areas.



GOVERNANCE AND QUALITY

Following the benchmark an action plan was created to:

- Increase staff awareness of the areas that relate to and affect the privacy and dignity of patients
- Ensure that the privacy and dignity of patients, their relatives and carers are considered at all times
- Raise the profile of the need for single sex accommodation.

In January 2008 the Institute for Innovation and Improvement published Privacy and Dignity: The elimination of mixed sex accommodation Good Practice Guidance and Self Assessment Checklist (Institute for Innovation and Improvement, 2007).

This has been incorporated into the Trust's privacy and dignity benchmark. As a result of this audit an action plan was created to: maximise access to single sex

facilities; maximise patients' privacy and dignity; and reassure patients that everything possible has been done in this area.

A review of continence, bladder and bowel care has been carried out. The results are currently being analysed and reported.

Personal and oral hygiene and pressure ulcers: In last year's annual performance review it was stated that a review of personal and oral hygiene and pressure ulcers had taken place.

Since the last report work has continued on the implementation of the action plans relating to these benchmarks.

Complaints

Patient feedback is valued highly, including complaints, as this gives valuable insight into the care and services we deliver and enables us to make service improvements.

This year we received 68 complaints about our services. At Royal Brompton the number decreased from 55 to 49 and at Harefield the number remained at 19. There were 43 complaints about clinical treatment and patient-related matters, including admission arrangements, discharges, appointments and cancellations.

These made up 63 per cent of all complaints, the same percentage as last year. Overall, 44 per cent of complaints concerned clinical treatment and related matters, such as the issuing of legible discharge summaries to GPs and patients being assessed prior to discharge to establish if a follow-up appointment is needed. To date, 91 per cent of complaints have been resolved locally by staff within the 25 working days performance target, or within an agreed extension. To achieve this early contact is made and meetings offered with members of staff.





An unresolved complaint was independently reviewed by the Healthcare Commission and was upheld with several recommendations given.

These included reviewing how multidisciplinary meetings are organised to ensure that cases are reviewed as promptly as possible to expedite surgery if necessary; a review of consultants' job plans to enhance availability for ward review; and encouraging referring doctors to include all medical history.

Complainants have been contacted in the past year to ensure they were happy with the way their complaint was handled. This work will continue in the coming year.

During the year, changes have been implemented as a result of complaints. These include:

Advice for patients prior to admission

Admission letters have been reviewed and now contain advice on action to be taken in the event of deterioration. These include contacting GPs or local A&E departments as well as the patient scheduler to report symptoms of any related or unrelated sudden illness.

Segregation in the Adult Cystic Fibrosis Clinic

A segregated clinic is now run to reduce the potential risk of cross-infection for cystic fibrosis patients.

This process was reviewed to adopt both of the recommended best practices.

Accessing imaging reports out of hours

The imaging department is installing a clinical administrative system and picture archiving and communication system allowing clinicians to produce immediate reports using voice recognition. This instantly sends medical reports to the electronic patient system allowing Trust-wide access to this vital information. CT scan reports are now available within hours of the scan being completed.

Making experiences count

A single complaint system was introduced in April 2009 to encourage an early, flexible and swift local resolution built around the needs of the person, not the process, and giving support and advocacy when needed. This should encourage a culture that uses past experience to make services more effective, safe and personal. There will be an emphasis on learning from complaints and concerns raised to help improve the care and services delivered and implement change where possible. This new approach is based on the principles of good complaints handling published by the Parliamentary and Health Services Ombudsman, with guidance on better customer care provided by the Department of Health document 'Listening, Responding and Improving'.

NHS surveys

The Trust continues to perform well in the annual NHS surveys. Overall, 98 per cent of our patients taking part in the NHS inpatient survey in 2008 rated their care as good to excellent, placing the Trust in the top band of trusts nationally. We scored significantly better than average on all questions relevant to us.

This survey highlighted the many positive aspects of the patient experience. Patients reported that:

- care was good to excellent 98%
- doctors and nurses worked well together 97%
- patients always had the confidence and trust 92%
- the room or ward was clean 99%
- there was always enough privacy when being examined or treated 92%
- it took less than five minutes to answer call button 90%

At 66 per cent, the response rate was above average for the survey.

PATIENT AND PUBLIC INVOLVEMENT (PPI)

Building relationships with patients, relatives and the local community

A new PPI strategy, approved by the Trust board in July 2008, was influenced by comments from a range of patients and representatives of voluntary organisations.

The strategy places particular emphasis on individuals and teams across the organisation taking local ownership for PPI by building and maintaining constructive relationships with patients, relatives, representatives of the community and the voluntary sector. Action plans for 2008 – 2011 highlight the need to better demonstrate how patients and the public influence Trust activities and how this brings benefits for all patients.

PPI core group

The PPI core group continues to meet every three months. The group is made up of patient and carer representatives and Trust staff. It helps to monitor progress with the PPI strategy as well as identify issues that matter most to patients and carers.

Local Involvement Network (LINKs)

Local Involvement Networks (LINKs) came into force on 1 April 2008, replacing Patient and Public Forums (PPIF). Trust staff are working closely with local representatives - Royal Brompton Hospital with the Kensington and Chelsea LINKs and Harefield Hospital with Hillingdon LINKs.

In the past year we have:

- Involved patients/users and volunteers in the annual Patient Environment Action Team inspection at both hospitals during February and March 2009.
- Met parents and children in November 2008 to get their views on the transition service (children to adult services). The event generated information and ideas which will be used to influence these services in the future.
- Invited cancer patients to share their experiences of care. Their stories are now included with those of respiratory patients on the Trust website. This enables prospective patients to read about real experiences as well as receiving information from healthcare professionals.
- Organised a PPI Estates event in July 2008 which brought together members of the PPI core group, patients, relatives and a local involvement network (LINK) representative at Harefield hospital.

The event was an opportunity for patients and relatives to meet the estates and facilities team and get information and give views on projects being carried out. As a result work is underway to make it easier for patients to find their way around the hospital.
- Secured 12 street parking bays from the local council to be used as priority parking for patients from both Royal Brompton Hospital and Royal Marsden Hospital (five parking bays became available for use in October 2008).
- Exhibited at the Kensington & Chelsea Health Fair in October 2008 in collaboration with Kensington & Chelsea PCT.

The Trust's chronic obstructive pulmonary disease (COPD) physiotherapist and COPD clinical nurse specialists gave advice on chronic lung disease to more than 80 visitors and offered spirometry testing.
- Organised an awareness stand in Sydney Street Reception on No Smoking Day in March 2009. This was manned by COPD physiotherapist and COPD clinical nurse specialists. The stand attracted patients, visitors and staff and referrals were made to the hospital's smoking cessation clinic.
- Completed a satisfaction questionnaire based on annual reviews of cystic fibrosis patients. Following feedback from patients and staff the team will make changes to these reviews.
- Completed a paediatric patient/parent questionnaire on the exercise service provided. Feedback was positive but identified that patients would like more space to exercise.
- Expanded use of the 'your views' cards to all wards across the Trust. These have enabled us to significantly increase the amount of patient feedback collected.

As a result of feedback the echo department in paediatric outpatients at Harefield has introduced an appointment service for children which has reduced waiting times; car parking spaces have been widened and the number of disabled parking spaces have been increased; and most of the external signage has been replaced at Harefield, making it easier for visitors to find their way around the hospital
- Established a patient panel in each division.
- Continued to keep patients informed about work at the Trust through our regular newsletter Patient Focus and about medical issues by providing and updating patient information leaflets.
- The Trust's chronic obstructive pulmonary disease (COPD) physiotherapist and COPD clinical

Quality improvements:

Patient amenities fund

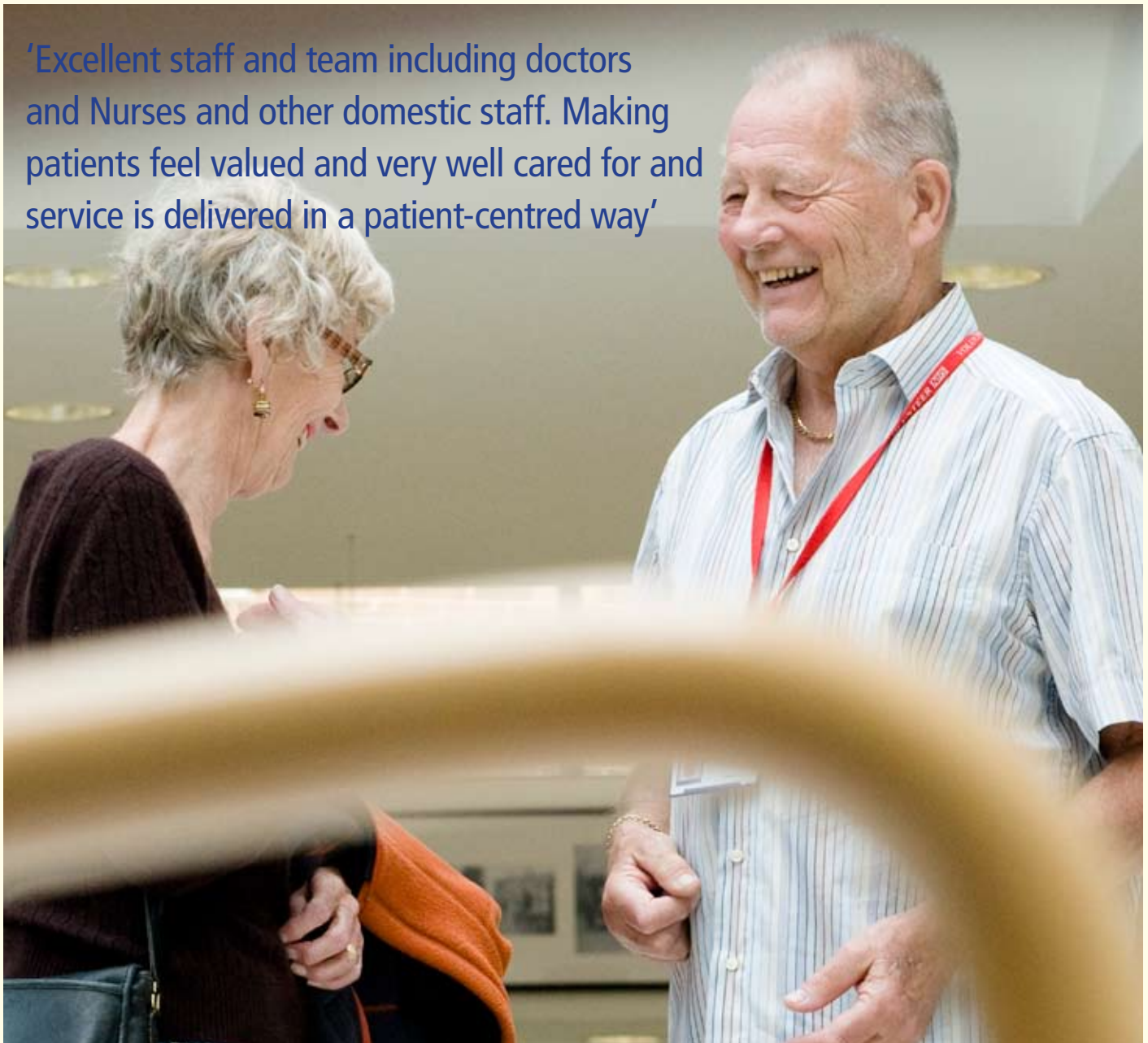
A variety of patient amenity and welfare projects have once again been made possible by an award of £100,000 by the corporate trustee. Of the 37 applications made to the Patient Amenity Fund for new equipment and environmental improvements, 31 were successful.

This year's projects have aimed to improve patient welfare by addressing priorities such as patient safety; patient privacy and dignity; and infection control. Other projects included updates to clinical equipment to improve patient care and to meet a range of patient needs.

Projects funded in the past year include:

- Refurbishment of part of the x-ray department at Harefield, giving patients more privacy
- A Continuous Glucose Monitoring System (CGMS) to monitor glycaemic control in patients with cystic fibrosis and adjust diabetes treatment accordingly. Cystic fibrosis related diabetes is associated with the progression of lung disease, nutritional impairment and reduced survival.
- Extra Pulse Oximetry machines, which monitor overnight oxygen saturation levels in patients with
- Interstitial Lung Disease, to enable this important clinical investigation to be carried out quickly. This is reducing the number of patients needing to make extra hospital visits.
- Adjustable patient couches in pacing consulting room and ICD clinic.
- New seating for the outpatients department at Royal Brompton
- Refurbishment of the psychosocial meeting room and waiting area, creating a safe and more comfortable therapeutic space.

'Excellent staff and team including doctors and Nurses and other domestic staff. Making patients feel valued and very well cared for and service is delivered in a patient-centred way'



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 share their views and concerns and to ensure that this feedback is used to improve services across the Trust.

This year PALS has had contact with more than 6,500 patients. Views, concerns and information are collected from a number of sources including the Trust website and comment cards as well through volunteers. Volunteer reports are passed to the relevant staff and are used to alert PALS to patients' concerns. In this way PALS can build up an overall picture of emerging themes. This work can contribute towards making positive changes to the patient experience.

Long-stay patients

During the year, visiting patients and their families who have stayed on the ward for three weeks or longer have been supported. These patients and their relatives are more likely to be anxious and dispirited. Volunteers visit such patients and make staff aware of any concerns. In this way potential difficulties can be anticipated and dealt with at an early stage. This has been appreciated by patients and staff alike.

Mobility

PALS identified that less mobile Royal Brompton patients experienced difficulties getting between buildings. With the support of the Patient Amenities Fund, PALS bought three 'street-worthy' wheelchairs so patients could be pushed to their appointment in other buildings by a member of staff.

Communication/support for staff

A continuing cause of complaint has been poor communication. PALS continues to offer support to staff who may experience difficulty with patient-related problems.



'The care and dedication of all the staff is obvious. Excellent communication between doctors/nurses and me'

Special Needs

PALS routinely collects information on problems specific to patients with special needs and plans to become involved in raising awareness of these in the coming year. Leaflets have been printed in a format which is suitable for those with learning difficulties. This will be the case with future patient information about new ways of raising concerns.

Volunteers

During 2008/9 the number of PALS volunteers almost doubled. This includes an established team of dedicated 'Meet & Greet' volunteers based at the main receptions of both sites Monday to Friday who are available to guide, escort and support patients and families through their journey.

Leading the way

We recruit, train and develop leading cardiothoracic healthcare practitioners from around the world and support them with highly skilled management and administrative teams.

Nurse specialists

Our specialist nurses work across all areas of the Trust.

Pain management

The Trust's team of specialist pain management nurses continues to raise the profile of perioperative pain by running a comprehensive education programme and contributing to medical journals. In January, the senior nurse had her first book published (Perioperative Pain Management) and continues to contribute to national and international conferences.

Nuclear cardiology

Nuclear cardiology nurse specialists continue to keep the perfusion imaging waiting list well below national targets and manage primary research to guide the development of this patient service.

Teaching and demonstration of best practice is provided through the annual 'Nuclear Cardiology in Practice Course' and individual programmes for internal and external candidates.

Paediatric electrophysiology

A unique paediatric electrophysiology nurse specialist role was established at the Trust in April 2008. This has been funded externally by the Williams family who lost a child to a fatal arrhythmia secondary to an inherited cardiac condition.

The nurse specialist has developed a nurse-led clinic for children with SVT (supraventricular tachycardia). She has also provided increased support for children with acquired or inherited arrhythmias and worked



'Everything requested was given with a friendly attitude – especially friendly and caring nurses'

with schools to enable her patients to continue their education.

Homecare specialist team

This team plays a key role helping achieve the 18 week wait targets by monitoring patients with conditions such as uncontrolled diabetes and anaemia at home. The team has doubled the number of patients it assesses since 2006 and now supports all adult routine cardiac patients awaiting surgery. The number of patients taking part in the short stay programme also increased by 25 per cent in 2008. Telephone support is provided to

all patients on the waiting list and a new programme providing fast track access to medicines has been introduced.

Artificial heart team

The Artificial Heart (VAD) team cares for patients who have mechanical circulatory support devices in place.

The team provides support for patients, their friends and families at every stage of the process as well as 24 hour coverage for device related issues. Members of the VAD team are involved in research and present papers at industry conferences.

A SPECIALIST TEAM

Cardiac liaison

Cardiac liaison runs a pre-admission clinic with a small team of nurses and perioperative surgical practitioners and there are plans to expand the service in 2009-10. The team holds surgical information seminars, which are offered to all perioperative patients and their relatives and assists in the running of a 'Nurse-led heart valve follow-up clinic'. This unique clinic service was featured at a major cardiothoracic conference 2009.

Thoracic nurse practitioner

The thoracic nurse practitioner at Harefield has helped to introduce a long term chest drainage system to allow patients to manage the symptoms of their pleural effusion at home.

British Heart Foundation (BHF) funded nurse

The British Heart Foundation continues to fund nurses at the Trust including a nurse specialist who runs five patient clinics a week as well

as a monthly clinic at Basingstoke Hospital with Dr Jonathan Clague. In addition, the nurse specialist operates a helpline five days a week which in 2008/09 helped around 1,000 patients undergoing EPS/ablation. The role also involves teaching on the cardio respiratory rotation programme as well as speaking at network GP meetings and BHF study days and running awareness events.

Children's Long Term Ventilation (LTV) Service

The children's long term ventilation service is developing integrated care pathways to standardise the discharge process for children on long term ventilation. An information booklet will be available and this will be followed by a secure web-based database. This will provide a single point of communication for both hospital and community staff.

The service is also developing an educational film that will illustrate the discharge process and will be available to families as well as professionals.

Two LTV study days are planned for September 2009 (discharge planning and ventilator workshops) aimed at community key workers and High Dependency Unit (HDU) staff, particularly those in district general hospitals.



'I can't think of one thing that was not spot on at this hospital well done and keep up the good work'



Developing nursing leaders

Nurse Management Programme

This four-day programme is for all nurses working at Band 7. The tailor-made programme is designed to further develop their knowledge and skills in areas including professional and personal accountability; people management; and leading and managing a team.

Cardiorespiratory Nurse Leadership Rotation Programme

This tailor-made teaching programme is designed to give junior nurses the skills and

knowledge needed to become specialist cardio-respiratory nurses. There are 11 nurses on the current programme, which is divided into clinical, mentorship and leadership modules.

Royal College of Nursing Clinical Leadership Programme

The Royal College of Nursing clinical leadership programme is running for the eighth time this year. This enables nurses to deliver high quality, patient-centred, effective and evidence based care in day-to-day clinical practice. The 12 participants of the programme –

including ward sisters/charge nurses and senior staff nurses – have identified areas of good practice and areas requiring improvement within their wards/departments on the theme of patient discharge. They identified issues such as Transport, Information, Medication and Evaluation of discharge care being key to the patient experience.

In response to their findings, the TIME for discharge campaign is being developed to look at further ways to ensure a satisfactory discharge for the patient.

A SPECIALIST TEAM

A world-class team: Supporting all staff

Staff survey

The aim of the staff survey is to gather information on how employees regard the Trust as an employer. For 2008, a random sample of 800 staff was sent copies of the survey and 356 returned it, representing a response rate of 47.4 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 with 71 per cent of those surveyed saying that they would recommend the Trust as a place to work. High scores were also achieved on the number of staff who said they felt they belonged to a team and that they were treated with respect by their colleagues.

Linked to this, the majority of those surveyed felt that their managers provided a good support system, with their responsibilities clearly defined, and 89 per cent said they had a personal development plan, demonstrating our commitment to individual development. The survey also reveals areas for improvement, recording only a small increase in the number of staff receiving a yearly appraisal, with 38 per cent of those surveyed saying they have not.

The human resources team will carry out further analysis of the survey and will work with staff throughout 2009-10 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 include sessions on assertiveness, presentation skills and change management. Also launched was an advanced line management modular programme which proved very popular, and a



'I would recommend this hospital to anyone. My condition was rare but the excellence of the medical team has saved my life and I owe everything to them'

second course is now underway. Both this programme and the introduction to line management course have external accreditation, 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 2009-10.

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 also awarded to staff to attend external short courses, conferences and longer courses, including MScs and PhDs. Attendance at mandatory training programmes has been exceptional with all targets being exceeded in 2008-09.

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.

Plans for an after-school club and a holiday play scheme, to be introduced in 2009-10, have been developed. This will help staff with children over the age of five.

Reducing sickness and absence

The Trust's sickness rate of 2.98 per cent compares favourably to similar acute trusts in London and is below 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.

Equality and diversity

We are rightfully proud of our diverse staff and the fact that we provide first class services to our unique and diverse patient population. We are aware, however, that the needs of our patients and staff are continually changing. We believe 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.

In August 2008, after eight years in post, Patrick Mitchell left the Trust moving to St George's Healthcare NHS Trust, in South London. He played a significant role in ensuring the equality and diversity agenda was integrated throughout the Trust, and his contribution in this area is recognised widely. One of the key developments in this area is that equality and diversity has been embedded as a core element during appraisal for Agenda for Change

staff in Bands 1-7, and also in the Trust's Introduction to Supervision Skills and Introduction to Line management courses.

In August 2008, Carol Johnson was appointed Director of Human Resources with a remit to ensure this work continues. Initial progress has included advertising recruitment and training opportunities for permanent, temporary and volunteer staff in a number of new publications, raising awareness amongst wider audiences.

Events are planned at both sites to inform or remind staff and visitors of the Trust's ongoing commitment to the equality and diversity agenda and the opportunities and benefits this provides to all. As always, patient and public involvement representatives will be involved. An important focus in the year ahead will be to ensure that when the Equality Bill 2009 is passed into law the Trust meets its requirements.



INFORMATION AND TELECOMMUNICATIONS SYSTEMS

Moving towards a near paperless environment

Our IT strategy

The main aim of the Trust's IT strategy is to continue integrating services between the two hospital sites and, by 2013, to offer such a wide range of computer-based systems that a near paperless environment is possible. Central to this is the EPR System.

Electronic Patient Record (EPR)

Work continues on the development of the Electronic Patient Record (EPR) system. This will allow all patient information to be consolidated into one computer system accessible anywhere within the Trust. To date, patient details, consultant details, pathology results and images, such as X-rays and MRI scans, are available via the system. In the coming year the range of clinical information available will continue to be expanded.

A new state-of-the-art PACS (Picture Archiving and Communications System) went live this year which stores x-rays and other images electronically. The new system will, for the first time, enable the electronic storage of cardiac catheterisation images.

A new Intensive Care System (ICIP) has also been introduced at both sites.

Connecting for Health (CfH)

CfH is a national government initiative offering a significant range of common application systems so that patient information can be shared more easily across all NHS organisations, under secure conditions, to improve patient care and services.

In the past year the Trust-wide theatre management system and a new order communications system, which started its rollout in 07/08, have been consolidated. The system allows clinical staff to place diagnostic orders electronically.

Roll-out of an electronic staff rostering system was completed at both sites this year cutting down on data duplication and errors.

Improving patient identification and safety

Continued progress was made on a major project to further enhance patient identification methods this year.

Wrist band bar coding of patients - which links directly to the bar

coding of inpatient and outpatient diagnostic samples - ensures a safer environment for patients. This is achieved using the wireless data network which has recently been installed at the Trust.

Choose and Book

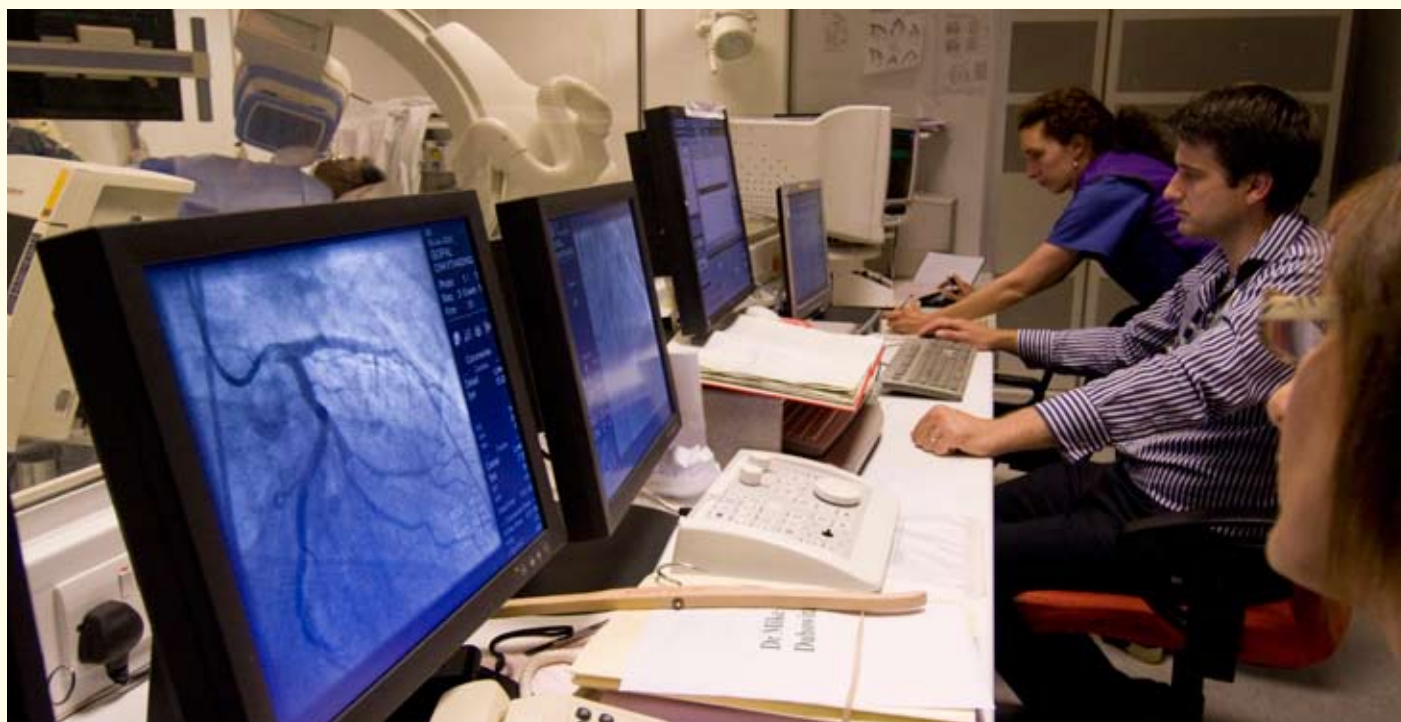
Choose and Book, the national electronic patient appointment system, continues to provide patients with choice for appointments made by GPs. As a tertiary centre, the majority of our referrals are from other hospital doctors and we continue working to implement a system which will allow these appointments 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. All national guidelines have been met in this area.

Telecommunications

A voice recognition system has been successfully implemented which allows faster access for callers and reduces the need for directories and operator intervention.



Investment in estates capital projects has continued at both our hospitals. A number of new facilities have opened across both sites and ongoing improvements are being made to existing areas.

- Investment in Harefield has continued, with remedial work to improve the infrastructure continuing in the ward areas. This activity - originally supported by £2.3 million from the former North West London Strategic Health Authority – has also seen more than £1million of Trust capital allocated towards improvements. This will allow for much needed upgrades of patient washroom facilities and new flooring and redecoration.
- A scheme to house a new pulmonary rehabilitation and therapies unit has been developed and will be completed by mid-2009.
- A major electrical installation has also taken place at Harefield including the installation of a brand new back-up generator and other essential electrical infrastructure to provide adequate electrical capacity and emergency back-up.
- Work is underway to create two additional operating theatres and recovery beds at Harefield, increasing capacity and allowing us to care for more patients. Building work began in early 2008 and will continue into 2009/10.
- At Royal Brompton a new theatre recovery suite opened in January 2009. This modern new facility has created much needed space in the main Sydney Wing building with six new recovery beds and a brand new sixth operating theatre.
- Management of backlog maintenance works has continued on both sites involving a variety of electrical, water safety, fire safety, heating and cooling installations as well as general

buildings maintenance works.

Carbon Management Strategy

The Trust developed a comprehensive carbon management strategy in February 2009 in recognition of its responsibility for taking a lead in managing and reducing carbon emissions.

For the base year 2007/08 the Trust's CO2 emissions for energy used in buildings was 14,111 tonnes of CO2 with an annual cost of £1.655 million. By implementing a carbon management strategy the opportunity exists to deliver carbon emission reductions coupled with financial savings. The target of reducing CO2 emissions by 10 per cent (1,411 tonnes of CO2) by 2015 has been set. It is planned that in due course the strategy will be developed to encompass other carbon emission activities including water, waste, fleet vehicles, business travel and procurement.

Patient Environment Action Team (PEAT)

PEAT self-assessments took place at Royal Brompton in February and Harefield in March. The inspection forms were updated again this year and teams consisted of modern matrons, infection prevention and control staff and patient representatives on each site. High standards were observed and reported with increased overall scores of 94 per cent for both hospitals. This matches the Trust's reported national specifications for cleanliness score.

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. In addition they have both received excellent reports from their respective local environmental health officers who carry out annual inspections as well as independently appointed food safety advisors.



The catering department at Royal Brompton has featured widely in both print and broadcast coverage and is recognised nationally for its commitment to the use of fresh, locally produced ingredients. The service at Harefield is also extending its use of fresh ingredients. All fish is approved by the Marine Stewardship Council while meat and dairy produce come from farms that are 'Red Tractor' approved.

Cleaning

Cleaning (domestic) services at the Trust continue to be provided by ISS Mediclean Ltd. Routine quality assurance, monitoring and audit show that the company is providing an excellent service as confirmed by the high cleanliness score achieved by the Trust. Monthly contract review meetings are held where input is received from modern matrons and infection prevention and control staff so that standards can be maintained and improved.

Non-emergency patient transport

A small team of staff manages this service and make transport arrangements for patients unable to travel to or from the Trust by themselves. As patients travel from all over the country this can be complex to organise. The service provides all types of vehicle from cars and mini buses right up to fully equipped ambulances with paramedic crews.

Parking

Work with the local authority and our colleagues at the Royal Marsden Hospital has led to the allocation of some parking spaces in a road adjacent to Royal Brompton. This not only benefits patients, but also reduces our transport costs.

THE ARTS PROGRAMME

Improving healing through the arts

At a time when the Department of Health is acknowledging the importance of arts in health, rb&hArts has continued to deliver a comprehensive arts programme following publication of the Trust's arts strategy 2007-2010.

Highlights of the Trust's established programme of live performance, exhibitions and installations have included new site-specific commissions in the physiotherapy gym (Royal Brompton), medical care unit (Harefield Hospital), bronchoscopy recovery suite, and the main entrances of each hospital.

A wide range of performances have been organised – including those of the Groanbox Boys, now regulars at the Trust and featured recently in the *Independent* newspaper – and a poetry evening featuring performances from staff, patients and professional poets from around the world in seven languages.

Successful workshops with the National Portrait Gallery, Royal College of Music, Nordoff Robbins and the Royal Academy of Music will form the basis of regular work with these organisations over the coming years. These are projects which bring patients treated in isolation together and interactive arts work to patients who need to stay for especially long periods of time.

The completed *Transplant* installation (based on Tim Wainwright and John Wynne's year-long residency at Harefield Hospital) was enthusiastically received by participants and staff and a large public audience at its two showings at Bow Arts' Nunnery Gallery and the Beldam Gallery, Brunel University. It was previewed in a number of publications, including *Evening Standard*, *Health Service Journal*, *BMJ* (picture of the week), BBC1, *Radio Times*, *Daily Mail* and *Heart Health* magazine (BHF) and received excellent reviews in the *Guardian*, *Times* and *The Wire*.

The accompanying DVD and book (edited by arts manager Victoria Hume) was *Graphic Magazine's* 'pick of the month' and is now being used as an educational tool in and outside the Trust.

John Wynne won a Bronze award at the 2008 Third Coast International Audio Festival in Chicago for *Hearts, Lungs and Minds*, a half-hour piece commissioned by BBC Radio 3 based on the material gathered during the *Transplant* residency.

An eight-month stint of workshops for respiratory patients began in February 2009. In addition, a research study looking at the effects of singing training on patients with Chronic Obstructive Pulmonary Disease (COPD) is being carried out under the leadership of Dr Nick Hopkinson.

The arts programme is generously supported by the Royal Brompton and Harefield Hospital Charitable Fund.





Director of Finance Report 2008/09

The Trust has achieved all of its operational financial targets and reported a surplus of £3.17m at the end of 2008/09. This surplus falls comfortably into the revised control range of £2.8m to £3.5m agreed with NHS London.

Other statutory duties

The Trust achieved its External Financing Limit duty by drawing additional Public Dividend Capital (PDC) of £1.501m. The Trust achieved a capital cost absorption rate of 3.7% and the planned PDC dividend payments totalling £7.126m were paid on time to the Department of Health. The Trust maintained a good payment record with its suppliers, paying 73% by number and 68% by value of non-NHS trade invoices within the compliance target of thirty days. In addition, since October 2008, the Trust has paid 5% by number of these invoices within 10 days.

The Trust's CRL for 2008/09 was agreed by the Department of Health at £10.461m. The actual capital spend to be measured against the CRL was £10.401m and thus the Trust under-spent by £0.06m, which it is entitled to do.

Income and Expenditure

Patient spell activity of 29,272 (2007/08 – 26,343) was 7.1% above plan.

Total income for the year was £241.0m (2007/08 - £230.9m). The increase was due to strong performances from cardiology, paediatrics, and respiratory medicine. The remaining areas of clinical activity were broadly in line with plan. Private patient income delivered £0.2m above plan.

Total costs increased, as would be expected from increased activity volumes, to £231.1m (2007/08 - £219.3m). Of these costs, pay expenditure increased to £140.3m (2007/08 - £131.7m), reflecting the additional staffing required to deliver the activity growth. Non-pay expenditure was £90.8m (2006/07 - £87.6m). 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 a strong balance sheet position.

Liquid assets (Debtors plus Cash, less Creditors) at 31 March 2009 were £0.3m, equivalent to 0.4 days expenditure (2008 – £1.9m deficit, negative 3.4 days). Cash held was £2.7m (2007/08 - £0.6m) reflecting, not only the improvement in liquidity, but also the new power of NHS trusts to retain cash generated from operating surpluses, enabled as DH seeks to converge the NHS trust financial regime towards that applicable to NHS foundation trusts.

Fixed assets total £193.1m, a decrease of £22.7m in the year which is predominantly due to downwards revaluation in the year.

To reflect the economic downturn in the second half of 2008/09, DH issued guidance to NHS Trusts that indices originally used to value fixed assets at the balance sheet date should be reconsidered. The Trust accounted for a £33.8m devaluation of its Fixed Assets during the year as a consequence, the majority of the impact falling on Land valuation (devaluation in year of £19.8m, £22.7m less than the valuation from the original indices). New fixed assets with a value of £10.4m were acquired during the year and in addition £1.8m of assets were donated to the Trust. Assets under construction at 31 March 2009 were £9.8m (2008 - £8.6m), representing the value of projects which will be completed during 2009/10.

Two of these projects are the completion of major information technology projects begun in 2007/08 to enhance patient treatment. In addition, the extensive programme of estates works on the Harefield site continues into 2009/10.

Debtors have decreased to £21.5m from £27.0m. £5.0m of this decrease is due to debt outstanding at 31 March 2008 for contributions to capital expenditure by the Royal Brompton and Harefield Charitable Fund being settled.

Creditors have decreased in the year from £29.6m at 31/3/08 to £23.9m at 31/3/09. The levels of stock decreased to £7.0m.

2009/10 and Beyond

The Trust has been working through its revived foundation trust application in late 2008/09 and I am delighted to report that the Trust was authorised as a Foundation Trust with effect from 1 June 2009.

The financial modelling underpinning the application has indicated a difficult year for the Trust in 2009/10, as the DH regime for funding of research and development continues to evolve. This has been partially mitigated by the granting of a further year's transitional funding for 2009/10, and also by the revenue effects of the fixed assets devaluation.

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 the 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

Sir Robert Finch
Consultant, Linklaters (until 30/3/09)
Nominated Member, Council of Lloyds of London
Director, F F & P Russia Ltd (and associated companies)
Director & Chairman, Mall Fund
Governor, College of Law
Trustee, St Paul's Cathedral Foundation
Chairman, LSO St Luke's
Trustee, LSO Endowment Trust
Trustee, Chichester Harbour Trust
Alderman, Ward of Coleman Street City of London and as such
(i) Member, Committee Policy and Resources
(ii) Trustee, Samuel Wilson Loan Trust
(iii) President, Coleman Street Ward Club
Hon Colonel, 31 City of London Signals Regiment (includes Princess Louise Squadron Royal Borough of Kensington & Chelsea)
Vice President, King Edward's School, Witley
Governor, Christ's Hospital
Committee Member, St Paul's School
Development Committee
DL, City of London
Magistrate, City of London Bench (non active)

Non-Executive Directors

Mr Nick Coleman
Consultant, Risk Reputation Consultants Ltd

Mrs Christina Croft
Non-Executive Director, Juvenile Diabetes Research Foundation

Mrs Jennifer 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
Member, Medical Honours Committee
Trustee, Rayne Foundation

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

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
Deputy Chairman, London Audit
Consortium

Mr Robert Craig

None

Dr. Caroline Shuldham
Tour Leader, Masters Travel Ltd

We have examined the summary financial statement of Royal Brompton & Harefield NHS Trust for the year ended 31 March 2009 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 10.

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

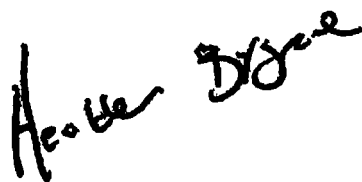
The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements 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 2009.



Heather Bygrave FCA BA Hons. (Engagement Lead)
for and on behalf of Deloitte LLP
Appointed Auditor
St Albans
10 June 2009

Summary Financial Statements

a) Income and Expenditure for the year ended 31 March 2009	2008/09 £000	2007/08 £000
Income from activities	210,022	186,991
Other operating income	30,982	43,933
Total income	241,004	230,924
1. Operating expenses	(231,064)	(219,307)
Operating Surplus	9,940	11,617
Loss on disposal of fixed assets	-	(2,083)
Surplus before interest	9,940	9,534
Interest receivable	380	714
Interest payable	(21)	(25)
Surplus for the financial year	10,299	10,223
Dividends paid	(7,126)	(6,657)
Retained surplus for the year	3,173	3,566

b) Balance Sheet as at 31 March

	31/03/2009 £000	31/03/2008 £000
Fixed Assets	193,048	215,787
Current assets		
Stocks	7,016	7,212
Debtors	21,466	27,007
Cash at bank and in hand	2,735	634
Creditors: amounts falling due within one year	(23,930)	(29,570)
Net current assets	7,287	5,283
Total assets less current liabilities	200,335	221,070
Provisions for liabilities and charges	(1,246)	(1,142)
Total assets employed	199,089	219,928
Financed by:		
Public dividend capital	99,836	98,335
Revaluation Reserve	65,258	92,798
Donation reserve	13,516	13,659
Income and Expenditure reserve	20,479	15,136
Total capital and reserves	199,089	219,928

Signed on behalf of the Board

Chief Executive



Director of Finance



c) Cash flow statement for the year ended 31 March 2009	2008/09 £000	2007/08 £000
Operating activities		
Net cash inflow from operating activities	17,747	19,470
Returns from investments and servicing of finance:		
Interest received	380	714
Net cash inflow from returns on investment and servicing of finance	380	714
Capital expenditure		
Payments to acquire tangible fixed assets	(10,401)	(10,529)
Receipts from sale of tangible fixed assets	-	191
Net cash outflow from capital expenditure	(10,401)	(10,338)
Dividends paid	(7,126)	(6,657)
Net cash inflow before financing	600	3,189
Financing		
Public Dividend Capital received	1,501	1,210
Public Dividend Capital repaid (not previously accrued)	-	(4,399)
Net cash inflow from financing	1,501	(3,189)
Increase in cash	2,101	-

d) Statement of total recognised gains and losses for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Surplus for the financial year before dividend payments	10,299	10,223
Unrealised (deficit)/surplus on fixed asset revaluations/indexation	(25,404)	13,544
Increase in the donation reserve due to receipts of donated assets	1,770	6,714
Total gains and losses recognised in the financial year	(13,335)	30,481

Notes

1. Management Costs

	2008/09 £000	2007/08 £000
Management costs	12,614	11,866
Income	241,004	231,296

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

2. Better Payment Practice

	Number	Value (£000)
Total Non-NHS bills paid	63,598	113,025
Total Non-NHS bills paid within target	46,372	76,739
Percentage of Non-NHS bills paid within target	73%	68%
	Number	Value (£000)
Total NHS bills paid	2,077	29,939
Total NHS bills paid within target	1,145	24,509
Percentage of NHS bills paid within target	55%	82%

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

Cost or Valuation at 1 April 2008	Total
Additions - purchased	249,490
Additions - Donated	10,401
Indexation	1,770
Disposals	(24,836)
Cost or valuation at 31 March 2009	(1,010)
	235,815
Accumulated Depreciation at 1 April 2008	(33,703)
Provided for during the year	(9,506)
Indexation	(568)
Disposals	1,010
Accumulated Depreciation at 31 March 2009	(42,767)
Net Book Value	
Purchased at 1 April 2008	202,128
Donated at 1 April 2008	13,659
Total at 1 April 2008	215,787
Net Book Value	
Purchased at 1 April 2009	179,532
Donated at 1 April 2009	13,516
Total at 1 April 2009	193,048

4. External financing

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

	2008/09	2007/08
	£000	£000
External financing limit set by the Department of Health	1,501	(3,189)
Cash flow financing	(600)	(3,189)
Undershoot	2,101	-

5. Capital Resource Limit

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

	2008/09	2007/08
	£000	£000
Gross capital expenditure	12,171	17,244
Book value of assets disposed of	-	(2,275)
Plus: loss on disposal of donated assets	-	614
Less: donations	(1,770)	(6,714)
Charge against the CRL	10,401	8,869
Capital resource limit	10,461	11,785
Underspend against the CRL	60	2,916

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 or members of the key management staff or parties related to them has undertaken any material transactions with the Trust.

The Department of Health is regarded as a related party. During the year Royal Brompton & Harefield NHS 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, NHS Trusts, the NHS litigation Authority and the 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 (relating to research projects) and the London Borough of Hillingdon and the Royal Borough of Kensington and Chelsea (relating to national 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 accounted for revenue and capital receipts and receivables from Royal Brompton & Harefield Hospital Charitable Fund, being contributions for the purchase of fixed assets £1,770,000 (2007/08 £6,462,000), funding of benefits £312,000 (2007/08 £507,000) and contributions towards research activity £1,314,000 (2007/08 £2,422,000). £2,163,000 was owed to the Trust by the charity on 31 March 2009 and this is included in the Trust's debtors figure (see note 13 of the annual accounts). The Trust acts as a corporate trustee of the charitable funds, whose audited accounts are available separately.

7. Audit fees

Expenditure for the year includes £142,000 (2007/08 £176,000) for audit services provided by Deloitte & Touche LLP.

8. Accounting for Pensions

Past and present employees are covered by the provisions of the NHS pension scheme. Details of the benefits payable under these provisions can be found on the NHS pensions website at www.nhsbsa.nhs.uk/pensions.

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

9. International Financial Reporting Standards

NHS bodies are adopting International Financial Reporting Standards (IFRS) for the first time in 2009/10. The Trust will apply IFRS accounting from April 2009 and restate the 2008/09 accounts in order to provide prior year comparatives early in 2009/10. IFRS opening balances for 2008/09 have already been calculated and submitted to the Department of Health according to national timetables. The Trust is on target to meet further deadlines for the implementation of IFRS as they become due during 2009/10.

10. Trust Formation

The Trust was established on 1st April 1998 under Statutory Instrument 1998 no. 784 (Royal Brompton & Harefield NHS Trust (Establishment) Order 1998). The Trust was authorised as a foundation trust with effect from 1 June 2009 and from this date will operate as Royal Brompton & Harefield NHS Foundation Trust.

COMMITTEE MEMBERS AT 31/03/09

EXECUTIVE FINANCE COMMITTEE

Mark Lambert
Director of Finance &
Performance (Chair)

Robert Craig
Director of Operations

Nick Hunt
Director of Service Development

Sheila Ohri
Deputy Director of Finance

David Wilson
Assistant Director of Finance

Sarah Warner
General Manager, Brompton
Heart Division

Andrew Howlett
General Manager, Harefield
Heart Division

Joy Godden
General Manager, Lung Division

AUDIT AND RISK COMMITTEE

Nicholas Coleman
Non-Executive Director (Chair)

Christina Croft
Non-Executive Director

Jenny Hill
Non-Executive Director

Richard Hunting
Non-Executive Director

Prof. Sir Anthony Newman Taylor
Non-Executive Director

TRUST RISK COMMITTEE

Ray Sawyer
Head of Risk Management
(Chair)

Robert Craig
Director of Operations

Lucy Davies
Head of Performance/ Chair of
HH H&S Committee

Carol Rayne
Risk Manager

Ali Harris
Learning and Development
Manager

Caroline Chinondo
Senior Staff Nurse, Transplant
Clothilde Kapufi-Morrison
Nursing Quality _ PPI

Helen Blair
Complaints Manager

Andrew Howlett
General Manager, Harefield
Heart Division

Damien Charnock
HSDU Manager

Jeremy Liew
Governance Pharmacist

Joy Godden
General Manager, Lung Division

Stephen Squire
Clinical Engineering Services
Manager

Richard Connett
Head of Performance

Richard Goodman
Pharmacy Director

Alison Harris
Human Resources Business
Partner

Lyn Jenkins
Laboratory Medicine Service
Manager

Carol Rayne
Risk Manager

CHARITABLE FUNDS INVESTMENT COMMITTEE

Christina Croft (Chair)
Non-Executive Director

Robert Bell
Chief Executive

Professor Timothy Evans
Medical Director

Sir Michael Partridge
Board member of the
Magdi Yacoub Institute

Professor Sir Anthony
Newman Taylor
Non-Executive Director

Richard Hunting
Non-Executive Director

Mark Lambert
Director of Finance &
Performance

REMUNERATION AND TERMS OF SERVICE COMMITTEE

Sir Robert Finch
Chairman

Mrs Christina Croft
Non-Executive Director

Mrs Jennifer Hill
Non-Executive Director

Mr Richard Hunting
Non-Executive Director

Professor Sir Anthony
Newman Taylor
Non-Executive Director

Nicholas Coleman
Non-Executive Director

REMUNERATION REPORT

Membership of Remuneration and Terms of Service Committee

Chairman –

Sir Robert G Finch

(Trust Chairman)

Mrs Christina Croft –

(non-executive director)

Mrs Jennifer Hill –

(non-executive director)

Mr Richard Hunting –

(non-executive director)

Professor Sir Anthony

Newman Taylor –

(non-executive director)

Mr Nicholas Coleman –

(non-executive director)

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 Roger Down in respect of its deliberations during 2008/09.

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 2008/09 are detailed below:

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

Director of nursing & governance (appointed 5 May 1998) – six months by either party

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

Director of operations (appointed 15 October 2008) – 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 2008/09:

Lord Newton of Braintree (chairman) – appointed 1 April 2001, term of office until 30 November 2008

Sir Robert G Finch (chairman) – appointed 1 January 2009, term of office until 31 December 2012

Jenny Hill – appointed 1 December 2005, term of office until 31 May, 2010

Christina Croft – appointed 1 April 2006, term of office until 31 May, 2010

Professor Sir Anthony Newman Taylor – appointed 1 April 2006, term of office until 31 May, 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

Senior managers remuneration is as follows overleaf.

Salary and Pension entitlements of senior managers

Remuneration

	2008-09				2007-08			
	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
Sir Robert Finch, Chairman (From 01/01/09)	5 - 10				0			
Lord Newton of Braintree, Chairman (Left 31/12/08)	15 - 20				20-25			
Robert J. Bell, Chief Executive	180-185		5-10		165-175			
Prof. T Evans, Medical Director	95-100		145-150		35-40		195-200	
Robert Craig, Director of Operations (from 15/10/08)	45-50				0			
Patrick Mitchell, Director of Operations (to 30/09/08)	50-55				95-100			
C. Shuldham, Director of Nursing, Governance and Informatics	95-100				85-90			
M Lambert, Director of Finance	135-140		0-5		130-135			
J Hill, Non-Executive Director	5-10				5-10			
Prof. A. Newman-Taylor, Non-Executive Director	5-10				5-10		195-200	
Richard Hunting, Non-Executive Director	5-10				5-10			
C Croft, Non-Executive Director	5-10				5-10			
Nicholas During the period 1 April 2008 and 31 March 2009: an - Non-Executive Director	5-10				5-10			

During the period 1 April 2008 and 31 March 2009:

Sir Robert Finch joined the Trust on 1 January 2009

Lord Newton of Braintree left on 31 December 2008

Patrick Mitchell's role as Director of Operations ceased on 30 September 2008 and he was replaced by Robert Craig on 15 October 2008

Pension entitlements of senior managers

Pension Benefits*

Name and title	Real increase in pension and related lump sum at age 60 at 31 March 2009	Total accrued pension and related lump sum at age 60 at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2008	Real Increase in Employer Funded Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
Robert J. Bell, Chief Executive	7.5 - 10	25-30	165	76	60	0
Prof. T Evans, Medical Director	5-7.5	275-280	2,061	1,114	644	0
P. Mitchell, Director of Operations (until 31/09/08)	5-7.5	125-130	527	349	59	0
Robert Craig, Director of Operations (from 15/10/08)	7.5-10	100-105	374	245	39	0
C. Shuldham, Director of Nursing & Quality	17.5-20	170-175	942	621	214	0
M Lambert, Director of Finance	5-7.5	15-20	58	24	23	0

Pension calculations are provided by NHS Pensions Agency.

As Non Executive members do not receive pensionable remuneration, there are 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.

A change in the factors used to calculate the CETVs came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine CETVs from Public Sector Pension schemes came into force on 13 October 2008. This has resulted in significant differences between the above CETVs at the end of 2008 and 2009.

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.

Lord Newton's tenure as chair was due to end on November 30, 2008, however he agreed to continue as chair during December 2008.

Sir Robert Finch was appointed by the Appointments Commission as the new chair for a term of three years, effective 1 January, 2009. Sir Robert brings significant board experience to the Trust, both in the business and not-for-profit sectors. He has a legal background having qualified as a solicitor in 1969. He spent his career at the City law firm Linklaters, latterly as head of real estate. He is a former Lord Mayor of London and has been a member of a number of City Corporation committees. In 2005 Sir Robert joined the board of Liberty International plc, a FTSE 100 London-based property company. He stood down earlier this year as chairman.

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; 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.

Mr Richard Hunting is chairman of Hunting PLC, the international oil services company. He is also 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. He has an engineering degree from Sheffield University and a MBA from Manchester Business School.

Professor Sir Anthony Newman Taylor is Deputy Principal of the Faculty of Medicine Imperial College, having been Head of Imperial College's National Heart and Lung Institute between 2006 and 2009. He is also head of the Department of Occupational and Environmental Medicine in Imperial College. He was appointed consultant physician at Brompton Hospital in 1977 and became 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 Jan 2008, chairman of an expert scientific advisory committee to the government (the Industrial Injuries Council). He is currently chairman of the charities CORDA and the Colt Foundation.

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.

Mr Robert Craig was appointed director of operations in October 2008. He joined Harefield Hospital in 1995 as general manager for surgery and transplantation, having previously worked in community and general hospital services. Following the Trust merger in 1998, he was promoted to the post of site director at Harefield and, in 2001, deputy director of operations for the Trust. In 2003 Robert became director of governance and quality, developing a new clinical governance structure at the Trust. He later took on the roles of director of planning and strategy (2006) with responsibility for achieving FT status, and acting director of research and development (2007). During this time the Trust was awarded funds of over £10 million to establish two Biomedical Research Units.

Mr Patrick Mitchell held the position of director of operation between April-August 2008. 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.

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 (until 2009-10), 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 will be Academic Vice President of the Royal College of Physicians from September 2009.

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.

Dr Caroline Shuldham, director of nursing, clinical governance and informatics, 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. Dr Shuldham was recognised with an OBE on the Queen's Birthday Honours list in June 2009.

In Spring 2009 Dr Shuldham took extended leave. Colleagues took responsibility for her portfolio until her return in July of this year.

Glossary of Financial Terms

Better Practice Payment Code (BPPC)

NHS organisations are required to settle 95% of their trade creditors (companies to whom the trust owes money) within thirty days of receipt of goods or a valid invoice (whichever is later).

Break-even Duty

A financial target requiring the NHS trust to match income with expenditure i.e. 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% 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).



Royal Brompton & Harefield 
NHS Trust

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