

## **Annual Report and Accounts 2009/10**

### **Royal Brompton & Harefield NHS Foundation Trust**

**Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the  
National Health Service Act 2006**

# Royal Brompton & Harefield NHS Foundation Trust

## Annual Report 2009-10

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# 1. Chief Executive Introduction

The following pages constitute the Annual Report of the Royal Brompton & Harefield NHS Foundation Trust for its first 10 months as a Foundation Trust, for the period 1 June 2009 to 31 March 2010. The Trust was authorised as a foundation trust with effect from 1 June 2009.

The information contained in this Report is presented and prepared in accordance with the requirements set out by Monitor in the “*NHS Foundation Trust Reporting Manual 2009-10*” published by Monitor on 16 April 2010.

In the following pages, readers will find:

- Report by the Directors of the Trust on the business of the Trust during the period of report, and of the position of the business as at 31 March 2010, alongside commentary on the risks and other factors which are likely to affect the development, performance or position of the Trust in the future
- A more detailed Operational and Financial Review of the main business areas of the Trust during the reporting period
- An outline of the Governance arrangements in place in the Trust
- A set of “Disclosures in the Public Interest”, indicating where information on these is to be found within the Report.

On each of these areas, much additional information is given in the various Annexes, which form part of this report.

The Trust notes the change of government on 11 May 2010 and the recently published Coalition programme for government which includes:

- Establishment of a new Independent NHS board and phasing out of strategic health authorities
- changes to the role of Monitor and the Care Quality Commission and a new focus on outcome measures rather than targets
- Strengthening the power of general practitioners to act as patients’ guides through the health system, by enabling them to commission care on their behalf

The Trust Board will monitor ongoing developments with interest and will listen carefully to the views of patient groups in relation to implementation of government policy.

**Robert J Bell**  
**Chief Executive**

**Date** .....

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## 2. Directors' Report / Operational and Financial Review

### Introduction

This report represents a performance review for Royal Brompton & Harefield NHS Trust for the 10 month period 1 June 2009 to 31 March 2010. It consists of information about our work, our services and our strategic goals, and an overview of some highlights from our heart division, lung division, children's services and support services during this period.

Summaries of the work of our human resources, estates and facilities, information services and public and patient involvement (PPI) teams are also provided.

Our performance against NHS Targets in the 10 month period is given in the Quality Accounts and Financial Statements Chapters of this Report.

### **2.1 Who we are and what we do**

**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 foetal 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 and internationally, 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 BRUs 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. Since the funding award, progress on the development of the two BRUs has continued, with both units scheduled to open later in 2010.

## ❖ Our strategy

**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.

## ❖ Our Values

The Trust has three core patient-facing values and four others which support them.

Our three **core** values are:

### **1. We care**

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

### **2. 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.

### **3. 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:

#### **1. 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.

## **2. We are responsible**

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

## **3. 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.

## **4. We share our knowledge**

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

### **❖ Our position in the healthcare market**

#### **A growing market**

Heart and lung diseases are the world's biggest killers. Overall, the markets for their treatment are 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. The Trust treats patients referred by the health services in other parts of the United Kingdom as well as treating patients referred from other countries, either through government schemes, or as private patients. Sustained and sustainable growth in patient care, partly as a result of patient choice, has enabled the Trust 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.

## **2.2 Overview of performance from 1<sup>st</sup> June 2009 to 31<sup>st</sup> March 2010**

In May 2009, the Trust was successful in completing the application process to become a Foundation Trust and was authorised as such from 1<sup>st</sup> June 2009. The period from 1 June 2009 to 31 March 2010 included the following highlights:

- In October 2009, the Care Quality Commission published the ratings for Quality of Services and Quality of Financial Management for 2008/09. The Trust was rated 'Excellent' on both of these measures.
- During 2009/10 the Trust continued to meet the National Priority targets relating to Cancer access and the 18 week wait. In respect of healthcare acquired infections, the Trust delivered a full year of services without a single case of MRSA bacteraemia and substantially reduced the number of *Clostridium difficile* infections remaining well within the trajectory agreed with commissioners.
- In November 2009, the Trust was inspected by the Care Quality Commission in respect of the prevention and control of infections. The Care Quality Commission found no evidence of any breach of the regulation to protect patients, workers and others from the risks of acquiring a healthcare associated infection.
- In May 2010, the Care Quality Commission published the results of the 2009 in-patient survey which was based upon a sample of patients who were in patients during June, July and August 2009. The Trust was in the category of 'best performing 20 per cent of trusts' for 77% of the questions asked. Most positively, the Trust achieved the highest score nationally for the question surrounding satisfaction - 97 out of 100 patients stated that they had no reason to complain about care provided at our hospitals. The Trust scored 'better than', or 'the same as' other Trusts on all indicators and did not score 'worse than' on any of the 77 survey questions.

## **2.3 Our services - Operating and Financial Review**

### **Heart Division at Harefield**

The Heart Division at Harefield provides tertiary cardiothoracic services including Cardiac Surgery for ischaemic and structural heart disease, percutaneous coronary intervention including Primary Angioplasty as a treatment for heart attack, Electrophysiological treatment of heart rhythm disturbances, cardiac rehabilitation, specialist cardiothoracic imaging, and treatment of heart failure including heart and lung transplant surgery.

The Division treated 5,547 inpatients and 34,430 outpatients in the period, representing a reduction of 1% in inpatient activity, and an increase of 13.5% in outpatient activity compared to the same period in the previous year.

During the reporting period the Trust completed a rolling programme of health & safety and environmental improvements to inpatient accommodation at Harefield, and a new 7 bed overnight recovery facility was opened, increasing level 3 critical care capacity for surgical patients. Key consultant appointments were made in cardiac surgery and critical care, and the role of Chair of critical care established. The Trust's sterile services provision was outsourced as part of a North West London collaboration achieving compliance with EU quality standards for the first time. The transplant team hosted an international conference on "initiatives in lung transplant" attended by 120 delegates from 10 different countries.

### **Heart Division at Royal Brompton**

The Heart Division covers Adult Congenital Heart Disease, Heart Failure, Arrhythmias, Revascularisation and Structural heart disease, with a budget of £44m, delivering over 6,200 spells – an overall increase of 6.2% on the previous year's activity, albeit masking an increase in cardiology interventions and a reduction in coronary artery surgery. Urgent cardiology inpatient transfer admissions grew through developments in bed-management and scheduling. There was also expansion within the Adult Congenital Heart Disease (ACHD) team, with two consultant appointments enhancing daycase and outpatient activity on both sites, and research. Collaboration with Ealing hospital began in July 09 to implement a Percutaneous Coronary Intervention (PCI) programme in its cardiac catheter lab. Cardiologists and surgeons from RBH attend Ealing to review patients and discuss appropriate treatment options, while RBH catheter laboratory staff support the local team in delivering the programme, which is reducing waiting-times and delivering patient care closer to home.

### **Lung division**

The lung division encompasses the following clinical care groups

- Asthma and allergy
- Cancer services
- Lung assessment
- Lung failure
- Lung infection and immunity

Inpatient activity across the Division has grown by 2.4% throughout the period, with increased activity particularly noted in thoracic surgery, and the Lung Infection and Immunity group.

In September 09 a new consultant was appointed to support the ongoing growth of the Lung Infection and Immunity group, and plans for creating new facilities to support the expansion of activity within the Lung Failure service have been developed.



Dr Robert Wilson, Divisional Director was elected as Chairman of the national charity 'Asthma UK' in July 2009.

### **Children's services**

The paediatric service offers specialist services for children's heart and lung disease, and comprehensive paediatric critical care services. Last year, children's services had a budget of £16.5m and provided approx 3,200 spells (an increase of 10.7% over 2008). Significant growth was seen in respiratory medicine, cardiology and cardiac surgery. In particular, congenital surgery benefited from the full-year presence of Mr Olivier Ghez, a surgeon who took up post in August 08.

Consultant paediatric intensivist Dr Gillian Halley and database expert James Woods won the Healthcare ICT Award at the prestigious NHS London Innovator Awards 2009. Named by award judges as by far the strongest nomination in its category, "e-VENT" is a database which shares information and tracks the progress of children on long-term ventilation (LTV), so that they can go home more quickly supported by appropriate care packages to meet their medical and social needs.

The SPRinT team was highly commended at the London Deanery "Innovation in Education" conference. SPRinT (Simulation in Paediatric Resuscitation Team Training) uses simulation equipment to demonstrate how multi-disciplinary colleagues can work together to resuscitate infants, and runs regular simulations to test skills and identify training needs. The award was accepted by consultant paediatric intensivists Drs Meredith Allen and Margarita Burmester, co-directors of SPRinT.

3 advanced practitioner posts were created in 2009 to work alongside medical, nursing and therapy teams, in order to expedite the flow of patients between the ward and PICU unit and to improve the patient pathway. They play a key role in ensuring smooth discharge processes so that we reduce the amount of time children have to spend in hospital wherever possible.

Dr Duncan Macrae, Director of children's services and consultant paediatric intensivist, has been appointed president of the Paediatric Cardiac Intensive Care Society (PCICS), which promotes excellence in paediatric cardiac critical care medicine.

### **Critical Care (including Pandemic Flu - H1N1)**

With the incidence of swine flu cases in autumn 2009, an "ECMO" unit was opened on the adult intensive care unit (AICU) at RBH. One of only three dedicated ECMO units in the country, over 20 patients were eventually transferred to RBH as part of the national NHS response to the pandemic. The experience has increased the hospital's capacity and reputation for the treatment of pandemic flu and other severe/acute respiratory conditions.

Planning and building works continued for the new High Dependency Unit (HDU) being created on Elizabeth Ward which, from mid-2010, will provide "Level 2" care by a specialist team of nursing, medical and therapy staff.

In mid-2009, Drs Chris Meadows and Sunny Kaul took up post as two of only 39 'Darzi' Fellows in London, appointed to drive forward change and develop the management skills of junior medical staff. Both fellows were specialist registrars working in critical care, who undertook 12 months' work covering: change management; improving quality and patient safety; and developing leadership skills.

## **Pharmacy**

Following the successful launch of the IntelliVue Clinical Information Portfolio (ICIP) in Adult Critical Care, the development of electronic prescribing continued with the Pharmacy Paediatric team supporting the introduction of ICIP into Paediatric Intensive Care in March 2010. ICIP was also introduced into Recovery at the Harefield site in November 2009.

Significant preparation has been undertaken for the introduction of electronic discharge which will allow faster transfer of clinical information to General Practitioners including details of patient prescriptions. Full implementation of electronic discharge is anticipated in June 2010.

An updated Injectable Medicines Guide (Medusa) was published in a completely new format on the Trust Intranet in March 2010.

For clinical areas that do not have electronic prescribing a new Inpatient Medicine Chart has been produced which includes specific sections for medicines reconciliation (drug history recording), oral and intravenous medicines, anticoagulants, insulin infusions and also covers venous thromboembolism assessment.

December 2009 saw the closure of Pharmacy Technical Services to allow the installation of the Cardiology BRU. To ensure continuity of service there has been collaboration with external commercial providers and the Royal Marsden Hospital. Long term re-provision of service over the next 12 months will focus on clinical trials, gene therapy, total parenteral nutrition and intravenous antimicrobials.

Pharmacy Clinical Services continues to progress with training of clinical pharmacists as Non Medical Prescribers in Cardiology and Surgery. The Pharmacy Clinical Trials team also has been extended to provide pharmaceutical support for increasingly complex trials and pharmaceutical expertise in relation to gene therapy treatment has been developed.

The Flu Pandemic involved management of additional stock including antiviral medicines and flu vaccine, as well as increased clinical pharmacy support in critical care.

### **Imaging services – Picture Archiving and Communication System (PACS) / Radiology Information System (RIS)**

The major task for the PACS/RIS team this year has been to move images from the old radiology and cardiology stores to the new archive. This is a lengthy process but essential to patient safety.

We have continued to roll out the RIS/PACS project into areas not previously covered by this technology; this includes integrated medical reporting in Nuclear Medicine at RBH, improving the efficiency of reports produced in this area. The latest challenge is to plan the roll out of RIS/PACS into Cardiology; this will enable all studies undertaken in both Heart & Lung Assessment services to be available to clinical staff from one computer system across the Trust. In addition, scheduling modules should greatly improve booking of tests in cardiology and the internal communication between the wards and the catheter laboratories. We will be the first Trust in the country to have achieved a single image store incorporating Imaging and Cardiology studies in this way.

## **Rehabilitation and therapies (R&T)**

R&T consists of the following services:

Physiotherapy, Occupational Therapy, Speech & Language Therapy, Nutrition & Dietetics, Psychiatry, Adult Psychology, Social Work & Welfare Rights, Chaplaincy and Palliative Care. There are approx 80 whole-time equivalent posts across both sites, with an annual budget of £3,545,000, and a 1.4% growth in activity in the period.

Between June 09 and March 10

- Palliative care became part of R&T in May 2010, with the service on the Brompton site being provided in a collaborative venture with the Royal Marsden Hospital NHS Foundation Trust
- Adult Psychology service contracted out to Central & North West London Mental Health NHS Foundation Trust
- Development of Pulmonary rehabilitation at Harefield in collaboration with the Lung Division
- Development of outreach CF paediatric dietetics in collaboration with Children's services
- Relocation of R&T directorate at Harefield, with improved clinical, rehab and education facilities
- Physiotherapy collaboration with singing for breathing project
- Development of electronic referral for Occupational Therapy and Nutrition & Dietetic services on the Brompton site using the Anglia Ice system

Key appointments were made in Palliative Care (consultant and specialist nurse), Psychology (consultant) and Chaplaincy. Among highlights in the period were:

- Director of R&T awarded a PhD and also Fellowship of the British Dietetic Association
- Paediatric Physiotherapy Homecare service innovation award
- Bishop of Kensington & Chelsea licensed the new Anglican lead chaplain
- Development of a new private physiotherapy outpatient service
- R&T staff were invited speakers at more than ten national and international conferences

Planned developments include:

- Appointment of a lead for older people and complex discharge co-ordinator at RBH
- Expansion of respiratory physiotherapy outpatient service
- Expansion of food allergy services
- New Multi-faith room at Harefield
- Development of new Palliative Care Pulmonary rehabilitation service at Harefield

## **Laboratory medicine**

Laboratory Medicine provides a range of pathology services across both sites. Overall, the number of tests performed has increased by approximately 9% over the year. Key developments in the period included:

- The Blood Sciences Laboratory at RBH formally opened and commissioning of the automated platform is under way.
- A PCR service has been commissioned in microbiology for quicker identification of respiratory viruses and a new assay to improve the monitoring of heart failure patients has been developed at HH.
- A telepathology system enabling remote examination of histological slides through the production of digitalised images has also been developed.
- A joint consultant appointment specialising in thoracic pathology has been made with Imperial College and will be based at RBH.
- A senior Clinical Scientist has been appointed at RBH in Clinical Biochemistry.
- Haematology, Biochemistry, Microbiology and Histopathology departments hosted successful Clinical Pathology Accreditation surveillance visits as part of ongoing accreditation requirements.

**Clinical Engineering** services include equipment management, clinical and technical support services and support of the 'ICIP' bedside clinical information system.

The department oversees the medical equipment capital programme that has included major renewals of ultrasound equipment, and implementation of managed services for infusion devices and haemo-filtration. During the period, the department completed a significant restructure and also achieved renewal of its ISO 9000 certification. The ICIP system is now deployed in the recovery unit at HH and the paediatric intensive care unit at RBH.

**The Heart Valve Bank** processes dissected valves from donor hearts that are used for surgical implantation within the Trust, other UK Trusts and abroad. It remains the largest valve bank in the UK and the third largest in Europe.

## **Quality Improvement**

The Modernisation team leads and facilitates a number of programmes to improve the quality and value of the trust's services.

During the period the following improvements were delivered:

- The Productive Ward programme delivered measurable improvements in the time nurses spend directly caring for patients
- The Taking Care 24:7 programme agreed new ways for doctors to work in more effective teams
- The Length of Stay programme delivered measurable reductions in length of stay for cardiology and cardiac surgery patients as a result of:
  - Improving preadmission support, ward processes, introducing new ward rounds, reducing post operative wound infection rates.
- The 'Same Sex' Accommodation programme delivered improved designation of and signage for same sex washing facilities for patients and more screening in wards for improved privacy. Patients reported lower frequencies of sharing sleeping accommodation and washing facilities by the end of the period.
- The Administration Process Improvement project developed standardised roles for medical secretaries.

- A Quality and Safety Improvement Plan for the trust was developed and agreed. The Delivering Quality Review recommended ways of delivering more effective quality improvement support to clinical divisions, to be implemented in 2010/11.

### **Estates & Facilities**

The Director of Estates & Facilities left the Trust during August 2009. At that time the Directorate consisted of Estates (Hard FM), Facilities (Soft FM) and the Projects division which dealt with new developments. Following the departure of the Director a restructure was carried out. A Director of Capital Projects and Development was appointed to manage the Projects Division and a Head of Estates and Facilities appointed to manage those services.

### **Estates**

A new Estates Manager commenced in post in November 2009 and has assisted in the production of an appraisal of the Trust's compliance with estate related statutory and mandatory standards. This has covered the key areas of responsibility including water management, electrical management, fire, medical gases, asbestos, lifts and pressure systems. The report has formed the basis for determining the departments work plan for 2010/11 and the Capital Expenditure Plan for the department reflects its findings.

### **Facilities**

The Facilities services of Accommodation, Catering, Cleaning, Linen & laundry, Porterage, Security and Transport are provided by a mix of in-house and external contract providers. During the period of this report several service contracts were reviewed. As a result, the cleaning contract (Trust wide) and catering contract at Harefield have been extended for a further two years, the car parking service at Harefield brought in-house and a tendering exercise concluded for a new domestic waste contract for RBH to commence in July 2010.

One notable success has been the annual PEAT assessment (February 10) which saw us maintain our rating of 'good' for environment and 'excellent for food', while improving from 'good' to 'excellent' for privacy & dignity.

## **2.4 Our performance**

### **Patient admissions**

A total of 23,324 patients were admitted to the Trust between 1<sup>st</sup> June 2009 and 31<sup>st</sup> March 2010. Of these, 18,886 were elective (planned) admissions and 4,438 were emergency admissions.

### **Outpatient clinics**

The number of patients seen in outpatient clinics was 90,619. Of this 10,524 had new appointments and 80,095 had follow-up appointments.

### **Cancelled operations**

The percentage of cancelled operations was 0.95 per cent, against a target of 0.8 per cent. This means the Trust will under achieve this indicator when the 2009/10 Periodic Review is undertaken by the Care Quality Commission. There were no breaches of the 28 day readmission standard.

### **Inpatients**

The overall waiting time target for inpatients is set at 26 weeks from decision to treat to inpatient admission for 2009/10. There were no breaches of this standard.

### **Outpatients**

The overall waiting time target for outpatients remained at 13 weeks from GP referral to first outpatient appointment this year. There was one breach of this standard. The threshold for achievement of this indicator is 99.97%, with an additional tolerance of 0.03% for trusts seeing fewer than 5,200 new GP referrals. The single breach in 2009/10 is within the tolerance for this target.

### **Revascularisation patients**

The maximum wait target for patients requiring revascularisation procedures – cardiac bypass surgery or angioplasty, was 13 weeks from decision to treat to inpatient admission for 2009/10. There was one breach of this target. The threshold for achievement of this indicator is 99.9%. The single breach in 2009/10 is within the tolerance for this target.

### **Cancer patients**

The waiting time for patients referred by their GP with a suspicion of cancer is 14 days (two weeks). There were no breaches of this standard.

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. There were no breaches of this standard.

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 the Trust. During the period 1<sup>st</sup> June 2009 – 31<sup>st</sup> March 2010, there were twelve breaches of the 62 day GP referral to treatment target. This resulted in a performance metric of 85.5% for this national priority indicator which is within the tolerance for achievement of this indicator.

### **The 18 week wait**

The 18 week wait is the definitive target against which NHS waiting times are measured. With this target there is a maximum time of 18 weeks from the point of initial referral up to the start of any treatment necessary. 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.

The 18 week standard for both admitted and non-admitted was met and exceeded in all months between 1<sup>st</sup> June 2009 and 31<sup>st</sup> March 2010. The Trust also met the data completeness standard.

### **Directors' Statement**

So far as the directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. The directors have taken all steps that they ought to have taken, as a director, in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

## **2.5 Our Financial Performance**

The Trust was authorised as a foundation trust with effect from 1 June 2009.

The period 1 June 2009 to 31 March 2010 is the first period of ten months of accounting as an NHS Foundation Trust. The Trust has reported a Retained Surplus of £3.6m for the period.

### **IFRS**

The accounts for the period reported have been prepared in accordance with the 2009/10 NHS Foundation Trust Annual Reporting Manual (FReM) issued by Monitor, the Independent Regulator of NHS Foundation Trusts. For the current period, the accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board.

Opening balances as at 1 June 2009 have been reported as being identical to the closing balances of the NHS Trust at 31 May 2009. This facilitates the meaningful compilation of a cash flow statement for the ten month period.

### **Going Concern**

The following reports and statements are prepared on the Going Concern basis. After making enquiries, the Directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they have adopted the going concern basis in preparing the financial statements of the Trust.

### **Comprehensive Income**

The Trust reports £1.3m comprehensive income deficit for the period, the retained surplus of £3.6m being reduced by £5.1m due to fixed asset revaluation, alongside £0.2m increase for transactions concerned with donated assets deployed in the Trust.

### **Statement of Financial Position**

The Trust ends the period with a strong financial position.

Net current assets have increased by £0.9m and non-current assets have increased by £0.7m over the period. Land and buildings and Investment properties were valued as at 31 March 2010 by Drivers Jonas LLP.

Cash held has increased by £9.1m, reflecting the actions taken during the period to improve working capital management, allied to the Trust's ability as a Foundation Trust to retain cash generated from its operations.

### **2010/11 and Beyond**

The effects of the global and national economic downturn, alongside recent announcements of Central Government intentions in this regard, are conspiring together to create a challenging economic environment for all NHS bodies in 2010/11.

The Trust is not exempt from these effects, and has made plans for 2010/11 which assume not only a price structure which places some pressure on Trust income, but also the complete withdrawal of transitional funding in 2010/11.



## Financial Risk

	<b>Target Ratio</b>	<b>Actual for 10 Month Period</b>
Minimum dividend cover (times)	> 1x	3.4x
Minimum interest cover (times)	> 3x	294.2x
Minimum debt service cover (times)	> 2x	60.6x
Maximum debt service to revenue (%)	< 2.5%	0.1%

The Trust's actual performance for the period was within the ranges set by Monitor for the PBL financial ratios disclosed above.

The Trust has only minimal borrowings at the balance sheet date, arising from the requirement to account for legacy finance leases as if they were borrowings under IFRS.

### 3. Trust Governance

The Trust was authorised as a foundation trust on 1<sup>st</sup> June 2009. The foundation trust is a public benefit corporation.

The powers of the Trust are set out in the National Health Service Act 2006. The Trust governance arrangements are enshrined in the Royal Brompton & Harefield NHS Foundation Trust Constitution. This makes provision for the Trust to be supported by a membership drawn from 3 constituencies, a public constituency, a staff constituency and a patient constituency. The Constitution also makes provision for a Governors' Council comprising both elected and appointed parties. The elected parties are drawn from the membership and the appointed parties represent key stakeholders with whom the Trust is engaged.

The governance structures of the Trust comprise:

The Board of Governors, one of whose sub-Committees, the "Nominations Committee" considers the appointment of members of the Trust Board of Directors.

Day to day management of the foundation trust is conferred upon the Trust Board of Directors. In turn, the Board has established 2 sub-committees to provide due diligence in its management role: the Audit and Risk Committee and the Remuneration Committee.

Detailed disclosures regarding each of the Committees underlined are given in **Annex 5**.

The Audit and Risk Committee oversees the risk environment within which the Trust operates, and also oversees the controls applied by the Trust Board to assure due diligence in day to day decision making. This combined workload has been recognised as being considerable for a single body of Trust Officers. During 2010/11, the role of this Committee will be split into two with the creation of an Audit Committee separate from a Risk & Safety Committee.

The noted Board Committees' membership consists entirely of Non-Executive Directors, although Executive Directors participate.

Non-Executive Directors are appointed to provide an independent view-point on, and challenge to, the discharge of the responsibilities placed upon the accounting officer, who has in turn delegated certain of his powers and functions to his colleague Executive Directors.

## **4. Disclosures in the public interest**

Monitor guidance indicates that a set of key indicators on the Trust's affairs be incorporated into the Annual Report.

### **Staff Communication**

Information is provided in Annex 5

### **Policies on Equality & Diversity**

Information is provided in Annex 5

### **H&S and OH information**

Information is provided in Annex 5

### **Countering Fraud and Corruption**

The Trust engages an accredited Counter-Fraud specialist as part of the internal audit service provided by London Audit Consortium. Investigations are carried out as required and outcomes reported to the Trust's Audit and Risk Committee.

### **Better Payment Practice Code/Interest Paid under the Late Payment of Commercial Debts (Interest) Act 1998**

Information regarding these is given in the Financial Statements of the Trust.

### **Staff Consultations**

There were no staff consultations undertaken or commenced in the period of report, nor does the Trust have any plans for future staff consultations.

### **Public Consultations**

Details of consultations with stakeholder groups engaging with the Trust are given in the Quality Report.

### **Ill-health Retirements**

Details of ill-health retirements during the period are given in the Financial Statements of the Trust.

### **Other Income**

Details of Other Income are given in the Financial Statements.

### **Sickness Absence Data**

Sickness Absence data for the period is given in the Quality Report for the period.

### **Data Loss/Confidentiality Breach**

There were no serious untoward incidents regarding data or confidentiality in the period.

### **Cost Allocation and Charging Requirements**

The Trust has complied with HM Treasury and Office of Public Sector Information guidance with regard to cost allocation and charging.

### **Value of Fixed Assets**

The Trust's Land and Buildings were valued by an independent valuer at 31 March 2010. In the opinion of the directors, there is no material difference between the reported holding value and market value of those assets at the balance sheet date.

### **Donations**

The Trust has made no charitable or political donations during the period.

### **Events since 31 March 2010**

There have been no events since 31 March 2010 affecting the Trust.

### **Future Developments/Significant Research & Development Activity**

These are reported in the Operational and Financial Review.

### **Financial Instruments**

The extent to which Trust employs financial instruments is set out in the financial statements.

## **Annex 1**

### **FINANCIAL STATEMENTS OF THE ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST FOR THE PERIOD 1 JUNE 2009 TO 31 MARCH 2010**

#### **Accounts for the period 1 June 2009 to 31 March 2010**

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**Accounts of Royal Brompton and Harefield NHS Foundation Trust for the ten month period ended 31 March 2010**

**STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF ROYAL BROMPTON AND HAREFIELD NHS FOUNDATION TRUST**

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Royal Brompton and Harefield NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Royal Brompton and Harefield NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *NHS Foundation Trust Annual Reporting Manual* and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS foundation trust Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act.

The Accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

.....

Robert J Bell  
Chief Executive and Accounting Officer

Date .....

## Accounts of Royal Brompton and Harefield NHS Foundation Trust for the ten month period ended 31 March 2010

### Statement on Internal Control

#### 1. Scope of responsibility

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

#### 2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Royal Brompton and Harefield NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Royal Brompton and Harefield NHS Foundation Trust for the 10 months to the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

#### 3. Capacity to handle risk

To ensure that the Board and I are able to provide the appropriate levels of assurance and effective internal control to the Trust's patients, its Board of Governors and stakeholders, a committee of the Board, the Audit and Risk Committee, was in place through the year. This committee, with membership of the Trust's Non Executive Directors and attended by myself and other Executive Directors, oversees and scrutinises the systems for internal control, whether financial, clinical or non clinical, relating to external partners or providers, to seek assurance that risks are identified and adequately managed.

The Governance and Quality Committee, chaired by the Medical Director and Deputy Chief Executive, provides management scrutiny of the Trust's risk management issues against an integrated governance and patient safety agenda. It receives reports on clinical and non-clinical issues about each of the medical divisions, to ensure that it has the opportunity to identify examples of both good and poor practice so as to ensure that these areas are operating to the highest clinical and quality standards. With representation from each of the clinical and non clinical divisions present the Trust is able to share best practice and respond to identified weaknesses. This committee provides regular performance reports to the Audit and Risk Committee and the Trust Board.

The Governance and Quality Directorate, which is led by the Executive Director lead for risk and supported by a risk management team, comprising two Consultant leads for clinical risk and non clinical risk leads, deliver the Trust's agenda to put patient safety at the forefront of the Trust's activities. The Trust is a member of the NHS Institute for Innovation and Improvement's (NHSIII) Leadership in Patient Safety Programme. To ensure that all Trust staff are aware of their responsibility for patient safety activity and the management of risk, a range of training, guidance and support is offered to all levels of the Trust's staff.

(ii)

To ensure that the Trust undertakes its activities within a safe environment, the Trust has appointed an external specialist contractor to monitor compliance with its health and safety obligations. Additionally this contractor provides specialist advice and training in fire, health, safety and manual handling issues.

To ensure that a risk aware culture is developed, all staff joining the Trust attend an induction and ongoing training programme, to provide them with the essential knowledge on safety and risk management.

Risk identification is undertaken at all levels of the Trust activity and is reported through the above committee structure to the Board to ensure that these issues are adequately reviewed. The Trust maintains a Risk Register (RR) and a Board Assurance Framework (BAF) to provide me with an overview of the significant risks to achieving our objectives, together with the controls in place to mitigate these risks.

#### 4. The risk and control framework

The Board approved risk management strategy has defined the Trust's approach to risk throughout the year. The strategy determines the requirements for the identification and assessment of risks and for control measures to be identified and how risks should be managed and the responsibilities of key staff in this process. As an organisation seeking to develop advances in healthcare it is recognised that the Trust adopts a risk aware, rather than a risk averse culture.

The risk management strategy assigns responsibility for the ownership and management of risks to all levels and individuals to ensure that risks which cannot be managed locally are escalated through the organisation. This process populates the RR and BAF, to form a systematic record of all identified risks. All risks are evaluated against a common grading matrix, based on the Australia/New Zealand risk management standard (AS/NZ 2004) to ensure that all risks are considered alike. The control measures, designed to mitigate and minimise the identified risks, are recorded within the RR and BAF.

The risks detailed within the BAF are aligned to the Trust's Objectives, the Healthcare Standards and the Care Quality Commission registration requirements and the Monitor Compliance Framework. The BAF is designed to reflect risks from all aspects of the organisation and provide details of the controls in place to mitigate the risks and identify where assurance can be located. The BAF provides assurance, through ongoing review, to the Board that these risks are being adequately controlled and informs the preparation of the statement on internal control.

The BAF recognises, and is informed by, the Trust's wider role and risk profile, especially as a leading centre for research and development, innovation, translational research and training and the part played by the Trust's stakeholders in its delivery of world class healthcare:

- Monitoring meetings with the Trust's coordinating commissioner, the North West London Commissioning Partnership, held monthly for Service Level Agreement (SLA) activity review and quarterly quality review;
- Working closely with our commissioning Primary Care Trusts (PCTs) to ensure that risks arising from delivering our commissioned services and delivering the Quality Account and that Commissioning for Quality and Innovation (CQUIN) indicators are identified and appropriately managed.
- The CQC undertakes a range of monitoring to identify potential risk issues. The CQC has registered the Royal Brompton and Harefield NHS Foundation Trust without condition.
- Relationships with the CQC for the performance management requirements of the annual health check and registration process;
- The Overview and Scrutiny Committee of the local London Boroughs review the Trust's CQC core standards compliance.

(iii)



- Local Involvement Networks (LINKs) in Hillingdon and the Royal Borough of Kensington and Chelsea. The LINKs have established a management board and a number of sub-groups focusing on particular health areas. The Trust, through the Membership & User Involvement Manager and staff, is working with LINKs to ensure that it can support their agenda to engage users and identify potential risk issues so as to improve health and social care services in the boroughs.
- Monitor, the Foundation Trust regulator, assesses the Trust's risk profile throughout the year and its risk ratings inform the BAF.
- Relationships with our health partners and stakeholders in relation to key objectives and future referral patterns.
- The Trust's continued relationship with Imperial College London and other academic partners.

#### Data security risk management

Maintaining the security of the information that the Trust holds provides confidence to the patients and employees of the Trust. To ensure that its security is maintained an Executive Director has been identified to undertake the role of Senior Information Risk Owner (SIRO). The SIRO has overseen the implementation of a wide range of measures to protect the data we hold and undertaken a full review of personal identifiable information flows to underpin the Trust's information governance assurance statements and its assessment against the information governance toolkit. The review against the information governance toolkit provides me with assurance that these aspects are being managed and identified weaknesses addressed. No reportable breaches have been identified.

The Foundation Trust is not fully compliant with the core Standards for Better Health.

Following its review against the Healthcare Standards the Trust declared compliance with all of the criteria of the core standards for better health in December 2009. New information relating to compliance with the Firecode came to light in March 2010. This was discussed at the Trust Board on 24<sup>th</sup> March 2010. The Board decided that the declaration in relation to core standard 20a should be amended to insufficient assurance. The Care Quality Commission and Monitor were notified of this and an action plan is in place to restore full compliance.

For the financial year 2009/10 the Trust has received Care Quality Commission's (CQC) performance ratings of excellent for the quality of its services and excellent for its financial management. The Trust, has been successful in its registration, without conditions, with the CQC.

#### Annual Quality Accounts

The directors of the Royal Brompton and Harefield NHS Foundation Trust are required to satisfy themselves that the Trust's annual Quality Accounts are fairly stated. In doing so we are required to put in place a system of internal control to ensure that proper arrangements are in place based on criteria specified by Monitor, the independent regulator of NHS Foundation Trusts. To fulfill this requirement and to ensure that there is an open and informed process to inform the assessment of the Quality Account, the Trust has identified the Director of Finance and Performance as the executive lead for the review process.

Regular reports are prepared for the Trust Board by the performance and clinical audit team against a range of the indicators providing real time information to ensure any risks to compliance are identified at the earliest opportunity.

To provide the Trust's patients and its commissioners with assurance that a robust review process has been undertaken in the reporting of the quality account these are subject to review by the Trust's external auditors, Deloitte LLP. To date no significant gaps have been identified in this review process.

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

(iv)

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. A Single Equalities Scheme has been developed, with Patient and Public involvement to ensure that it reflects the diverse needs of all patient and staffing groups, to ensure that the Trust responds to the requirements and best practice of this legislation.

#### Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

#### Review of economy, efficiency and effectiveness of the use of resources

The Trust regularly reviews its financial standing to assure myself and the Board that the resources are being used economically, effectively and efficiently. Throughout the year the Trust has had a Financial Risk Rating (FRR) of at least 3 from Monitor. Historically the Trust has been assessed under the Auditors Local Evaluation and has been rated 4 overall. This aspect is now reviewed by the Trust's external auditors under the Audit Code. This report will be provided to the Board of Governors for their review.

To deliver value for money, the Trust's existing structure of financial management has been reinforced by a project management based approach both to the delivery of cost improvement savings programmes and the regular review of benchmarking and productivity programmes. This process is coordinated through a Financial Stability Plan led by the Chief Operating Officer.

Clinical Divisions and other corporate functions are explicitly made responsible for the delivery of financial and other performance targets through a system of annual budgets and business planning.

#### Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by my attendance at the Audit and Risk Committee, performance reports to the Board - including Governance and Quality reports on clinical activity and patient safety, the Trust's review against the Healthcare Standards, the BAF, the reviews undertaken by the Trust's external auditors on behalf of the Audit Commission and assessment against the NHS Litigation Authority's (NHSLA) Risk Management Standards which provide me with further assurance.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the above mentioned processes and through reports from the executives with responsibility for internal control.

The Non Executive Chair of the Audit and Risk Committee provides assurance as to the effectiveness of internal control, through reports to the Board on the committee's ongoing review of the activities and findings of the Trust's external auditors, Deloitte LLP and its internal auditors the London Audit Consortium. The internal audit provider has delivered against its annual audit plan, which is 'risk based' to reflect potential gaps and control issues identified in the BAF.

Other means of external review are identified in the areas to which they relate, for example:

Clinical Governance	Care Quality Commission
Infection Prevention and Control	Care Quality Commission.
Risk Management	NHS Litigation Authority External Audit (Deloitte LLP) Internal Audit (The London Audit Consortium)
Standards for Better Health	Care Quality Commission NHS London Local Authority Overview and Scrutiny Committees

In response to the guidance in the Intelligent Board document, the Board has adopted a comprehensive performance report, which it receives at each of its meetings. These provide me with benchmarking and exception reports on a range of key performance indicators to ensure that key issues are highlighted and receive the appropriate attention.

London Audit Consortium have, throughout the year, reviewed elements of the Trust's internal control arrangements including a review of BAF. This activity has informed the Head of Internal Audit's Opinion which has provided me with reasonable assurance that an effective system of internal control to manage the principal risks identified by the organisation was in place for 2009/10.

Deloitte LLP provides the Trust with its external audit assurance and reports on a range of the organisation's activities and annual accounts.

The Board Assurance Framework has to date, identified no significant control issues. A plan to address weaknesses and ensure continuous improvement of the system is in place.

Signed .....

Robert J Bell  
Chief Executive  
Royal Brompton and Harefield NHS Foundation Trust

Date: .....

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

We have audited the financial statements of Royal Brompton & Harefield NHS Foundation Trust for the year ended 31 March 2010 under the National Health Service Act 2006 ("the Act") which comprises the primary financial statements such as the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 40. These financial statements have been prepared in accordance with the accounting policies set out therein.

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

### **Respective Responsibilities of the Accounting Officer and Auditors**

The Accounting Officer's responsibilities for preparing the financial statements in accordance with directions issued by Monitor – Independent Regulator of NHS Foundation Trusts are set out in the Statement of Accounting Officer's Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements (including statute and the Audit Code of NHS Foundation Trusts) and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts. We also report to you whether in our opinion the information given in the directors' report is consistent with the financial statements.

In addition, we report to you if, in our opinion, the financial statements have not been prepared in accordance with directions made under paragraph 25 of Schedule 7 of the Act, the financial statements do not comply with the requirements of all other provisions contained in, or having effect under, any enactment applicable to the financial statements, or proper practices have not been observed in the compilation of the financial statements.

We review whether the statement on internal control reflects compliance with the requirements of Monitor contained in the NHS Foundation Trust Annual Reporting Manual. We report if it does not meet the requirements specified by Monitor or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

We read the other information contained in the Annual Report as described in the contents section and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any further information outside the Annual Report.

## **INDEPENDENT AUDITORS' REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST (continued)**

### **Basis of audit opinion**

We conducted our audit in accordance with the Audit Code for NHS Foundation Trusts issued by Monitor, which requires compliance with International Standards on Auditing (UK & Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

### **Opinion**

In our opinion:

- the financial statements give a true and fair view of the state of affairs of Royal Brompton & Harefield NHS Foundation Trust as at 31 March 2010 and of its income and expenditure for the year then ended in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- the information given in the directors' report is consistent with the financial statements.

### **Certificate**

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

Heather Bygrave (Senior Statutory Auditor)  
For and on behalf of Deloitte LLP  
Chartered Accountants  
St Albans  
4 June 2010

**Accounts of Royal Brompton and Harefield NHS Foundation Trust for the ten month period ended 31 March 2010**

**FOREWORD TO THE ACCOUNTS**

These accounts for the 10 months ended 31 March 2010 have been prepared by the Royal Brompton and Harefield NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

..... Date .....

Robert J. Bell  
**Chief Executive**

## Annex 2

### Quality Accounts for the year ended 31 March 2010

#### Part 1: Statement on Quality from the Chief Executive

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.

Our care extends from the womb, through childhood, adolescence and into adulthood and as a specialist trust, our patients come from all over the UK, not just from our local areas.

We are committed to providing patients with the best possible specialist treatment for their heart and lung condition in a clean, safe place, ensuring that evidence-based care is provided at the right time, in the right way, by the right people.

Our vision is to be 'the UK's leading specialist centre for heart and lung disease' and we have set three main strategic goals to ensure we achieve this;

- Service Excellence
- Organisational Excellence
- Productivity and investment

These are underpinned by a set of key objectives and values of which the most important is to continuously improve the patient experience.

In order to achieve this we have established a robust system to ensure that we are accountable for continuously monitoring and improving the quality of our care and services. Our highly skilled workforce is dedicated to pursuing the best outcomes for patients through delivery of excellent clinical care and research into new treatments and therapies.

Our outcomes in both adult and paediatric care are amongst the best in the country and we have achieved some of the lowest MRSA and *Clostridium difficile* rates in England. We were inspected by the Care Quality Commission (CQC) in November 2009 and found to be fully compliant with the Code of Practice in respect of infection control. Through our research activity we continue to introduce new procedures to help our patients.

The Trust is subject to periodic review by the CQC and the last review was published in October 2009. The CQC's assessment of Royal Brompton & Harefield NHS Foundation Trust was excellent for both quality of services and quality of financial management. Despite an impressive record in safety and quality we are not complacent; weaknesses are dealt with promptly and openly so that better and safer systems of care can be developed.

Signed by the Chief Executive to confirm that, to the best of his knowledge, the information in this document is accurate.

..... Date ... ..  
Robert J. Bell

## **Part 2: Priorities for improvement and statements of assurance from the board**

Royal Brompton & Harefield NHS Foundation Trust has a strong record in patient safety and an international reputation for the delivery of high quality care.

We continuously monitor our performance and encourage openness and transparency from all our staff and patients.

Our clinical performance is discussed openly and in detail at public board meetings each month when members of the public and our non-executive directors can challenge us if they have any concerns about how we are delivering our services. Our governors also undertake a similar role at their council meetings where the same information is presented and discussed. Both Kensington & Chelsea and Hillingdon Councils also require us to present regular updates on our performance.

Patient Safety is an integral part of our performance reporting and we are proud founding members of the Patient Safety First! Campaign – a national campaign to promote patient safety in a variety of ways. We welcome two Darzi Fellows to the Trust each year to undertake specific patient safety programmes for a twelve month period, and our directors take part in highly successful ‘patient safety walkrounds’ on a regular basis, to gain hands-on experience of the challenges that our staff face in the complex clinical environments in which they work.

### **Our international influence**

Many of our experts have developed a reputation not only in the UK, but also in Europe and further afield. As well as developing new treatments and procedures, our clinical teams teach, lecture and publish articles around the world. They also welcome clinical fellows from abroad who join us to improve their knowledge and understanding of various aspects of cardio-thoracic care, and run training courses and conferences in the UK for international audiences. In 2009/10 our consultant staff were invited to share their expertise in countries as diverse as the United States, Croatia, Brazil, Greece, Qatar, Algeria, Germany and Australia.

### **Priorities for improvement**

**Our focus on a continuous cycle of improvement resulted in a rating of excellent for the quality of our services from the Care Quality Commission.**

For the purposes of this quality account, The Trust has been asked to identify three priority areas for improvement during 2010/11.

#### **1. Patient Experience – making the discharge process easier for patients**

We are aware from patient feedback that some of our discharge processes are not as effective as might be expected from a specialist trust. In particular we are working on making sure that we advise our patients of their estimated date of discharge and that we keep to this date whenever it remains clinically appropriate to do so. We are also working to improve the quality and timeliness of the discharge information which we give to both our patients and their general practitioners. Progress with this work will be reported every 3 months to the Board of Directors and commissioners.



## **2. Clinical effectiveness – providing more training for staff in safeguarding children**

The Trust takes the safety of its youngest patients extremely seriously. All new members of staff are assessed to determine whether a Criminal Records Bureau (CRB) check is needed and those who will be working with children undergo an enhanced level of assessment.

All the Trust Child Protection policies and systems are up to date and robust and are reviewed on a regular basis. The last Trust Board review occurred on 28<sup>th</sup> October 2009 and the next review is scheduled for 27<sup>th</sup> October 2010.

We have a process in place for following up children who miss outpatient appointments within any specialty to ensure their care and ultimately their health is not affected in any way. In addition we have a system in place for flagging children for whom there are safeguarding concerns.

The Trust has named professionals who lead on issues in relation to Safeguarding. They are clear about their roles, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other social and healthcare organisations.

The Trust Board takes the issue of safeguarding children extremely seriously and receives an annual report on this issue. The Annual Report was presented to the Trust Board on 28<sup>th</sup> October 2009. The Trust Board has robust audit programmes to assure it that safeguarding systems and processes are working. The designated nurse for Safeguarding Children at NHS Kensington and Chelsea is a member of the local Safeguarding Children Board (LSCB). The designated nurse attends meetings of the Trust Safeguarding Children Steering Group. This arrangement provides linkage between the executive director lead for Safeguarding Children and a representative of the LSCB.

### **Training Improvements**

Following a review of training which was reported to the Trust Safeguarding Children Steering Group on 23<sup>rd</sup> February 2010, the number of staff requiring training at level 1, level 2 and level 3 has been clarified. Level 1 training is the most basic and required for all staff whereas level 3 is the most comprehensive.

There are 269 staff who work predominately with children, young people and parents. In previous years level 2 training has been deemed sufficient, but following the training review the decision has been taken that this group should be trained to the higher, level 3 standard. Level 3 courses were commissioned from the start of February 2010. Sufficient training capacity has been commissioned to ensure that everyone eligible for level 3 training has received it by the end of 2010.

Progress with training will be reported to the Trust Board.

## **3. Patient Safety – ensuring the incidence of surgical site infection is reduced**

As of April 2010 the Trust has not recorded a single case of MRSA at either hospital for 18 months and rates of *C difficile* are significantly lower than the limits set for us by the Department of Health, and among the lowest in the country. This is the result of a sustained effort on the part of staff to follow the Trust's robust infection prevention and control policies, including the recent introduction of 'bare-below-the-elbows' for all staff in clinical areas. Our modern matrons personally present a quarterly report to the Trust Board outlining any concerns they may have in this area.

While MRSA and *C difficile* rates are low (or zero) our surgical site infection rates can be improved. Starting with coronary artery bypass operations and surgical cardiac valve

replacements, we will report the number of patients developing an infection to the Trust Board, together with the action being taken to reduce the incidence of infection.

The three priorities above align with the Commissioning for Quality and Innovation (CQUIN) schemes which have been agreed with our coordinating commissioners. They were put forward by a working party consisting of clinicians and managers and taking account of patient input. The three priorities will be shared with stakeholders including patient groups, local LINKs, commissioners, FT Governors and Overview & Scrutiny Committees through the quality accounts consultation process which will take place in May 2010.

### **Review of services**

During 2009/10 Royal Brompton & Harefield NHS Foundation Trust provided NHS services to adults and children in the areas of heart and lung disease.

Royal Brompton & Harefield NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services represents all of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2009/10.

## Participation in clinical audits

During 2009/10, 24 clinical audits and 5 national confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides<sup>1</sup>.

During that period Royal Brompton & Harefield NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust **was eligible to participate in** during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	Intensive Care National Audit RC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health Promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Adult Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
National Confidential Enquiries	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust **participated in** during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease

<sup>1</sup> Please note: National Clinical Audits have been determined from the projects listed by the Healthcare Quality Improvement Partnership <http://www.hqip.org.uk/national-clinical-audit/> and include relevant projects from both the 'National Clinical Audit and Patient Outcomes Programme' and 'Other national clinical audits and other registries'

<b>National Clinical Audits</b>	
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	ICNARC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
<b>National Confidential Enquiries</b>	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<b>National Clinical Audits<sup>2</sup></b>			
Lung Cancer (LUCADA)	98%	Blood transfusion (all)	100%
Adult Cardiac Interventions	98%	Cardiac Arrest <sup>3</sup>	Starting in Mar 10
Adult Cardiac Surgery	98%	Sudden Adult Death Syndrome	98%
Cardiac Rhythm Management	98%	Chronic Obstructive Pulmonary Disease	98%
Heart Failure	98%	Cardiac Rehabilitation	98%
Myocardial Ischemia (MINAP)	98%	Potential Donor	100%
Congenital Heart Disease	98%	ICNARC (all)	100%
Paediatric Intensive Care (PICANet)	98%	Major Complications of Airway Management	100%
Transcatheter Aortic Valve Implantation (TAVI)	98%	Health promotion	100%
Pulmonary Hypertension	98%	Surgical Site Infection Surveillance System (SSISS)	98%

<sup>2</sup> The minimum dataset will be submitted for: LUCADA, Cardiac Rhythm Management, Thoracic Surgery, Heart Failure. For all other audits, the full dataset has been/will be submitted. All registries have had data routinely submitted throughout the year, and a year-end submission will be made by the cut-off date of 3<sup>rd</sup> May 2010. Therefore, 100% is the expected submission – 98% has been quoted as an estimated value to allow for minor discrepancies.

<sup>3</sup> The first submission will be in March 2010. Once the upload facility is provided by the national sponsor for this audit, the remaining cases for 2009-10 will be submitted. This facility is expected to be launched in April/May 2010

Thoracic Surgery	98%	UK Transplant (Cardiothoracic)	100%
UK Cystic Fibrosis Registry	98%	Endocarditis	98%
<b>National Confidential Enquiries</b>			
Deaths in Acute Hospitals	100%	Surgery in Children	On-going
Parenteral Nutrition	71%	Peri-operative Care Study	only started 01/03/10
Emergency and Elective Surgery in the Elderly	100%		

The reports of top 10 national clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 11 national clinical audit reports were reviewed and details of these can be provided on request.

<b>National Clinical Audits</b>	<b>Actions to be taken</b>
6 <sup>th</sup> National Adult Cardiac Surgical Database Report	Routine monitoring of all cardiac surgery outcomes has been amended to take into account the new groups and recalibrated euroscore which were first published in this report  In addition, reporting compares Trust outcomes against the latest national rates published in this report
National Audit of Congenital Heart Disease Report 2009	Survival outcomes have been incorporated into routine reporting. Reporting is being amended to incorporate funnel plots, mirroring the style of reporting found here
Angioplasty and Stents to treat Coronary Artery Disease 2008	Data completeness has improved to 100% of cases submitted, and over 90% completeness for all key fields. Submission of data is now on a monthly basis. The style of Trust reporting has been amended to incorporate the national benchmark data Focus on the patient pathway for primary angioplasty has improved the door-to-balloon time to be one of the best in the country. Focus is now on reducing the overall length of stay below the national median Mortality results are routinely reported in the Trust in-line with the national benchmarks
National Heart Failure Audit 2008/09	The national rates provided in this report are to be incorporated into routine outcomes reporting within the Trust, allowing benchmarking against other organisations. The fields which have been mapped to NICE and NSF requirements are now being routinely monitored to demonstrate compliance with these.

National Lung Cancer Audit 2009	<p>The Trust has moved to electronic data collection for all thoracic surgery on both sites, which will improve the speed and quality of the returns.</p> <p>This will also more easily allow routine monitoring of outcomes for patients undergoing surgery for lung cancer</p> <p>Having regular access to this data will allow benchmarking and identify areas for improvement across the patient pathway.</p>
National Sentinel Stroke Audit 2008 National Organisational Stroke Audit 2009	<p>The Trust is not eligible to participate in this national audit.</p> <p>However, the findings have been reviewed, and as a result a monitoring programme has been set up for patients who develop neurological injuries. This has 2 parts:</p> <ul style="list-style-type: none"> <li>a) All patients who develop a neurological injury have their case reviewed by a panel of clinicians to identify any preventative measures or improvements in care that could be taken</li> <li>b) For patients who develop a stroke, we monitor our care against the relevant national standards as outlined in this report.</li> <li>c) A review is planned to assess if our organisational structure for provision of care to patients with neurological injury is appropriate – benchmarked against the Organisational Audit report.</li> </ul>
Caring to the End?	<p>All recommendations have been reviewed.</p> <p>The relevant recommendations have been fed back to those responsible for reviewing the running of the hospital through the day and at night</p> <p>PAR scoring has been introduced in 2009, to ensure compliance with the monitoring of vital functions and recognising deterioration recommendations</p> <p>Anaesthesia recommendations are being taken forward at a local level</p>
Adding Insult to Injury	<p>All recommendations have been reviewed. Most recommendations were already met.</p> <p>A local audit has been conducted to demonstrate that electrolytes are routinely checked on admission</p> <p>The recommendations relating to handover have been fed back to clinical teams and are to be incorporated into a Trustwide project</p>
Heart of the Matter	<p>A detailed review of all the recommendations has been undertaken by our cardiac surgery teams, involving several local audits of practice. This has demonstrated that the</p>

	Trust is now compliant with all the recommendations.
National Health Promotion in Hospitals Audit 2009	Generally high scores were achieved in this audit compared to the national average. This work has now been incorporated into the Essence of Care benchmark for Health Promotion. A web page has been launched to collect further information from staff on health promotion initiatives currently being offered to patients. Following this, a detailed improvement plan will be developed

The reports of the top 20 local clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 78 local audits were conducted and details of these can be provided on request.

Local Clinical Audits	Actions to be taken
Chest drain audit 2009	To demonstrate compliance with the NPSA alert. Although results showed that radiological imaging was not always used, there were no complications following this procedure and a high % of staff had been trained in the procedure. Recommendations were that training should be maintained, and radiological use should be considered by consultants where appropriate.
Post-operative bleeding	Audit of reasons for re-operation for post-operative bleeding. This audit was conducted after routine monitoring had suggested the rate was higher than expected. A detailed consultant-led audit on both sites demonstrated that the results are reasonable, but this has led to the development of a trustwide protocol on 'the management of surgical haemostasis'. The re-audit is scheduled for April 2010
Peri-operative Hypothermia	An audit of NICE guidance on Perioperative hypothermia demonstrated poor compliance in several areas. Recommendations included: a) Continuous temperature monitoring b) Increased use of Bair Huggers c) Increased use of blankets d) Future audit proposed for September 2009 e) Pre operative temperature now recorded Re-audited 4 months later demonstrated significant improvement in all areas. Regular auditing now occurs every quarter.
Consent Audit 2009	To improve the quality of consent form completion by refresher training at Clinical Governance sessions (specifically areas

Local Clinical Audits	Actions to be taken
	<p>identified in recommendations 1-4)</p> <p>To remove all Harefield hospital generic consent forms and replace with consent forms 1,2,3 and 4</p> <p>To identify staff who still require consent training through training records from risk management and Learning and Development</p> <p>To enrol those staff identified onto consent training courses and to carry out a re-audit against the consent policy.</p>
Device Audit 2009	To introduce a computerised system for data collection so that information is available more easily.
Diabetes Audit 2009	<p>Although not eligible to participate in the National In-patient Diabetes Audit, the same tool was used to conduct a local audit.</p> <p>This demonstrated a reasonable level of diabetes management and recommendations included:</p> <p>To apply for funding for near-patient testing of HbA1c – so that patients can have their diabetes control assessed and improved at pre-admission clinics</p> <p>To encourage the incident reporting of insulin-related medication errors</p> <p>To review the current specialist support for diabetes and consider the need for further specialist diabetes nurses</p>
Discharge Planning Audit 2009	<p>Nursing staff to be reminded to start assessment of education needs as early as possible, re-assess when appropriate and follow up on any needs identified. Ward managers and practice educators to re-enforce this with ward teams</p> <p>The second section of the discharge planner to be made more prominent in the Integrated Care Pathways (ICPs)</p> <p>The Cardiology ICPs to be amended to include a section on assessment of the ability to take medication.</p> <p>Better information to be given to patients about their discharge medicines - electronic discharge letter to provide this information</p> <p>Estimated discharge dates – staff to record these dates and ensure that all wards have easy access to this information.</p>
Familial Hypercholesterolaemia Audit 2009	More patients to be reviewed when the re-audit takes place



Health Promotion Audit '09	To disseminate national NHPHA report when published in 2010
	To remind staff of the importance of documentation of all patient data and ensure compliance
	To consider gathering feedback from patients and staff on health promotion in the Trust
	To consider adding another section to all ICPs to capture health promotion and related data
Information Governance Toolkit 2009 - Comparison of Patient Registration Sheet Data with Data on PAS	Appointment of new medical records manager
	All data items included on patient registration sheet to be located on a single PAS screen
	New frontsheet to be printed for every patient admission/attendance. Current Process to be revised
Omalizumab audit 2009	100% compliance was found against the standards set by NICE – no actions
Patient Identification Audit 2009	Patient Identification Policy to be reviewed and improved
	Policy awareness and training sessions to be provided
	Departments to ensure staff adhere to the policy and associated procedures
	Re audit compliance with the policy
Records Management - adult heart division	Admin and ward staff to be reminded of their obligation to file and not send loose notes to Medical Records Library
	To provide training to admin / ward staff if required - establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - remind all relevant staff of requirements
Records Management - Children's Services	To provide training to admin / ward staff if required - establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - remind all relevant staff of requirements
	To remind admin and ward staff of their obligation to file and not send loose notes to Medical Records Library

Records Management - Harefield 2009	To present/discuss ward findings to relevant staff: forward audit results to Heads of Departments and disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to send as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to label clinical sheets and file notes correctly
	When paper documents are printed to ensure they are securely filed in the notes.
	To improve filing within the notes.
	Repeat audit at annual intervals (to reassess frequency once improvements made)
Records Management - Respiratory Medicine 2009	Forward audit results to Heads of Departments in Lung Division at fortnightly meeting
	Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to post as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to file notes correctly
	Work with Clinical Audit to produce results/report and recommendations to disseminate to divisions
Thoracic epidural anaesthesia '09	To become part of routine monitoring and reporting.
Tracking of Clinical Records RBH 2009	All relevant staff in Lung and Adult Heart Division to be reminded of their responsibility to track records in their possession
	To establish whether further training is required by relevant staff on how to track records
	To repeat the audit in other divisions on a rotational basis - repeat audit in each division at annual intervals

Transfer between Critical Care and Ward 2009	Develop ability to print a summary of transfer info from ICIP/CAREVIEW system
	Develop a standardised transfer document for incorporation into the integrated care pathway documentation.
Usage of blood products in paediatric cardiac surgery '09	To include heparin monitoring intra CPB to guide accurate protamine dosing post CPB.
Audit on peri-operative ACE-I use	To continue use in patients with low ejection fraction
	To write a policy on peri-operative ACE-I use
	To re-audit focusing on patient factors such as ejection fraction and surgical complexity

## **Research**

As a specialist NHS Foundation Trust, research is a core part of our mission. During 2009/10 1,759 Trust patients were recruited into research approved by a research ethics committee (1417 into NIHR portfolio studies plus 342 into industry studies). Twenty-nine per cent of these patients were entered into cardiovascular research studies and 71 per cent into respiratory research studies.

Compared to the previous 12 month period, this reflected a slight (four per cent) increase in recruitment into NIHR portfolio studies. It should be noted that the ability of the Trust to engage in NIHR portfolio studies is determined by the specialist patient population for which it provides care. The majority of the NIHR portfolio studies undertaken in the Trust are therefore initiated and led by our own staff.

In addition, Royal Brompton & Harefield Foundation NHS Trust is home to two NIHR Biomedical Research Units; one for respiratory disease and one for cardiovascular disease. Both Units are focussed on increasing the throughput of new therapies from the laboratory to the clinic in advanced and complex cardiovascular and respiratory disease, in collaboration with Imperial College London. The new facilities that this funding provides will significantly enhance our research capability and our patients' research experience when they open in the second half of 2010.

## **Goals agreed with Commissioners**

A proportion of Royal Brompton & Harefield NHS Foundation Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The value of NHS income conditional upon achieving quality improvement and innovation goals during the reporting period 2009/10 was £909 000. Payment of this amount was received in full from commissioners.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Director of Service Development, Harefield Hospital, Hill End Road, Harefield, UB9 6JH

## Statements from the Care Quality Commission (CQC)

### Care Quality Commission Registration

From 1<sup>st</sup> April 2010, Royal Brompton & Harefield NHS Foundation Trust has been registered by the Care Quality Commission for the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures

An application has also been made in respect of the regulated activity:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983

The registration applies to both of locations from which the Trust provides services:

Royal Brompton Hospital, Sydney Street, London SW3 6NP

Harefield Hospital, Hill End Road, Harefield, UB9 6JH

The Trust has been registered as compliant with 15 out of the 16 Essential Standards of Quality and Safety published by the Care Quality Commission. The Trust is in the process of delivering an action plan in respect of fire safety. The action plan is due for completion by 31<sup>st</sup> July 2010 at which point the Trust aims to be fully compliant with all 16 of the Essential Standards of Quality and Safety.

### Care Quality Commission Periodic Review

Royal Brompton & Harefield NHS Foundation Trust is subject to periodic review by the CQC and the last review was for the year 2008/09. This review used the information and the methodology inherited from the Healthcare Commission and was published by CQC in October 2009. The CQC's assessment of Royal Brompton & Harefield NHS Foundation Trust following that review was excellent for both quality of services and quality of financial management.

Royal Brompton & Harefield NHS Foundation Trust has not participated in any special reviews or been the subject of any investigations by the CQC during the reporting period.

## Data quality

### NHS Number and General Medical Practice Code Validity

Royal Brompton & Harefield NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

90.8% for admitted care patients;  
96.9% for out patient care; and  
accident and emergency care – not applicable

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

99.8% for admitted care patients;  
99.9% for out patient care; and  
accident and emergency care – not applicable

### Information Governance Toolkit attainment levels

Royal Brompton & Harefield NHS Foundation Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit is 83% for the items selected by the Department of Health for inclusion within the Quality Accounts. All Toolkit requirements scored level 2 or above.

### Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust carries out a Payment by Results Clinical Coding Audit every year. The error rates reported in the 2009/10 Payment by Results Clinical Coding Audit for diagnoses and treatment coding (clinical coding) were:

Errors in coding of Primary Diagnoses	6%
Errors in coding of Secondary Diagnoses	2%
Errors in coding of Primary Procedures	4%
Errors in coding of Secondary Procedures	3%

The audit sample included 200 sets of case notes, 100 from cardiology, 70 from paediatric medicine and 30 from respiratory medicine. It should be noted that the results given above should not be extrapolated further than the actual sample audited.

It should be noted however that Royal Brompton & Harefield NHS Foundation Trust has been cited as an example of good practice from the 2009/10 Payment by Results inpatient audit in respect of promoting the achievement of the Accredited Clinical Coder Qualification (ACC) within a specialist trust. For more information please visit:

<http://www.audit-commission.gov.uk/health/goodpractice/pbrdataassuranceframework/Pages/royalbromptonharefieldnhsft200910.aspx>

### Part 3: Review of Quality Performance

#### Quality Account Indicators

Position at 28<sup>th</sup> April 2010 – Final update to take place by June 2010

This report gives an update on the current results for the indicators chosen for inclusion in the Quality Account for 2009-10. Those in *italics* are also CQUIN measures. Where available, data for previous years has been provided.

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
<b>Patient Safety</b>							
<b>1. Surgical Checklist</b>	Implementation of WHO Surgical Checklist	National target: Implemented by 1 <sup>st</sup> February 2010	By 1 <sup>st</sup> Feb 2010	HH: ✓ RBH: ✓	n/a	n/a	<b>Achieved</b>
<b>2. Patient At Risk</b>	Compliance with PAR tool	Internal target: 90% or above	Apr09-Mar10	<b>90.5%</b>	n/a	n/a	<b>Achieved</b>
<b>3. Pressure Ulcers</b>	Number of patients who develop pressure ulcers in-hospital per 100 bed-days	Internal target: 0.5 or below	Apr09-Mar10	<b>0.3</b>	n/a	n/a	<b>Achieved</b>
<b>4. Catheter-related bloodstream infection</b>	Compliance with all 5 elements of the CRBSI care bundle	Internal target: 90% or above	Jul09-Mar10	HH: <b>84%</b> RBH: <b>83%</b>	n/a	n/a	A robust system for monitoring was set up during 2009-10 with monthly audits. There are 2 aspects to this indicator – completion of the forms and compliance with all elements of bundle. Both aspects have improved steadily to over 80% on both sites for March 2010

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
<b>5. Ventilator acquired pneumonia</b>	Compliance with the VAP care bundle	Internal target: 90% or above	Sep09–Mar10	HH: 94% RBH: 96%	n/a	n/a	A robust system for monitoring was set up during 2009-10, with monthly audits. Compliance with all elements of the bundle has improved steadily to over 90% on both sites for March 2010
<b>6. Surgical Site Infection<sup>4</sup></b>	% of patients who develop a surgical site infection following a CABG procedure via sternotomy (SSISS data)	5.86 or below - Reduction of 25% from Trust baseline score (calculated as Q1 2009-10)	Apr09-Mar10	7.45	7.81	n/a	A robust system for monitoring was set up during 2009-10, with monthly audits. The rate has decreased slightly from the baseline score (calculated as Q1 2009-10)

<sup>4</sup> Surgical Site Infection data comes from the Health Protection Agency national surveillance programme (SSISS)



Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10 YTD	Score 2008-09	Score 2007-08	Overall result / comments
<b>Patient Outcomes</b>							
<b>7. Hospital Standardised Mortality Rate (HSMR)<sup>5</sup></b>	Standardised mortality relative risk	Internal target: In top 20 hospitals nationally	Apr-Dec 09	<b>66.4 (19<sup>th</sup>)</b>	60.2 (12 <sup>th</sup> )	61.6 (10 <sup>th</sup> )	<b>Achieved</b>
	1 <sup>st</sup> time, isolated, elective CABG	National rate for 2007-08: 1.0% or below	Apr 06-Dec 09	<b>0.9%</b>	0.9%	1.0%	
<b>8. In-hospital Mortality Rates for Benchmark Procedures<sup>6</sup></b>	1 <sup>st</sup> time, isolated, elective AVR	National rate for 2007-08: 2.0% or below	Apr 06-Dec 09	<b>1.7%</b>	1.8%	1.7%	<b>Achieved</b>
	All PCI's	National rate for 2008: 2.0% or below	Apr-Dec 09	<b>1.8%</b>	1.6%	1.5%	
	All paediatric congenital procedures	National rate for 2006-07: 1.4% or below	Apr-Dec 09	<b>1.0%</b>	1.1%	1.2%	

<sup>5</sup> HSMR comes from the Dr Foster data

<sup>6</sup> Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
<b>Patient Outcomes</b>							
<b>7. Hospital Standardised Mortality Rate (HSMR)<sup>7</sup></b>	Standardised mortality relative risk	Internal target: In top 20 hospitals nationally	Apr09-Mar10	<b>68.0 (16<sup>th</sup>)</b>	60.2 (12 <sup>th</sup> )	61.6 (10 <sup>th</sup> )	<b>Achieved</b>
	1 <sup>st</sup> time, isolated, elective CABG	National rate for 2007-08: 1.0% or below	Apr09-Mar10	<b>0.9%</b>	0.9%	1.0%	<b>Achieved</b>
<b>8. In-hospital Mortality Rates for Benchmark Procedures<sup>8</sup></b>	1 <sup>st</sup> time, isolated, elective AVR	National rate for 2007-08: 2.8% or below	Apr09-Mar10	<b>0.4%</b>	1.8%	1.7%	<b>Achieved</b>
	All elective PCI's	National rate for 2008: 2.0% or below	Apr09-Mar10	<b>0.4%</b>	0.6%	0.5%	<b>Achieved</b>
	All paediatric congenital procedures	National rate for 2006-07: 1.4% or below	Apr09-Mar10	<b>0.98%</b>	1.1%	1.2%	<b>Achieved</b>

<sup>7</sup> HSMR comes from the Dr Foster data

<sup>8</sup> Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
	1 <sup>st</sup> time heart transplant (30 day mortality)	National rate for 2007-08: 15.0% or below	Apr09-Mar10	<b>14.3%</b>	33.3%	6.4%	
	1 <sup>st</sup> time lung transplant (30 day mortality)	National rate for 2007-08: 6.0% or below	Apr09-Mar10	<b>5.9%</b>	5.9%	5.9%	
	Median time from entering hospital to angioplasty	National average for 2008-09: 46 mins	Apr09-Mar10	<b>24</b>	23	n/a	<b>Achieved</b>
	Mortality following primary angioplasty	National rate for 2008-09: 6%	Apr09-Mar10	<b>5.1%</b>	5.3%	5.2%	<b>Achieved</b>
	% of patients with a neurological injury started on a Care Pathway	Internal target: 90% or above	Apr09-Mar10	<b>90.2%</b>	n/a	n/a	A robust monitoring system has been set up in 2009-10 to record and monitor all neurological injuries occurring in-hospital. The focus is now on reviewing all these cases to identify where improvements in care could be made
<b>10. Neurological injury</b>							

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
<b>Patient Experience<sup>9</sup></b>							
<b>12. Patient Satisfaction with their stay</b>	% of patients who would recommend this hospital to their family/friends	National rate for 2009-10: 95%	2009	<b>99%</b>	99%	99%	<b>Achieved</b>
<b>13. Food and Nutrition</b>	% of patients who were offered a choice of food	National rate for 2009-10: 79%	2009	<b>91%</b>	92%	91%	<b>Achieved</b>
	% of patients who always had enough help with eating meals	National rate for 2009-10: 66%	2009	<b>79%</b>	75%	78%	<b>Achieved</b>
	% of patients who felt they were treated with dignity and respect	National rate for 2009-10: 80%	2009	<b>91%</b>	92%	90%	<b>Achieved</b>
<b>15. Hospital cleanliness</b>	% of patients who felt that the room or ward was clean or very clean	National rate for 2009-10: 96%	2009	<b>100%</b>	99%	98%	<b>Achieved</b>

<sup>9</sup> All these indicators come from the NHS Inpatient Survey 2009

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10	Score 2008-09	Score 2007-08	Overall result / comments
<b>16. No. of complaints</b>	No. of complaints per 1000 patient contacts	Internal target for 2009-10: <4	Apr09-Mar10	<b>3.6</b>	4.0	3.8	<b>Achieved</b>
<b>Staff Experience<sup>10</sup></b>							
<b>17. Annual Turnover</b>	% turnover rate	Internal target: 12%	Apr09-Mar10	<b>10.3%</b>	12.0%	14.6%	<b>Achieved</b>
<b>18. Staff Sickness</b>	% of staff sickness	Internal target: 3% or below	Apr09-Mar10	<b>2.56%</b>	2.98%	3.11%	<b>Achieved</b>
<b>19. Staff Survey</b>	Staff satisfaction with quality of work and standard of care given to patients	National rate for 2009: 73%	2009 (annual survey)	<b>93%</b>	80%	n/a	<b>Achieved</b>
	Recommendation of trust as a good place to work	National rate for 2009: 56%	2009	<b>75%</b>	71%	n/a	<b>Achieved</b>
	Fairness and effectiveness of reporting of errors, near misses or incidents which could hurt patients	National rate for 2009: 3.43	2009	<b>3.58</b>	3.55	n/a	<b>Achieved</b>

<sup>10</sup> All these indicators come from the NHS Staff Survey 2009

## Monitor - Compliance Framework Indicators: Performance 2009/10

	Threshold	Weighting	Status
<b>Targets – Weighted 1.0 (national requirements)</b>			
<i>Clostridium difficile</i> - year on year reduction to comply with the trajectory for the year agreed with Kensington & Chelsea PCT	Achievement of Trajectory for reduction	1.0	Met
MRSA – maintaining the annual number of MRSA bloodstream infections at 5 or less (baseline year 2003/04) as agreed with Kensington & Chelsea PCT	Achievement of Trajectory for reduction	1.0	Met
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	94%	1.0	Met
Maximum two month wait from referral to treatment for all cancers	85%	1.0	Met
For admitted patients, maximum time of 18 weeks from point of referral to treatment	90%	1.0	Met
For non-admitted patients, maximum time of 18 weeks from point of referral to treatment	95%	1.0	Met
<b>Targets – Weighted 0.5</b>			
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	0.5	Met
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Met
Screening all elective in-patients for MRSA	-	0.5	Met
<b>National Core Standards</b>			
Each national core standard	-	0.4	<p>During 2009/10 the Trust was compliant with 43 core standards</p> <p>On 25<sup>th</sup> March 2010 the Trust declared insufficient assurance with one core standard - C20a</p>

## **Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts**

The second draft of the Quality Accounts was circulated for consultation following approval at the Trust Board meeting on 28<sup>th</sup> April 2010. The consultation period ran for 30 days from 28<sup>th</sup> April 2010 to 28<sup>th</sup> May 2010.

The organisations involved in the consultation were:

- North West London Commissioning Partnership
- The London Borough of Hillingdon External Services Scrutiny Committee
- The Royal Borough of Kensington and Chelsea Overview and Scrutiny Committee
- Hillingdon Local Involvement Network
- Kensington and Chelsea Local Involvement Network

The final draft of the Quality Account was made available to the FT Governors through the FT Governors web site on 21<sup>st</sup> May 2010.

Further work will be undertaken, in order to respond to the points raised during the consultation, prior to publication of the Quality Accounts on the NHS Choices web site on 30<sup>th</sup> June 2010.

## Annex 3

### Committee Disclosures

As a public benefit corporation, the Foundation Trust is governed by its members, who in turn elect a Board of Governors to oversee the activities of the Trust Board. The Trust Board is charged with day to day management of the Trust's affairs.

The Board of Governors has convened a sub-committee, the Nominations Committee, to conduct the selection of Board Members.

The Trust Board has convened 2 sub-committees, the Audit and Risk Committee and the Remuneration Committee, to oversee the Board discharge of its responsibilities with regard to management of the risk and control environment within which the Trust operates, and to oversee levels of senior managers' pay and conditions, respectively.

The disclosures mandated by guidance with regard to each of these are summarised:

#### **Council of Governors and sub-Committees**

The role of the Governors' Council is to appoint or remove the Chairman and other Non Executive Directors of the Trust; to approve the appointment of the Chief Executive and to decide the remuneration and expenses and other terms and conditions of the Non Executive Directors. The Governors' Council should receive and consider the Trust annual accounts, any auditor's reports on those annual accounts and the annual report from the Board of Directors. The Governor's Council provides views to the Board of Directors in respect of forward plans. The Governor's Council is consulted by the Board of Directors in relation to strategic matters affecting the Trust and should also approve and review the membership strategy.

During this first period as a Foundation Trust the Governor's Council has met 5 times. Details of attendance, including that of Board members, are given in the following table.



## Composition of Foundation Trust the Governor's Council

Name	Date of Appointment/ Election	Term of Appointment	Constituency	Attendance Record	
				Council of Governors	Nominations Committee
<b>Governors</b>					
Mr Philip Dodd*	1.6.09	3 years	public	4/5	1/1
Mr Kenneth Appel	1.6.09	3 years	public	5/5	
Mrs Caroline Greenhalgh	1.6.09	18 months	public	3/5	
Mr Brian Waylett	1.6.09	18 months	public	4/5	
Mr Ralph Gartenberg	1.6.09	18 months	patient	3/5	
Mr Peter Rust	1.6.09	3 years	patient	3/5	
Mr Anthony Connerty	1.6.09	3 years	patient	2/5	
Mr Irving Shaw	1.6.09	18 months	patient	3/5	
Ms Shelagh Eaton (Resigned June 2009)	1.6.09	3 years	patient	0/1	
Mr Richard Baker (Appointed to replace Shelagh Eaton)	1.7.09	3 years	patient	4/4	
Mr Nick Hooker	1.6.09	3 years	patient	3/5	
Mrs Mary-Anne Parsons	1.6.09	18 months	patient	2/5	
Dr Adrian Lepper*	1.6.09	3 years	patient - carer	4/5	1/1
Dr Ian Balfour-Lynn	1.6.09	3 years	staff	3/5	
Professor Margaret Hodson	1.6.09	3 years	staff	3/5	
Ms Sue Callaghan	1.6.09	3 years	staff	4/5	
Ms Elke Keinath (Resigned 1.11.09)	1.6.09	18 months	staff	2/2	
Dr Olga Jones (Appointed to replace Elke Keinath)	1.11.09	18 months	staff	2/3	
Mr Robert Parker	1.6.09	18 months	staff	5/5	
Councillor Mrs Victoria Borwick	1.6.09	3 years	L.B. Kensington & Chelsea	1/5	
Mr Ray Puddifoot*	1.6.09	3 years	L.B. of Hillingdon	3/5	1/1
Mr Andreas Lambrianou (Resigned April 2010)	1.6.09	3 years	NHS Kensington & Chelsea	1/5	
Mrs Allison Seidler	1.11.09	3 years	NHS Hillingdon	1/3	
Professor Michael Scheider*	1.6.09	3 years	Imperial College, London	3/5	1/1
Professor Peter Rigby	1.6.09	3 years	University of London	1/5	
<b>Other Attenders including Board Members:</b>					
Chairman				5/5	
Chief Executive				5/5	
Medical Director				1/5	
Director of Finance & Performance				5/5	
Director of Nursing & Governance				3/5	
Chief Operating Officer				4/5	
Trust Secretary & General Counsel				4/4	
NED: R Hunting				3/5	
NED: J Hill				5/5	
NED: C Croft				4/5	
NED: N Coleman				5/5	
NED: A Newman Taylor				1/5	

Governors who served on the Nominations Committee are marked \*

### Nominations Committee

Membership – as noted above; Chair was Mr Ray Puddifoot

To consider the appointment of a Non-Executive Director with a Finance background.

Met on 4<sup>th</sup> December 2009

## Governors' Interests

<b>PUBLIC CONSTITUENCY 1: North West London</b>	
<b>DODD, Philip Joseph</b>	<p>Member, Harefield Hospital ReBeat Club</p> <p>Company Director:</p> <ul style="list-style-type: none"> <li>City Airport Rail Enterprises (Holdings) Ltd</li> <li>City Airport Rail Enterprises plc</li> <li>Woolwich Arsenal Rail Enterprises (Holdings) Ltd</li> <li>Woolwich Arsenal Rail Enterprises Ltd</li> <li>Health Management (UCLH) Holdings Ltd</li> <li>Health Management (UCLH) plc</li> <li>Health Management (Carlisle) Holdings Ltd</li> <li>Health Management (Carlisle) plc</li> <li>InspirED Education (South Lanarkshire) Holdings Ltd</li> <li>InspirED Education (South Lanarkshire) plc</li> <li>Road Management Services (Darrington) Holdings Ltd</li> <li>Road Management Services (Darrington) Holdings Ltd</li> <li>Wastewater Management Holdings Ltd</li> <li>Ayr Environmental Services Ltd</li> <li>InspirED Education (East Dunbartonshire) Holdings Ltd</li> <li>InspirED Education (East Dunbartonshire) Ltd</li> <li>LST A1 Limited</li> <li>Road Management Services (Finance) plc</li> </ul> <p>Alternate Director:</p> <ul style="list-style-type: none"> <li>The Newcastle Estate Partnership Ltd</li> <li>Newcastle Estate Partnership Holdings Ltd</li> </ul>
<b>PUBLIC CONSTITUENCY 2: Bedfordshire &amp; Hertfordshire</b>	
<b>APPEL, Kenneth</b>	<p>Member: Harefield Hospital ReBeat Club</p> <p>Treasurer: Hertfordshire Local Optometric Committee</p> <p>NICE, Assessor, Advisory Committee of Clinical Excellence Awards</p> <p>Member; NW London Cardiac Network</p> <p>Patient Helpline Adviser: Patients Assoc, Northwick Park Hospital</p> <p>Member: Hertfordshire PSU Committee</p> <p>Member of Executive Board: Hertfordshire LINK</p>
<b>PUBLIC CONSTITUENCY 3: South of England</b>	
<b>GREENHALGH, Caroline</b>	<p>Owner: Consultancy researching issues relating to disability (main client: Leonard Cheshire Disability).</p> <p>Director: Equity Advisers Ltd</p> <p>Member – Asthma UK</p> <p>Member – London Committee of Human Rights Watch</p> <p>Member – The Conservative Party</p>
<b>PUBLIC CONSTITUENCY 4: Rest of England &amp; Wales</b>	
<b>WAYLETT, Brian Peter</b>	None

<b>PATIENT CONSTITUENCY: North West London</b>	
<b>GARTENBERG, Ralph</b>	Member, Harefield Hospital ReBeat Club
<b>RUST, Peter John</b>	Member, Harefield Hospital ReBeat Club
<b>PATIENT CONSTITUENCY: Beds &amp; Herts</b>	
<b>CONNERTY, Anthony</b>	Member, Harefield Hospital ReBeat Club
<b>SHAW, Irving</b>	None
<b>PATIENT CONSTITUENCY: South of England</b>	
<b>BAKER, Richard</b>	None
<b>PATIENT CONSTITUENCY: Elsewhere</b>	
<b>HOOKER, Nick</b>	Pharmacist currently employed by UHBristol NHS Trust but moving back to Weston Area Health Trust from 1.5.09.
<b>PARSONS, Mary-Anne</b>	None
<b>PATIENT CONSTITUENCY: Carers</b>	
<b>LEPPER, Adrian Murray</b>	Company Secretary and Director – Chiltern Society (vol.) Member – Hertfordshire LINK (vol) Company Secretary and Director Chilterns Woodland Project Ltd.(vol). Member - Department of Health Gene Therapy Advisory Committee. (paid/fee).

<b>STAFF CONSTITUENCY</b>	
<b>BALFOUR-LYNN, Ian</b>	Cystic Fibrosis Trust Service Standards & Accreditation Group 2000 President: BPRS 2007 Member BTS Council 2007 Member specialty Board RCPCH 2007 Member BTS Specialist Advisory Group on Cystic Fibrosis 2008 Member BTS Specialist Advisory Group on Home Oxygen 2008 Member CF Trust Medical Advisory Committee 2009 Director Keypond Properties
<b>HODSON, Margaret Ellen</b>	Member, Novartis Clinical Advisory Board Adviser, Cystic Fibrosis Trust
<b>CALLAGHAN, Sue</b>	Member RCN (Royal College of Nursing) Respiratory Advisory Group Member British Thoracic Society (BTS) Nursing Member
<b>JONES, Olga</b>	None
<b>PARKER, Robert</b>	Director and Treasurer: British Assoc. for Tissue Banks (Ltd Co.) (holding office until 15 July 2009) Company Secretary of EATB Congresses Limited (Limited Company).

<b>APPOINTED:</b>	
<b>BORWICK, Victoria (Royal Borough of Kensington &amp; Chelsea)</b>	Councillor, Royal Borough of Kensington & Chelsea Assembly Member, Greater London Authority Metropolitan Police Authority – Member London Crimestoppers Board - appointee Founder and Trustee, Edwin Borwick Charitable Trust Director: Poore Ltd, Second Poore Ltd Member, The Conservative Party, The Conservative Councillors Association
<b>(NHS Kensington &amp; Chelsea )</b>	<b>VACANT</b>
<b>PUDDIFOOT, Ray (London Borough of Hillingdon)</b>	Leader, London Borough of Hillingdon Chief Executive, Magdi Yacoub Institute (health research charity)
<b>SEIDLAR, Allison NHS Hillingdon</b>	None
<b>Professor Michael D Schneider Imperial College London</b>	Head of Cardiothoracic Science, Imperial College London
<b>Prof Peter Rigby University of London</b>	Chief Executive & Director of Research, Inst. of Cancer Research, University of London

## Trust Board and sub-Committees

### Details of Operation

Between 1 June 2009 and 31 March 2010, the Trust Board convened on 7 occasions.

### Composition and Committee Duties

Name	Roles	Attendance Record		
		Trust Board	Audit & Risk Committee	Remuneration Committee
Sir Robert Finch	Chairman; Chair of Remuneration Committee	7/7		1/1
Robert Bell	Chief Executive	7/7		
Executive Directors				
Mark Lambert	Director of Finance and Performance	7/7		
Robert Craig	Chief Operating Officer	7/7		
Caroline Shuldham	Director of Nursing and Governance	3/7		
Prof Tim Evans	Medical Director; Deputy Chief Executive	5/7		
Non-Executive Directors				
Jenny Hill	Remuneration Committee; Audit & Risk Committee	7/7	4/5	1/1
Prof Sir A Newman Taylor	Remuneration Committee; Audit & Risk Committee	4/7	3/5	1/1
Christina Croft	Remuneration Committee; Audit & Risk Committee	5/7	5/5	1/1
Nick Coleman	Remuneration Committee; Chair of Audit & Risk Committee	7/7	5/5	1/1
Richard Hunting	Remuneration Committee; Audit & Risk Committee	7/7	4/5	1/1
Neil Lerner		0/1	0/0	
Other Attendees				
David Stark	Trust Secretary	7/7		

The Chief Executive and the Executive Directors, although attendees at Board Committee meetings, are not formally members of those Committees.

## Directors' Interests

The Trust has an obligation under the Codes of Conduct and Accountability for NHS Boards to compile and maintain a register 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 report for the accounting period 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  
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)  
Trustee, NHLI Foundation

### Non-Executive Directors

Mr Nick Coleman  
Consultant, Risk Reputation Consultants Ltd

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

Mr Neil Lerner  
Royal National Lifeboat Institution (RNLI), Finance & Investment Committee  
Governor, School of Oriental and African Studies  
Member, Accountants & Actuaries Disciplinary Board

### Non-Executive Directors

Mrs Jennifer Hill  
Consulting Director, Echelon Ltd

Mr Richard Hunting  
Chairman, Hunting Plc  
Chairman, CODA, preventing heart disease and stroke

Professor Sir Anthony Newman Taylor  
Director CODA, preventing heart disease and stroke  
Chairman, Colt Federation  
Deputy Principal, Faculty of Medicine, Imperial College  
Member, Medical Honours Committee  
Trustee, Rayne Foundation  
Member, Bevan Commission

Member, Independent Scrutiny Group, Armed Forces Compensation Scheme Review  
Chairman, BOHRF Research Committee

### Executive Directors

Mr Robert J .Bell  
Board Member, CODA, preventing heart disease  
Stroke  
Board Member, NHS Innovations, London

Professor Timothy Evans  
Academic Vice President, Royal College of Physicians  
Advisor, Grant Reviewer and Advisory Board  
Member for multiple organisations e.g. (Medical Research Council, Wellcome Trust, British Heart Foundation and Dunhill Medical Trust)

Mr Mark Lambert  
Deputy Chairman, London Audit Consortium

Mr Robert Craig  
Trustee, QAL Advanced Cardiovascular Network (UK Charity)

Dr Caroline Shuldham  
Tour Leader, Master Travel Ltd  
Trustee of the Foundation of Nursing Studies

## **Directors' Resumes**

### **Chairman**

**Sir Robert Finch** was appointed by the Appointments Commission as the Trust's chair for a term of three years, effective from 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 a 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 arenas, 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 – 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 10 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 CORDA: Charity: preventing heart disease and stroke, a court member of the Ironmongers' Company, one of the 12 principal livery companies of the City of London; chairman of The Battle of Britain Memorial Trust. He has an engineering degree from Sheffield University and an MBA from Manchester Business School.

**Mr Neil Lerner** was appointed to the Trust Board in February 2010. He is an experienced accountant specialising in all aspects of risk management. He has played a key role in the development of ethical standards for the accountancy profession, globally and in the UK. After becoming partner at leading international provider of professional services, KPMG, in 1984, Mr Lerner held a number of senior positions, including head of privatisations, head of corporate finance and head of transaction services business for KPMG UK, and chairman of the KPMG Global Professional Indemnity Insurance Group. He retired from the firm in 2006 and currently holds a number of non-executive posts.

**Professor 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 January 2008, chairman of an expert scientific advisory committee to the government (the Industrial Injuries Council). He is currently chairman of the Colt Foundation charity and a director of the CORDA charity.

## 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 CODA. He has previously held positions as vice president, Health Care and Life Sciences Market Sectors, Cap Gemini, Ernst & Young Canada Inc; 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** is the Chief Operating Officer. He joined Harefield Hospital in 1995, having previously worked in community and general hospital services. Following the Trust merger in 1998, he became site director at Harefield and, in 2001, deputy director of operations for the Trust. Robert has also fulfilled the roles of director of governance & quality (2003-2006) and director of planning & strategy (2006-2009) – in the latter post, he was responsible for the Trust's Foundation Trust application. He was appointed to his current role in mid-2008.

**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, 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 2009.

## Membership and patient public involvement

The importance of staff listening to and responding effectively to patients' views is a key tenet of the Trust's Patient and Public Involvement (PPI) Strategy 2008-2011.

Clinical Teams are led by a nominated PPI champion who is responsible for the development of an annual PPI plan and attending and updating the PPI Champions Forum. The Forum meets quarterly and is also used as a forum for learning and sharing of best practice.

A wide variety of methods are used to capture the views and experience of our service users and these views are incorporated within the annual PPI plan.

In-patient and Out-patient Surveys are carried out annually to gain an understanding of general levels of patient satisfaction with aspects of our services. Since 2007 'Your Views' cards have been given to our in-patients on their discharge to give more detailed ward-level feedback. Other methods and sources of information that are used by staff include: departmental patient surveys, focus groups, patient stories, patient panels, patient support groups and complaints data. The Trust Board receives an annual update of PPI activity across the Trust.

The results from the annual In-patient and Out-patient Surveys influence the Trust's service priorities and plans. The results of the most recent 2008 NHS In-patient Survey identified a number of areas where the Trust was under-performing. An action plan was developed address these and improve service user experience. The 2009 In-patient Survey has now taken place and the results are currently awaited in order to determine whether action outcomes have improved.

The Trust is a Foundation Trust and has a Membership of 10,580 patient, public and staff representatives, broken down as illustrated below:

Membership size and trends:

Public -		2009-2010	
At year start (April 1)	+ve	1898	
New members	+ve	32	
Members leaving	+ve	-	
At year end (31 March)		<b>1930</b>	
Staff -		2009-2010	
At year start (April 1)	+ve	2828	
New members	+ve	687	
Members leaving	+ve	-	
At year end (31 March)		<b>3515</b>	
Patient -		2009-2010	
At year start (April 1)	+ve	4885	
New members	+ve	250	
Members leaving	+ve	-	
At year end (31 March)		<b>5135</b>	



In the new year the Membership team will be undertaking a data checking exercise to ensure the Trust's new Membership database is accurately populated. This may result in a reduction of Membership numbers as the data is cleansed.

The Trust continues to welcome and provide opportunities for those who wish to be members, through:

- Website and intranet portal and on-line registration facility
- Availability of membership forms in public and patient areas
- Inclusion of membership forms in routine correspondence
- Using internally-organised Patient and Public Involvement fundraising and Arts events
- With regards to staff membership, the Trust has an 'opt –out' system in place

Welcome packs are sent to all new members which detail the benefits of being a member.

We maintain contact with our members through a bi-annual newsletter. Members are sent this in the post/email and it is also available through accessing the trust website.

In terms of local engagement, the Trust is involved in the LINK groups in the London Boroughs of Kensington and Chelsea and Hillingdon. The LINKs have established a management board and a number of sub-groups focusing on particular health areas. The Trust is working with LINKs to ensure that it can support their agenda to engage local users and improve health and social care services in the boroughs.

In the coming year we are investigating the possibility of an annual Members Meeting at the end of the year to which all members will be invited.

## **Constituencies**

Members fall into one of the following constituencies: public, staff or patient. The eligibility requirements for joining different membership constituencies, are set out in the Trust Constitution as follows:

Public constituency – There are four geographical areas: North West London, Bedfordshire and Hertfordshire, South of England and Rest of England and Wales. The minimum number of members in each constituency is 75. Potential members must reside within the geographical area for which they apply and must have reached the minimum age of 16 years.

Staff constituency – Those eligible must have a contract of employment with the Trust which has no fixed term, or has a fixed term of at least 12 months, or have been continuously employed by the Trust under a contract of employment for at least 12 months.

Members of staff within these categories of employment and who have not informed the Trust that they do not wish to do so, become members automatically. Staff members may opt out of staff membership through notification to the Trust Secretary or Membership Office.

Individuals who exercise functions for the Trust but do not hold a contract of employment e.g. those employed by a university or who hold an honorary contract, a contractor or those employed by contractors may become members of the staff Constituency.

Volunteers to the Trust do not qualify for membership under the Staff Constituency.

Patients' Constituency – an individual who has attended the Trust's hospitals, in the last 3 years immediately preceding the date of an application to become a member, as either a patient or as the carer of a patient and who has reached a minimum age of 16 years.

## Annex 4

### Sustainability / Climate Change Disclosures

The Trust has a legal as well as moral duty to minimise its impact on the environment. Two key areas where we are focusing in this regard are in our use of finite resources and waste management. The table below provides some information regarding the amount of resources used and waste produced over the last two financial years and the associated costs.

2010 sees the introduction of the Carbon Reduction Commitment scheme. This will require us to pay a levy to buy carbon allowances to offset our carbon emissions at the rate of £12 per tonne. Since our estimate of our carbon emissions is in excess of 13,000 tonnes a year this equates to a cost pressure of £170,000. In addition to this many of the adverse effects attributed to climate change are likely to directly compromise the health of our patient group, for example those with respiratory problems such as asthma. In order to address these issues and plan for the future we will be appointing an Environment and Energy Manager. They will be tasked with items including an upgrade BMS survey & specification, sub metering installations to enable us to create “energy islands” and directly manage the energy in specific areas, an energy/carbon strategy & policy, localised heating controls and assessing emerging technology, particularly with regard to new builds.

The Trust has received the benefit of a long-term contract with SRCL to remove waste from the Harefield site. This has led to significantly reduced costs due to the link between this contract and the building of an incinerator at Hillingdon Hospital. This allows all clinical waste produced at the Harefield site to go for high-temperature incineration at a significantly reduced cost and for non-clinical waste to be removed from site for no charge. The Trust has little control over the ultimate disposal of the non-clinical waste and, with the exception of waste cardboard, SRCL currently choose to send this to landfill. Waste cardboard is baled separately and recycled. This arrangement will end in January 2012 when we will begin to pay commercial rates for waste disposal from Harefield.

The incinerator provides the heating requirements for Hillingdon Hospital so some heat recovery is linked to the disposal of clinical waste from the Harefield site. Because the waste is disposed of locally the environmental effect of the transport of the clinical waste is considerably lower than the industry standard.

Until recently the costs of recycling have been significantly higher than the cost of sending waste to landfill. Recent changes in legislation have encouraged waste companies to expand the range of waste recovery and other landfill diversion options. Grundon Waste Management Ltd currently remove clinical waste from the Royal Brompton site and will be removing non-clinical waste from 1<sup>st</sup> July, 2010. From 1<sup>st</sup> July the Trust are committed, in partnership with Grundon, to recycle a minimum of 30% of general non-clinical waste from Royal Brompton by introducing a mixed recycling waste stream. Non-recyclable waste will, depending on its nature, be recovered or diverted from landfill through Grundon’s Energy from Waste (EfW) facility except for a residual of about 10%. Within the next 6 months, in partnership with Grundon, our general clinical waste will pass through this EfW facility after it has been through the appropriate treatment process to render it non-harmful. When these changes are in place the Trust will be sending no more than 15% of waste produced at the Royal Brompton site to landfill and aim to recycle 50% of general non-clinical waste by 30<sup>th</sup> June, 2013.

Area		Non-financial data (applicable metric)	Non-financial data (applicable metric)	Expenditure	Financial data (£k)	Financial data (£k)
		2008/09	2009/10		2008/09	2009/10
Waste minimisation and management	Total amount of waste produced	HH clinical 267 tonnes	HH clinical 330 tonnes	Waste Disposal	HH £72	HH £72
		HH domestic Not recorded	HH domestic not recorded			
		RBH clinical 329 tonnes	RBH clinical 325 tonnes			
		RBH domestic 454 tonnes	RBH domestic 473 tonnes			
					RBH £354	RBH £339
Finite Resources	Water	HH 22,040m3	HH 12,460m3	Water	HH £21	HH £11
		RBH 90,240m3	RBH 84,000m3		RBH £80	RBH £79
	Electricity	HH 23,505GJ	HH 24,145GJ	Electricity	HH £720	HH £564
		RBH 37,582GJ	RBH 39,052GJ		RBH £1,232	RBH £969
		HH 54,033GJ				
	Gas	RBH 55,847GJ	HH 52,504GJ	Gas	HH £455	HH £371
		RBH 67,795 GJ	RBH £599		RBH £422	

## **Annex 5**

### **Equality & Diversity and Staff Survey Disclosures**

#### **EQUALITY & DIVERSITY**

Not only are NHS organisations under a duty to have regard to the need to eliminate unlawful discrimination and harassment, the Trust is committed to treating all current and potential staff equally and to avoiding discrimination against any individual or group. The Trust is a Disability Symbol User. This means that all applicants with a disability who meet the minimum Person Specification criteria for a job vacancy will be interviewed.

Selection of staff is on the basis of an individual's ability to meet the requirements of the job, as defined and measured against objective job related criteria. Managers must make selection decisions on the basis of the skills, knowledge and aptitude of candidates alone.

The classification of the ethnic origin, gender and disability of candidates for posts is monitored through a confidential questionnaire sent out with application forms - completion of the data is not obligatory however. This information is not given to those involved in the selection process.

During employment the Trust recognises that sickness due to medical reasons is not necessarily within the employee's control and as such the use of disciplinary procedures would be inappropriate. The Trust therefore has a separate, published process which defines our approach to short and long-term periods of sickness absence, including for staff who may be covered by the Disability Discrimination Act. This allows the Trust to maintain service effectiveness whilst, with the help of Occupational Health where appropriate, assisting staff to overcome or cope with their symptoms to a level that enables them to perform in a healthy and safe manner in their role. This may include a period of staged rehabilitation and/or reasonable adjustments to the role, ensuring those with a disability are not discriminated against. Assessment of competence will always be made against objective job related criteria alone. Where the nature of their condition is such that a return to their usual role is not possible, the Trust will investigate whether a suitable alternative may be available and also advise on occupational benefits the Trust provides, which may ultimately include ill health retirement.

By way of background, the data below gives an overview of the Trust's employed workforce:

	at 31 March <b>2009</b>	% of total	at 31 March <b>2010</b>	% of total
<b><u>AGE</u></b>				
<b>0-16</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0.0%</b>
<b>17-21</b>	<b>11</b>	<b>0.4%</b>	<b>11</b>	<b>0.4%</b>
<b>22+</b>	<b>2,697</b>	<b>99.6%</b>	<b>2,858</b>	<b>99.6%</b>
<i>total</i>	<i>2,708</i>	<i>100.0%</i>	<i>2,869</i>	<i>100.0%</i>
<b><u>ETHNICITY</u></b>				
<b>Not stated/ undefined</b>	<b>284</b>	<b>10.5%</b>	<b>232</b>	<b>8.1%</b>
<b>White</b>	<b>1,574</b>	<b>58.1%</b>	<b>1,717</b>	<b>59.8%</b>
<b>Black/Minority Ethnic</b>	<b>850</b>	<b>31.4%</b>	<b>920</b>	<b>32.1%</b>
<i>of which:</i>				
<i>Mixed</i>	<i>43</i>	<i>1.6%</i>	<i>53</i>	<i>1.8%</i>
<i>Asian/Asian British</i>	<i>352</i>	<i>13.0%</i>	<i>377</i>	<i>13.1%</i>
<i>Black/Black British</i>	<i>235</i>	<i>8.7%</i>	<i>248</i>	<i>8.6%</i>
<i>Other</i>	<i>220</i>	<i>8.1%</i>	<i>242</i>	<i>8.5%</i>
<b><u>GENDER</u></b>				
<b>Male</b>	<b>800</b>	<b>29.5%</b>	<b>829</b>	<b>28.9%</b>
<b>Female</b>	<b>1,908</b>	<b>70.5%</b>	<b>2,040</b>	<b>71.1%</b>
<i>total</i>	<i>2,708</i>	<i>100.0%</i>	<i>2,869</i>	<i>100.0%</i>

Below is a breakdown of those staff whose disability status is recorded:

<b>Status</b>	<b>% of staff</b>
I do not consider I have a disability	98.38%
I do consider I have a disability	1.33%
Not declared	0.29%

The Trust prides itself on confronting discrimination and leading on respect for human rights. Measures are in place to meet our statutory duties, challenge discrimination and promote equality of opportunity for all our users and staff. We maintain these standards with a holistic approach that ensures equality and diversity issues remain integrated in to what we do as 'the norm'.

Measures in place include:

- An Equality and Diversity Steering Group Chaired by the Trust's HR Director and with Executive and Non executive Director membership to oversee the Trust's equality and diversity policies and strategies and raise the profile of the equality agenda across the Trust.
- A range of services, policies and training for Trust managers and staff covering the Trust's equality and diversity duties and key supporting issues such as communication, appraisal, training, employment checks, Occupational Health, grievances, the treatment of vulnerable children and adults, translator and interpreter services, multi-faith facilities and chaplaincy provision and respect for culture and religion.
- Review of workforce and patient data within key services.
- User consultation on relevant policies and, involvement in service-sponsored activities which help promote understanding within both service users and staff.
- Formal and informal, qualitative and quantitative feedback mechanisms for patients and staff. These include a Joint Staff Committee with a remit to represent all staff, Chaired by the Chair of Staffside and the HR Director and attended by Union, staff and management representatives. The Committee meets monthly to discuss topics raised by staff and management and to review and approve policies; a similarly-constituted Local Negotiating Committee for medical staff.

Staff, In-patient and Out-patient surveys are also undertaken annually; a Patient Advice and Liaison Service (PALS) and a Complaints process which seeks to achieve local resolution of complaints wherever possible. Confidentiality is ensured at all times and those who complain are not discriminated against.

During the year, the Human Resources department undertook a review of its recruitment processes. This has informed a number of changes which will be implemented in the new year including: increasing liaison with national education institutions to raise awareness of opportunities at the Trust; redesign of communication regarding role and Trust benefits to reduce candidate loss during their notice period; improving the communication package for cross-functional support services so new staff understand the facilities available to them.

Leadership is key to ensuring that the Trust meets its current strategic objectives and supports progress towards achieving its strategic vision for the future. The Trust's Medical Consultant team are a key element of this. The Trust has therefore been reviewing its consultant recruitment and induction process to ensure it promotes selection of those candidates with the most relevant competencies and, that a personalised induction then supports them during their important first months with the Trust. Further work and consultation on this project will take place followed by implementation of the agreed changes, in the new year.

Also in the new year, training will be agreed to complement the work the Trust is undertaking on improving our systematic identification of patient's with a disability, so that we can make informed service provision, particularly for those with mental health and learning disabilities.

Regarding the Trust's existing statutory duties, a review of the Trust's current Impact Assessment tools resulted in a number of recommendations from users on how they could be further improved. This work is being undertaken now and the revised tools and accompanying guidance will be rolled out in the new year.

Another focus for the new year will be to ensure the Trust is prepared to meet the longer-term statutory requirements of the new Equality Bill.

## **STAFF FEEDBACK**

The Trust attaches great importance to the well-being – both physical and mental – of its staff, recognising the impact this has on its ability to recruit and retain staff with the right mix of skills and competences to deliver the best patient care. The Trust also recognises the growing body of research linking the effectiveness of human resources management to successful patient outcomes.

Information about the Trust's Staff Occupational Health service, Health and Safety, Equality and Diversity and Membership activities can be found elsewhere in this report - this section outlines our approach to staff information, engagement and, feedback.

Looking first at how we share information with our staff, this is led by the Trust's Chief Executive who holds regular Staff Forums at both our hospital sites. The Chief Executive values these opportunities, not just to update staff on recent news and developments from a strategic perspective but to be able to hear from and respond to questions from staff. Questions can be submitted beforehand if staff are not able to attend in person or if they would like to submit them anonymously or will be taken directly at the meeting.

Staff are kept informed about activities around the Trust, including corporate initiatives, through a variety of other channels. The intranet has a frequently updated 'Trust News' section and a 'Trust Matters' area where important information is shared – contact details are always provided for the originator so staff may follow-up directly. Each month the staff bulletin *What's New* is circulated widely (and uploaded to the intranet) with details for feedback and further information. *What's New* and the quarterly staff magazine *intouch* are editorially-led by staff contributions. A dedicated e-mail address is available for feedback and ideas and an editorial panel exists to ensure that the voices of all staff groups are heard. Staff are encouraged to attend (public) board meetings and our five staff governors play an active role on the governors' council.

As well as listening to, and communicating with staff, the Trust seeks to promote constructive, open, informal dialogue between staff and managers to ensure effective team performance. The Trust has a range of learning and development tools to support this, which are underpinned by the Trust's own Core Behaviours framework.

Where situations do arise, all parties benefit from informal resolution with the least friction – accordingly mediation is used whenever appropriate. The Trust has a range of policies and procedures which define the informal and formal processes available to address for example complaints, grievances or performance issues, should they be needed.

While the Trust also has recognised Trades Union agreements, the Joint Staff and Local Negotiating Committees are open to a group of formally and informally recognised staff representatives who meet regularly to discuss current topical issues and new policy.

The Trust has a popular Staff Recognition Scheme which takes nominations for individuals or teams from their colleagues who feel they have made an outstanding contribution to for example, their team, service improvement, or delivering efficiencies.

The Trust participates in the annual NHS Staff Survey and the results from the last two years are summarised in the table below.

This highlights the four Key Findings for which the Trust compares most favourably (Top ranked) and least favourably (Bottom ranked) with other acute specialist trusts in England:

	2008-2009 (acute Trusts)		2009-2010 (acute Trusts)		Trust improvement / deterioration
	<u>Trust</u>	<u>National average</u>	<u>Trust</u>	<u>National average</u>	
<b>Total Response rate</b>	47%	52%	<b>35%</b>	50%	<b>-12%</b>
<b>Top 4 ranked scores:</b>					
KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	67%	65%	<b>94%</b>	78%	<b>+27%</b>
KF6. Work pressure felt by staff <i>(the lower the score, the better)</i>	2.89%	3.03%	<b>2.7%</b>	2.98%	<b>+0.19</b>
KF2. Percentage of staff agreeing that their role makes a difference to patients	91%	90%	<b>95%</b>	91%	<b>+4%</b>
KF29. Impact of health and well-being on ability to perform work or daily activities <i>(the lower the score, the better)</i>	n/a	n/a	<b>1.48%</b>	1.57%	<b>n/a</b>
<b>Bottom 4 ranked scores</b>					
KF10. Percentage of staff using flexible working options	61%	71%	<b>62%</b>	70%	<b>+1%</b>
KF9. Percentage of staff working extra hours <i>(the lower the score, the better)</i>	72%	68%	<b>75%</b>	67%	<b>-3%</b>
KF20. Percentage of staff saying hand washing materials are always available	4.68%	4.72 <i>(Availability 1 to 5 where 1=0, 5=100)</i>	<b>62%</b>	71%	<b>n/a</b>
KF27. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months <i>(the lower the score, the better)</i>	21%	17%	<b>22%</b>	18%	<b>-1%</b>

As well as the NHS Staff Survey, this year the Trust took part in The Sunday Times Best Places to Work in the Public Sector survey. Unfortunately, the Survey timing ran simultaneously and this led to a reduced NHS Survey Response Rate. The Trust will ensure this does not happen again next year. We will also be investigating the possibility of electronic survey completion with the NHS Staff Survey team.

It is notable, however, that despite the lower Response rate, the Trust has again seen improvement in many areas and overall the Trust scored 3.91 out of 5 for staff engagement in the Survey, against a national average for other acute specialist trusts of 3.8 out of 5.



Other areas indicated for focus are:

- *Work/life balance* – the scores for staff using flexible working and working extra hours are highlighted as comparing poorly against the national benchmark.

The Trust does not believe this is fully representative of reality however - flexible working is traditionally a difficult area to quantify, with staff having varying perceptions as to what it means. In reality, although it may not formally be labelled as such, many of our staff regularly work flexibly using the policies and processes we have to accommodate this.

In the coming year, however, the Trust will continue to promote the work/life balance of staff - the use of the computerised self-rostering system, which allows staff to select and change their shifts online, is being extended throughout the Trust. This will allow staff to make changes to their working pattern more quickly and easily than currently, to respond to both short-term unforeseen and planned needs.

The Trust will also be facilitating a slightly easier working life with the introduction of a new learning and development management system and centralised 'self service' training portal – giving staff easier access to their details with and, increased provision of e-learning courses.

Overall the number of staff believing the Trust was committed to helping their work-life balance rose again in 2009 from 53% to 54%.

The upward trend of working hours needs further analysis to understand whether these are paid or unpaid hours, whether they are a feature of certain areas or, a more general trend. This will help our understanding of whether they are in response to particular personal or work circumstances and, enable the Trust to define actions to tackle this. The Human Resources department will be carrying out this work in the new year.

- *Harassment and bullying in the workforce* is a key issue for any employer. It is damaging to health and to morale, and creates a lack of trust and a breakdown in communication.

The Trust's Human Resources team is therefore developing new Staff Well-being and Stress policies which will be published in the new year. This will help to support managers in dealing with the cause and effect of such behaviour, for example, in identifying potential stressors for staff and, when staff well-being and performance is being negatively impacted. This will be supported in the new year by new Occupational Health counselling services.

The Trust's Human Resources department has introduced an annual review of anonymised data from the NHS Staff Survey, cases processed by the Human Resources Department and, the Harassment and Bullying Advisory Service to identify any communality in group, area or type of complaint. This data has been used to plan actions to try to address this issue including:

- Human Resources managers proactively coaching managers to ensure they recruit the most appropriate candidates and, tackle competency concerns as soon as they arise.
- A newly-developed range of learning and development training and courses. These are aimed at staff and managers at all levels to give them the skills and tools to approach for example, team building, difficult situations, feedback and respecting diversity. These are underpinned by the Trust Core Behaviours, integrated in to the job descriptions of all staff.

This activity is supported by informal and formal policies to address concerns and, staff who encounter harassing or bullying behaviour from those within the Trust can refer to the Trust's Harassment and Bullying Advisory Service – a confidential support service run by staff, for staff.

## **HEALTH AND SAFETY**

The Trust recognises that providing a safe environment for its patients and staff underpins all its other activities. The Trust therefore provides Health and Safety training to all staff on their commencement with the organisation, and then ongoing throughout their employment to ensure safety awareness and good practice is maintained. This may be supplemented by additional training dependent on the specifics of the staff member's role. Site based Committees have been established to ensure that concerns relating to safety can be raised through local Safety Representatives. The Trust also supports staff well-being in their work through a comprehensive Occupational Health service to ensure our staff and, through them, members of the public and of course, our patients enjoy a safe environment where occupational and safety risks are minimised. Health and safety is supported from the Chief Executive down to all levels.

## **STAFF SICKNESS**

In common with all other NHS Trusts, the Trust provides quarterly data on sickness absence to the Cabinet Office. This is published on the Trust's website, and is also reported within Annex 3 "Quality Report" but is reproduced here for ease of reference:

<b>18. Staff Sickness</b>	% of staff sickness	Internal target: 3% or below	Apr09- Mar10	<b>2.56%</b>	<b>Achieved</b>
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## **OCCUPATIONAL HEALTH**

The Trust's Occupational Health Service (OHS) has had a busy year, but service standards have not dropped as demonstrated by the team's nomination this year for a Trust Champions Award.

The Trust's Occupational Health Manager retired in March 2010 and was replaced by a Health and Well Being Manager. A new Occupational Health Consultant has extended our service to alternative weeks on each site.

The Harefield OHS was relocated to newly refurbished and larger facilities, providing employees with an enhanced service on site. The Service was also awarded the Hillingdon PCT contract to deliver occupational health services to its employees, GPs and Dentists.

In addition to the core occupational health services, employees can access podiatry, physiotherapy, counselling, cognitive behaviour therapy and pilates. The OHS has run health promotion events on both sites where employees had the opportunity to have cholesterol, BMI, blood pressure checks.

Occupational Health undertook an immunity project in 2009 and immunised 80% of our employees. This will continue in the new year – the Trust aims to be the first to have every relevant employee protected against all infectious diseases.

The OHS immunised approximately 85% of our employees who requested vaccination against H1N1 and seasonal flu. This resulted in lower levels of sickness and a greater awareness cross site. The final H1N1 inoculation was completed in February 2010.

Going forward, envisaged goals are to:

- Establish and implement the Trust's Health and Well Being Strategy
- Secure external contacts to deliver OHS within west London
- 100% staff immunity
- Establish a travel clinic within OHS

## **ILL HEALTH RETIREMENT**

The Trust processed no ill health retirements in the year 2009-2010 and therefore the Trust has incurred no additional pension liabilities for such staff this year.

## Annex 6

### Regulatory Ratings Report

	<b>Plan based upon Assessment Submissions</b>	<b>Q1 2009/10</b>	<b>Q2 2009/10</b>	<b>Q3 2009/10</b>	<b>Q4 2009/10</b>
<b>Financial Risk Rating</b>	4	4	4	4	3
<b>Governance Risk Rating</b>	Green	Green	Green	Green	Green
<b>Mandatory Services Risk Rating</b>	Green	Green	Green	Green	Green

Royal Brompton & Harefield NHS Foundation Trust was authorised as such on 1<sup>st</sup> June 2009.

The Planned risk ratings for year 1 as a Foundation Trust were set by Monitor. They were based upon the submissions made by the Trust during the assessment period.

During 2009/10 the ratings met plan levels for all quarters and all metrics apart from the financial risk rating for Q4. This was reduced from 4 to 3 due to the impact of certain settlements made with commissioners in the last quarter regarding payment for over-performance.