09/10

A REVIEW

Royal Brompton & Harefield NHS
NHS Foundation Trust

Contents

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لتوريا جيتنيس) في فريق الاتصالات: في الاتصال بـ

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Turkish

Bu raporun Türkçe kopyası için lütfen komunikasyon bölümündeki Angela Marciano’la görüşün. a.marciano@rbht.nhs.uk tel: 020 7351 8671.

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An introduction from the chairman and chief executive

Sir Robert Finch, Chairman

Mr Robert Bell, Chief Executive

As this review illustrates, 2009-10 was a particularly successful year for the Trust.

Gaining foundation trust status in June 2009, was the result of a great deal of hard work and perseverance. But there is no doubt that our new status affords many benefits. The opportunity to work with our governors, each bringing a unique set of skills and experiences to the Trust, has been both enjoyable and rewarding. We have adopted a very successful collaborative approach, and many governors have become involved in projects around the organisation. Their help and support has been very much appreciated. They have also challenged us on a number of issues; we welcome this aspect of their role and continue to work closely with them.

Our achievements in 2009-10 are by any standards, impressive. Both the quality of our services and the quality of our financial management were rated 'excellent' - the highest rating possible - in the Care Quality Commission's annual review of the NHS. Our record on infection prevention and control remains robust and we passed the Commission's comprehensive inspection on this issue. Once again we met all national targets set for us. Of most importance, patients again rated us highly in national surveys; their valuable feedback continues to be the major influencer in changing and improving services.

The Trust has been beneficially guided by a set of values, the first of which states that we believe our patients deserve the best possible specialist treatment for their heart and lung condition. To this aim, recent developments include the installation of Europe's most advanced CT scanner, the expansion of our heart attack centre, the launch of a new pulmonary rehabilitation service and the opening of a state-of-the-art blood sciences laboratory. Our patients deserve the best; we constantly strive to make sure they get it.

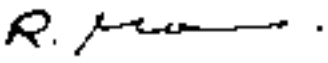
Research remains fundamental to our success, particularly in attracting and retaining the best international clinical experts. Developments continue with our respiratory and cardiovascular Biomedical Research Units, in partnership with Imperial College, London. Both will be operational in 2010-11, and will focus on developing new therapies and devices that begin life in the laboratory but are destined to have a real impact on patient care. They will significantly enhance the Trust's research capability.

Improving facilities at both hospitals has been high on our list or priorities for several years, and our new foundation trust status has enabled progressive movements to be made in this area. Redevelopment projects are planned for both sites and we are encouraged by the initial response from our local communities.

The coming years bring with them significant challenges. The withdrawal of transitional research funding has already had a significant impact on a research-led Trust such as ours, and no organisation is immune to the current economic climate and the severe challenges facing public funding. The need to maintain and grow our referral base and to continue to recruit and retain a high-calibre workforce, will be fundamental to our success.

Royal Brompton & Harefield NHS Foundation Trust has a remarkable history stretching back many decades. Impressive facilities have played an important role in the Trust's achievements, but it is the commitment, hard work and expertise of staff that has ensured its longevity. It is our talented and dedicated colleagues who will guarantee the Trust's success for many decades to come.

Sir Robert Finch
Chairman



Mr Robert J Bell
Chief Executive

23 September 2010

Trust mission

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 approach

- The continual development of leading edge services through clinical refinement and research
- The effective and efficient delivery of core specialist treatment
- The transition of appropriate routine services to other centres to release capacity for new interventions.

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

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

Trust values

At the core of any organisation are its values: belief systems that are reflected in thought and behaviour.

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

We care

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

We respect

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

We are inclusive

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

And the following values support us in achieving them:

We believe in our staff

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

We are responsible

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

We discover

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

We share our knowledge

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

Consultants discuss test results

A national centre

Royal Brompton & Harefield NHS Foundation Trust does not operate in a single, local health economy, but treats patients from across the UK (and more than 50 countries overseas).

Our care extends from the womb, through childhood, adolescence and into adulthood. Our clinical teams regularly treat patients in their 90s.

Most of our patients come to us from our partner hospitals around the country, with the second largest group being referred for a second opinion by their GPs.

Meeting a growing need

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.

Developing new treatments

Research programmes play a vital role at both our hospitals. The opportunity to influence the course of modern medicine by developing new treatments, is an attractive prospect for experts around the globe. The ability to attract the best clinical leaders clearly establishes the Trust as an international centre of excellence.

In the catheter laboratory

If you would like further information on how to refer or be referred, please contact us using referrals@rbht.nhs.uk

Performance and achievements in 2009-10

The Trust has 409 beds exclusively dedicated to the treatment of heart and lung disease - more than many centres in Europe and the USA.

7,617 babies and children with heart problems were treated in outpatient clinics, and **1,475** as inpatients.

9,289 CT scans were carried out.

107,357 appointments took place in our clinics, and **30,261** inpatient stays were recorded.

Adults with breathing problems were seen on **9,242** occasions.

2,060 patients with COPD were admitted.

1,841 chest surgery procedures were carried out.

On average **100** patients per month were treated at Harefield's Heart Attack Centre.

Over **1,700** adults were seen in the cystic fibrosis unit.

Children with breathing problems were treated **1,283** times.

2,708 heart operations and **6,021** other heart procedures were carried out.

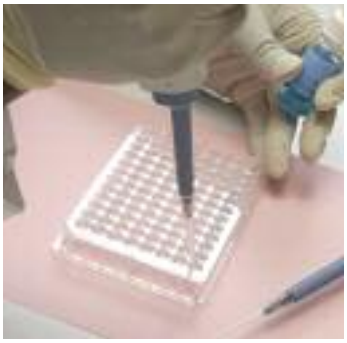
During 2009-10, Royal Brompton & Harefield NHS Foundation Trust:

Achieved excellent scores in both national **NHS patient surveys.**

Passed an inspection by the **Care Quality Commission** concerning the prevention and control of infections.

Was rated '**Excellent**' for both Quality of Services and Quality of Financial Management by The Care Quality Commission.

Met all **national targets** including those relating to cancer and the 18-week wait.



Did not have a single case of **MRSA** bacteraemia.

Treated more adults with **breathing difficulties** than anywhere else in the UK.

Installed the most **sophisticated CT scanner** in Europe, able to scan the chest in 0.6 seconds and the heart in two heartbeats.

Expanded its service for **heart attack patients** to south Buckinghamshire and east Berkshire.

Maintained its position as the **largest centre** in the country for complex surgery of the chest.

Developed respiratory and cardiovascular **Biomedical Research Units** in partnership with Imperial College, London.

Heart division

The Trust's two heart divisions provide specialist cardiothoracic services both on site and through outpatient clinics at our partner hospitals throughout the South East.

"Our clinical staff have an international reputation, and the services that we provide lead the way on the world stage"

Mr Darryl Shore, consultant cardiac surgeon and director of Royal Brompton's heart division

According to Mr Darryl Shore, consultant cardiac surgeon and director of Royal Brompton's heart division, replacing the traditional 'directorate' structures with care groups last year has greatly enhanced the way that complex heart problems are assessed and treated. Care groups are based around different conditions, and involve a multi-disciplinary team (MDT) of experts.

"The MDT is fundamental to the success of care groups. Before, decisions could be made by one or two consultants. Now, there is input from all relevant specialists and by meeting in this way we can ensure that every detail of a patient's treatment is discussed, and no stone left unturned in decisions about the best way forward," explains Mr Shore.

Dr Charles Ilsley, consultant cardiologist and director of the heart division at Harefield, agrees: "We are an organisation that gets things done. In the last five years we have consolidated our services, and we now have established expertise that the NHS would find it very difficult to replicate anywhere else."

A network of care

Strong links exist with district general and community health services in the South East, with a growing number of doctors from the heart division holding clinics at other hospitals, or using telemedicine to collaborate through 'virtual' consultations. The closest relationships involve teams from two organisations working closely together.

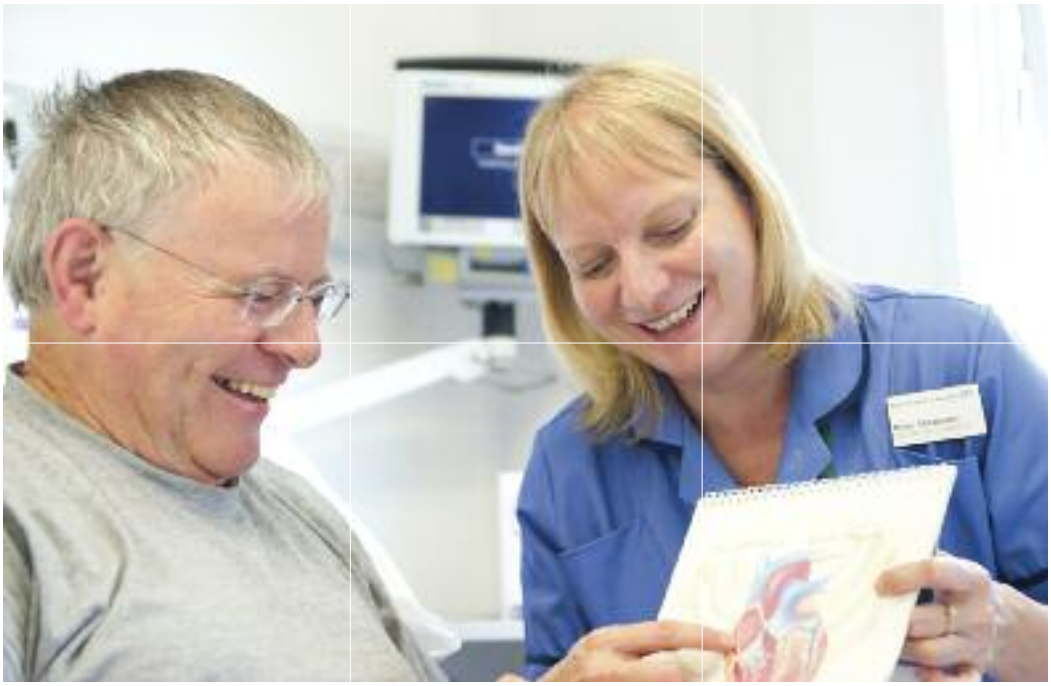
"Trust consultants are closely involved in MDT meetings at Ealing, Wexham Park, Northwick Park Hospitals, and at Basingstoke," Mr Shore comments. "The principle is good because it ensures that our consultants are involved in decision making, and it creates a much wider network of expertise from which patients can benefit."

Primary angioplasty: the 'Harefield Model'

At Harefield, at least 100 heart attack patients per month are now being brought directly to the hospital's catheter laboratory for primary angioplasty – emergency treatment to unblock the arteries to the heart. This service has expanded through north west London to large parts of Hertfordshire, Bedfordshire and, most recently, south Buckinghamshire and east Berkshire.

Harefield's Heart Attack Centre treats patients quicker than anywhere else in the country, limiting damage to the heart and providing the best possible chance of a swift recovery.

"Everyone is benefiting from what has come to be known nationwide as 'the Harefield model'," says Dr Miles Dalby, consultant cardiologist. "Patients



Nurse Nicky Margiereson with a patient

Harefield Hospital is a regional centre for primary angioplasty

"Work at Harefield is always new, always interesting, always challenging, and we often achieve results that are borderline miraculous"

Dr Nick Banner, consultant cardiologist and heart failure care group chair

"Heart rhythm problems are the most common reason for adults with congenital heart disease to be admitted"

Dr Lorna Swan, cardiology consultant and congenital heart group lead

benefit because they get faster treatment at Harefield, the A and E departments of the district hospitals benefit because they have more time to deal with other types of emergency, and the cardiology departments of these other hospitals benefit because they can concentrate on treating patients with chronic heart problems."

Spotlight on adults with congenital heart disease

With the largest number of adults with congenital heart disease in the UK coming to its clinics, Royal Brompton plays an important role in developing new techniques for treatment.

The new magnetic guidance system installed at the hospital last year is enabling cardiologists to treat complicated abnormal heart rhythms more effectively and more easily than ever before.

"Heart rhythm problems are the most common reason for adults with congenital heart disease to be admitted," says consultant cardiologist, Dr Lorna Swan, who leads the congenital heart disease care group.

"Because of the complicated structure of these patients' hearts, it used to be very difficult to get to the parts that needed treatment, and we needed X rays to guide us. But the magnetic system allows us to see exactly where we are in the heart and what we need to do, without exposing the patient to potentially harmful X rays."

Two new adult congenital cardiologists have joined the team, bringing the number to five, and enabling the service to expand. Growth will continue as more and more children are successfully treated for heart problems and reach adulthood.

"We have the advantage of being able to feed back to our paediatric colleagues about the long term effects of their treatment," explains Dr Swan, "and they are able to tell us about changes in the way they are managing patients, which may affect care in the years ahead."

Keyhole surgery to replace leaky valves

The Trust has one of the largest keyhole surgery programmes to replace heart valves in the world, and the newest technique to be introduced – the mitral valve clip – looks set to further reduce the risks of life-threatening damage to the heart arising from valve disease.

The device is implanted through a fine tube, called a catheter, which is threaded through the skin and into a blood vessel to the heart. The clip can then be released to repair the tiny flaps of the mitral valve

Harefield's new LDL Apheresis unit

A **new approach** to heart surgery

A catheter-based procedure carried out at Harefield Hospital has enabled 94-year-old Paul Conisbee to indulge his passion for gardening once again.

Dr Miles Dalby treated Mr Conisbee for a narrowed aortic valve using TAVI (Transcatheter Aortic Valve Implantation), which involves inserting a thin tube into a large blood vessel in the leg and guiding a replacement valve through the tube and into the heart.

Before the procedure was carried out, Mr Conisbee had suffered from severe breathlessness caused by the narrowed valve, had been unable to walk far and had even had to give up mowing his lawn and tending his much loved garden.

Following a short stay at Harefield Hospital, Mr Conisbee reports a vast improvement in his breathing, allowing him to walk to the shops and keep his 90 ft lawn under control.

Says Mr Conisbee: "I am much more mobile now and get out into my garden most days. Dr Dalby did a great job and I can't speak highly enough of him and in fact the whole team at Harefield Hospital.

"We knew the hospital by reputation and from the minute I arrived I received the most marvellous care and was always treated with the greatest respect. The procedure was explained to me and even though I knew it was a new technique I was happy to go ahead as I knew I was in safe hands."

Dr Miles Dalby added: "Due to the high risk of open heart surgery at the age of 94, we offered Mr Conisbee the TAVI procedure which was carried out without any complications. He made a rapid recovery and was discharged five days later with dramatically reduced breathlessness and improved mobility We were delighted to receive a photo shortly afterwards titled '94-year-old mows again'!"

The Harefield TAVI group has a large local and regional referral base. The number of referrals is increasing and the programme is growing rapidly, representing a major new clinical service which is of significant benefit to patients.

"Great tradition, great expertise, dedication to excellence, a level of specialisation that ensures the best results and a great place to work"

Dr Vias Markides, consultant cardiologist and arrhythmia care group chair

which control the flow of blood from the upper to the lower chamber on the left side of the heart.

Transcatheter procedures to replace aortic and pulmonary valves are already established, and are offered to high-risk patients for whom open heart surgery is not appropriate. But as experience increases and benefits become clearer, the treatment may be offered more widely to other patients.

Transplantation – breaking down the barriers

The Trust's new director of transplantation, cardiothoracic surgeon Mr Andre Simon, brings with him an international reputation in adult cardiac surgery, including transplantation and use of left ventricular-assist devices (LVADs) – also called 'artificial hearts'.

Valuable progress is being made in developing techniques to enable more donor hearts to be suitable for transplantation at Harefield, and consultant cardiologist, Dr Nick Banner, reports that a growing number of patients are leading relatively normal lives for two to three years and more with LVADs, while they await a suitable donor heart. In other cases, where damage to the heart is only temporary, LVADs are being implanted to allow time for recovery, and there is no need for a heart transplant.

"The technology has changed during the last few years and the newer devices are much smaller and easier to implant, with much more compact, quieter and transportable power supplies. At one time, you could hear someone with an LVAD from down the corridor, now they could sneak up on you without you knowing!" explains Dr Banner, who leads the heart failure care group.

Life-saving treatments

The incidence of heart rhythm disturbances in the population is rising. The arrhythmia care group covers the needs of patients with conditions that can cause the heart to slow down too much, for which pacemakers can often be very helpful, or conditions that cause the heart to beat too quickly, which can often be cured with ablation (the use of radiofrequency energy to destroy the area that is causing the abnormal heart rhythm). Additionally, patients who have had, or are at risk of having, life-threatening heart rhythm problems, are treated with a defibrillator (ICD). Some patients with heart failure can benefit from implantation of a cardiac resynchronisation device, the great advantage of these being that they make the heart contract better not by working harder, but by working more efficiently.

Dr Vias Markides, consultant cardiologist, who leads the arrhythmia care group, welcomes important new breakthroughs on the horizon: "We look forward to some exciting technology which is in development. For example, small leads will soon be available that can be implanted in the heart but don't need to be physically connected to the pacemaker - this should make them much more durable."

Life-changing apheresis unit at Harefield Hospital

The largest LDL Apheresis unit in the country, for the treatment of people with very high cholesterol levels in their blood, opened at Harefield Hospital in January 2010. The problem, which affects an estimated 120,000 people in the UK, is usually caused by the inherited disorder, familial hypercholesterolaemia (FH), and increases the risk of life-threatening heart disease. The unit is equipped with five state-of-the-art LDL Apheresis machines, which remove harmful LDL cholesterol from the blood.

"On a cold day in January 2010, the oldest heart attack patient yet was brought to the doors of the Harefield Heart Attack Centre. Aged 99 years and seven months, she was quickly assessed, a simple problem in an artery to her heart discovered and unblocked with angioplasty. Three days later, staff waved their record-breaking patient good-bye, none the worse for her surprise visit!"

Dr Charles Ilsley, Heart Division Director, Harefield Hospital

A new pacemaker that can resist magnets

Cardiologists at the Trust have implanted a revolutionary new pacemaker that allows patients to have magnetic resonance imaging (MRI) scans without fear the device will be affected by the MRI scanner. Until now, patients with a pacemaker have been unable to have an MRI scan, as the scanners use electromagnets that could damage or re-programme pacemakers – putting patients at risk. "The introduction of an MRI scanner compatible pacemaker is a truly significant step forward for our patients," says cardiologist, Dr Jonathan Lyne. "On average we implant 1,200 pacemakers each year and we know from experience that 50 per cent of these patients may need an MRI scan at some point in their life. Until now, these patients have not been able to benefit from this highly sophisticated diagnostic tool, so this is a considerable breakthrough in pacemaker technology."

Dr Jonathan Lyne with the new pacemaker

Lung division

The Trust is a world leader in the diagnosis, management and treatment of lung disease. Patients from the UK and overseas are treated for the full range of respiratory disorders including: asthma and allergy; cancer services; lung assessment; lung failure; and lung infection and immunity.

Dr Robert Wilson, director of the Trust's lung division

Underlining the Trust's high profile at the forefront of asthma research, Dr Robert Wilson has been appointed Chair of Asthma UK – the country's leading asthma charity.

According to Dr Robert Wilson, director of the lung division, the Trust's respiratory teams play an important role nationally and internationally: "We have a number of world renowned people on the team and trust staff have been closely involved in initiatives such as the development of the new Chronic Obstructive Pulmonary Disease (COPD) Framework for England. They have advised the British Thoracic Society on its guidelines for the treatment of asthma and other respiratory diseases, and many sit on expert committees and panels. Anita Simonds, consultant in thoracic medicine, plays an important national role in the UK's flu planning, and during the recent epidemic, Royal Brompton became one of only three centres in the UK to offer Extra-Corporeal Membrane Oxygenation (ECMO) treatment for adults with severe respiratory failure.

"Our multidisciplinary meetings remain key to the success of care groups and include consultants, senior nurses, dietitians, physiotherapists, clinical psychologists and others," explains Dr Wilson.

"Each care group has a clinical nurse specialist, working as a vital member of the team," he continues. "They help to provide continuity and training, among many other important functions. They are the glue that keeps everything together, providing the bridge between consultants and the patients."

By reorganising the Trust's research groups to match the care groups, increased synergy now exists between clinical and research work, improving planning and ensuring that patients can benefit as quickly as possible from advances in treatment.

Dr Diana Bilton, consultant respiratory physician and care group lead for lung infection and immunity, explains: "Royal Brompton is unique because it is the interface between top-flight science and clinical medicine. There is a shared vision that we are all here to be the best.

"Every patient who comes here is unusual and couldn't be treated at their local hospital, so we should be getting them into clinical trials of new treatment. We want to show them that there are now options even for people who were previously untreatable, and share the excitement of trials with them."

Specialist help for asthma and allergy patients

Trust experts treat more patients with severe asthma - unresponsive to standard inhalers, and requiring frequent hospital treatment - than anywhere else in the country. The asthma and allergy care group also looks after patients with serious allergies – from hayfever to food and drug allergies.

For asthma, the majority of patients are referred from consultants at district general hospitals, while for allergy, patients come from a variety of sources including primary care, because of the large unmet medical need. There are only two asthma centres in London, for a population of 7 million.

"Not everyone with severe asthma is the same, so it is important that we understand what treatments work for different patients, and where there are still unmet needs. We are combining scientific research into the mechanisms of asthma with clinical trials of new treatments, and this has already resulted in dramatic improvements in asthma control for some of our patients," says Dr Andrew Menzies Gow, consultant physician and care group lead for asthma and allergies.

Rapid response service

A new consultant-led service at Royal Brompton is enabling patients with worsening symptoms of interstitial lung disease to get prompt expert help and avoid long periods in hospital. Interstitial lung disease is inflammation and damage to tissue around the air sacs of the lungs, and generally requires long-term treatment. Thanks to the new rapid response service, patients can be treated at their own hospital, with advice from the Royal Brompton team or, where necessary, can be treated at the Trust on a day case basis.

Innovation in lung cancer surgery

The Trust has the biggest thoracic unit in the UK, with a wide range of expertise and providing a full range of chest surgery. It is the largest treatment centre for the surgical treatment of lung cancer and severe emphysema, with surgeons working jointly with colleagues at the Royal Marsden, who provide oncology services.

Specialist care for severe asthma

Jason Searle at the House of Lords

Royal Brompton asthma patient, Jason Searle, made a heartfelt speech about the difficulties of living with the condition at the House of Lords in July.

Jason spoke to Peers and Health Minister Earl Howe at the launch of Asthma UK's severe asthma report to raise awareness of how serious the illness can be. He used the event to thank everyone at Royal Brompton involved in his care for 'literally saving my life', saying that there is no better place in the world to be treated.

Says Jason: "Speaking in public about how asthma has affected my life was a very emotional experience and I broke down in tears halfway through when I caught sight of clinical nurse Suzie Regan. She had to carry on for me, reading from my notes."

Jason has suffered from severe asthma since he was three months old but it was never controlled satisfactorily during his childhood and got worse in his teens, severely restricting what he could do and forcing him to give up playing sport.

When he reached the age of 20, his local hospital in Essex referred him to Royal Brompton, which he says was a turning point in his life.

"For the first time I felt able to talk to people with specialist knowledge who really understood my condition and how it affected my life," says Jason.

Jason spent 10 days undergoing a series of tests to help the team understand more about the nature of his asthma and how best to treat it.

"Following tests at Royal Brompton, my medication was changed and I was put on steroids permanently," Jason explains. "I was involved in my care right from the start and had all my questions answered. The nursing team have always been very honest with me which I am grateful for and I have been given lots of practical advice which has helped with day to day living."

As well as regular reviews of his medication and treatment plan, Jason gets remote support from the team via e-mail.

He says: "I will always have severe asthma, but the care and respect I have received from staff at Royal Brompton has helped me deal with my condition and manage it successfully."

Mr Simon Jordan, care group lead for surgical oncology, explains: "The majority of patients with lung cancer are diagnosed very late for surgery but, because of our expertise and Intensive Care facilities, we can take patients that other hospitals don't consider suitable. For example, we've had three patients recently who were told nothing could be done for them at other hospitals but have gone on to have curative surgery here."

New laser treatment improves the outlook for patients

A new lung laser treatment to remove cancerous tumours was introduced in early 2010, enabling Royal Brompton's surgeons to perform complicated operations more efficiently and effectively. The laser helps surgeons to remove deep-seated and multiple tumours without damaging nearby healthy tissue. Operations are shorter and patients recover more quickly.

The new laser, the only one available in the UK, is being used mainly to remove metastatic tumours that have spread to the lungs from previously treated cancers in other parts of the body, like the bowel, or bone and connective tissue cancers, called sarcomas.

Mr. George Ladas, senior consultant thoracic surgeon and lead sarcoma surgeon, says: "We perform complex lung surgery at Royal Brompton Hospital and acquiring this surgical equipment will allow us to significantly increase the quality of care we offer to our patients and greatly improve their quality of life after surgery. It will also strengthen our position as the designated provider of thoracic sarcoma surgery services for London and south-east England."

Mr George Ladas

New option for emphysema patients

Chest surgeons at the Trust are also developing a new procedure to help people with advanced emphysema to breathe more easily. In patients whose lungs have become over-inflated as a result of their emphysema, surgeons are inserting small tubes to release trapped air from the lungs. A feasibility study is underway to measure the benefits of keeping the tubes in place for several months.

Lung repair outside the body

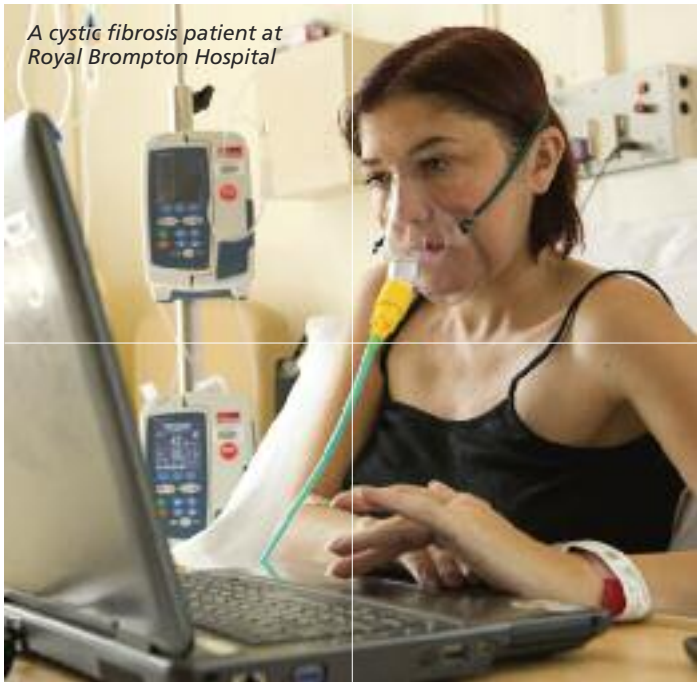
Surgeons at Harefield Hospital can now use new technology that improves the condition of donor lungs before they are transplanted. It is estimated that in the UK over 80 per cent of donor lungs are currently not suitable for transplant, and the new machine, called an ex-vivo lung perfusion (EVLP) system, will enable surgeons to re-condition donor lungs by pumping a bloodless solution containing nutrients, steroids and antibiotics through them inside a protected chamber.

Ms Karen Redmond, consultant thoracic and lung transplant surgeon, comments: "We believe that this cutting-edge system will help us to perform double the number of lung transplants in 2010-11."

Big boost for lung rehabilitation at Harefield

Over four times as many people are being referred to the pulmonary rehabilitation service at Harefield Hospital since its launch. The service, which includes use of a state-of-the-art gym, helps people with long term lung diseases and those recovering from lung surgery build up their strength and improve their breathing. There is already evidence that the new programme is getting excellent results in helping patients to improve their ability to carry out everyday activities.

A cystic fibrosis patient at Royal Brompton Hospital



Living with **cystic fibrosis**

"To the fantastic staff at the Royal Brompton Hospital who've managed to put up with me for over nineteen years."

A Passion for Living by Alex Stobbs is published by Hodder & Stoughton.

Musical prodigy and Royal Brompton Hospital patient, Alex Stobbs, is a familiar face to many after appearing in two Channel 4 documentaries and publishing a book which was serialised in the *Daily Mail*.

Alex, now 19, has cystic fibrosis and has moved millions of viewers and readers with the story of how he has lived with the crippling illness, and achieved his ambitions of conducting Bach's Magnificat at Eton College and the Matthew Passion at the Cadogan Hall in London.

A Passion for Living tells the story of a year in Alex's life, from April 2008 to 2009. It covers his life at Eton, spells at Royal Brompton Hospital and his musical career.

In the book, Alex describes his determination to live as a normal teenager, despite his illness, which attacks the lungs and digestive system and makes him dependent on daily drugs, oxygen and intensive physiotherapy.

Alex has been treated at Royal Brompton Hospital since he was two and dedicated the book to his family and the 'fantastic staff at the Royal Brompton Hospital who've managed to put up with me for over nineteen years'.

In his book Alex describes Royal Brompton as being 'as familiar as a second home'.

Commenting on Professor Andy Bush, who treated him until aged 16, Alex says: "He never tried to hold me back, saying it was far better for people with cystic fibrosis to be feisty and keep proving their doctors wrong."

"It's the most marvellous place to work because it's a world leader for every type of lung disease. It's small enough for us all to know each other well, so if a problem case arises you can get a world-class opinion on what to do within 20 minutes!"

Dr Diana Bilton, consultant respiratory physician and care group lead for lung infection and immunity

The gift of life

Sally-Anne Grainger takes part in a daring tandem sky dive

Sally-Anne Grainger enjoys horse riding with her two daughters and has just completed a charity sky dive. But just 18 months ago she underwent a life-saving double lung transplant at Harefield Hospital.

Sally-Anne waited over three years for her operation due to the challenge of finding the right sized donor lungs. At just 4ft 11ins, she was too petite for most adult lungs and had to wait until the perfect match was found.

She says: "Having the transplant has literally given me my children and my health back. Before this I spent up to eight months of the year in hospital and used to cough 400 times a day. Some days I was so tired I couldn't even talk to my girls on the phone."

Sally-Anne, now 30, was born with the genetic disorder cystic fibrosis, which attacks the lungs and digestive system.

When her second daughter was two, doctors at Birmingham Heartlands Hospital told her that she needed a double lung transplant to survive. "I decided to stop feeling sorry for myself and think positively about the future," she says.

Sally-Anne chose to have her transplant at Harefield. She says: "Harefield has a great reputation and I knew that I would get the best possible care there. From my first appointment with consultant respiratory physician Martin Carby I always knew that I was in safe hands.

"Harefield's transplant coordinator Nicky Crouchen was a life-saver. She was more like a counsellor to me and kept my spirits up when I got down. It was Nicky who called one afternoon to say that a donor had been found who may be suitable and I had the transplant at 11.30 that evening."

The operation was a complete success. Sally-Anne was breathing without a ventilator six hours later and up and about after 36 hours. She says: "I woke up to find one of my little daughters holding my hand which was an extremely emotional moment for us both."

Since returning home, Sally-Anne has enjoyed running in the park with her children, has taken up horse riding and fulfilled a life-long ambition to take part in a daring tandem sky dive.

Mr Toufan Bahrami, consultant cardiothoracic and transplant surgeon, commented: "As Sally-Anne's chest cavity was small and there were a lot of adhesions, it was a difficult operation, but all went smoothly. She is like a different person now and I got great satisfaction from seeing her run for a bus after her last appointment – before the transplant she could hardly walk."

Visiting the great pyramids in Egypt

Getting a hug from her children after her fundraising sky dive

Meeting the challenge of swine flu

The opening of an ECMO unit in Royal Brompton's Adult Intensive Care Unit (AICU) provided a crucial critical care service for vulnerable patients with swine flu in the autumn of 2009. ECMO stands for Extracorporeal Membrane Oxygenation.

While the effect of the swine flu pandemic elsewhere in the Trust was moderate, the impact on AICU was considerable.

One of only three dedicated ECMO units in England, the first patient was admitted to Royal Brompton at the end of October, with 19 more following over the next few months.

Better outcomes

Consultant in intensive care, Dr Jeremy Cordingley, a member of the AICU team caring for swine flu patients, explains: "ECMO uses an artificial lung to oxygenate the blood outside the body, preventing further damage while the lungs recover. Although it's been used in clinical practice for some time, the profile of ECMO was raised considerably by the swine flu pandemic.

"Being designated as an ECMO unit increased our capacity for the treatment of swine flu and other serious respiratory conditions. It was an important accolade for us, enhancing our reputation for critical care."

Fellow critical care consultant Dr Simon Finney adds: "Swine flu patients from the around the country, including Scotland and Northern Ireland, were transferred to the unit. But managing ECMO was not without its challenges for our team, and the other disciplines which support our work."

As consultant intensivist Dr Mark Griffiths comments: "It's not just about AICU staff. Care of ECMO patients also involved thoracic surgeons, anaesthetists, radiographers, perfusionists, physiotherapists and others. It demanded a multi-disciplinary approach."

"All these teams deserve recognition for their willingness to learn new skills, to be flexible and to take on extra work," concludes Dr Finney. "Our results were some of the best internationally, and the team managed this while still caring for all the other cardiac and respiratory patients who had operations or became critically unwell."

A patient's story

Dr Simon Finney and Dr Dan Melley, specialist registrar in respiratory medicine, flew to Northern Ireland in December to collect swine flu patient Peter Skuse, from his local hospital. They provided him with vital critical care during his transfer by air to Royal Brompton. Mr Skuse was in a serious condition and needed ECMO treatment for five days. In all he was cared for on AICU for two weeks until he was well enough to fly back to his local hospital for rehabilitation. He continues to recover well.

In a letter to the staff on AICU, Mr Skuse said: "Now that I am able to speak and write for myself, I would like to take this opportunity to thank you all for your medical skills and attention."

Children's services

The Trust's paediatric teams offer specialist services for children's heart and lung disease, and comprehensive paediatric critical care services.

Last year was the busiest ever for Royal Brompton & Harefield's paediatric heart surgeons, with over 400 operations carried out, many of them complex procedures on newborn babies. The appointment of new consultants with the specialist skills needed to undertake such work, and the more efficient use of beds and nursing time for postoperative treatment in intensive care, means that the Trust can help more babies born with serious heart problems than ever before.

Responding rapidly to critically ill children is part of the daily work of the paediatric team, which is a national specialist referral centre for children with heart and lung disorders – the largest in the country for those with heart rhythm problems.

From birth to adulthood

The new care group structure of services at the Trust is already proving beneficial for children with life-long conditions, as it makes it easier to coordinate multidisciplinary care from birth through to adulthood and beyond.

Dr Duncan Macrae, director of paediatrics and consultant in paediatric intensive care, explains that a plan for the care of children with lifelong conditions is started from the day they are seen as babies, and is developed throughout their time with paediatric services.

This 'log book' goes with children as they grow through adolescence and move into adult services, under the care of doctors, nurses, physiotherapists, dietitians and other support staff, who all work under the same roof and are in day-to-day contact.

"The Trust is a relatively small one, and people know each other. The focus on the heart and lungs, and the proximity of our colleagues treating adult patients, is very valuable when we want additional input about the care of our patients. It's much easier to have these discussions here than it is in a large general hospital, where paediatrics is one of very many departments, or in a children's hospital which doesn't have 'adult' colleagues just down the corridor," says Dr Macrae.

Cardiac liaison nurses play a vital outreach role visiting and support children with heart problems before and after treatment. They are able to recognise potential problems at an early stage so that fewer children require emergency treatment.

Providing expertise across the region

Trust experts are involved in an expanding programme of outreach clinics across the South East, at which they see patients with paediatric colleagues at local hospitals. They also hold scheduled 'virtual' telemedicine clinics through which they collaborate with colleagues at other hospitals, and are

Dr Duncan Macrae, director of paediatrics, talks with a parent

available to provide expert input when needed, around the clock.

"We support our colleagues and neighbours at Chelsea and Westminster Hospital as well as having a large programme of outreach clinics, with consultants going all over the South, and collaborating with local paediatricians to share care," explains Dr Michael Rigby, consultant in paediatric cardiology. "These clinics enable us to review and discuss problems, as well as providing emergency help."

Award-winning training programme

Every week a crash call will alert the paediatric arrest team to a SPRinT (Simulated Paediatric Resuscitation Team Training) team emergency in Royal Brompton's Paediatric Intensive Care Unit (PICU), or indeed anywhere in the hospital where children may be cared for. The medics, anaesthetists, surgeons and nurses involved often have to remind themselves that the emergency is a training exercise. The mannequins and scenarios used in the award-winning resuscitation training programme are so realistic, participants are better prepared for a real-life emergency than can be achieved with standard computer simulation training.

"We are always seeking to enhance the quality of the care we provide, and we rehearse the skills we need for even the rarest events so that, just like airline pilots who train to land a jumbo jet when an engine fails, we automatically respond correctly to potential emergencies for our patients," explains paediatric intensive care consultant Dr Margarita Burmester, joint director of SPRinT. "In order to achieve lasting success it is critically important for our team to practice the best adult learning techniques, and so I was absolutely delighted that the Trust supported our continued collaboration with the world renowned simulation team from Harvard University who came to run a two-day course in July this year."

Getting baby home

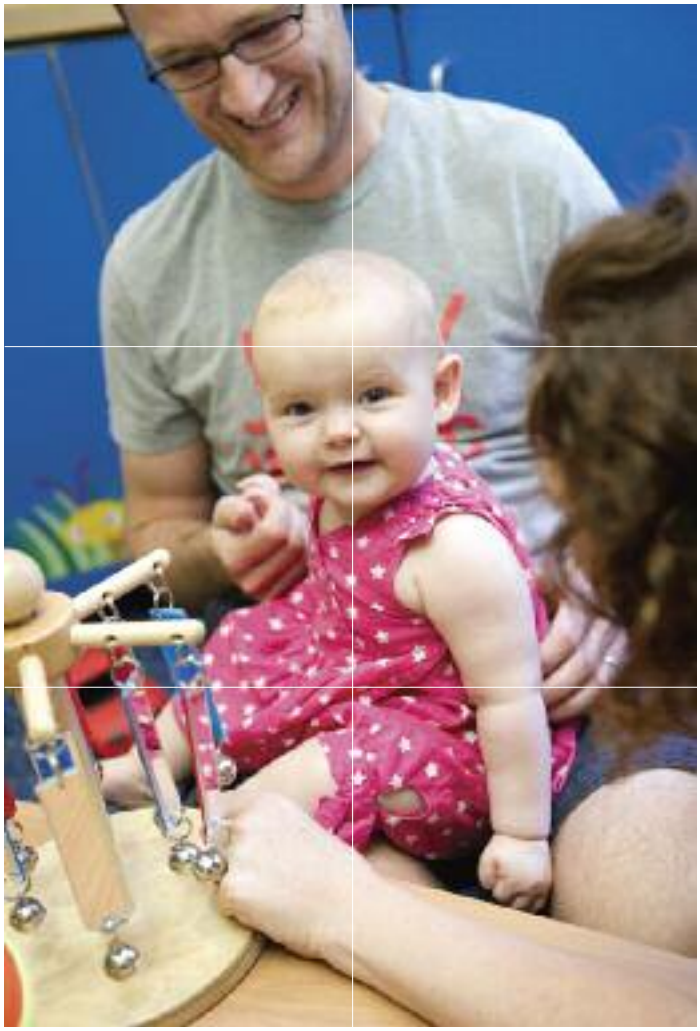
Children across south-east England who rely on a ventilator for long periods, are getting home sooner with all the equipment they need – thanks to a new computer programme which was developed by doctors at Royal Brompton Hospital. Winner of an NHS Innovations Award, eVENT (Electronic Discharge Pathway for Children on Long Term VENTilation) enables those caring for children living at home on ventilators to communicate on-line, and check and update medical records. With the added knowledge and confidence that eVENT provides, many children on ventilators who would previously have needed to stay in hospital, can now go home to their families.

Nurse home visits help asthma care

A study has found that half of children who suffer from asthma could be saved from having more serious treatment for their condition, if they are visited at home by nurses.

According to research published in the Archives of Disease in Childhood, nurses offer several benefits to asthmatic children, including identifying ways of modifying the child's home environment to prevent further treatment.

NURSING times



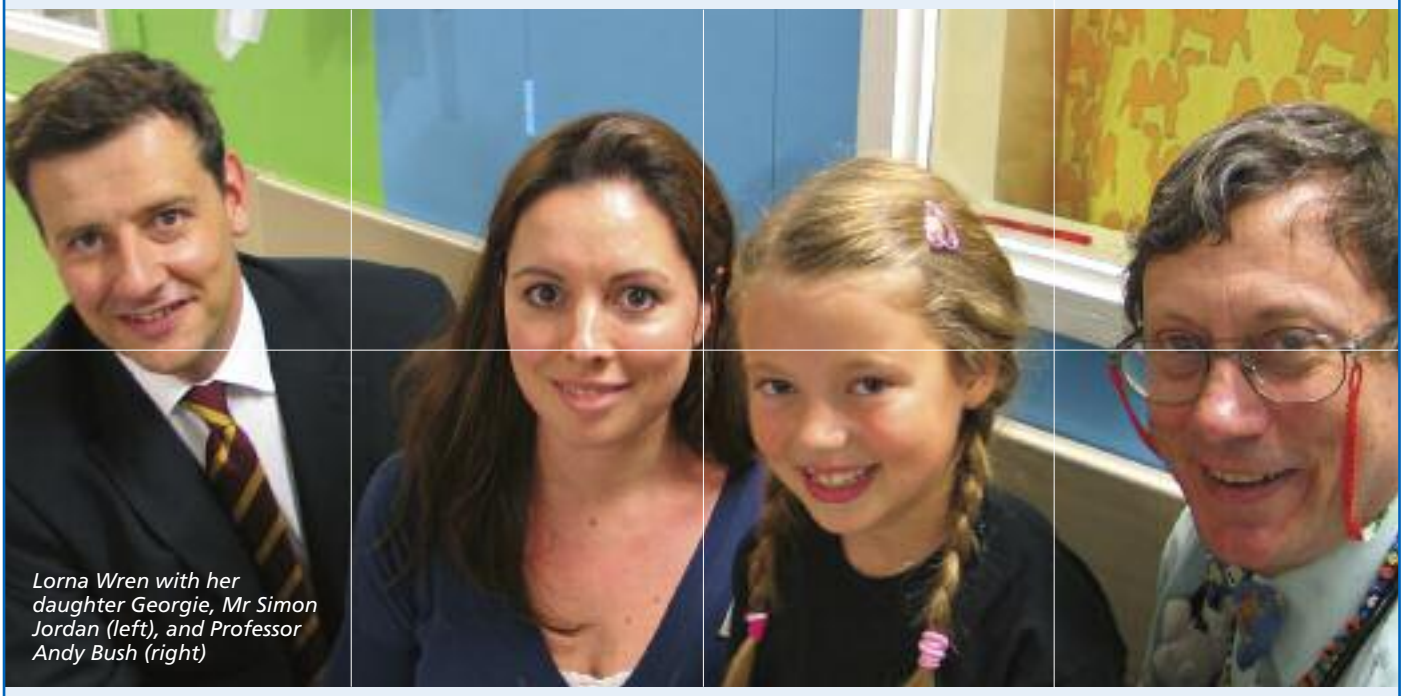
A network of specialist care

An eight-part series for the BBC about the life-saving work of the Children's Acute Transport Service (CATS) was part filmed at Royal Brompton Hospital during 2009.

Children's Emergency followed CATS, a unique service designed to take the skills and high-tech equipment of a paediatric intensive care unit 'on the road'. This highly specialised team operates around the clock to make sure that the sickest children in Britain get the life-saving treatment they need, wherever they are. Royal Brompton's PICU and its staff were featured throughout the series, illustrating the highly specialised and skilled nature of their work.

With a close focus on the key characters on the retrieval team, BBC viewers witnessed each story: from the emergency call at the CATS HQ in London, the retrieval mission against the clock, the critical issues faced by medical staff, the attention at the specialist hospital, through to rehabilitation and finally the resolution of the story as the family returned home.

Specialist **lung surgery**



Lorna Wren with her daughter Georgie, Mr Simon Jordan (left), and Professor Andy Bush (right)

Georgie Wren was referred to Royal Brompton Hospital by the William Harvey Hospital in Kent, following several bouts of pneumonia and an x-ray which showed a problem with her left lung.

Her mother Lorna says: "Despite having hospital treatment for pneumonia, Georgie had always been in very good health. She loved dancing and cheerleading and never struggled for breath. I was not unduly concerned and as soon as we met Professor Andy Bush at Royal Brompton, I knew that Georgie was in safe hands."

At that first appointment, an X-ray showed that Georgie's right lung was bigger that her left and Professor Bush immediately arranged for her to have a bronchoscopy exploration under general anaesthetic.

After the bronchoscopy, Professor Bush broke the news to Lorna that her daughter had a tumour on the airway leading to her left lung which had damaged it, and that her right lung, which he nicknamed 'super lung', had grown to compensate.

"I was shocked, but was reassured that it was not life threatening," says Lorna who, along with her partner Steven, then met Professor Bush and consultant thoracic surgeon Mr Simon Jordan, to discuss the next step in Georgie's treatment.

"Mr Jordan explained that the tumour had to be removed," Lorna continues. "We discussed the options available and agreed that if Georgie's left lung couldn't be repaired, it would be removed. Both he and Professor Bush made us feel very confident that Georgie would get the best possible treatment and made it clear that we could contact them any time if we had any concerns."

After a nerve-wracking wait while the operation was carried out, Lorna was called by Mr Jordan to say that Georgie was fine, although the whole of the left lung had had to be removed with the tumour.

Says Lorna: "She made a remarkable recovery and was up and about within days asking to go and visit the fish in the hospital courtyard's pond."

Mr Jordan comments: "Georgie's was a pretty rare case - it is unusual to have to remove a lung in such a young child. However, her right lung is going a great job compensating for the loss of her left lung, meaning that she is able to live a full life and enjoy activities such as dancing again."

Expert care for newborns

The birth of Alexander McPhee, a beautiful baby boy weighing a healthy 8lbs 13oz, was a cause for much celebration. Until his mother Libby received the type of news that every parent dreads.

"We had no reason to suspect that anything was wrong. I was due to be discharged from hospital when one of the midwives said she thought he looked a bit blue around the mouth. Tests quickly showed that he had a serious heart condition," Libby remembers.

"My immediate problem was tracking my husband Andy down as he had been out to celebrate Alexander's birth with both sets of our parents. He'd gone to bed with earplugs in and couldn't hear the phone.
I contacted my mother, who had to dash over to wake him up. It was a terrible shock to be woken with such bad news."

Andy joined Libby at Kingston Hospital in Surrey where they were told that Alexander was being referred to Royal Brompton. "We were reassured that we would be in expert hands," says Libby, "and despite being in a terrible state when we arrived, as soon as we met the lovely staff at Royal Brompton, we felt confident in their ability to look after both Alexander and us.

"We were treated with great respect, had all our questions answered and everything was explained to us in detail. I hadn't slept for two nights and was exhausted, but once we knew that Alexander was in safe hands, the nurses found a place for us to sleep for a few hours.

"All the staff were brilliant and many who we met when we arrived, such as the intensive care nurses, supported us throughout our time at the hospital."

The two main arteries connected to Alexander's heart were the wrong way round so blood wasn't being oxygenated properly. His coronary arteries were also not growing in the right place.

Libby says: "Alexander couldn't have the full corrective surgery straight away, but had to wait until he was 18 months old. As a short-term measure he was given a procedure to force a small hole in his heart open to allow the blue and red blood to mix more easily."

Cardiologist Dr Piers Daubeney described what the procedure involved and explained that Alexander would need another operation seven weeks later.

"Alexander stayed in hospital for two weeks following the procedure and we were able to stay with him, sleeping in a room nearby. I could continue to breastfeed so we never felt separated

New-born baby Alexander

from him during our time in hospital."

Although the new parents were nervous about taking Alexander home, they had plenty of support as the Royal Brompton team had been in touch with their GP and community nursing team and arranged follow-up appointments.

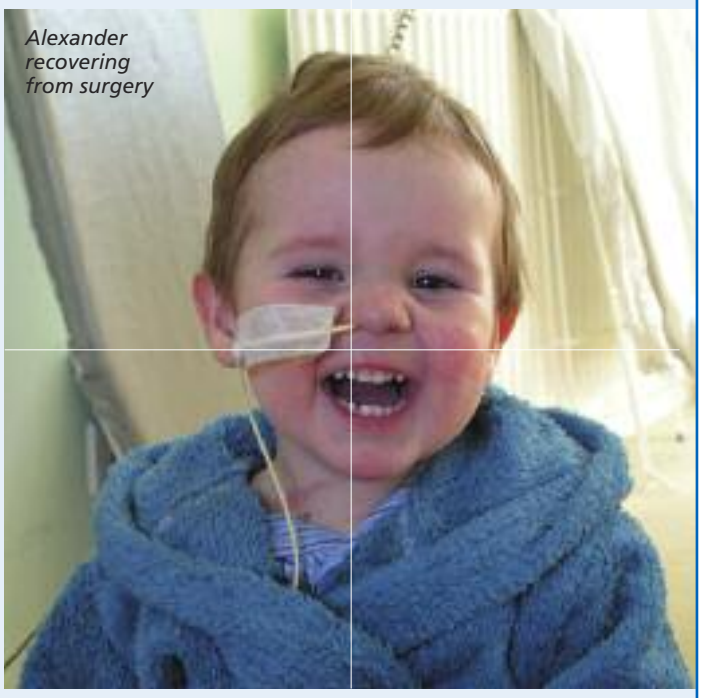
Seven weeks later, Alexander came back for a procedure to train the heart muscles to work harder and connect the two main arteries.

"This procedure was carried out by surgeon, Mr Hideki Uemura, who explained exactly what he was going to do and why it was necessary. We were also taken to see babies in intensive care who had had similar surgery so that we knew what to expect afterwards," Libby remembers.

The procedure was a success, but Alexander struggled to breathe for several weeks afterwards and had to be fed by a tube, so was also cared for by the gastroenterology team at neighbouring Chelsea and Westminster Hospital, with whom Royal Brompton has close links.

When Alexander was 18 months old, he returned to Royal Brompton to have further open heart surgery. "No-one could have done more and we were overjoyed that the operation was a success," says Libby. "One of the best moments was seeing him sitting up and eating a fish finger a few days later - it was the first time he had eaten solid food," says Libby.

Since the operation Alexander has suffered nothing more than a few physical delays, helped with regular physiotherapy, but other than that leads a normal life and is looking forward to starting school in September.



Alexander recovering from surgery

Libby says: "Although our experience was traumatic, it would have been 100 times worse without the supportive team at Royal Brompton Hospital. We got the best possible care and have stayed in touch with the many friends we made among the staff at the hospital."

Alexander with his parents Andy and Libby McPhee

Clinical support

State-of-the-art clinical support systems make a vital contribution to the success of clinical teams.

Imaging

The work of clinicians is supported by advanced diagnostic and research imaging services. The Trust has a track record of significant investment in imaging technology, allowing the diagnosis of many patients without the need for invasive procedures.

In 2009, experts from Royal Brompton Hospital and Imperial College London made a major breakthrough in the treatment of thalassaemia, a serious genetic disease that can cause organ damage, restricted growth, liver disease, heart failure and ultimately death. The team's use of a new scanning technique showed the potential to cut the mortality rate for the condition by 71 per cent, according to results from an international study published in Circulation, a journal of the American Heart Association, on 2 October 2009.

Patients with thalassaemia need extensive medical care, including frequent blood transfusions. These can cause a build-up of potentially life-threatening iron levels in the heart. If iron levels are measured accurately, consultants can better predict, and therefore treat early, the development of heart failure in those patients.

Traditional measurement methods are either invasive (biopsies) or not as informative (blood tests). In the Royal Brompton study, cardiovascular magnetic resonance (CMR) scanning proved very precise. Since CMR is non-invasive and has no known side-effects, it will change dramatically the way the disease is managed.

Leading the study, Professor Dudley Pennell, director of the NIHR cardiovascular Biomedical Research Unit and the CMR unit at Royal Brompton Hospital and Professor of Cardiology at the National Heart and Lung Institute at Imperial College London, said: "The study clearly shows that by using CMR we can more accurately predict future heart problems in patients with thalassaemia major. This information can then be used to provide better treatment options - reducing deaths from heart failure and offering patients a much better quality of life."

President of the UK Thalassaemia Society, Mike Michael, said: "CMR has changed the life of many thalassaemics myself included. It has allowed clinicians for the first time to have a true and accurate picture of iron damage within the heart rather than a guesstimate. In many cases this has allowed for timely intervention and appropriate treatment saving the lives of many thalassaemic patients."

Laboratory Services

A new Blood Sciences Laboratory at Royal Brompton Hospital, the most advanced of its kind in Europe, now offers faster and more accurate results through a streamlined,

Professor Dudley Pennell

Dr James Hooper in the new blood sciences laboratory

contamination-free testing process.

The laboratory was opened on 5 November 2009, by former BBC 'Apprentice' advisor Margaret Mountford, who said:

"This is the result of public and private sector co-operation at its best, and the real beneficiaries of course are the patients, with the electronic advances meaning that more tests can be done more quickly and efficiently in one location."

The new laboratory offers a unique showcase for a number of innovations that have not been available before in a single facility. It offers:

- Twenty-four hour access to test results allowing quicker diagnosis and treatment for patients;
- Improved use of instruments;
- More efficient use of staff time, space and revenue;
- Enhanced record keeping as systems at paper requests are eliminated.

Dr James Hooper, divisional director for laboratory medicine at the Trust, said: "Working closely with Beckman-Coulter UK, a medical diagnostics company, the Trust has refurbished existing laboratory facilities to bring specialities together to enable many more tests to be done using fewer blood samples."

Blood tests are vital to determining a patient's treatment plan as over 70 per cent of conditions are diagnosed using them.

Rehabilitation and Therapies

An important new initiative with the palliative care team at the Royal Marsden Hospital (RMH) began in 2009 to develop a joint service with Royal Brompton. The new joint palliative care service is also working with the existing service at Harefield, to develop a more strategic approach to palliative care Trust-wide.

Provision of good symptom control for all patients, irrespective of diagnosis, is a high priority and essential in meeting the national agenda of provision of good end-of-life care. It is important to identify patients who are entering this phase of their illness to enable professionals, patients and their families to engage in real opportunities for patient choice, especially regarding place of care.

Initial progress focussed on establishing good communication/information links between the two hospital sites with linked IT systems and a palliative care database. Further work is in hand to ensure that patient information can be shared appropriately between professionals involved in patient care, both in the inpatient units and in the community setting. Regular attendance at various team multidisciplinary meetings has helped to improve identification of patients who would benefit from palliative care. Clinical leadership is provided by the RMH nurse consultants who provide support and education, and contribute to ongoing service development.

Both the Royal Marsden and Royal Brompton hospitals share a similar ethos and culture, and the expansion of the work at the Royal Marsden site to include Royal Brompton benefits both teams.

Influence around the world

The reputation of Royal Brompton and Harefield clinicians spans the globe. Listed below are just a small number of the prestigious international events with which Trust experts have been recently associated.

Kim Fox, Professor of Clinical Cardiology, continues as past President of the European Society of Cardiology; a society that represents over 50,000 cardiologists in 52 countries in Europe and the Mediterranean, as well as many affiliated countries outside Europe such as China, India and Brazil. He was invited to lecture and chair several national meetings in England and abroad, during 2009-10.

For the past 13 years, **Mr Babulal Sethia** has worked in partnership with international colleagues and intensive care nursing colleagues from Royal Brompton to establish a congenital heart service in Palestine. This programme provides free cardiac operations for up to 250 patients every year, many of which are now undertaken by local Palestinian colleagues. Dr Sethia is also involved in a similar project working with the Algerian Ministry of Health, to train local medical teams to deliver modern standards of paediatric cardiology and surgery.

Dr Pallav Shah, consultant in respiratory medicine, organised, directed and lectured at the annual international advanced bronchoscopy course at the National Heart and Lung Institute in London. The event is attended by consultants from both the UK and overseas. Dr Shah regularly lectures throughout Europe and has collaborations with colleagues in Germany, the Netherlands and Japan.

Professor Michael Polkey, consultant in respiratory medicine, has been a visiting Professor at the Hamad Medical Centre in Doha, Qatar, and the University of Kentucky in Lexington, USA. In Doha, Dr Polkey reviewed patients presented by local physicians. Dr Polkey also organised the winter international meeting of the British Thoracic Society, held in London.

Consultant paediatric cardiologist **Dr Michael Rigby** was a member of the international faculty at the Cardiology Symposium at the University of Pernambuco in Recife, Brazil; was a visiting Professor of Paediatric Cardiology at the University of Salvador in Bahia, Brazil and was course director at the nineteenth World Congress in Obstetrics and Gynaecology in Hamburg, Germany.

Consultant cardiologist **Dr Sabine Ernst** hosted an international atrial fibrillation symposium in London in November 2009 with live case transmissions from the Trust's catheter labs. She travels widely in Europe and the United States and during 2009-10 lectured in, amongst other cities, Boston, New York, Salt Lake City, Munich and Brussels. She is a member of the education board for the European Society of Cardiology.

Mr Darryl Shore, consultant cardiac surgeon, has co-hosted two recent international meetings. The sixth Euro-Asian Bridge meeting held in Dubrovnik, Croatia, helped to develop strong links between international cardio-thoracic surgeons, and the sixth international symposium on congenital heart disease in the Adult, held in Thessaloniki, Greece, focused on pregnancy and heart disease as well as new techniques in state-of-the-art imaging.

Ms Karen Redmond addresses delegates at the 'Initiatives in Lung Transplantation' conference

Professor Dudley Pennell lectured throughout the world in 2009-2010 on the implementation of cardiac T2* magnetic resonance for patients with thalassemia, which has been shown to dramatically reduce mortality in this condition, by identifying patients at risk of heart failure and starting early treatment.

Consultant in cardiology and transplant medicine, **Mr Nick Banner,** is a member of the thoracic organ transplant committee of the European Society of Organ Transplantation (ESOT), and was invited to present his findings on antibody mediated rejection in heart transplantation at the 2009 ESOT Congress in Paris.

Ms Karen Redmond, consultant thoracic and lung transplant surgeon, is an invited abstract reviewer for the Society for Cardiothoracic Surgery in Great Britain and Ireland and the International Society for Heart & Lung Transplantation. Ms Redmond has presented at European and North American conferences, including the World Symposium of Cardiovascular Disease in Cyprus and the Spanish Society of Transplantation in Seville. In February 2010 she hosted 'Initiatives in Lung Transplantation'- a conference and workshop attended by one hundred international specialists in the field of lung transplantation from countries as diverse as Australia, the United States, Taiwan and Bosnia & Herzegovina. Delegates shared their experience of initiatives such as ex-vivo lung perfusion and lobar transplantation.

Consultant cardiologist Dr Wajid Hussain with a colleague

Involving patients

A new role of membership and user involvement manager was created in 2009-10, to work with members and patients to understand their experiences at the Trust, and to identify which aspects of our services are working well and which areas need to be improved. Projects take place throughout the Trust using valuable feedback from patients.

Carol Gadd, nurse manager and modern matron

Improving the discharge process

Carol Gadd is nurse manager/modern matron responsible for Harefield's Medical Care Unit.

"Patient feedback from surveys, questionnaires, verbal and written complaints, and general conversations told us that the discharge process was something we were not doing very well," she explains, "so we made it our priority to improve."

Problems identified included:

- Patients for admission were waiting for a bed because patients awaiting discharge had not vacated them.
- Time was wasted while patients waited for doctors to discharge them formally.
- Patients were waiting significant lengths of time for their medicines to take home with them.
- Patients were waiting to see other professionals before they could leave such as cardiac rehabilitation nurses, cardiology nurses and physiotherapists.

Following consultation with patients and staff, it was decided to create two dedicated discharge nursing posts to tackle the issues specifically. Under their leadership the following was achieved:

- A dedicated discharge team and area was created to provide a personalised and improved service.
- Better communication began with other departments.
- Closer working with pharmacy took place, giving patients ready for discharge priority, thus reducing the waiting time for medicines to take home.
- A point of contact for patients following discharge was created.
- A comprehensive leaflet to support other patient information was developed.

Caring for the carers

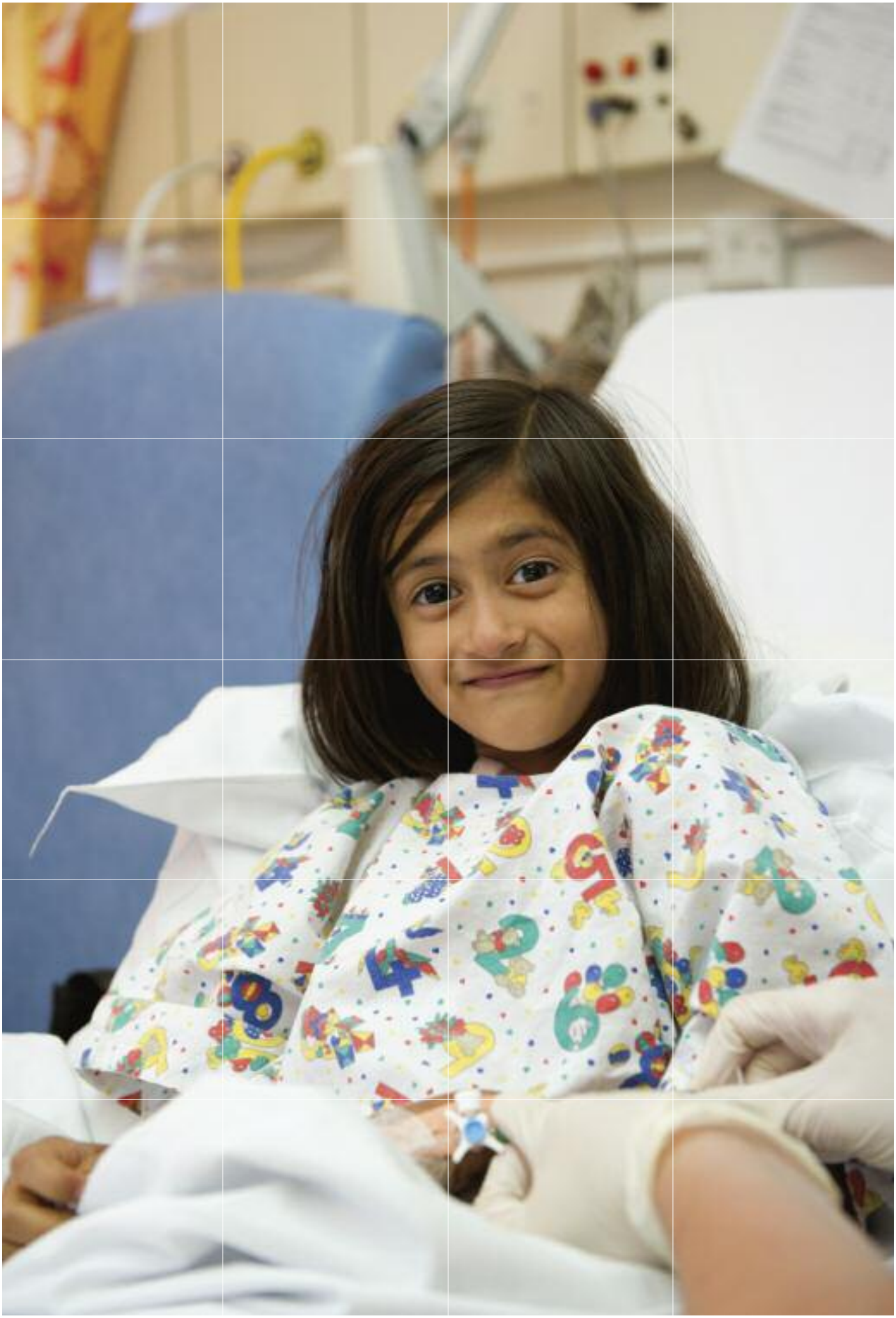
In May 2009, Dr Chris Meadows and Dr Sunny Kaul were appointed as two of only 39 Darzi Fellows across the country, put in place to spearhead changes in NHS trusts. Along with consultant Dr Simon Finney, they designed a project to involve carers in improving the services in Royal Brompton's adult intensive care unit (AICU).

Families of patients staying on the unit for more than five days were asked complete an anonymous questionnaire covering domains such as how relatives felt the AICU cared for their sick family member; whether their own needs were appropriately considered; the frequency, consistency and clarity of communication with AICU staff; to what degree they felt included in decision-making processes; and whether they had any comments or suggestions on things done well or things that could be improved.

Dr Meadows conceived and established a workshop for staff, patients and families that was facilitated by one of the Darzi mentors, Diane Plamping, from Leeds University's Centre for Innovation in Health Management. Discussions arising at the workshop enabled the clinical teams to define five key areas for improvement:

- Waiting room environment
- Verbal communication skills
- Non-verbal information (e.g. language barriers in written information)
- Long-term carers and their role
- The potential for a liaison officer to interface between staff and families to co-ordinate meetings, answer questions about accommodation and various processes, and to interface between ward, theatres, and AICU.

Workstreams have been set up to make progress in each of the five areas and an MSc project is to be undertaken specifically on verbal communication in the AICU setting.



What our patients say about us: NHS surveys

The Trust took part in the Care Quality Commission (CQC) in and outpatient surveys in 2009-10. The outpatient survey focused on the experiences of 487 patients and was published in February.

The inpatient survey was published in May and was based on the responses of 509 patients.

Both surveys show that we are performing extremely well in the majority of areas.

In the outpatient survey there were 48 questions on which patients were asked to comment. We scored:

- 98 out of 100 when patients were asked if they had been given enough privacy when being examined or treated.
- 95 out of 100 for 'staff explaining clearly how to take new medication'.
- 90 out of 100 for patients' overall satisfaction.
- 91 out of 100 for doctors giving good explanations regarding treatment.

Patients said:

"I have been attending for 13 years and the staff are always helpful polite and friendly, acknowledging you by your name which makes you feel as though you are not just a face in the crowd."

"I have visited the outpatient department for over two years and have no complaints. The staff are always helpful and polite."

In the inpatient survey there were 79 questions on which patients were asked to comment. We scored:

- 94 out of 100 – for 'having confidence and trust in doctors'.
- 94 out of 100 – for 'being treated with respect and dignity'.
- 94 out of 100 – for choice of food.

Patients said:

"Cheerful, friendly, positive attitude of nurses. Treated with respect and good humour. Doctors were very careful to explain treatments and procedures especially when I was being prepared for the operation."

"The extreme attention from hospital staff, the very clean environment and prompt attention regarding tests. Family/visitors were treated with the same care and regard."

"The depth of specialist knowledge throughout staff was particularly good, the culture of all staff discussing situations, swapping ideas and knowledge of each other's jobs."

Research

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

During 2009-10, 1,759 Trust patients were recruited into our research programmes.

Professor Timothy Evans, medical director and director of research

Biomedical Research Units

The Trust is home to two government-funded National Institute of Health Research Biomedical Research Units; one for respiratory disease and one for cardiovascular disease. Run jointly with Imperial College London, both units are focussed on developing effective new therapies and devices that begin life in the laboratory but are destined to have a real impact on patient care. These new facilities, both of which will open in 2010, will significantly enhance our research capability.

The Cardiovascular Biomedical Research Unit is focussed on the overarching theme of cardiac regeneration under the directorship of Professor Dudley Pennell. It aims to combine novel imaging, cell biology and molecular techniques across a broad range of cardiac diseases, to improve detection, diagnosis and to develop innovative treatments. The BRU will offer state-of-the-art research facilities for interventional cardiology research, CMR imaging and genetics for investigation into heart failure, cardiomyopathy, coronary heart disease and other cardiac diseases.

Under the leadership of Professor Eric Alton, the aim of the Respiratory Biomedical Research Unit is to increase the number of new products (therapeutic agents, devices or biomarkers) entering phase I and II clinical trials for advanced lung disease. This will be achieved by focusing on the following four key areas:

- **Disease-based consortia**
  Consortia have been established representing different specialist areas of advanced lung diseases. Each consortium brings together scientists, clinicians, industrial partners and patients.
- **Core facilities**
  A wide range of clinical and scientific core facilities are available including the new Clinical Research Facility which will start hosting patients in clinical trials in the second half of 2010.
- **Translational medicine education programme**
  Training, seminars and courses in advanced lung diseases are available for clinicians, scientists and allied healthcare professionals. The Respiratory BRU has employed three clinicians and one scientist to undertake higher degrees under the supervision of consortium leaders. A new lung failure module has been approved by Imperial College which can be taken as part of the Cardio-Respiratory Nursing MSc or as a stand-alone course to attract allied health professionals from other disciplines.
- **Patients and public involvement**
  Each lung disease consortium has patient representatives who take part in meetings, both at regular consortium meetings and with the other patient representatives, so that they can influence the direction and presentation of research being done by the Respiratory BRU.

Trust research programmes

Major new grant to help patients with Marfan Syndrome

Marfan Syndrome is a genetic disorder affecting approximately 18,000 people in the UK. Without life-saving surgery to repair or replace the heart's aorta, aortic dissection, rupture and premature death can occur.

The goal of medical therapy for Marfan Syndrome is to slow or arrest aortic dilatation and improve outcome. A new study, led by the Clinical Trials and Evaluation Unit (CTEU) at the Trust, aims to investigate a drug commonly used to treat high blood pressure in reducing the rate of aortic dilatation.

The £1.8m AIMS trial, funded by the British Heart Foundation and the Marfan's Trust, will be one of the first multi-centre studies to be undertaken in the UK and will be undertaken at both Harefield and Royal Brompton campuses.

New European Study on Understanding Severe Asthma

Researchers at the Trust are involved in a new study to improve understanding of severe asthma. The study is a major international initiative involving a consortium of 40 partners from academia, patient organisations, small to medium enterprises and

pharmaceutical companies funded by the European Commission.

One of the drivers behind it is the lack of effective treatments for severe asthma and the paucity of knowledge about the natural history and progression of this disease. This study will follow more than 1,000 children and adults over three years, collecting detailed clinical and molecular information. By integrating this data together, the aim is to develop phenotypic 'handprints' for different patient groups which can then be used to identify new and individualised therapeutic targets.

Chronic Obstructive Pulmonary Disease success

Over 2,800 citations for Royal Brompton Hospital's research teams were identified in Thomson Reuters' 'Essential Science Indicators' database for chronic obstructive pulmonary disease (COPD), in January 2010. Royal Brompton was the only hospital in Europe to feature in the analysis, which looked at publications over a period of 10 years and included papers published by nearly 10,000 institutions across 113 nations.

First use of a novel emphysema treatment

Researchers at the Trust have developed a novel approach to treat patients whose emphysema is so severe that unwanted air is trapped in their lungs. This work, published in the Annals of Thoracic Surgery, built on proof of concept studies performed at Harefield Hospital on explanted human lungs. The team then went on to conduct pilot studies in patients and showed that they could reverse the key index of lung function impairment in emphysema by 23 per cent.

Launch of a new research rehabilitation service at Harefield

The most effective treatment for Chronic Obstructive Pulmonary Disease (COPD) is exercise training (pulmonary rehabilitation). In 2009 the Trust launched a new research-based rehabilitation service at Harefield run by Dr Will Man. Dr Man is a distinguished clinical researcher who had previously demonstrated that pulmonary rehabilitation given soon after an exacerbation of COPD, reduced subsequent attendance at Accident & Emergency departments. He joined the trust with the assistance of a prestigious National Institute of Health Research clinician scientist award and is supervised by Professor Michael Polkey.

New study assessing a novel treatment for heart failure

Researchers at the Trust and Imperial College have recently been awarded a grant for a pilot study on a new gene therapy treatment for heart failure. The aim of the treatment is to reverse the decline in a calcium handling protein in the heart, SERCA-2, which occurs in heart failure patients and thereby reverse the symptoms of heart failure.

As pharmaceutical companies have not been able to develop drug treatments to achieve this, the study uses gene therapy as the mechanism to deliver and increase SERCA2 levels in failing hearts.

Direct Angioplasty for Non ST-Elevation Acute Coronary Events: DANCE Pilot Study

Patients with heart attacks usually undergo an angiogram with insertion of a stent into the affected coronary artery (a procedure also know as percutaneous coronary intervention or PCI) at some stage of their hospital admission. For patients experiencing a severe heart attack, the angiogram should be done as soon as possible after diagnosis (primary angioplasty). But for patients with less severe heart attacks, or those with severe angina (pain but not necessarily a heart attack), the best timing for the angiogram is not established. The current approach in specialist hospitals is for patients to receive a period of drug treatment for stabilisation

for one to two days and then go for an angiogram. The purpose of the DANCE study is to investigate which of two strategies, immediate angiogram versus angiogram after one to two days, is most beneficial for patients who are having less severe heart attacks. The study is led by Dr Miles Dalby at Harefield Hospital.

Pioneering web-based technology enables children to be cared for closer to home

An increasing number of children survive intensive care but remain technology dependent. This often delays their discharge from high dependency units which are often considerable distances from home, despite the children being medically stable. Dr Gillian Haley from the Trust's Long-Term Ventilation (LTV) service, and Dr James Woods, a programmer, have developed a pioneering and award-winning web-based tool – e-VENT – which supports the effective discharge of LTV children by facilitating communication between hospital and community staff, providing a structured discharge pathway and recording decisions in real time.

E-vent won an NHS London Innovator award in 2009 and in February 2010 was successful in gaining a £130k grant from the Strategic Health Authority Regional Innovation Fund. The new award will support implementation of e-VENT across the Trust, local hospitals, hospices and community practices by providing training, education and support.

Tailored chemotherapy for lung cancer

Consultant thoracic surgeon Dr Eric Lim, was also recognised by the NHS London Innovator Awards for his pioneering work to develop a tailored chemotherapy treatment for lung cancer patients. The technique offers patients a course of chemotherapy designed to their own unique medical needs, by assessing how each individual's cancer cells will respond to a number of treatment options.

Pulmonary hypertension breakthroughs

In early 2010, Trust experts published groundbreaking research into severe blood pressure problems which affect the lungs of some patients with congenital heart disease (pulmonary hypertension). The research, led by Professor Michael Gatzoulis, showed that new medicines which are being used increasingly to treat such patients, can improve survival as well as relieve symptoms and improve quality of life.

Gene therapy for cystic fibrosis

The identification and isolation of the Cystic Fibrosis (CF) gene in 1989 meant that scientists could find ways of correcting the basic CF genetic defect rather than just treating the symptoms of the condition. The best way to do this is through gene therapy - replacing faulty genes with normal ones.

In 2002, the Cystic Fibrosis Trust brought together the UK's leading CF geneticists to form the UK CF Gene Therapy Consortium. The scientists are based in Edinburgh, Oxford and at Royal Brompton. The Consortium now comprises 80 dedicated scientists and clinicians who have developed a lead gene therapy product, which comprises the healthy copy of the gene and a carrier or vector to transport it to the right place in the cells lining the airways. This has taken many years of hard, long and expensive work: the healthy gene is in its 169th version. This work continues at Royal Brompton.

Extra-corporeal Membrane Oxygenation (ECMO) for patients with pandemic H1N1 influenza A

During the pandemic of 2009, Royal Brompton's adult intensive care unit looked after patients with the severest forms of acute lung injury caused by influenza, using ECMO. Other centres involved have pooled data and results have been compared with outcomes of patients who were equally sick but were not transferred to ECMO-providing centres. The results of this study will have a significant impact internationally on the way that patients with severe lung failure are managed.

Patient safety

Royal Brompton & Harefield NHS Foundation Trust has a strong record in patient safety. Performance is monitored continuously, and openness and transparency is encouraged from all staff.

Clinical outcomes are discussed openly and in detail at public board meetings each month, when members of the public and non-executive directors can challenge executive directors if they have any concerns about how services are being delivered. Governors also undertake a similar role at their council meetings where the same information is presented and discussed.

Patient safety is an integral part of performance reporting and The Trust is an early supporter of the Patient Safety First! Campaign – a national campaign to promote patient safety in a variety of ways. Two Darzi Fellows join the Trust each year to undertake specific patient safety programmes for a twelve month period.

Continuous improvement

A commitment to continuously improve the Trust's record on patient safety comes from the top of the organisation – the Trust board has pledged that creating a safety culture is a shared priority – and is reflected by every individual, team and department.

A number of improvements in patient safety were made during 2009/2010.

Two Darzi Fellows developed new approaches and ideas to improve safety for patients in intensive care on both sites.

These patients already have a high level of clinical need, but the Fellows spearheaded two particular projects designed to improve care: to reduce the number of catheter-related blood stream infections, and to reduce the instances of ventilator acquired pneumonia.

Both projects focused on bringing crucial improvements to everyday clinical practice.

These projects have already produced positive results and the good practice they have highlighted is being extended to other clinical areas.

Fostering a safety culture is the responsibility of all staff, whether or not they are in a clinical role. To this aim the Trust's 'bare below the elbow' policy was updated in October 2009, so that anyone who goes in to a clinical area, irrespective of their job title, must be bare below the elbows, to reduce the risk of infection.

Ensuring transparency

Robust systems are in place to make sure that infection rates are closely monitored.

This close monitoring has shown that some of the lowest MRSA and clostridium difficile rates in England have been achieved.

Feedback from patients themselves is also a crucial benchmark. In the 2009 NHS Inpatient Survey, 100 per cent of patients questioned felt that their room or ward was clean or very clean, and a score of 99 out of a possible 100 was achieved for the availability of alcohol-based hand gel for patients and visitors.

Regular executive patient safety walkrounds are an integral part of internal monitoring. The walkrounds include directors of the Trust, and are an important way of ensuring that executives have a clear and detailed understanding of patient safety within the organisation, and can take action to address the concerns of staff.

Dr Libby Haxby, lead clinician in clinical risk at Royal Brompton Hospital, comments:

"We pride ourselves on being an improving organisation, and any weaknesses are addressed promptly and openly, so that better systems of care can be put in place. For example, our monitoring has shown that we must do more to reduce the incidence of surgical site infections across the Trust. A priority for improvement this year has been to put a more robust system of monitoring in place, with monthly audits, and updates presented to the Trust board by the director of the heart division. Early evidence shows that as a result of work by a large number of staff we have already begun to significantly reduce these infections.

"In this area, and in all areas of patient safety, we are committed to building on the achievements of 2009/10, and to continuing to foster a culture of safety across the whole Trust."

The charity

WE'RE CREATING HISTORY…
BE PART OF IT

We are proud of the long tradition of philanthropy in our hospitals. In the 1800s, supporters included Charles Dickens and Queen Victoria, today a loyal group of people raise money in a variety of ways for the benefit of our patients.

Urn for the Living by Grayson Perry

Royal Brompton & Harefield Hospitals Charity is a registered charity dedicated to supporting the outstanding work that takes place at the Trust, awarding grants for medical research, specialist equipment, and other amenities to improve patient care. The charity relies heavily on the generosity and imagination of its many supporters, who have taken on marathons, cycled the length and breadth of the country, held a variety of events, and made significant donations – all to help patients with heart and lung disease.

Sponsors of the Donor Trees provided new furniture

Some highlights of the year include:

In October, a spectacular contemporary art auction at Sotheby's featured nine lots donated for the benefit of Harefield Hospital by leading artists including Grayson Perry, Tracey Emin, and Jake and Dinos Chapman. The auction raised an amazing total of £485,000 for the charity, significantly exceeding pre-sale estimates. Grayson Perry's *Urn for the Living* was bought by a British collector who has very generously agreed to its display at Harefield Hospital.

A generous donation from the Portnoi family enabled the purchase of sophisticated lung laser equipment at Royal Brompton where some of the most complex lung surgery in the country is carried out. This equipment will allow surgeons to significantly increase the quality of care offered to patients and also improve the quality of life after surgery.

The Harefield Hospital Fun Run continues to make an invaluable contribution towards the appeal for a new MRI (Magnetic Resonance Imaging) scanner at the hospital, raising over £36,000 in 2009. Over 900 participants, including patients and their relatives, staff and friends of the hospital, took part in the 2009 event. MRI offers speedy and more accurate early diagnosis of such conditions as coronary heart disease, heart failure, congenital heart disease and lung cancer.

Thanks to sponsors of the donor trees, £9,000 was made available for patient amenities in the wards, including comfortable new armchairs for new mothers on Rose Ward. The trees allow supporters to express their thanks for the treatment carried out. Money raised by the supporters' tree at Harefield has been put towards the MRI scanner appeal.

Legacies have always been a valuable source of income and remain so today. Often unrestricted, these funds enable the charity to support priority projects within the Trust, such as the respiratory and cardiovascular Biomedical Research Units, and the magnetic navigation catheter laboratory.

Our supporters participate in many events

Contact us:
email:
fundraising@rbht.nhs.uk
Website:
www.rbhcharity.org
Telephone:
020 7352 8121
(Royal Brompton)
01892 828 820 (Harefield)

Media interest

Trust experts are regularly featured in the press and broadcast media, here is a small selection of examples from 2009-10.

Pioneering research into a potentially lifesaving treatment for thalassaemia patients achieved high-profile coverage in ***The Times*** and ***BBC Online***.

In ***The Mail on Sunday***, Dr Vias Markides, consultant cardiologist and chair of the arrhythmia clinical care group, commented on the treatment of patients with heart rhythm disturbances. Dr Markides highlighted that the Trust is one of the UK's largest centres for the treatment of heart rhythm conditions.

The ***Daily Mail*** featured the new MRI safe pacemaker which is being used at Royal Brompton Hospital.

In a ***Sunday Times*** feature about medical progress at the Trust, transcatheter aortic valve implantation was cited as a pioneering and minimally invasive technique that can be offered to patients who are not suitable for traditional surgery.

Dr Isabel Skypala, director of rehabilitation and therapies, was interviewed on ***BBC Breakfast TV*** about the soaring cases of oral allergy syndrome in the UK. She spoke about her work in the Trust's dedicated food allergy clinic.

Respiratory Medicine, Stephen Durham, offered his expert opinion on the best treatments for and latest research into, hayfever.

In ***The Independent***, Professor of Allergy and

'Singing for Breathing™', the Trust's groundbreaking project with respiratory patients, was featured on ***BBC Radio 4's PM programme***.

The ***Daily Express*** described paediatric respiratory consultant Dr Claire Hogg as one of the country's leading experts on the inherited respiratory condition primary ciliary dsykinesia.

Trust experts were featured in two episodes of a 10-part reality series on ***Channel Five*** following five celebrities as they vowed to give up smoking.

The ***Sunday Express Magazine*** featured an interview with actor Vinne Jones who stated "Harefield is more precious to me than Hollywood". Mr Jones talked candidly about his wife's heart transplant at Harefield in the article.

BBC TV's marathon coverage in April included a report about a Harefield Hospital transplant patient who ran in the London marathon. The report included interviews with the patient and Dr. Martin Carby, respiratory consultant.

The Observer recognised public sector staff working on Christmas Day. Dr Simon Finney, consultant in critical care in the adult intensive care unit at Royal Brompton, was one of two people featured who represented the NHS.

rb&hArts

rb&hArts' extensive programme of visual and performing arts has been broadened this year by the groundbreaking Singing for Breathing™ project. The aim of this ground-breaking project is to use singing training to support patients with respiratory conditions.

A specialist voice coach has been leading workshops with respiratory patients thanks to funding from the Ian Adam Memorial Concert. One-to-one sessions are available for people with cystic fibrosis and bronchiectasis, and open workshops are available for all other respiratory patients. An audit of over 240 patients taking part in the workshops indicated that 94 per cent found the workshops either very or extremely enjoyable, 83 per cent felt markedly physically different afterwards, 83 per cent felt they had been taught to think about breathing in a different way, and 92 per cent would 'come back for more'. The many positive comments about the project include: "I felt happy and I was breathing better," "I feel optimistic that I can improve breathing and life-quality," "These workshops are an invaluable part of respiratory care," and "Breathing was so much easier afterwards."

In a related initiative, a randomised controlled trial seeking to assess the effects of singing training on people with Chronic Obstructive Pulmonary Disease, has been undertaken. The first trial was presented at the American Thoracic Society conference in May 2010 and the second trial began in April 2010.

Improving patients' wellbeing

An independent audit of the Trust's arts strategy conducted in December 2009 indicated that 80 per cent of staff believe rb&hArts contributes to the improvement of patients' wellbeing. Both staff and patients indicated they would like to see more music and visual arts exhibitions in the future.

Innovative ceiling design at Royal Brompton

Above (clockwise from top left): 'The Oxford Waits' perform on a ward at Royal Brompton; the Donor Tree by Michelle Johnson; a miniature shadow theatre; Patients enjoy a Singing for Breathing™ session on the ward'

Patients learn new breathing techniques

A play area in the respiratory biomedical research unit

How the Trust is governed

The Trust was authorised as a foundation trust on 1st June 2009 and is a public benefit corporation. The Trust is regulated by Monitor, the independent regulator of NHS foundation trusts. Monitor is independent of central government and directly accountable to Parliament.

Our governors' council

Public governors

Mr Kenneth Appel	Bedfordshire and Hertfordshire
Mr Philip Dodd	North West London
Mrs Caroline Greenhalgh	South of England
Mr Brian Waylett	Rest of England and Wales

Patient and carer governors

Mr Ralph Gartenberg	North West London
Mr Richard Baker	South of England
Mr Peter John Rust	North West London
Dr Adrian Lepper	representing patient carers
Mr Anthony Connerty	Bedfordshire and Hertfordshire
Mrs Mary-Anne Parsons	Rest of the UK
Mr Irving Shaw	Bedfordshire and Hertfordshire

Appointed governors

Councellor Mrs Victoria Borwick	Royal Borough of Kensington and Chelsea
Prof Michael Schneider	Imperial College London
Mrs Allison Seidlar	Hillingdon NHS PCT
Prof Peter Rigby	University of London
Mr Ray Puddifoot	London Borough of Hillingdon
Mr Andreas Lambrianou	NHS Kensington & Chelsea

Staff governors

Ms Sue Callaghan
Dr Olga Jones
Prof Margaret Hodson
Mr Robert Parker
Dr Ian Balfour-Lynn

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 three 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.

The governance structures of the Trust comprise:

The governors' council, one of whose sub-committees, the nominations committee, considers the appointment of members of the Trust's board of directors.

Management of the foundation trust is conferred upon the Trust's board of directors.

Our board members are:

Executive Members

Mr Robert J Bell
chief executive

Mr Robert Craig
chief operating officer

Prof Timothy Evans BSc MD phD DSc FRCP FRCA FMedSci
medical director

Mr Mark Lambert
director of finance and performance

Dr Caroline Shuldham
director of nursing and clinical governance

Non-Executive Members

Sir Robert Finch chairman
Non-executive directors:
Mr Nicholas Coleman
Mrs Christina Croft
Mrs Jenny Hill
Mr Richard Hunting
Mr Neil Lerner
Professor Sir Anthony Newman Taylor

Quality Account

The Trust published its first quality account for the year 2009-10.

Priorities for improvement were identified as the following:

1. Patient Experience – making the discharge process easier for patients
2. Clinical Effectiveness – providing more training for staff in safeguarding children
3. Patient Safety – ensuring the incidence of surgical site infection is reduced.

The priorities above align with the Commissioning for Quality and Innovation (CQUIN) schemes which were agreed with the Trust's co-ordinating commissioners. They were put forward by a working party consisting of clinicians and managers and taking account of patient input. The three priorities were shared with stakeholders including patient groups, local LINks, commissioners, governors and overview & scrutiny committees, through the quality accounts consultation process.

The quality account can be accessed on the NHS Choices website: www.nhs.uk, the Trust's website: www.rbht.nhs.uk and hard copies are available from the Trust's office of the director of finance on 020 7351 8243.

For a copy of the Trust's annual report 2009-10 please contact the office of the director of finance on 020 7351 8243.


Medicine

Summary accounts

The Trust was authorised as a foundation trust on 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.

IFRS
Our accounts are prepared in accordance with the 2009/10 NHS Foundation Trust Annual Reporting Manual (FReM) issued by Monitor, the Independent Regulator of NHS foundation trusts.

Royal Brompton and Harefield NHS Foundation Trust

STATEMENT OF COMPREHENSIVE INCOME for the ten month period to 31 March 2010

	£000
Revenue from patient care activities	186,921
Other operating revenue	29,936
Operating expenses	(210,058)
OPERATING SURPLUS	6,799
Investment revenue	22
Revaluation gain on investment property	2,305
Finance costs	(63)
SURPLUS FOR THE FINANCIAL PERIOD	9,063
Dividends payable on Public Dividend Capital	(5,496)
RETAINED SURPLUS FOR THE PERIOD	3,567
OTHER COMPREHENSIVE INCOME:	
Impairments	(7,896)
Revaluation gain	2,831
Receipt of donated/government granted assets	2,067
Reclassification adjustments: transfers from donated and government grant reserves	(1,883)
Total comprehensive income for the period	(1,314)

For a copy of the Trust's annual report 2009-10 please contact the office of the director of finance on 020 7351 8243.

STATEMENT OF FINANCIAL POSITION as at 31 March 2010

	10 months to 31 March 2010 £000	as at 1 June 2009 £000
NON-CURRENT ASSETS		
Property, plant and equipment	**183,612**	181,940
Investment properties	**21,800**	22,795
TOTAL NON-CURRENT ASSETS	**205,412**	204,735
CURRENT ASSETS		
Inventories	**9,317**	7,360
Trade and other receivables	**20,730**	30,048
Cash and cash equivalents	**13,023**	3,876
TOTAL CURRENT ASSETS	**43,070**	41,284
TOTAL ASSETS	**248,482**	246,019
CURRENT LIABILITIES		
Trade and other payables	**(32,182)**	(33,521)
Borrowings	**(2,520)**	(313)
Provisions	**(184)**	(179)
TOTAL CURRENT LIABILITIES	**(34,886)**	(34,013)
NET CURRENT ASSETS	**8,184**	7,271
TOTAL ASSETS LESS CURRENT LIABILITIES	**213,596**	212,006
NON-CURRENT LIABILITIES		
Borrowings	**(488)**	(766)
Provisions	**(1,028)**	(1,069)
TOTAL NON-CURRENT LIABILITIES	**(1,516)**	(1,835)
TOTAL ASSETS EMPLOYED	**212,080**	210,171
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital (PDC)	**104,759**	99,836
Retained earnings	**33,180**	31,313
Revaluation reserve	**60,935**	66,048
Donated asset reserve	**13,206**	12,974
TOTAL TAXPAYERS' EQUITY	**212,080**	210,171

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