

M11 Clinical Quality Report

Introduction

This report details the Trust's M11 2018/19 position against key quality and performance measures.

The report also provides an overview on initiatives happening across the Trust to maintain high standards of clinical care with a focus on patient experience.

The report continues to be structured around the five CQC domains:

- **Safe** Protecting patients from abuse and avoidable harm;
- **Effective** Ensuring care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence;
- **Caring** Staff involve and treat patients with compassion, kindness, dignity and respect;
- **Responsive** Services are organised so that they meet patient needs.
- **Well led** The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around a patient's individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Section 1: Safe

1.1 Infection Prevention and Control

HCAI mandatory surveillance

The Trust continues to comply with the Public Health England Mandatory enhanced MRSA, MSSA and Gram-negative bacteraemia, and *Clostridium difficile* infection surveillance. The table below shows M11 infection occurrence reported within the surveillance programme.

	Total reported to PHE	Hospital onset	Year to date reported to PHE	Year to date total hospital-onset	Lapses in care confirmed
C. difficile	1	0	12	7	0
MRSA BSI	1	1	2	2	
MSSA BSI	1	1	12	9	
E. coli BSI	2	0	24	19	
Klebsiella species BSI	4	4	26	24	
Pseudomonas BSI	2	2	7	5	

The Matron Lead - Infection Prevention and Control has confirmed that no outbreaks of infection were identified in M11. However, the seasonal rise in influenza cases continued and AICU worked to accommodate patients whilst enabling patient admission and flow.

M11 post infection reviews are being undertaken for all above Hospital Onset infections, led by the Infection Prevention and Control Team. Outcomes and learning from these reviews will be

presented to the Infection Control Committee and to the divisional quality and safety committees, who have oversight of the implementation of local action plans.

1.2 Incident management and reporting

Serious incidents and Never Events

The divisional quality leads have confirmed that no serious incidents were reported during M11.

The Risk and Safety Committee continues to have oversight of serious incidents and receives updates on learning and subsequent actions resulting from the investigation of serious incidents. This includes the following actions from recently concluded investigations:

- Changes to Cystic Fibrosis genetic testing procedures;
- Changes to the routine monitoring of all individuals with a permanent (epicardial or transvenous) pacing systems;
- Sharing learning internally and externally.

At the time of writing the Trust has not reported any serious incidents during March (M12).

Duty of Candour

The divisional quality teams have full oversight of local compliance with statutory Duty of Candour requirements and their report of the current position is shown in the table below.

	Red and amber incidents declared		Total with stage 1 complete	*Total with stage 2 complete	*Total with both stages complete	*Percentage fully compliant
	Moderate harm (amber)	Severe harm (Red)				
Apr-18	5	0	5	5	5	100%
May-18	9	0	9	9	9	100%
Jun-18	4	0	4	4	4	100%
Jul-18	6	1	7	7	7	100%
Aug-18	7	0	7	7	7	100%
Sep-18	6	0	6	5	5	83%
Oct-18	5	0	5	5	4	100%
Nov-18	4	1	5	2	2	40%
Dec-18	1	0	1	0	0	0%
Jan-19	5	0	5	2	2	40%
Feb-19	1	0	1	0	0	0%
Cumulative Total	53	2	55	46	45	84%

Work is underway to provide greater detail in future reports.

1.3 Nurse safe staffing

The national reporting template, including care hours per patient day (CHPPD) is located in section 7 of this report. The Board is advised that this is a snapshot only of staffing levels recorded at midnight.

The lead nurses and senior matrons have confirmed that safe staffing levels were maintained throughout M11.

The lead nurses have confirmed that where staffing levels were lower than planned this was primarily due to reduced clinical activity or reduced acuity of patients. The senior nurses confirm that no red flags, as per NICE red flag definitions, were triggered.

Where staffing levels were higher than planned this was due to higher clinical activity, higher acuity of patients or supernumerary staff such as new starters receiving orientation/training.

1.4 NHS Safety Thermometer

The Trust continues to submit data to the national NHS Safety Thermometer programme. This is just one tool used by the Trust to measure harm free care and is used alongside other measures to help understand themes, analyse findings and plan improvements in care delivery. This is a snapshot of care across the Trust at a given time, on a given day.

Using Safety Thermometer, the care of 327 patients was audited during M11. A summary of the results of this snapshot audit is shown below.

Harms	Number of patients	%	National %
All Pressure Ulcers	5	1.5%	4.3%
Falls with Harm	2	0.6%	1.5%
Catheter & UTI	0	0%	0.8%
New VTE	3	0.9%	0.4%
Harm Free	315	97%	94.3%

As the table above shows, the percentage of harm free care in M11 was above the national rate with 315 (97%) of the 327 patients recorded as experiencing harm free care. This compared with a national rate of 94.3% harm free care.

1.5 Ionising Radiation (Medical Exposure)

The radiology service managers confirm that one exposure to ionising radiation was reported to the CQC during M11. The incident related to a patient who received an unnecessary chest x-ray due to a requesting error. The error is being investigated, the level of harm to the patient is being identified and the CQC have been informed.

The patient received an apology and full explanation at the time and the Deputy Radiology Services Manager has confirmed that the patient was satisfied the explanation and apology they received.

Section 2: Effective

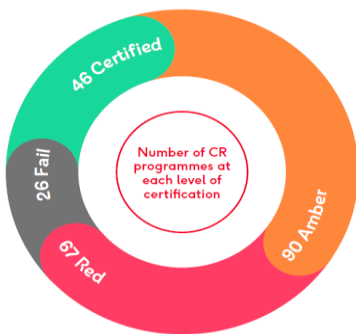
2.1 National Audit of Cardiac Rehabilitation

The National Audit of Cardiac Rehabilitation (NACR) is a British Heart Foundation (BHF) strategic project that aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease, irrespective of where they live.

The NACR Quality and Outcomes Report (previously the NACR Annual Statistical Report) combines data from cardiac rehabilitation programmes in England, Wales and Northern Ireland, and presents recommendations for how to improve programmes.

The latest audit assessed compliance against the minimum standards for cardiac rehabilitation:

- The delivery of the core components by a qualified and competent multidisciplinary team, led by a clinical coordinator.
- Prompt identification, referral and recruitment of eligible patient populations.
- Early initial assessment of individual patient needs which informs the agreed personalised goals that are reviewed regularly.
- Early provision of a structured cardiovascular prevention and rehabilitation programme (CPRP), with a defined pathway of care, which meets the individual’s goals and is aligned with patient preference and choice.
- Upon programme completion, a final assessment of individual patient needs and demonstration of sustainable health outcomes.
- Registration and submission of data to NACR and participation in the National Certification Programme for Cardiovascular Rehabilitation (NCP_CR).



The Trust was one of the 46 trusts certified as achieving compliance with all of the minimum standards for cardiac rehabilitation.

The cardiac rehabilitation programme, delivered from Harefield Hospital, is a comprehensive exercise, education and behavioural modification programme. It aims to improve not only the physical, but also the social and psychological condition of patients.

Section 3: Caring

3.1 Patient Experience monthly update

M11	
1110 responses of 2962 eligible patients	All comments 792
Trust FFT Response Rate – 37.5%	Positive Comments – 773 (98%)
Trust Recommendation score for FFT – 97%	Negative Comments – 7 (0.5%)
Negative Response: 1%	

Staff continue to encourage patients to respond to FFT and, are achieving well above the mandated 30% response rate. In addition, there is now a functionality on ENVOY (online FFT platform) which enables contact with patients. This can be used to follow up any requests, complaints or to obtain further information where needed.

Complaints

The Trust received 9 new complaints in M11 which included 2 complaints from private patients. 5 of these complaints relate to Harefield Hospital and 4 relate to Royal Brompton Hospital. All complaints were acknowledged within 3 working days.

10 complaints were closed in M11 which included 1 re-opened complaint from Quarter 2. 9 complaints were closed within agreed timescales.

The Q3 review of complaints has concluded and the full report has been presented to the Complaints Working Group. Actions taken in Q3 following learning from complaints include:

- Improved communication for patients taking long term aminoglycosides;
- Improved communication with patients transitioning from paediatric to adult CHD service;
- Private Patient registration form to be amended to enable patients to record any disabilities.

3.2 Trust Initiatives

NHS Youth Forum

The Trust, in partnership with the Brompton Fountain is setting up a new youth forum. Meetings are planned with relevant colleagues to take this forward including the school. An event for young people will run on 11 April at 11am.

Patient Public Engagement Steering Group and Patient Public Engagement (PPE) Working Group

The Patient Public Engagement Steering Group replaces the previous Patient Advisory Panel. The Patient Public Engagement Steering Group will meet quarterly.

The Trust is actively seeking new members to improve patient representation. The PPE Working Group will support the Trust develop a new strategy with a focus on patient outcomes.

Both groups will meet on 16 April.

PPE on Intranet and Website

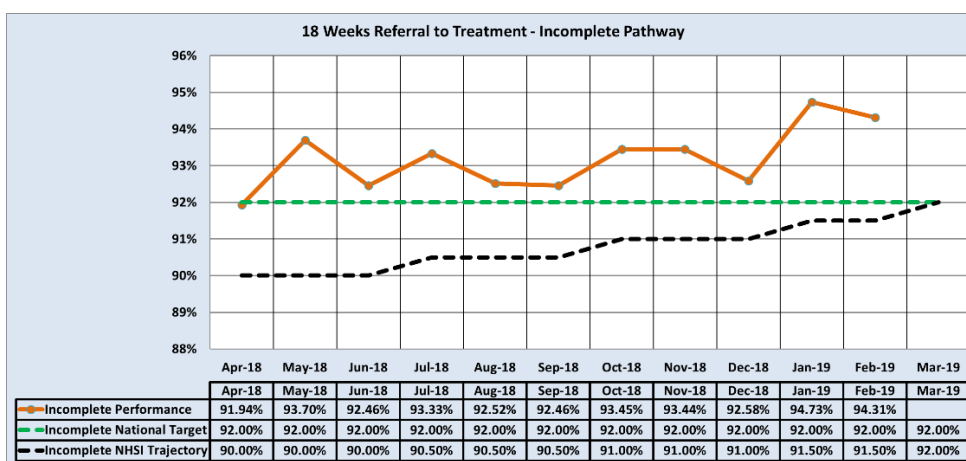
Content is under review with plans in place to update and refresh information for staff.

Section 4: Responsive

4.1 18-week Referral to Treatment Time Targets

Performance against the NHS Improvement Trajectory

The graph below presents that Trust's year to date position against the 18-week Referral to Treatment (RTT) performance measure. The M11 *provisional* performance is 94.31%, exceeding the national threshold of 92% for RTT and the Trust threshold of 91.50% agreed with NHSI during the annual activity planning exercise.



18 weeks RTT by National Specialty – Incomplete Pathways February 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	728	27	755	96.42%
	Cardiology (Harefield)	1,135	132	1,267	89.58%
Cardiology		1,863	159	2,022	92.14%
Thoracic Medicine		1,858	35	1,893	98.15%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	191	32	223	85.65%
	Cardiac Surgery (Harefield)	230	38	268	85.82%
	Thoracic Surgery	254	1	255	99.61%
Cardiothoracic Surgery		675	71	746	90.48%
Other	Other	119	1	120	99.17%
	Paediatrics	648	41	689	94.05%
	Transplant	43	7	50	86.00%
Other		810	49	859	94.29%
		5,206	314	5,520	94.31%

As shown in the table below, during M11 one patient pathway continued to breach the 52-week target. This breach occurred in the Inherited Cardiac Conditions service at Harefield Hospital and has been investigated by the Hospital Director. After several cancelled clinic appointments, this patient attended an outpatient on March 1st, 2019 (week 58). The patient requires further diagnostic tests and a follow-up clinic appointment and, therefore, the 52-week pathway breach will continue to be recorded in coming months.

M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Jan-19
No breach reported	No breach reported	Patient A -X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	No Breach	No Breach	Patient D - 8G - NHS Hillingdon CCG	Patient D - 8G - NHS Hillingdon CCG
		Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG						

4.2 Cancer Targets

62 Day Urgent GP referral breaches

There were 5 62-day pathway breaches in M10:

- Three of these patients were treated by the Trust within the Trust’s 24-day referral to treatment window and are therefore excluded from this exception report;
- The remaining 2 patient pathway breaches, shown in the table below, were both due to patient choice.

Referring Trust & Hospital	Day Referral Received by RBHFT	No. of days from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment
East and North Hertfordshire NHS Trust Lister Hospital - Rwh01	41	45	86
East and North Hertfordshire NHS Trust Hertford County Hospital	53	62	115

Cancer Target – 31-day decision to treat to first definitive treatment

Two patient pathways breached the 31-day decision to treat to definitive treatment target during M10.

Patient 1: Treated on day 34 and has since been transferred back to their local hospital

Patient 2: Treated on day 46 has since been transferred back to their local hospital

Cancer Target – 31-day decision to treat to subsequent treatment

Two patient pathways breached the 31-day decision to treat to subsequent treatment target during M10.

Patient 1: This patient required a specialist clinician to ensure safe clinical care was provided and was treated on day 34. The patient has been seen in follow-up clinic and has subsequently been discharged back to the local clinical team

Patient 2: Patient was treated on day 32, has been seen post operatively and has been discharged back to referring hospital

The Assistant General Manager, Lung Division is currently undertaking a full review of all cancer breaches which will be available at year end.

4.3 Cancelled operations

Urgent operations cancelled for a second time (E.B.S.6)

No patients had an urgent operation cancelled for a 2nd time during M11.

Cancelled Operations - E.B.S.2

Detail of Numerator – Cancelled Operations (28-day rescheduled bookings)

Numerator: No. of operations and procedures not rescheduled and carried out within 28 days.

A total of 5 28-day rescheduling breaches occurred during M11. These are detailed below:

Patient 1 - cancelled on 18th Jan 2019 to accommodate an emergency return to surgery thoracic patient from HDU. Patient had surgery on 18th February.

Patient 2 – as above

Patient 3 – as above

Patient 4 - equipment procured from the USA and did not arrive within the 28 days. Hospital Director has reviewed this breach will ensure changes are made to prevent similar breaches from occurring

Patient 5 – as for patient 4

Cancelled Operations

Detail of Denominator – Cancelled Operations and procedures

Denominator: The number of patients whose operation was cancelled at the last minute by the hospital, for non-clinical reasons.

There were 49 patients whose operation or procedure was cancelled in M11.

Reportable - Cancelled Operations 2018/19

Numerator	Number of breaches of the pledge to offer another binding date within 28 days														
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	18/19 YTD
Theatres (inc Bronchoscopy)	0	0	1	2	0	0	0	0	0	0	5	1	2	0	8
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH Total	0	0	1	2	0	0	0	0	0	0	5	1	2	0	8
Theatres (inc Bronchoscopy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HH Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trustwide	0	0	1	2	0	0	0	0	0	0	5	1	2	0	8

Denominator	Cancelled operations and procedures														
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	18/19 YTD
Theatres (inc Bronchoscopy)	4	11	19	16	10	14	15	8	9	16	20	34	40	32	142
Catheter Labs	10	10	12	7	9	8	10	6	6	8	4	32	24	22	90
RB Total	14	21	31	23	19	22	25	14	15	24	24	66	64	54	232
Theatres (inc Bronchoscopy)	18	22	26	24	12	35	34	34	12	19	19	66	71	80	255
Catheter Labs	7	10	4	6	9	5	14	15	2	5	6	21	20	31	83
HH Total	25	32	30	30	21	40	48	49	14	24	25	87	91	111	338
Trustwide	39	53	61	53	40	62	73	63	29	48	49	153	155	165	570

Site	Performance against indicator E.B.S.2														
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Q1	Q2	Q3	18/19 YTD
RB Total	0.00%	0.00%	3.23%	8.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.83%	1.52%	3.13%	0.00%	3.45%
HH Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Trustwide	0.00%	0.00%	1.64%	3.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.20%	0.65%	1.29%	0	1.40%

Section 5: Well led

5.1 Nutrition and hydration week

As part of Nutrition and Hydration Week (11 to 17 March) the Trust dietitians led a week-long programme to support clinical teams to develop a greater awareness of the signs of malnutrition in patients. Clinical teams were reminded of the signs of malnutrition, such as unintentional weight loss (over five per cent of body weight); loss of appetite; poor concentration; and a change in patients' moods and energy levels, and resources available to support patients.

An estimated three million people in the UK suffer from malnutrition which affects the body's ability to function as normal.

5.2 NEWS 2

On Monday 18 March, the updated national early warning score chart NEWS2, will be implemented across the Trust. Sarah Green, lead resuscitation officer, is overseeing the roll-out. The Outreach team at Harefield and matrons and practice educator teams at Royal Brompton are supporting delivery of local level education to all nursing staff and will continue education support as needed.

The NEWS model was initially introduced by the Royal College of Physicians (RCP) in 2012 to standardise the process of recording, scoring and responding to changes in acutely ill patients. It introduced a common language and approach to early detection of deteriorating patients through a unified scoring system.

The latest version has been enhanced to further promote the early detection, escalation and treatment of patients with infection who are at risk of deterioration, ultimately improving patient safety. This came following a routine review of NEWS by the RCP considering feedback from clinical staff.

5.3 Seasonal flu vaccination campaign

Work continues on the seasonal flu vaccine programme. The programme is delivered across the Trust in a variety of ways including site-based visits and walk-in clinics. The senior management team receive weekly progress reports and are actively involved in engaging with staff and, where required, asking staff to complete the necessary documentation should they not wish to receive the vaccine.

A summary of the current take-up of the flu vaccine is shown in Section 8 of this report and records that 55.99% of frontline staff have received a flu vaccination.

Section 6: Operational Performance Metrics and Quality Indicators

Month 11 2018/19 – period ending 28th February 2019

NHS Improvement - Single Oversight Framework						
Indicator	Total Reported to PHE M11	Hospital onset confirmed M11	Total Reported to PHE M11 YTD	Hospital onset confirmed M11 YTD	Target / Trajectory	Variance from Target / Trajectory M11 Position
Clostridium difficile	1	0	12	7	Lapses in care = 0 Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	1	1	2	2	Zero tolerance	Not met for M11
E coli	2	0	24	19	No Standard Set	
MSSA	1	1	12	9	No Standard Set	
Indicator	M11	M11 Target	Variance from Target / Trajectory M11 Position			
18 weeks RTT Incomplete	94.31%	92%	Target met for M11 - provisional			
Number of diagnostic tests waiting 6 weeks+ (%)	0	1%	Target met for M11			
*Cancer - 62-day Urgent GP referral to first definitive treatment – with breach allocations	5 breaches 50%	M9 Trajectory = 71.30%	Trajectory not met for M10			
VTE Risk assessments	Q3 = 97.87%	95%	Target met for Q3 18/19			
Never Events	M11 0	YTD M11 1	Zero tolerance	Zero breaches for M10		

NHS England - NHS Standard Contract				
Urgent operations cancelled for the 2nd time	0		Zero tolerance	0 breaches for M11
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	5		Zero tolerance of no readmission within 28 days	5 breaches for M11
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M11
52 week breaches	1		Zero tolerance	1 breach for M11
*Cancer – 14 day Urgent GP Referral	100%		93%	Target met for M10
*Cancer – 31 day 1st treatment	30 patients - 2 breaches 93%		96%	Target not met for M10
*Cancer – 31 day subsequent treatment	19 patients - 2 breaches 89%		94%	Target not met for M9
Incidents				
		18/19 M11		18/19 YTD Incidents at M10
Outbreaks of Infection		0		0
Serious Incidents		0		12

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Section 7: Nurse staffing and CHPPD

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
PICU	5796	5575	1363	468	5796	5041	322	144	96.2%	34.3%	87.0%	44.7%	362	29.3	1.7	31.0
Rose	4830	4808	1363	468	4830	3979	322	144	99.5%	34.3%	82.4%	44.7%	737	11.9	0.8	12.8
AICU	6762	7716	1176	669	6762	7828	308	108	114.1%	56.9%	115.8%	35.1%	451	34.5	1.7	36.2
Princess Alexandra	2352	2985	1176	728	1540	1991	308	526	126.9%	61.9%	129.3%	170.8%	792	6.3	1.6	7.9
Elizabeth	4032	3786	1176	681	3696	3454	308	229	93.9%	57.9%	93.5%	74.4%	380	19.1	2.4	21.4
Paul Wood	2160	2567	1176	669	1232	1540	308	152	118.8%	56.9%	125.0%	49.4%	565	7.3	1.5	8.7
Sir Reginald Wilson	3360	2592	1176	677	1540	1661	308	108	77.1%	57.6%	107.9%	35.1%	426	10.0	1.8	11.8
York	2064	1769	1176	677	1540	990	308	163	85.7%	57.6%	64.3%	52.9%	325	8.5	2.6	11.1
Foulis	1920	2459	840	315	1540	1661	0	0	128.1%	37.5%	107.9%	-	762	5.4	0.4	5.8
Victoria	2016	2529	450	2010	1232	1518	220	440	125.4%	446.7%	123.2%	200.0%	535	7.6	4.6	12.1
Cedar	2254	2211	644	702	1610	1540	644	564	98.1%	109.0%	95.7%	87.6%	631	5.9	2.0	8.0
Rowan/Fir Tree	3542	2342	1178	573	2772	1875	714	426	66.1%	48.6%	67.6%	59.7%	908	4.6	1.1	5.7
HDU HH	1932	1824	0	0	1932	1806	0	0	94.4%	-	93.5%	-	152	23.9	0.0	23.9
ITU	8050	10545	1122	591	8050	9230	322	322	131.0%	52.7%	114.7%	100.0%	628	31.5	1.5	32.9
Maple	1610	1576	644	644	924	932	644	614	97.9%	100.0%	100.9%	95.3%	385	6.5	3.3	9.8
Oak/Acorn	5040	4685	2184	1010	3388	2586	616	397	93.0%	46.2%	76.3%	64.4%	826	8.8	1.7	10.5
Juniper	2162	2161	874	668	2254	1885	713	397	100.0%	76.4%	83.6%	55.7%	278	14.6	3.8	18.4

Section 8: Annual Flu Campaign

PHE Staff Groups (including Non-Frontline)	Total Headcount	Received (Headcount)	% Received	Referred to GP (Headcount)	% Referred to GP	Declined (Headcount)	% Declined	Not Vaccinated (Headcount)	% Not Vaccinated
All Doctors (excluding GPs)	502	266	52.99%	21	4.18%	17	3.39%	198	39.44%
All other professionally qualified clinical staff	423	271	64.07%	10	2.36%	43	10.17%	99	23.40%
Non-Frontline	879	342	38.91%	16	1.82%	64	7.28%	457	51.99%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1364	774	56.74%	33	2.42%	135	9.90%	422	30.94%
Support to clinical staff	522	263	50.38%	22	4.21%	101	19.35%	136	26.05%
Grand Total	3690	1916	51.92%	102	2.76%	360	9.76%	1312	35.56%
PHE Staff Groups (Frontline only)	Total Headcount	Received (Headcount)	% Received	Referred to GP (Headcount)	% Referred to GP	Declined (Headcount)	% Declined	Not Vaccinated (Headcount)	% Not Vaccinated
All Doctors (excluding GPs)	502	266	52.99%	21	4.18%	17	3.39%	198	39.44%
All other professionally qualified clinical staff	423	271	64.07%	10	2.36%	43	10.17%	99	23.40%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1364	774	56.74%	33	2.42%	135	9.90%	422	30.94%
Support to clinical staff	522	263	50.38%	22	4.21%	101	19.35%	136	26.05%
Grand Total	2811	1574	55.99%	86	3.06%	296	10.53%	855	30.42%

Section 9: Patient comments

Positive Comments

Because nothing to much trouble and the staff were extremely knowledgeable about everything they did and said and I cannot find the words to express my thanks for my treatment, MAPLE

Care Received - I think it is one of the best hospitals I have ever been in. It is all round; staff, food, doctors and care. I have never been treated so well and I am quite pleased with it. I would recommend it to anybody to go there, it is brilliant. Thank you for all the help and care that you gave me. Thank you very much, PAUL WOOD

Care of this standard can only be delivered as part of the day job by a highly skilled and managed team. From consultants to cleaners, including the support staff. It can't be a job, it is a profession and at times must be a vocation. Sincere thanks, PRINCESS ALEXANDRA

Clinical Treatment - I was absolutely delighted with just about every aspect of the care I received, from the minute I arrived, but it did take a very long time for the discharge process to finish, I felt I was just sat there 2-3 hours waiting. Apart from that I couldn't fault anything; the staff and care were wonderful. That hospital was the place to me. Thank you to everybody concerned, ACORN WARD

Excellent care and attention during stay, the only downside was when it was time for discharge, I was told in the morning I could leave; however, it took until around 4pm to actually be able to leave, due to the Dr writing up the paperwork, and my family was 1 1/2 hours away so it was quite stressful, YORK WARD

The rehabilitation has given me confidence, motivation, reassurance, energy, plenty of information. It has pushed me and made me understand why we must exercise and how best to and how far I should and how far I can push myself. The staff are professional, welcoming, friendly, helpful, understanding. I am going to miss attending each week. Really helped me to get back to normal life, CARDIAC REHAB

I have always had excellent care here at the Brompton and have been attending over 30 years due to a lung condition I was born with. The consultant I have had the pleasure to see on my appointments always take time, they listen and do their very best to help you. This is a first-class service, OP Brompton

Always feel I have been seen ASAP even though this hospital is very busy. Kind, courteous nurses and staff. Very caring staff, OP Harefield

This was a last resort for my 89-year-old mother who was deemed too old and frail to have this procedure at our local hospital on the Isle of Wight and the main one at Southampton in 2017. She had a second opinion at the Brompton in late 2018. When her symptoms worsened they took a different view and a tavi procedure was carried out by their world class team. She was home 3 days after the procedure. We have nothing but praise and gratitude for these brilliant people, world class care from world class people. Very hard working and very highly

skilled.....The food was excellent too. Just wish we had come here 2 years ago...CARE
OPINION

Negative Comments

7 negative comments were received in M10 however, there was insufficient detail in most of these comments to allow actions to be taken. One will be followed up with the PPE Steering Group.

Very poor understanding of mental health issues and provision for those who are suffering from mental ill health. Lack of any activities to help support wellbeing to those who are confined to the ward long term and those that can be provided have to be asked for through referral to occupational health or request to psychology service, they are not advertised as existing. General lack of provision for patients mental/emotional/whole self-wellbeing, though physical health treatment is good. Cleaning of room did not seem thorough and basically consisted of mopping the floor and cleaning the loo, FIR WARD.