Royal Brompton and Harefield

NHS
Guy's and St Thomas'
NHS Foundation Trust

Royal Brompton and Harefield Hospitals Clinical Quality Report M3 - M5 2021 – 22 October Clinical Group Board

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Safe: Highlight And Exception Reporting

Infection Prevention Control

An increased incidence (3 cases) of hospital onset – healthcare associated Clostridioides difficile was identified at Harefield Hospital during M5. Actions were put in place and an investigation is currently underway.

An outbreak of norovirus was declared on a ward at Royal Brompton Hospital during M5 with 6 patient positive cases identified. All appropriate measures were put in place and the incident was closed on September 1st.

Keeping patients safe whilst waiting

At the end of M5 38 patients were waiting 52+ weeks from referral (down from 93 patients in M4). 39 patients had been waiting over 6 weeks for a diagnostic test (42 patients in M4)

September Risk & Safety Committee received an update on work being taking to keep patients safe whilst waiting. The Committee agreed that this provided the assurance required.

Harm free care

The tissue viability team report that 27 category 2 or above hospital acquired pressure ulcers were reported and assessed by the team during Q1. This compares positively with the 66 category 2 or above hospital acquired pressure ulcers reported and assessed Q1 in 2020-21, during the Covid-19 pandemic. The team also report that the 2021-22 Q1 incidences correlate with Q1 2019-20.

Sepsis

The Q1 sepsis report was presented at the September Governance and Quality Committee, detailing that 100% of patients with a confirmed sepsis diagnosis (28 patients) received antibiotics within 1 hour of the sepsis diagnosis.

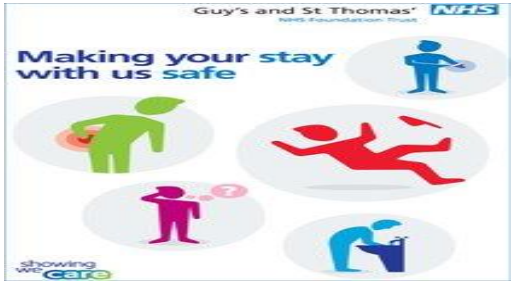
Actions taken during Q1 included:

- Teaching and support for nursing staff
- Sepsis trolleys and local information updated
- Timely reviews undertaken of patients with suspected sepsis

Serious incidents and duty of candour

The divisional quality leads confirm that 1 serious incident was reported during M5. The incident investigation continues and the outcome will be reported to the Risk & Safety Committee.

The September Risk & Safety Committee received an update on active serious incident investigations and actions being taken.



Responsive: Highlight and Exception Reporting

Infection Prevention & Control

Covid-19 related infection prevention and control measures continue to restrict the number of patients we are able to accommodate safely in certain areas, thereby reducing our capacity e.g. Cherry Tree (day-case) ward (number of bed-spaces reduced from 22 to 11); Oak ward (bays reduced from 6-bed to 4-bed). Implementation of new UKHSA guidance is being reviewed as part of the wider Trust workstream for

Elective activity

NHS England set a target of achieving 95% of the volume of elective activity being delivered in 2019/20 by July 2021. Our hospitals exceeded this target in the Heart Divisions on both sites, but not in the Lung Division or Children's Services, where capacity remains below the levels available pre-pandemic.

Capacity

Staffing pressures (a combination of sickness absence, vacancies and annual leave), reducing available Level 1 capacity at RBH and Levels 1, 2 and 3 at Harefield. Staff are being deployed flexibly day-by-day to maximise the number of beds that can be run safely.

Two cath labs at Harefield and one at Royal Brompton have been out of use for repair/refurbishment, and a mobile lab has been in use at Harefield since July 2021 (and will continue until at least January 2022). Both Harefield labs are due to re-open in October. The bronchoscopy suite on Lind ward has been out of use since March 2020; its capacity will be replaced (and extended) when the RBH Diagnostic Centre opens in early 2022.

Access

The number of patients waiting >52 weeks from referral to treatment dropped by over 50% between July and August 2021. At the end of Month 5, 38 patients remained in this category, including 12 who have chosen to defer their treatment to a later date.

We are exploring how best to support colleagues at St Thomas' to address the longest waits there (especially in cardiology).

Effective: Cardiogenic Shock

Clinical teams from our hospitals have developed the first comprehensive programme in the UK to help improve the survival of patients with cardiogenic shock.

Cardiogenic shock is a life-threatening condition, where the heart is unable to pump enough blood around the body, leading to progressive and rapid failure of all the organs. The condition is associated with a high risk of death. However, if it is recognised early enough, appropriate specialist intervention can significantly increase the chances of the patient's survival.

The Cardiogenic Shock Programme has been developed by teams at both of our hospitals, so that their specialist expertise and technology is immediately available to patients no matter where they are. Our clinicians advise colleagues from hospitals around the country about the various treatment options available to patients with cardiogenic shock. Initial interaction between the hospitals' team takes place through an emergency virtual multidisciplinary team meeting. If necessary, our teams from Royal Brompton and Harefield will travel to where the patient is to deliver their life-saving specialist care. When stabilised, they can be brought back to our hospitals for ongoing treatment if appropriate.

Effective: Home Testing Kits

All clinical departments can now offer a range of home testing kits for patients thanks to a multi-team effort from colleagues in phlebotomy, laboratories, IT and the transformation team. Patients can now carry out certain tests, including capillary blood, cough swab, faecal, nasal and sputum tests at home rather than in the hospital. Home testing can help inform the clinical decision on whether or not to bring patients into hospital, reducing the number of unnecessary visits, saving time and expense, and improving the experience for patients.

The idea was developed by clinical teams, with the support of the Darwin transformation team. This digitisation of the service means that it is easy to order kits and access test results via the ICE software. The outpatients team at Harefield and the phlebotomy team at Royal Brompton help manage the order fulfilment centrally.

A range of patient information leaflets and videos about home testing have been produced and can be accessed on the Clinical Group website.

Home Testing | Royal Brompton & Harefield hospitals (rbht.nhs.uk)

Responsive: Learning from Complaints

During Q2 there has been a focus on early intervention to de escalate formal complaints where appropriate and continued work to make sure that we learn from the feedback received through the complaints process. A snapshot of this work is presented on this slide.

Lasting Power of Attorney (LPA):

Lesson learnt: LPA not always adequately highlighted in the medical records.
Actions: Staff have been reminded that a LPA should be highlighted at the front of the clinical notes. A physical copy of the LPA should be placed at the front of the medical records and a scanned copy will be uploaded onto the patient information system.

Communication between Teams

Lesson learnt: Pre-admission planning, with adequate documentation, is critical for patients with complex needs.

Actions: Multidisciplinary team working on the development of a patient passport which will capture all relevant information for patients with complex needs.

Informed Decision Making

Lesson learnt: Patients must have adequate information and time to understand how decisions are made and have questions answered.

Actions: MDT outcomes/discussions to be recorded, clearly explained and summarised within clinic/response letters.

Patient Discharge

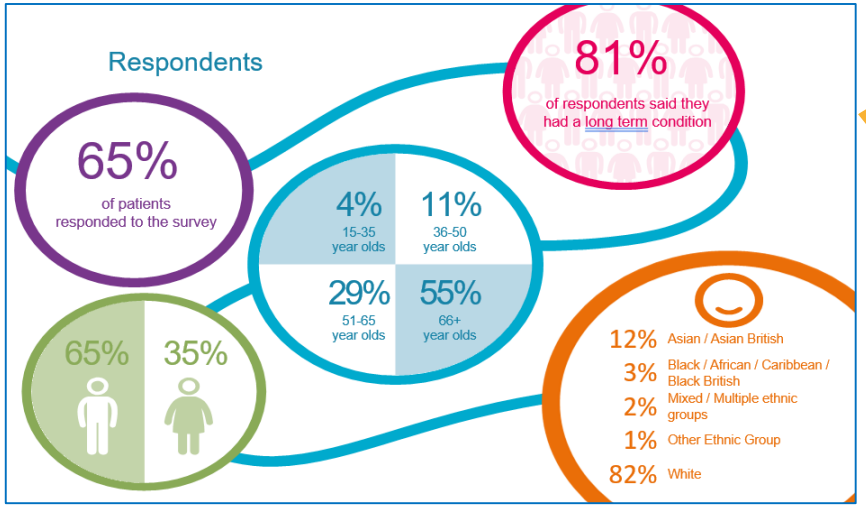
Lessons learnt: Multiple including –

- Poorly constructed discharge summaries, including spelling errors and poor grammar.
- Delay in receiving discharge summary
- Poor communication about post discharge and discharge care.
- Poor instructions and communication about medication.
- No transfer notes sent to receiving hospital. (reliance on phone handover)

Actions: Multiple including –

- Discharge Improvement Group reconvened and will address issues arising from complaints around discharge.
- District Nurse referral form has been redesigned, led by Complex Discharge Lead and is being trialled on Alex ward. Teaching presentation developed to accompany it.
- Discharge plan – ensuring this details what has been arranged for those with social care needs and is provided to the patient in writing.
- Lack of documentation on transfer - interhospital transfer documentation under review.
- Discharge checklist under review.
- After your heart operation booklet to include key actions the patient needs to take following discharge. These actions will act as a prompt for nursing staff when they discuss discharge with patients. The first page will also include contact information such as details for the pharmacy helpline and nurse's helpline. Lastly, the key information within the booklet will act to clearly direct patients to telephone their GP for an appointment as one of the necessary actions.

Caring: National Adult Inpatient Survey (AIPS)



High levels of patient satisfaction.
World class specialist care.
Professional and caring attitude of staff.

We performed better than most trusts for 19 questions

the same for 25 and worse for 1

100% of patients said staff helped control their pain

100% of patients felt they were treated with respect and dignity 100% of patients had confidence and trust in their doctors.

100% said the room or ward was very or fairly clean.

99% had confidence in the nurses looking after them.

99% of staff helped when they needed attention.

98% of nurses and 97% of doctors answered questions clearly and included patients in conversations.

98% of patients got enough to drink and 97% got enough help from staff to wash or keep clean.

Overall, 94% rated experience as 7/10 or more

Triangulate – Review -- Improve

AIPS data reviewed with Friends and Family Test (FFT) PALS concerns and Complaints

Vulnerable people and/or with complex needs report less satisfaction

Key areas identified for further review and improvement

Patient Involvement

Noise at night

Discharge management

Facilities and food

Communication

Waiting

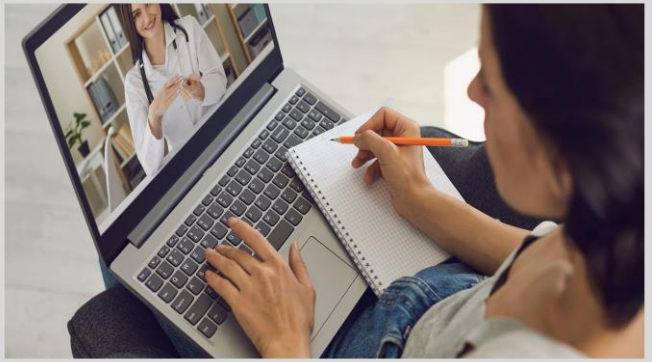
Well Led: Electronic Consent

To overcome some of the challenges resulting from the Covid-19 pandemic, digital solutions are being explored and implemented to help ensure that patients are adequately assessed and prepared for surgery and interventional procedures. The implementation of electronic consent is one development that is being tested at both Harefield and Royal Brompton hospitals and is being rolled out across a greater number of interventions.

As a result of reduced face to face clinic time, the majority of patients now need to give consent on the day of the procedure. This was seen as neither satisfactory for the patient or for effective theatre and catheter lab utilisation, with a potential risk of on-the-day cancellations.

It was thought that obtaining electronic consent at the virtual preoperative clinic may reduce the incidence of problems around obtaining manual consent on the day of the procedure.

Perceived benefits included the ability to offer electronic consent from a virtual clinic, with the patient having a copy of the consent form to consider well in advance of the procedure. It is anticipated that using an electronic consent form, prepopulated with all the necessary information (Procedure Specific Consent Form), strengthens informed consent and lessens the risk of medicolegal litigation.



Electronic consent at Royal Brompton Hospital

Currently patient undergoing a number of cardiology procedures have the ability to consent electronically using an electronic Procedure Specific Consent Form (MS forms) either during or shortly after their pre-assessment clinic appointment

Electronic consent at Harefield Hospital

In October and November 2021 patients at Harefield undergoing the following cardiology procedures: ablations; insertion of cardiac devices; angiography/angioplasty and TAVI will be able to give consent electronically during the pre-assessment process

The electronic consent initiative is being monitored closely and consultants on both hospital sites are involved in identifying other procedures which would be suitable for the introduction of electronic consent.

Additional Information

Single Oversight Framework And Quality Performance Metrics – 12 Months Rolling

Key Performance Indicators		Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	12 Month Rolling	Comments
			M5	M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M4		
1.1 Incident reporting	Total incidents reported		322	335	443	395	339	345	346	355	347	337	357	332	291	4222	
	Never events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Serious incidents		0	2	1	0	2	2	3	1	1	1	0	0	1	14	
	Incidents resulting in unexpected death	0	0	0	1	0	0	1	1	0	1	1	0	0	0	5	
	Incidents resulting in severe harm	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2	
1.2 Harm free care	Pressure ulcer acquisitions (category 2 and above) attributable to Trust		5	3	7	6	10	9	7	5	27			TBC		74	2021-22 reported quarterly, in arrears
	Total falls		14	15	20	13	12	17	19	16	16	10	17	15	13	183	
1.3 Infection control and cleanliness	Clostridium difficile (C. difficile) reported number: (no target set by NHS England)		0	1	0	1	2	1	2	1	0	0	4	1	3	16	
	Clostridium difficile (C. difficile) ***hospital onset - healthcare associated***: (no target set by NHS England)		0	0	0	1	2	1	2	0	0	0	4	1	3	14	
	C-Diff acquisitions resulting from lapse in care		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	MRSA bacteraemia ***(Hospital onset)***		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias		2	0	0	2	1	2	3	1	2	1	0	0	0	12	
	Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias ***(Hospital onset)***		2	0	0	1	1	2	3	1	1	1	0	0	0	10	
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)		0	1	0	0	0	1	0	3	0	0	0	2	0	7	
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) ***(Hospital onset)***		0	1	0	0	0	1	0	3	0	0	0	1	0	6	
	Klebsiella species BSI		0	3	1	1	1	1	4	2	1	1	0	3	1	19	
	Klebsiella species BSI ***(Hospital onset)***		0	3	1	1	1	1	4	2	1	1	0	3	1	19	
	Pseudomonas BSI		0	0	0	1	0	3	1	0	1	0	2	1	2	11	
	Pseudomonas BSI ***(Hospital onset)***		0	0	0	1	0	3	1	0	1	0	2	1	2	11	

Single Oversight Framework And Quality Performance Metrics – 12 Months Rolling

Key Performance Indicators		Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	12 Month Rolling	Comments
			M5	M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M4		
1.4 Screening on admission	VTE screening (externally reported)		98%	97%	98%	97%	97%	96%	99%	99%	99%	99%	99%	99%	99%	98%	
1.5 Safe Staffing	Ratio of actual to planned hours RBH		75%	86%	99%	101%	94%	102%	104%	95%	83%	86%	88%	87%	86%	93%	Planned hours are based on rolled over funded establishments
	Ratio of actual to planned hours HH		99%	103%	104%	92%	99%	91%	112%	100%	98%	101%	102%	98%	95%	99%	
	NICE RedFlags		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Caring																
2.2 Friends and Family Test - Inpatient	Number of eligible patients		1222	1532	1807	2008	1993	1232	1401	2039	2115	2160	2312	2334	1527	22460	
	Number of responses		373	505	624	748	682	437	478	680	770	733	771	849	574	7851	
	Response rate		30%	33%	34%	37%	34%	36%	34%	33%	36%	34%	33%	37%	37%	35%	
	Friends and Family test - % positive experience		96%	95%	95%	96%	94%	97%	97%	96%	94%	93%	95%	95%	94%	95%	
	Friends and Family test - % negative experience		2%	3%	3%	2%	3%	2%	1%	3%	2%	3%	2%	3%	2%	2%	
2.3 Friends and Family Test - Outpatient care	Number of responses		No data collection	2	1	3	81	155	141	122	125	161	105	129	118	1143	
	% Positive experience			100%	100%	100%	91%	87%	87%	91%	86%	94%	87%	91%	89%	92%	
	% Negative experience			0%	0%	0%	5%	7%	9%	4%	10%	2%	10%	5%	8%	5%	
3.1 Complaints Management	Complaints opened in month		7	10	11	5	7	6	5	13	11	3	11	7	4	93	
	Number of above acknowledged within 3 working days		6	10	11	5	7	6	5	13	8	2	11	11	3	92	
	Complaints re-opened in month		0	1	3	1	1	1	0	1	1	0	1	1	1	12	
	Complaints closed in month		2	7	8	0	5	7	0	0	4	2	4	8	9	54	
	Number of above closed within agreed timescales		2	3	3	0	4	5	0	0	0	0	0	1	2	18	
	Number of complaints referred to PHSO		0	0	0	2	0	0	0	0	0	0	0	0	0	2	
	Number of complaints confirmed as no action by PHSO		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of complaints Upheld by PHSO		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of complaints partially upheld by PSHO		0	0	1	0	0	0	0	0	0	0	0	0	0	1	
	Number of complaints not upheld by PHSO		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Single Oversight Framework And Operational Performance Metrics – 12 Months Rolling

Key Performance Indicators		Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	YTD Average	
Responsive			M5	M6	M7	M8	M9	M10	M11	M12	M1	M2	M3	M4	M5		
4.1 Elective treatment access - referral to treatment (RTT) performance	RTT - Incomplete pathways < 18 weeks	92%	65.16%	66.40%	70.14%	72.97%	73.47%	74.62%	75.19%	73.43%	76.82%	79.31%	78.16%	67.22%	81.80%	74%	
	RTT - Incomplete pathways over 52 weeks	0	15	11	17	9	10	40	75	98	135	111	79	93	38		
	RTT - Total incomplete pathways		6,057	6,136	6,205	5,868	6,032	6,238	6,212	6,337	5,963	6037	6510	6672	6366		
4.2 Cancer services - ***reported one month in arrears***	All cancers – maximum 62-day wait for first treatment from: a) urgent GP referral for suspected cancer																
	Seen / treated		4	8	4	5	9	7	7	5	7	5	8	9	TBC		Reported one month in arrears.
	Compliant (Using 0.5 score)		1.0	1.0	1.0	1.0	4.0	3.5	1.0	2.5	2.0	1.5	2.5	2.5	TBC		
	Breaches (Using 0.5 score)		2.0	6.0	3.0	3.0	2.0	1.5	5	3	3	2	3	4.5	TBC		
	Cancer Target – 31-day decision to treat to first definitive treatment																
	Seen / treated		24	39	36	38	20	29	33	40	31	30	33	31	TBC		Reported one month in arrears.
	Compliant		23	39	36	38	20	29	32	40	28	30	33	31	TBC		
	Breaches		1	0	0	0	0	0	1	0	3	0	0	0	TBC		
	Cancer Target – 31-day decision to treat to subsequent treatment																
	Seen / treated		13	20	20	16	18	16	22	25	10	15	13	12	TBC		Reported one month in arrears.
	Compliant		13	20	19	15	17	16	21	25	9	15	13	12	TBC		
	Breaches		0	0	1	1	1	0	1	0	1	0	0	0	TBC		
4.3 Diagnostic access	Number of diagnostic waits over 6 weeks		3	2	3	17	39	43	50	111	153	130	26	42	39		