



A lifetime of specialist care

Clinical Quality Report

M3 2020 - 21

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Safe: Infection Prevention and Control

Data owner: Lucy Everett – Matron Lead - Infection Prevention and Control

Trust blood stream infection rates with previous year comparators

| RBH & HH | MRSA Trust apportioned | MSSA Trust apportioned | E.Coli Trust apportioned | Pseudo. Trust apportioned | Klebsiella Trust apportioned | C.diff Hospital onset, and Community onset hospital associated. |
|---------------------|------------------------|------------------------|--------------------------|---------------------------|------------------------------|---|
| Jan 2020 - May 2020 | 1 | 1 | 1 | 4 | 3 | 4 |
| Jan 2019 - May 2019 | 1 | 7 | 4 | 4 | 9 | 0 |
| Jan 2018 - May 2018 | 1 | 6 | 6 | 4 | 8 | 6 |

- Between January and May 2018-2019 there was an annual total of 25 blood stream infections compared to the same period in 2020 when 10 blood stream infections were reported.
- A reduction in capacity and surgery may account for this downward trend, however the acuity of the patients that were admitted was higher.
- In 2020 line infection was the likely source of the blood stream infection in three cases, one was urinary catheter related, three were suspected respiratory infections and the remainder were undetermined .

M1 – M3 blood stream infection rates

| | Total reported to PHE | | | Hospital onset | | | Year to date reported to PHE | Year to date total hospital-onset |
|------------------------|-----------------------|----|----|----------------|----|----|------------------------------|-----------------------------------|
| | M1 | M2 | M3 | M1 | M2 | M3 | | |
| MRSA BSI | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| MSSA BSI | 0 | 2 | 0 | 0 | 1 | 0 | 2 | 1 |
| E. coli BSI | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Klebsiella species BSI | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| Pseudomonas BSI | 2 | 0 | 1 | 2 | 0 | 1 | 3 | 3 |

During March 2020 an increase in the incidence of Vancomycin Resistant Enterococcus (VRE) was noted. A point prevalence survey was undertaken and an outbreak was declared in conjunction with Public Health England (PHE).

PHE noted that there have been several VRE COVID-associated outbreaks in the London region.

The outbreak was managed in accordance with the Trust's outbreak policy and in conjunction with PHE. The outbreak incident was closed at the end of June 2020.

Key learning – challenge of limited single room availability. PPE – long sleeved gowns and glove management.

| C. difficile | Total reported to PHE | | | Hospital onset – healthcare associated | | | Community onset - healthcare associated | | | Year to date reported to PHE | Year to date total hospital-onset healthcare associated and community onset healthcare associated | Lapses in care confirmed |
|--------------|-----------------------|----|----|--|----|----|---|----|----|------------------------------|---|--------------------------|
| | M1 | M2 | M3 | M1 | M2 | M3 | M1 | M2 | M3 | | | |
| | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | | | |

Safe: Incident management and reporting

Data owner: Penny Mortimer, Waseem Raja and Charlotte Von Crease – Divisional Quality and Safety Leads

Incidents reported March 2020 - May 2020

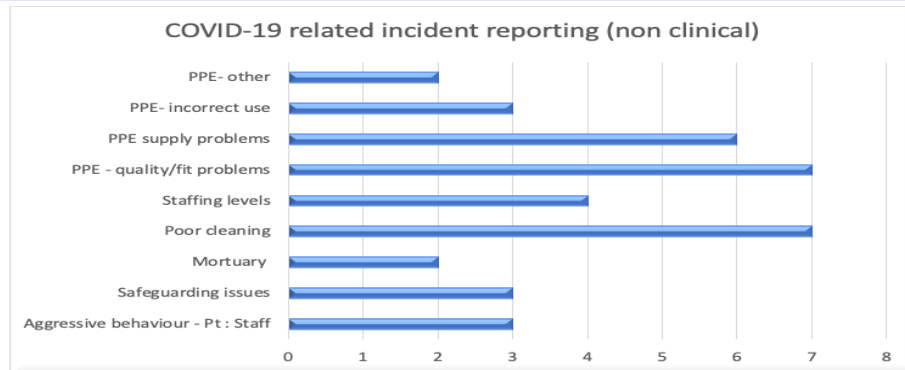
Between March 2020 and May 2020 a total of 793 incidents were reported across the Trust. As the table to the right shows, only one of these incidents was a 'red' incident and eight were 'amber' incidents.

Incidents reported March 2020 - May 2020

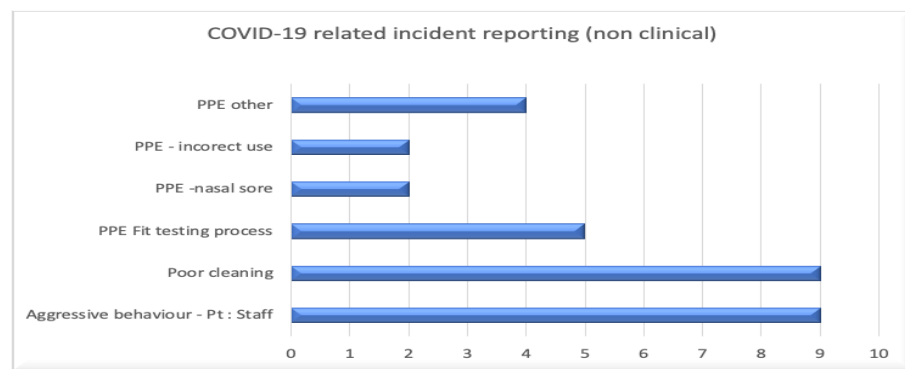
| | Total | Amber | Red | Comment |
|-----|-------|-------|-----|-------------------------------------|
| RBH | 414 | 3 | 1 | Red incident COVID 19 related |
| HH | 379 | 5 | 0 | No COVID-19 related amber incidents |

Covid-19 related incidents March 2020 - May 2020

RBH Non clinical reported incidents – COVID-19 related



HH Non clinical reported incidents – COVID-19 related



2020 – 21 Serious incidents

The divisional quality and safety leads have confirmed that one serious incident has been identified and reported during M1 - M3 2020 – 21.

The Trust's July 2020 Risk and Safety Committee received a full briefing on the incident, including actions taken to prevent a similar incident from occurring.

2020 – 21 Duty of Candour

| | Red and amber incidents declared | | | *Total with stage 2 complete | *Total with both stages complete | *Percentage fully compliant |
|--------|----------------------------------|-------------------|-----------------------------|------------------------------|----------------------------------|-----------------------------|
| | Moderate harm (amber) | Severe harm (Red) | Total with stage 1 complete | | | |
| Apr-19 | 2 | 1 | 3 | 2 | 2 | 67% |
| May-19 | 2 | 0 | 2 | 2 | 2 | 100% |
| Jun-19 | 5 | 1 | 6 | 1 | 1 | 17% |

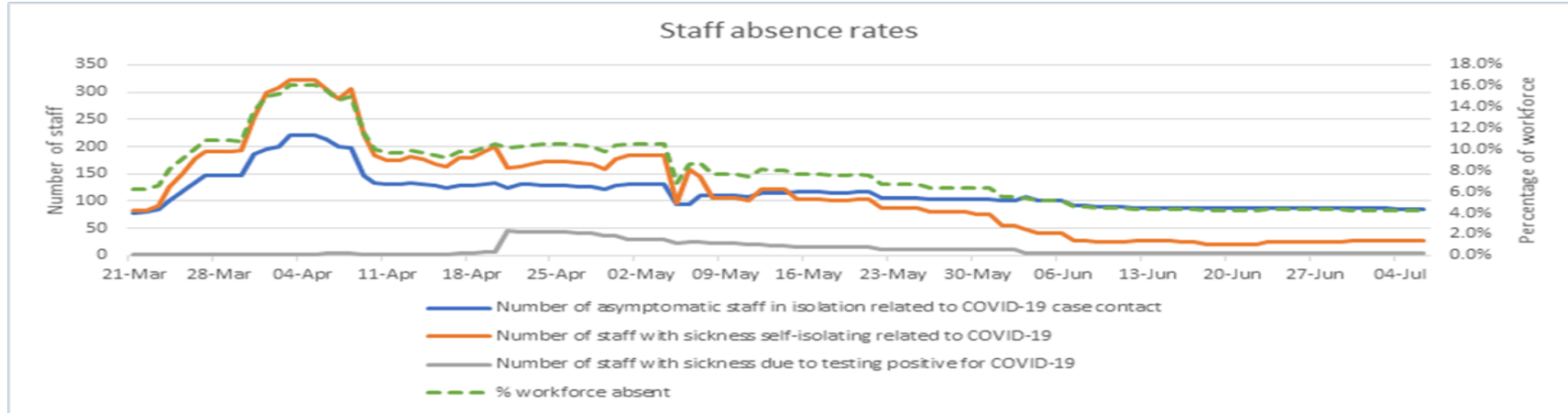
Stage 2 in the Duty of Candour process can only be completed following completion of the investigation.

Safe: Staffing

Data owner: Lis Allen – HR Director

Joy Godden - Chief Nurse and Director of Clinical Governance

Sickness / absence rates during Covid-19 pandemic



Other impact

(total staff numbers approximately 3870)

Reported COVID-19 symptoms
776

Asked for help re domestic violence
14

Receiving hardship help
40

Letters for school places
327

Starters since Feb
333

Leavers related to COVID-19
3

Long term health effects
12

Requested mental health support
350+

In local accommodation
192

Completed on-line risk assessment
1057

Leavers since February (resignation only)
197

Nurse staffing

The national nurse staffing data collection programme was suspended during the Covid-19 pandemic. However, during the Covid-19 pandemic the Trust monitored the nurse staffing requirements at a local level. Staffing numbers and skill mix were flexed up and down daily, based on clinical need. National reporting restarts with June 2020 data.

Responsive: Operational performance metrics

Data owner: Derval Russell – Harefield Hospital Director and Ross Ellis – Royal Brompton Hospital Director

18 week referral to treatment target performance

The Trust is required to continue reporting performance against the NHS England Referral To Treatment target (RTT). For this reason, performance has been included in this report.

The M3 – RTT incomplete pathways 60.52%, with 5 patients waiting longer than 52 weeks. This data continues to undergo validation.

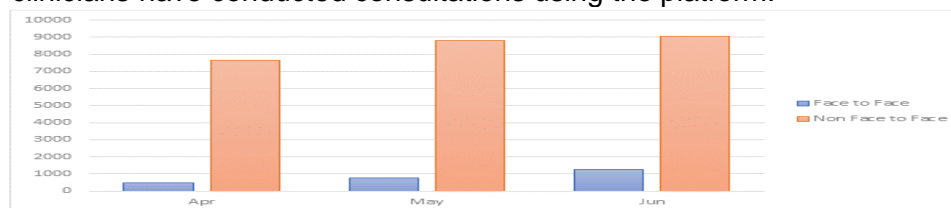
However, Covid-19 has required the NHS, as a whole, to reassess how to treat patients during this extremely challenging time. A nationally agreed, clinically led, triage process has implemented to ensure that patients are treated in order of clinical priority rather than by time on the waiting list.

An example of how this is working is shown on the following slide.

Outpatient attendances

During M1 and M3 there were **28,044** outpatient attendances. **91%** of these were **telephone/virtual consultations** and **9%** were **face-to-face** consultations.

2,500 of these consultations were conducted using the Attend Anywhere video consultation platform, equating to 650 hours of consulting time. Attend Anywhere was implemented in late April and to date 220 clinicians have conducted consultations using the platform.



Cancer

Covid-19 meant that we needed a new model of service provision to help us manage the care of our patients with cancer. We have been working with local partners and with the Cancer Hub, hosted by Royal Marsden Partners (RMP), to ensure that our patients receive the care and treatment they require. We have also been able to continue to operate on a smaller than usual number of patients at Harefield Hospital. All patients are treated based on clinical priority and the Trust's cancer lead undertakes a pivotal role in tracking all referrals and ensuring that patients are assessed and treated in a timely manner. The table below shows the referral and treatment data for M1 and M2 2020-21.

| | 14 days - urgent GP referral | | | 31 day decision to treat to first definitive treatment | | | 31 day - decision to treat to subsequent treatment (Surgery) | | | 62 day - Urgent GP referral to first definitive treatment | | | | 62 day - Consultant upgrade to first definitive treatment | | |
|-----|------------------------------|---------------------------|-------------|--|------------------------------|-------------|--|------------------------------|-------------|---|------------------------------|------------------------|----------------------|---|------------------------------|------------------------|
| | Threshold | 93% | | Threshold | 96% | | Threshold | 94% | | Threshold | 85% | 71% | | Threshold | 85% | |
| | Total referrals | Number seen within target | Performance | Total referrals | Number treated within target | Performance | Total referrals | Number treated within target | Performance | Total referrals | Number treated within target | Unadjusted Performance | Adjusted Performance | Total referrals | Number treated within target | Unadjusted Performance |
| Apr | 0 | 0 | N/A | 23 | 23 | 100% | 13 | 13 | 100% | 5 | 4 | 80% | 100% | 3.5 | 3 | 86% |
| May | 1 | 1 | 100% | 32 | 32 | 100% | 16 | 16 | 100% | 6 | 2 | 33% | 67% | 7.5 | 4 | 53% |
| YTD | 1 | 1 | 100% | 55 | 55 | 100% | 29 | 29 | 100% | 11 | 6 | 55% | 86% | 11 | 7 | 64% |

Responsive: Cardiac Clinical Hub

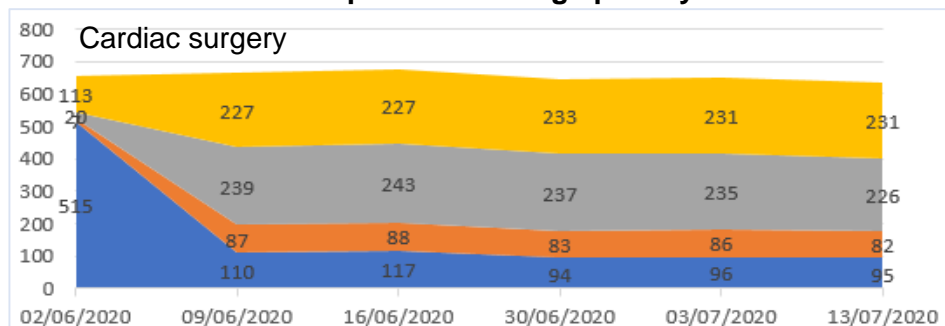
Data owner: Derval Russell – Harefield Hospital Director –

As London's intensive care bed capacity was modified to allow for optimal treatment of COVID-19 patients with associated respiratory complications, the ability to provide cardiac surgery on all sites usually providing cardiac surgery was impacted. In response, NHS England and the cardiac surgery leads in London implemented a 2 unit delivery model to provide a pan London pathway of care to support cardiac surgery during the Covid-19 pandemic. The 2 delivery sites, Harefield Hospital and Barts Heart Centre at St Bartholomew's Hospital, were chosen as they were existing high volume cardiac surgery centres which do not have on site A & E services. This model of care is the Pan London Emergency Cardiac Surgery Service (PLECS).

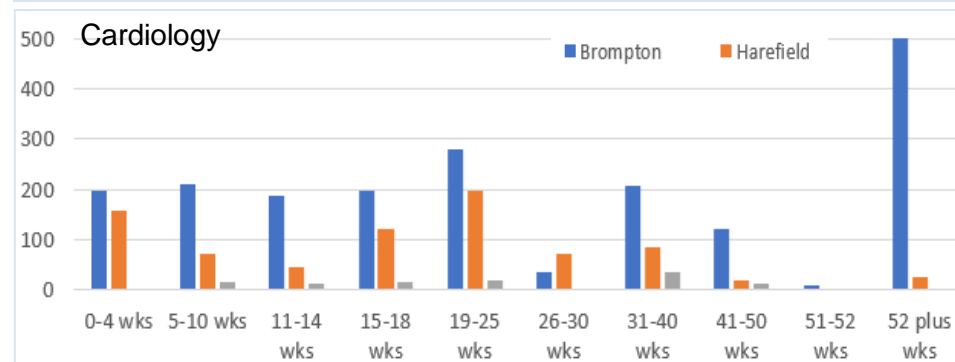
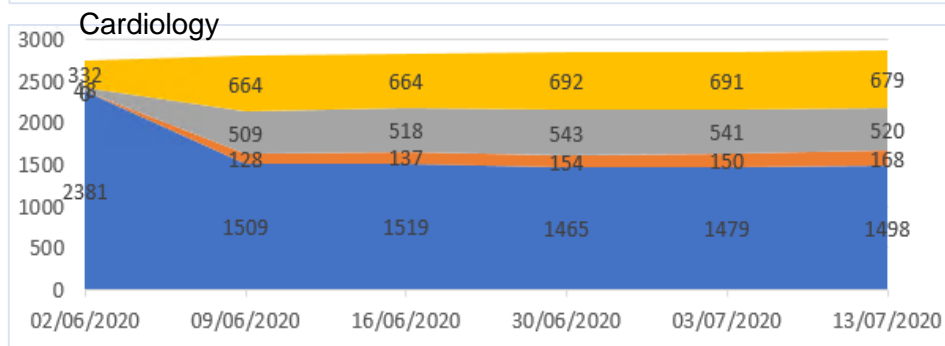
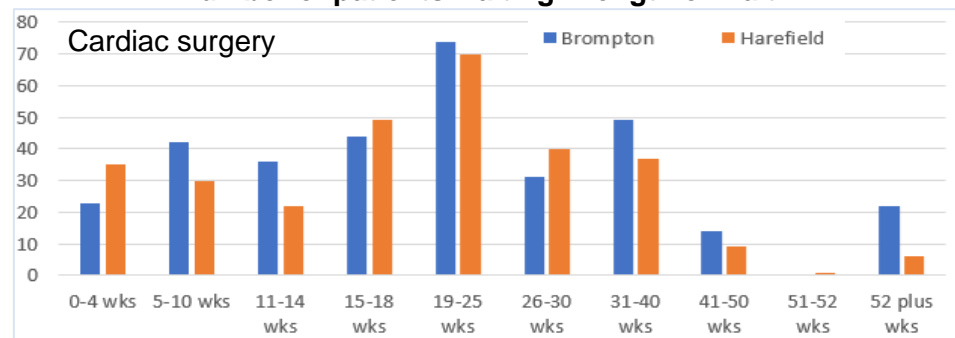
A clear Standard Operating Procedure (SOP) is in place and a daily Cardiac Clinical Hub Multi-disciplinary Team (MDT) meeting takes place every morning. Patients are triaged based on a clear set of clinical principles, using nationally agreed triage categories (Slide 12), and there is clear clinical oversight on treatment decisions made.

The graphs below show a snapshot of the Trust's cardiac surgery waiting list (634 patients) and cardiology waiting list (2865 patients), taken on July 13th 2020. This data changes on a daily basis as new patients are referred, prioritised and treated.

Number of patients waiting - priority level



Number of patients waiting – length of wait



■ Priority level 4 ■ Priority level 3 ■ Priority level 2 ■ Not Yet Prioritised

Caring: Patient & Public Feedback and Engagement

Data owner: Lauren Berry, Karen Taylor, Williama Allieu - Patient & Public Engagement

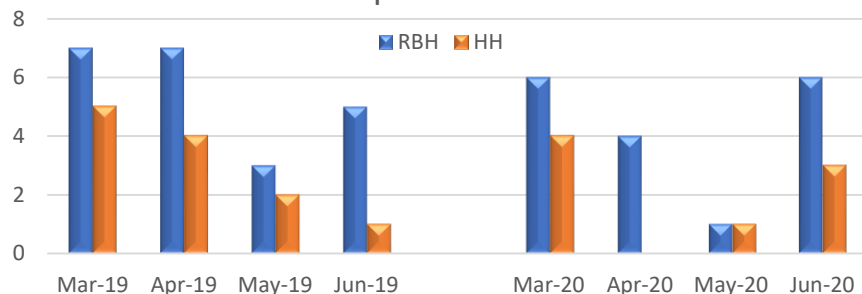
PALS and general feedback

Predominantly verbal, the feedback from our patients and their families has been heartfelt and sincere.

PALS received 90 calls during this period. As well as general queries about both inpatient and outpatient services during that period, there were queries about risk, shielding information, and comments from those feeling vulnerable.

Formal Complaints

Formal complaints 2019 and 2020



The Trust did not see an increase in complaints during the Covid-19 pandemic. Only 1 complaint received during the pandemic related to COVID-19.

Family liaison feedback during Covid-19 pandemic

121 families were contacted and a total of 1800 calls were made.

Multidisciplinary team of close to 50 staff involved

Feedback questionnaire developed (results pending)

Friends and Family Test (FFT) 2019 - 2020

At the end of 2019-20 the Trust had received a slightly lower response rate than previously (2% reduction). Response was lower during Q4 and it is thought that this was due to the Covid-19 pandemic.

Of those who completed the survey, 96% of respondents highly rate the Trust and 97% of all comments received were complimentary. Areas for improvement were shared with local teams and the levels of improvement will be monitored through the divisional quality processes.

Friends and Family Test (FFT) 2020 – 21 Q1

In April 2020 the FFT changed from asking patients if they would recommend the Trust to their friends and family to asking, “How was your overall experience of our service” and requesting an explanation and/or suggesting areas for improvement.

NHS England will no longer publish response or recommendation rates, instead will focus on collecting evidence on how the Trust is **listening** to and **acting** on feedback.

| Inpatients and day-case patients | April 20 M01 | May 20 M02 | June 20 M03 |
|-----------------------------------|--------------|------------|-------------|
| Number of eligible patients | 431 | 863 | 1197 |
| Number of responses | 133 | 303 | 403 |
| Response % | 31% | 35% | 34% |
| Positive responsive received | 96% | 96% | 95% |
| Comments received | 85 | 186 | 263 |
| Percentage of positive comments % | 97% | 97% | 94% |

Caring: Patient & Public Feedback and Engagement

Data owner: Lauren Berry, Karen Taylor, Williama Allieu - Patient & Public Engagement leads

CQC Adult Inpatient Survey Results 2019

The Trust received a range of feedback through the 2019 CQC Adult Inpatient Survey.

In summary:

- 99% of patients felt they were treated with respect and dignity always or most of the time
- 99% of patients had confidence and trust in their doctors
- 98.6% of patients had confidence in the nurses looking after them.
- 98.3% of patients had confidence in other clinical staff such as physiotherapists, dieticians, speech and language therapists and psychology service staff
- 96% of patients felt they were involved in clinical decision making and
- 94% of patients rated their care as 7/10 or more.

Positive feedback included comments such as:

- “Cardiology team were all helpful, professional and considerate”, “Brilliant hospital team”, “Doctors were excellent”
- “Excellent nursing care”, “I felt well looked after and monitored at all times”, “Nurses were absolutely amazing”
- “Rehab staff were excellent”, “Physiotherapist was brilliant I was taught new chest clearing techniques to very good effect”, “Visits of other departments X ray, Echo were well coordinated”, “All staff extremely caring and professional at all times. The welfare and wellbeing of patients was very apparent.”

Areas for improvement that we will be working on during 2020-21 include:

- Noise at night
- Planned admission and discharge

Patient & Public Engagement

As with our clinical services, Patient and Public Engagement (PPE) activities have been transformed during the Covid-19 pandemic. Many planned events were cancelled or postponed whilst the team explored virtual options.

Digital solutions are now offer exciting opportunities to increase access and diversity, whilst continuing to provide patients and their families with meaningful opportunities to engage in the Trust’s work.

The Patient & Public Engagement Group (PPEG) now meets virtually every 6 weeks. Agenda items have included ‘Attend Anywhere’ and Foundation Trust Membership.

A key activity for the group during 2020-21 is to review Terms of Reference for the group and appoint a Patient Chair.

RBH Trailblazers have continued to meet online regularly for informal meetings and for a range of activities that have included music-making and painting workshops. Membership continues to increase, thanks to on-going support from the Brompton Fountain. Work for 2020-21 includes developing a guide to establishing patient groups.

Planned virtual events for 2020-21

- An informal meeting for patients with Interstitial Lung Disease (ILD) to discuss risk management post shielding, with Chris Kyriacou and Charlotte Hogben, facilitated by the PPE Team
- Coffee morning for patients new to the Trust and an introduction to PPE and Trust membership, delivered in partnership with Nancy Dickinson, Foundation Trust membership
- A pilot story-telling training programme event for staff, led by patients.



Well Led: Covid-19 track & trace and staff surveillance

Data owner: Penny Agent - Director of Allied Clinical Sciences & Patient Engagement

Keeping staff and patients safe has always been a priority for the Trust. Covid-19 has required us to revisit how we achieve this. We have now implemented a track and trace service for staff and a staff surveillance programme to help us continue to ensure that we are keep staff and patient safe.

Track and trace service

The Trust has implemented a robust track and trace service for all staff to ensure we can successfully track and trace all staff and staff contacts for who we have been notified of, or who we have identified as being in contact with a person known to have tested positive for Covid-19 or has been in contact with a person who has tested positive for Covid-19.

We will maintain this service for as long as necessary. Given the importance of this service we have made it a quality priority for 2020-21.

Staff surveillance service

All staff working in Covid-19 positive areas will undergo surveillance antigen PCR (swab) testing at time intervals recommended by Public Health England.

In addition, as we treat a high number of vulnerable patients, we have chosen to extend the recommended staff surveillance testing programme to include all clinical and support staff.

We will maintain this service for as long as necessary. Given the importance of this service we have made it a quality priority for 2020-21.

Additional Information

NHS England classifications for patients requiring surgery

Priority level 1a Emergency - operation needed within 24 hours

Priority level 1b Urgent - operation needed with 72 hours

Priority level 2 Surgery that can be deferred for up to 4 weeks

Priority level 3 Surgery that can be delayed for up to 3 months

Priority level 4 Surgery that can be delayed for more than 3 months