

Royal Brompton & Harefield 
NHS Foundation Trust

Quality Account

2009/10

Part 1: Statement on Quality from the Chief Executive

Royal Brompton & Harefield NHS Foundation Trust is a national and international specialist heart and lung centre based in Chelsea, London and Harefield, Middlesex.

We help patients of all ages who have heart and lung problems. From the moment they arrive, our patients become part of a community of people who have benefited from more than 160 years of expert diagnosis, treatment and long-term care.

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

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

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

- Service Excellence
- Organisational Excellence
- Productivity and investment

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

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

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

The Trust is subject to periodic review by the CQC and the last review was published in October 2009. The CQC's assessment of Royal Brompton & Harefield NHS Foundation Trust was excellent for both quality of services and quality of financial management.

Despite an impressive record in safety and quality we are not complacent; weaknesses are dealt with promptly and openly so that better and safer systems of care can be developed.

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



BOB BELL

Chief Executive

Royal Brompton & Harefield NHS Foundation Trust



Bob Bell, Chief Executive

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

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

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

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

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

Our international influence

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



Priorities for improvement

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

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

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

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

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

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

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

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

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

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

Training improvements

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

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

Progress with training will be reported to the Trust Board.



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

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

While MRSA and *C difficile* rates are low (or zero) our surgical site infection rates can be improved. Starting with coronary artery bypass operations and surgical cardiac valve replacements, we will report the number of patients developing an infection to the Trust Board, together with the action being taken to reduce the incidence of infection.

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

Review of services

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

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

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

Participation in clinical audits

During 2009/10, 24 clinical audits and 5 national confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides¹.

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

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

NATIONAL CLINICAL AUDITS

- | | |
|--|---|
| ■ Lung Cancer (LUCADA) | ■ Blood transfusion (all) |
| ■ Adult Cardiac Interventions | ■ Cardiac Arrest |
| ■ Adult Cardiac Surgery | ■ Sudden Adult Death Syndrome |
| ■ Cardiac Rhythm Management | ■ Chronic Obstructive Pulmonary Disease |
| ■ Heart Failure | ■ Cardiac Rehabilitation |
| ■ Myocardial Ischaemia (MINAP) | ■ Potential Donor |
| ■ Congenital Heart Disease | ■ Intensive Care National Audit RC (all) |
| ■ Paediatric Intensive Care (PICANet) | ■ Major Complications of Airway Management |
| ■ Transcatheter Aortic Valve Implantation (TAVI) | ■ Health Promotion |
| ■ Pulmonary Hypertension | ■ UK Transplant (Cardiothoracic) |
| ■ Adult Thoracic Surgery | ■ Endocarditis |
| ■ UK Cystic Fibrosis Registry | ■ Surgical Site Infection Surveillance System (SSISS) |

NATIONAL CONFIDENTIAL ENQUIRIES

- | | |
|---|-----------------------------|
| ■ Deaths in Acute Hospitals | ■ Surgery in Children |
| ■ Parenteral Nutrition | ■ Peri-operative Care Study |
| ■ Emergency and Elective Surgery in the Elderly | |

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

NATIONAL CLINICAL AUDITS

- | | |
|-------------------------------|---|
| ■ Lung Cancer (LUCADA) | ■ Blood transfusion (all) |
| ■ Adult Cardiac Interventions | ■ Cardiac Arrest |
| ■ Adult Cardiac Surgery | ■ Sudden Adult Death Syndrome |
| ■ Cardiac Rhythm Management | ■ Chronic Obstructive Pulmonary Disease |

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

NATIONAL CLINICAL AUDITS

- Heart Failure
- Myocardial Ischaemia (MINAP)
- Congenital Heart Disease
- Paediatric Intensive Care (PICANet)
- Transcatheter Aortic Valve Implantation (TAVI)
- Pulmonary Hypertension
- Thoracic Surgery
- UK Cystic Fibrosis Registry
- Cardiac Rehabilitation
- Potential Donor
- ICNARC (all)
- Major Complications of Airway Management
- Health Promotion
- Surgical Site Infection Surveillance System
- UK Transplant (Cardiothoracic)
- Endocarditis

NATIONAL CONFIDENTIAL ENQUIRIES

- Deaths in Acute Hospitals
- Parenteral Nutrition
- Emergency and Elective Surgery in the Elderly
- Surgery in Children
- Peri-operative Care Study

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

NATIONAL CLINICAL AUDITS²

■ Lung Cancer (LUCADA)	98%	■ Blood Transfusion (all)	100%
■ Adult Cardiac Interventions	98%	■ Cardiac Arrest ³	Started 03/10
■ Adult Cardiac Surgery	98%	■ Sudden Adult Death Syndrome	98%
■ Cardiac Rhythm Management	98%	■ Chronic Obstructive Pulmonary Disease	98%
■ Heart Failure	98%	■ Cardiac Rehabilitation	98%
■ Myocardial Ischemia (MINAP)	98%	■ Potential Donor	100%
■ Congenital Heart Disease	98%	■ ICNARC (all)	100%
■ Transcatheter Aortic Valve Implantation (TAVI)	98%	■ Major Complications of Airway Management	100%
■ Paediatric Intensive Care (PICANet)	98%	■ Health Promotion	100%
■ Pulmonary Hypertension	98%	■ UK Transplant (Cardiothoracic)	100%
■ Thoracic Surgery	98%	■ Endocarditis	98%
■ UK Cystic Fibrosis Registry	98%	■ Surgical Site Infection Surveillance System (SSISS)	98%

NATIONAL CONFIDENTIAL ENQUIRIES

■ Deaths in Acute Hospitals	100%	■ Surgery in Children	On-going
■ Parenteral Nutrition	71%	■ Peri-operative Care Study	Started 03/10
■ Emergency and Elective Surgery in the Elderly	100%		

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

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

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

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

NATIONAL CLINICAL AUDITS	ACTIONS TO BE TAKEN
<p>6th National Adult Cardiac Surgical Database Report</p>	<p><i>Routine monitoring of all cardiac surgery outcomes has been amended to take into account the new groups and recalibrated euroscore which were first published in this report.</i></p> <p><i>In addition, reporting compares Trust outcomes against the latest national rates published in this report.</i></p>
<p>National Audit of Congenital Heart Disease Report 2009</p>	<p><i>Survival outcomes have been incorporated into routine reporting.</i></p> <p><i>Reporting is being amended to incorporate funnel plots, mirroring the style of reporting found here.</i></p>
<p>Angioplasty and Stents to treat Coronary Artery Disease 2008</p>	<p><i>Data completeness has improved to 100% of cases submitted, and over 90% completeness for all key fields.</i></p> <p><i>Submission of data is now on a monthly basis.</i></p> <p><i>The style of Trust reporting has been amended to incorporate the national benchmark data.</i></p> <p><i>Focus on the patient pathway for primary angioplasty has improved the door-to-balloon time to be one of the best in the country.</i></p> <p><i>Focus is now on reducing the overall length of stay below the national median.</i></p> <p><i>Mortality results are routinely reported in the Trust in-line with the national benchmarks.</i></p>
<p>National Heart Failure Audit 2008/09</p>	<p><i>The national rates provided in this report are to be incorporated into routine outcomes reporting within the Trust, allowing benchmarking against other organisations.</i></p> <p><i>The fields which have been mapped to NICE and NSF requirements are now being routinely monitored to demonstrate compliance with these.</i></p>
<p>National Lung Cancer Audit 2009</p>	<p><i>The Trust has moved to electronic data collection for all thoracic surgery on both sites, which will improve the speed and quality of the returns.</i></p> <p><i>This will also more easily allow routine monitoring of outcomes for patients undergoing surgery for lung cancer.</i></p> <p><i>Having regular access to this data will allow benchmarking and identify areas for improvement across the patient pathway.</i></p>

NATIONAL CLINICAL AUDITS

ACTIONS TO BE TAKEN

National Sentinel Stroke Audit 2008
National Organisational Stroke Audit 2009

The Trust is not eligible to participate in this national audit.

However, the findings have been reviewed, and as a result a monitoring programme has been set up for patients who develop neurological injuries. This has two parts:

- a) All patients who develop a neurological injury have their case reviewed by a panel of clinicians to identify any preventative measures or improvements in care that could be taken.*
- b) For patients who develop a stroke, we monitor our care against the relevant national standards as outlined in this report.*
- c) A review is planned to assess if our organisational structure for provision of care to patients with neurological injury is appropriate – benchmarked against the Organisational Audit report.*

Caring to the End?

All recommendations have been reviewed.

The relevant recommendations have been fed back to those responsible for reviewing the running of the hospital through the day and at night.

PAR scoring has been introduced in 2009, to ensure compliance with the monitoring of vital functions and recognising deterioration recommendations.

Anaesthesia recommendations are being taken forward at a local level.

Adding Insult to Injury

All recommendations have been reviewed. Most recommendations were already met.

A local audit has been conducted to demonstrate that electrolytes are routinely checked on admission.

The recommendations relating to handover have been fed back to clinical teams and are to be incorporated into a Trust-wide project.

Heart of the Matter

A detailed review of all the recommendations has been undertaken by our cardiac surgery teams, involving several local audits of practice. This has demonstrated that the Trust is now compliant with all the recommendations.

National Health Promotion in Hospitals Audit 2009

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

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

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

LOCAL CLINICAL AUDITS	ACTIONS TO BE TAKEN
Chest Drain Audit 2009	<p><i>To demonstrate compliance with the NPSA alert.</i></p> <p><i>Although results showed that radiological imaging was not always used, there were no complications following this procedure and a high % of staff had been trained in the procedure.</i></p> <p><i>Recommendations were that training should be maintained, and radiological use should be considered by consultants where appropriate.</i></p>
Post-operative Bleeding	<p><i>Audit of reasons for re-operation for post-operative bleeding. This audit was conducted after routine monitoring had suggested the rate was higher than expected.</i></p> <p><i>A detailed consultant-led audit on both sites demonstrated that the results are reasonable, but this has led to the development of a Trust-wide protocol on 'the management of surgical haemostasis'.</i></p> <p><i>The re-audit is scheduled for April 2010.</i></p>
Peri-operative Hypothermia	<p><i>An audit of NICE guidance on perioperative hypothermia demonstrated poor compliance in several areas. Recommendations included:</i></p> <ul style="list-style-type: none"> <i>a) Continuous temperature monitoring</i> <i>b) Increased use of bair huggers</i> <i>c) Increased use of blankets</i> <i>d) Future audit proposed for September 2009</i> <i>e) Pre operative temperature now recorded</i> <p><i>Re-audited four months later demonstrated significant improvement in all areas.</i></p> <p><i>Regular auditing now occurs every quarter.</i></p>
Consent Audit 2009	<p><i>To improve the quality of consent form completion by refresher training at clinical governance sessions (specifically areas identified in recommendations 1-4)</i></p> <p><i>To remove all Harefield hospital generic consent forms and replace with consent forms 1, 2, 3 and 4.</i></p> <p><i>To identify staff who still require consent training through training records from risk management and Learning and Development.</i></p> <p><i>To enrol those staff identified onto consent training courses and to carry out a re-audit against the consent policy.</i></p>

LOCAL CLINICAL AUDITS

ACTIONS TO BE TAKEN

Device Audit 2009

To introduce a computerised system for data collection so that information is available more easily.

Diabetes Audit 2009

Although not eligible to participate in the National In-patient Diabetes Audit, the same tool was used to conduct a local audit.

This demonstrated a reasonable level of diabetes management and recommendations included:

To apply for funding for near-patient testing of HbA1c – so that patients can have their diabetes control assessed and improved at pre-admission clinics.

To encourage the incident reporting of insulin-related medication errors.

To review the current specialist support for diabetes and consider the need for further specialist diabetes nurses.

Discharge Planning Audit 2009

Nursing staff to be reminded to start assessment of education needs as early as possible, re-assess when appropriate and follow up on any needs identified. Ward managers and practice educators to re-enforce this with ward teams.

The second section of the discharge planner to be made more prominent in the Integrated Care Pathways (ICPs).

The Cardiology ICPs to be amended to include a section on assessment of the ability to take medication.

Better information to be given to patients about their discharge medicines - electronic discharge letter to provide this information.

Estimated discharge dates – staff to record these dates and ensure that all wards have easy access to this information.

Familial Hypercholesterolaemia Audit 2009

More patients to be reviewed when the re-audit takes place.

Health Promotion Audit 2009

To disseminate national NHPHA report when published in 2010.

To remind staff of the importance of documentation of all patient data and ensure compliance.

To consider gathering feedback from patients and staff on health promotion in the Trust.

To consider adding another section to all ICPs to capture health promotion and related data.

LOCAL CLINICAL AUDITS

ACTIONS TO BE TAKEN

Information Governance Toolkit 2009 -
Comparison of Patient Registration
Sheet Data with Data on PAS

*Appointment of new medical records manager.
All data items included on patient registration sheet
to be located on a single PAS screen.*

Omalizumab Audit 2009

*New frontsheet to be printed for every patient
admission/attendance. Current process to be revised.*

Patient Identification Audit 2009

*100% compliance was found against the standards
set by NICE – no actions.*

*Patient Identification Policy to be reviewed and
improved.*

Policy awareness and training sessions to be provided.

*Departments to ensure staff adhere to the policy
and associated procedures.*

Re-audit compliance with the policy.

Records Management - Adult Heart Division

*Administration and ward staff to be reminded of
their obligation to file and not send loose notes to
medical records library.*

*To provide training to administration / ward staff if
required - establish need for further training.*

*To ensure all clinical sheets have the minimum
patient identifiers if a label is not available - remind
all relevant staff of requirements.*

Records Management - Children's Services

*To provide training to administration / ward staff if
required - establish need for further training.*

*To ensure all clinical sheets have the minimum
patient identifiers if a label is not available - remind
all relevant staff of requirements.*

*To remind administration and ward staff of their
obligation to file and not send loose notes to
medical records library.*

Records Management - Harefield 2009

*To present/discuss ward findings to relevant staff:
forward audit results to heads of departments and
disseminate to all senior medical secretaries and
administration staff for discussion at regular team
meetings.*

*All administration and secretarial staff to be
reminded of their obligation to file notes in the
ward/office environment and not to send as loose
documents to medical records.*

*To establish whether further training is required by
administration/secretarial staff on how to label
clinical sheets and file notes correctly.*

*When paper documents are printed to ensure they
are securely filed in the notes.*

To improve filing within the notes.

*Repeat audit at annual intervals (to reassess
frequency once improvements made).*

LOCAL CLINICAL AUDITS

ACTIONS TO BE TAKEN

Records Management - Respiratory Medicine 2009

Forward audit results to heads of departments in Lung Division at fortnightly meeting.

Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings.

All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to post as loose documents to medical records.

To establish whether further training is required by administration/secretarial staff on how to file notes correctly.

Work with clinical audit to produce results/report and recommendations to disseminate to divisions.

Thoracic Epidural Anaesthesia 2009

To become part of routine monitoring and reporting.

Tracking of Clinical Records RBH 2009

All relevant staff in Lung and Adult Heart Division to be reminded of their responsibility to track records in their possession.

To establish whether further training is required by relevant staff on how to track records.

To repeat the audit in other divisions on a rotational basis - repeat audit in each division at annual intervals.

Transfer Between Critical Care and Ward 2009

Develop ability to print a summary of transfer info from ICIP/CAREVIEW system.

Develop a standardised transfer document for incorporation into the integrated care pathway documentation.

Usage of Blood Products in Paediatric Cardiac Surgery 2009

To include heparin monitoring intra CPB to guide accurate protamine dosing post CPB.

Audit on Peri-operative ACE-I Use

To continue use in patients with low ejection fraction.

To write a policy on peri-operative ACE-I use.

To re-audit focusing on patient factors such as ejection fraction and surgical complexity.

Research

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

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

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

Goals agreed with Commissioners

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

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

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

Statements from the Care Quality Commission (CQC)

Care Quality Commission Registration

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

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

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

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

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

- Royal Brompton Hospital, Sydney Street, London SW3 6NP
- Harefield Hospital, Hill End Road, Harefield, UB9 6JH

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

Care Quality Commission Periodic Review

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

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

Data Quality

NHS Number and General Medical Practice Code Validity

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

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

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

The percentage of records in the published data which included the patient's valid general medical practice code was:

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

Information Governance Toolkit attainment levels

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

Clinical coding error rate

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

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

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

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

<http://www.audit-commission.gov.uk/health/goodpractice/pbrdataassuranceframework/Pages/royal-bromptonharefieldnhsft200910.aspx>

Part 3: Review of Quality Performance

Quality Account Indicators

Position at 28th April 2010 – Final update to take place by June 2010

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

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
PATIENT SAFETY						
1. Surgical checklist Implementation of WHO Surgical Checklist	National target: Implemented by 01/02/10	By 01/02/10	HH ✓ RBH ✓	n/a	n/a	Achieved
2. Patient at risk Compliance with PAR tool	Internal target: 90% or above	04/09 to 03/10	90.5%	n/a	n/a	Achieved
3. Pressure ulcers Number of patients who develop pressure ulcers in-hospital per 100 bed-days	Internal target: 0.5 or below	04/09 to 03/10	0.3	n/a	n/a	Achieved
4. Catheter-related bloodstream infection Compliance with all 5 elements of the CRBSI care bundle	Internal target: 90% or above	07/09 to 03/10	HH 84% RBH 83%	n/a	n/a	A robust system for monitoring was set up during 2009-10, with monthly audits. There are 2 aspects to this indicator – completion of the forms and compliance with all elements of bundle. Both aspects have improved steadily to over 80% on both sites for March 2010.
5. Ventilator acquired pneumonia Compliance with the VAP care bundle	Internal target: 90% or above	09/09 to 03/10	HH 94% RBH 96%	n/a	n/a	A robust system for monitoring was set up during 2009-10, with monthly audits. Compliance with all elements of the bundle has improved steadily to over 90% on both sites for March 2010.

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
6. Surgical site infection⁴ % of patients who develop a surgical site infection following a CABG procedure via sternotomy (SSISS data)	5.86 or below - reduction of 25% from Trust baseline score (calculated as Q1 09/10)	04/09 to 03/10	7.45	n/a	n/a	A robust system for monitoring was set up during 2009-10, with monthly audits. The rate has decreased slightly from the baseline score (calculated as Q1 09/10)

⁴ Surgical Site Infection data comes from the Health Protection Agency national surveillance programme (SSISS).

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10 YTD	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
PATIENT OUTCOMES						
7. Hospital Standardised Mortality Rate (HSMR)⁵ Standardised mortality relative risk	Internal target: in top 20 hospitals nationally	04/09 to 12/09	66.4 (19th)	60.2 (12th)	61.6 (10th)	Achieved
8. In-hospital mortality rates for benchmark procedures⁶ 1st time, isolated, elective CABG	National rate for 07/08 1.0% or below	04/06 to 12/09	0.9%	0.9%	1.0%	Achieved
1st time, isolated, elective AVR	National rate for 07/08 2.0% or below	04/06 to 12/09	1.7%	1.8%	1.7%	Achieved
All PCIs	National rate for 2008 2.0% or below	04/09 to 12/09	1.8%	1.6%	1.5%	Achieved
All paediatric congenital procedures	National rate for 06/07 1.4% or below	04/09 to 12/09	1.0%	1.1%	1.2%	Achieved

⁵ HSMR comes from the Dr Foster data.

⁶ Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies.

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
PATIENT OUTCOMES						
7. Hospital Standardised Mortality Rate (HSMR)⁷ Standardised mortality relative risk	Internal target: In top 20 hospitals nationally	04/09 to 03/10	68.0 (16th)	60.2 (12th)	61.6 (10th)	Achieved
8. In-hospital mortality rates for benchmark procedures⁸ 1st time, isolated, elective CABG	National rate for 07/08 1.0% or below	04/09 to 03/10	0.9%	0.9%	1.0%	Achieved
1st time, isolated, elective AVR	National rate for 07/08 2.8% or below	04/09 to 03/10	0.4%	1.8%	1.7%	Achieved
All elective PCIs	National rate for 2008 2.0% or below	04/09 to 03/10	0.4%	0.6%	0.5%	Achieved
All paediatric congenital procedures	National rate for 06/07 1.4% or below	04/09 to 03/10	0.98%	1.1%	1.2%	Achieved
1st time heart transplant (30 day mortality)	National rate for 07/08 15.0% or below	04/09 to 03/10	14.3%	33.3%	6.4%	
1st time lung transplant (30 day mortality)	National rate for 07/08 6.0% or below	04/09 to 03/10	5.9%	5.9%	5.9%	
Median time from entering hospital to angioplasty	National average for 08/09 46 mins	04/09 to 03/10	24 mins	23 mins	n/a	Achieved
Mortality following primary angioplasty	National rate for 08/09 6.0%	04/09 to 03/10	5.1%	5.3%	5.2%	Achieved
9. Neurological injury % of patients with a neurological injury started on a care pathway	Internal target: 90% or above	04/09 to 03/10	90.2%	n/a	n/a	A robust monitoring system has been set up in 2009-10 to record and monitor all neurological injuries occurring in-hospital. The focus is now on reviewing all these cases to identify where improvements in care could be made

⁷ HSMR comes from the Dr Foster data.

⁸ Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies.

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
PATIENT EXPERIENCE⁹						
10. Patient satisfaction with their stay % of patients who would recommend this hospital to their family/friends	National rate for 09/10: 95%	2009	99%	99%	99%	Achieved
11. Food and nutrition % of patients who were offered a choice of food	National rate for 09/10: 79%	2009	91%	92%	91%	Achieved
% of patients who always had enough help with eating meals	National rate for 09/10: 66%	2009	79%	75%	78%	Achieved
12. Dignity and respect % of patients who felt they were treated with dignity and respect	National rate for 09/10: 80%	2009	91%	92%	90%	Achieved
13. Hospital cleanliness % of patients who felt that the room or ward was clean or very clean	National rate for 09/10: 96%	2009	100%	99%	98%	Achieved
14. No. of complaints Number of complaints per 1,000 patient contacts	Internal target: less than 4	04/09 to 03/10	3.6	4.0	3.8	Achieved

⁹ All these indicators come from the NHS Inpatient Survey 2009.

STANDARD / CRITERIA	TARGET FOR 2009/10	TIME PERIOD	SCORE 09/10	SCORE 08/09	SCORE 07/08	OVERALL RESULT / COMMENTS
STAFF EXPERIENCE¹⁰						
15. Annual turnover % turnover rate	Internal target: 12%	04/09 to 03/10	10.3%	12.0%	14.6%	Achieved
16. Staff sickness % of staff sickness	Internal target: 3% or below	04/09 to 03/10	2.56%	2.98%	3.11%	Achieved
17. Staff survey Staff satisfaction with quality of work and standard of care given to patients	National rate for 2009: 73%	2009 (annual survey)	93%	80%	n/a	Achieved
Recommendation of trust as a good place to work	National rate for 2009: 56%	2009	75%	71%	n/a	Achieved
Fairness and effectiveness of reporting of errors, near misses or incidents which could hurt patients	National rate for 2009: 3.43	2009	3.58	3.55	n/a	Achieved

¹⁰ All these indicators come from the NHS Staff Survey 2009.

Monitor - Compliance Framework Indicators: Performance 2009/10

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

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

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

The organisations involved in the consultation were:

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

The final draft of the Quality Account was made available to the FT Governors through the FT Governors website on 21st May 2010.

Responses were received from:

- London Borough of Hillingdon External Services Scrutiny Committee – please see following section
- Hillingdon Local Involvement Network – please see following section
- Kensington & Chelsea Local Involvement Network – please see following section
- North West London Commissioning Partnership / NHS Kensington and Chelsea – please see following section
- The Royal Borough of Kensington and Chelsea Overview and Scrutiny Committee – which indicated that due to the local elections it had not been in a position to be able to provide any comment within the required timescale.

Royal Brompton & Harefield NHS Foundation Trust

Consultation on the Trust's Quality Account 2009/2010

Response of the External Services Scrutiny Committee at the London Borough of Hillingdon

The External Services Scrutiny Committee welcomes the opportunity to comment on the Trust's Quality Account and recognises that the Trust has had very little time to produce it. Over the last twelve months, the Trust has demonstrated an increasing commitment to improving services and putting the quality of care to the top of its agenda. The views of the Scrutiny Committee can be broadly categorised under the three themes of: engagement and transparency; measuring success; and integrating services.

Engagement and Transparency

In the interests of transparency and accountability the Committee is pleased that the Trust holds its monthly Board meetings in public and makes all associated papers available (where the issue of confidentiality does not necessitate otherwise). A similar process is undertaken with the Trust's Governors which gives them the opportunity to challenge the Trust. The Committee notes the Trust's active engagement with patient groups, commissioners, Local Safeguarding Children Board and LINK as well as with this Committee. Combined with this, the Trust needs to ensure that early and clear engagement with service users is carried out when planning service changes. The Committee welcomes further engagement with the Trust on its Quality Account over the course of the year so that the process becomes an ongoing dialogue rather than an annual consultation response.

Measuring Success

The Trust has identified three priorities (patient experience, clinical effectiveness and patient safety) which align with the Commissioning for Quality and Innovation (CQUIN) schemes and have been agreed with its coordinating commissioners. The Committee acknowledges that the Trust has had a number of national and local clinical audits and that a range of actions are planned to improve the quality of healthcare provision. Making the progress and impact of these actions available as they are implemented would do much to emphasise the transparency of the Trust's work. It is also noted that the Trust has received £909k from commissioners, which was the maximum amount receivable and was conditional on the Trust achieving its quality and innovation goals for 2009/10. Further work needs to be undertaken to improve the quality and timeliness of the discharge information and the Committee looks forward to being updated on progress made in this area.

Integrating Services

Whilst the Quality Account rightly prioritises physical healthcare as part of a move toward providing holistic care, the Committee feels more could be done to demonstrate integrated working throughout the document. For instance, in promoting respect and involvement, there is an important role to be played by the voluntary sector in providing tailored and culturally sensitive support to service users. More could also be said on how the proposed actions of the Trust align with other Major Public Health campaigns.

Overall, the Committee welcomes the progress the Trust has made over the last year and looks forward to being informed of how the priorities outlined in the Quality Account are implemented over the course of 2010/11.

The Public Scrutiny of Health and Social Care

Response to Royal Brompton and Harefield Foundation Trust Quality Account (QA) 2009/2010 from Hillingdon LINK (HLINK)

Hillingdon LINK were sent the 2nd draft of the above account on 28th April 2010. This was forwarded to the Hillingdon LINK Board members.

On 6th May 2010, a representative of the Hillingdon LINK met with Mark Lambert, Nick Hunt and Melanie Foody. This meeting was productive as the account writers were present and were very willing to listen to comments about the account. The LINK felt that it would have been advantageous to have met earlier in the process and for 2011/12 an early meeting would be recommended.

In general, it was felt that the report had been written in a very user friendly way with very little use of jargon, but terms like "integrated governance" would be looked at to ensure that it was a term more meaningful to the public.

It was noted that the report seemed to contain very few references to patients and it was not clear from the report whether they had been consulted. However, it was clarified by the authors that information had been taken from the in-patient survey to inform the processes.

Some more information regarding the levels of Child Protection training would be more meaningful, although, it was obvious that more resources were being put into this area.

The list of Audits was comprehensive and agreement was made that it might be worth mentioning which audits the Trust had taken a lead on and where to find further information in relation to it. The local clinical audits and the actions arising from them were well presented and showed where changes in practice were to be implemented to improve the patient experience. Some quantitative information should be made available, and the account would benefit from a number of graphs to support the statistics and to compare with other national statistics where applicable i.e. staff sickness - where was the 3% internal target taken from?

In part 3, it was agreed that the headings used in the tables could be improved to make them more comprehensible. This also applied to the table for Monitor although these were mandatory terms. It was therefore agreed that a short explanation should be added. It was apparent that there were no references to numbers of complaints/PALS/patient surveys although in the meeting it was made clear that these had all been used as sources of information.

Overall, it reflected the activity of the Trust and showed some very encouraging results for MRSA and *Clostridium difficile* with obvious attention to weaker areas, such as Surgical site infection and Child protection.

The Hillingdon Link had found it an informative and easy to read document and felt that the authors were to be commended for this.

Kensington and Chelsea Local Involvement Network (K&C LINK)

Response to the Royal Brompton & Harefield NHS Foundation Trust Quality Account (QA) 2009/2010

Kensington and Chelsea Local Involvement Network (K&C LINK) welcome the opportunity to comment on the Royal Brompton & Harefield NHS Foundation Trust Quality Account. We appreciate that this is the first year of Quality Account for the Trust and that the process was a steep learning curve for us all. The LINK would like to thank Trust staff for their support over the consultation period; the response received to date and we looking forward to strategic partnership working in the coming year.

To summarise, the main issues of concern to K&C LINK in the Royal Brompton & Harefield NHS Foundation Trust Quality Account are:

1. The performance report contained within the QA is very slight. The QA should we think, give a clear idea of the FT's performance in absolute and comparative terms so that the public can form a view about whether they want to use the RB&H or go elsewhere.
2. We feel there is a lack of information available in the QA on the level of patient/public involvement in the drafting of the document. We would appreciate further information on how exactly the Quality Account reflects the year-long stakeholder engagement process and locally identified priorities.
3. We also sought further clarification on the three priority areas selected for improvement. The QA provides no quantitative basis for appraisal of these three areas and does not explain how it will measure improvements in these three areas in the future.

However, K&C LINK appreciates the importance of the priority areas selected and is currently working on projects relating to safeguarding and the discharge process in the borough. We suggest that we meet with your nominated representative in the near future to discuss joint-working possibilities, to share with you our LINK work-plan for 2010/11 and to discuss LINK involvement on public engagement committees, patient 'walkarounds' and PEAT assessments.

The K&C LINK wishes to strengthen the relationship it has with the Trust and suggests establishing a formal liaison arrangement. We are happy to share the information and intelligence we collect and to offer our support to the Trust with patient & public involvement.

We strongly recommend the Trust considers their approach to the Quality Account process for 2010/11 now. Engagement with the public and patients, including the LINK, should be continuous throughout the year. Then, the public, the target audience for the QA, will have the opportunity to feedback in a timely and effective way throughout the year and to finalise feedback during the thirty day consultation period. The Quality Account should also be more reflective of local priorities as a result. We look forward to hearing from you.

Statement written by NHS Kensington & Chelsea

Royal Brompton & Harefield NHS Foundation Trust Quality Account for 2009/10

The Royal Brompton and Harefield Hospitals Quality Account for 2009/10 is a statutory requirement under the Health Act 2009 and Monitor's regulations for Foundation Trusts. The Trust has combined the two reports into one document for the purposes of filling the dual requirements.

The presentation of the account details largely follows the format laid out in the Quality Account Toolkit published by the Department of Health but does not detail the consultation process that lead to the identification of the three priority areas that have been included in the account. It is not possible therefore to comment on the robustness or inclusiveness of the process that has lead to the publication of the Quality Account.

The three priorities that have been identified are presented within the framework of the three domains of quality that were described by Professor Lord Darzi in the document "High Quality Care for All". All three of the priorities reflect areas or measures that are either mandatory requirements on the trust; i.e. safeguarding processes, CQUIN targets or performance measures. The progress of the work relating to these priorities are to be tracked by the Trust Board but there is no definition of either baseline data or the required outcomes against which improvement can be measured.

It is noted that Royal Brompton & Harefield NHS Foundation Trust has achieved the targets for quality improvement through the CQUIN scheme and has participated in a wide range of national audit programmes and research.

Large print and other formats

If you would like a copy of this report in large print or another format please contact Nazneen Bustani:

email: n.bustani@rbht.nhs.uk
tel: 020 7351 8671.

Arabic

إذا كنت ترغب في الحصول على نسخة
من هذا التقرير بتنسيق آخر، يُرجى الاتصال
بنازنين بوستاني عبر البريد الإلكتروني
n.bustani@rbht.nhs.uk أو رقم
الهاتف 020 7351 8671.

Turkish

Bu raporun Türkçe kopyası için lütfen komunikasyon bölümündeki Nazneen Bustani'la görüşün.

n.bustani@rbht.nhs.uk
tel: 020 7351 8671.

Royal Brompton Hospital
Sydney Street, London SW3 6NP

Harefield Hospital
Hill End Road, Harefield UB9 6JH

www.rbht.nhs.uk