

Quality Report 2011-12



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About the Trust's quality report

About the Trust

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK and amongst the largest in Europe. We work from two sites, Royal Brompton Hospital in Chelsea and Harefield Hospital near Uxbridge. As a specialist trust our doctors, nurses and other healthcare staff are experts in their chosen fields and we are known throughout the world for our expertise, standard of care and research success.

We offer some of the most sophisticated treatment that is available anywhere in the world and treat patients from all over the UK and around the globe. Over the years our experts have been responsible for several major medical breakthroughs – transplanting the first combined heart and lung in Britain, implanting the first coronary stent (to unblock an artery) and founding the largest centre for cystic fibrosis in the UK.

Some useful facts about the Trust:

- In 2011-12 we cared for over 143,000 patients at our outpatient clinics and more than 33,000 patients of all ages on our wards.
- We are the UK's only specialist heart and lung centre for patients of all ages and Royal Brompton's cystic fibrosis unit is the largest in Europe.
- Our Heart Attack Centre at Harefield has pioneered the use of primary angioplasty for the treatment of heart attacks and has one of the fastest arrival-to-treatment time in the UK, a crucial factor in patients' survival.
- The VAD (artificial heart) programme at Harefield Hospital is one of the world's most established programmes with a long history of clinical and scientific excellence.
- The cardiac catheterisation lab at Harefield is one of the most advanced facilities of its kind in Europe. The

state-of-the-art equipment includes a remote-controlled robot that uses high-tech 3D mapping enabling precise catheter manipulation and the reduction of exposure to X-rays for patients and staff.

- We are the country's largest centre for the treatment of adult congenital heart disease.
- We are Europe's top-ranked respiratory research centre and our cardiac, cardiovascular and critical care teams are rated in the top three most highly cited health research teams in Europe.
- We launched the STaR Centre (simulation, training and research) in November 2011. The centre delivers on-site post graduate medical training and is equipped with high-tech equipment such as SimMan, a highly sophisticated dummy patient enabling clinical staff to experience exceptional learning opportunities.
- Our on-site foetal cardiology service enables clinicians to begin caring for babies while still in the womb; many are scanned at just 12 weeks, when the heart measures just over a millimetre.
- Every year we help over 8,000 adults who have breathing problems caused by diseases such as COPD (chronic obstructive pulmonary disease) and severe asthma.
- We provide specialised care for patients with suspected or diagnosed cancer affecting the chest (thoracic oncology). We have a specialist 'lung laser' theatre that uses a special wavelength laser beam to remove tumours from patients' lungs with minimal damage to neighbouring healthy lung tissue.



What is a quality report?

A quality report is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. All NHS providers strive to achieve high quality care for all, and the quality report provides the Trust an opportunity to demonstrate our commitment to quality improvement and show what progress we have made in 2011-12. The quality report is a mandated document which is laid before parliament before being made available to the public on NHS Choices website.

What is included in a quality report?

As the quality report is a mandated document it contains specific mandatory statements and sections. These statements cover areas such as our participation in national audits, research activity, and our registration as a healthcare provider with the Care Quality Commission (CQC). It also includes sections on the Trust's quality priorities: the areas identified for improvement this year, what the project was, how we performed against the targets and what that means for patients; plus a section on

the quality priorities that have been identified for improvement projects in 2012-13. To ensure our priorities for 2011-12 and 2012-13 reflected the priorities of our patients, the public, staff, and people we work with, they were identified through a voting system, which asked people to choose the topics that were most important to them within the three areas of patient safety, patient experience and patient outcomes. These three areas are mandated by the department of health and give us a framework in which to focus our quality improvement programme.

There is a glossary at the back of the report that lists all abbreviations included in the document with a brief description of the term. You will also find grey speech bubbles and text boxes throughout the report with comments from the inpatient and outpatient surveys in 2011.

This is a "what is?" box.
It explains or describes a term or abbreviation found in the report

Quotes found in the report in these grey speech bubbles are from our patients via the NHS Inpatient and Outpatient Surveys in 2011

Statement of directors' responsibilities

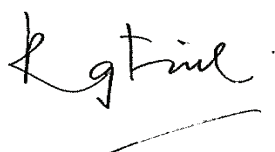
The directors of Royal Brompton & Harefield NHS Foundation Trust have prepared this quality report 2011-12, as required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010.

The directors are satisfied that:

- the content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
- the content of the Quality Account is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2011 to June 2012
 - Papers relating to quality to the Board over the period April 2011 to June 2012
 - Feedback from the commissioners dated 16/05/2012
 - Feedback from governors dated 18/04/2012 - 18/05/2012
 - Feedback from Hillingdon LINKs dated 16/05/2012 and Kensington and Chelsea LINKs dated 18/05/2012
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/04/2012
 - The national inpatient and outpatient surveys 2011
 - The national staff survey 2011
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 14/05/2012
 - CQC quality and risk profiles dated 29/02/2012
- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Sir Robert Finch
Chairman
30th May 2012



Robert J Bell
Chief Executive
30th May 2012

Part 1: Chief executive statement

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, because this is a specialist trust, 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 mission is to be 'the UK's leading specialist centre for heart and lung disease'. The Trust will achieve this mission by a strategy of focused growth in aspects of heart and lung treatment, particularly in congenital heart disease, arrhythmia, advanced lung diseases and heart failure. We have set three strategic goals to ensure we achieve this:

- **Service excellence**
- **Organisational excellence**
- **Productivity and investment**

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

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 research into new treatments and therapies and delivery of excellent clinical care.

As a result of this dedication, the Trust scored better than the national average for the National Quality Indicators, as devised by the new National Quality Board. These indicators cover all aspects of healthcare, from helping people recover from episodes of ill health, to ensuring that people have a positive experience, and to treating and caring for people in a safe environment and protecting them from avoidable harm.

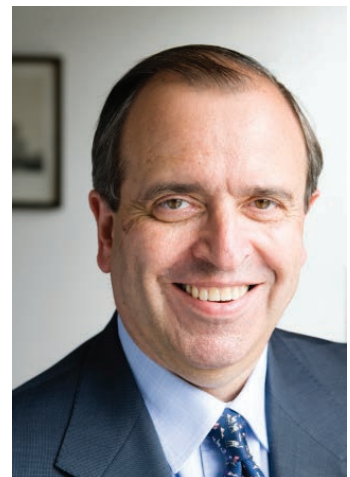
We were proud to learn that we were one of only two acute trusts in London to achieve the full CQUIN payment for quality care in 2010-11. We have sustained this in 2011-12 by meeting all our agreed objectives.

Despite an impressive record in quality and safety, 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.



Robert J Bell
Chief executive
Royal Brompton & Harefield NHS Foundation Trust
30th May 2012



Part 2: Review of quality priorities for improvement

Part 2a: Quality priorities for improvement 2011-12

In this part of the report, we tell you about the quality of our services and how we have performed in the areas identified for improvement in 2011-12. These areas for improvement are called our quality priorities and were identified in early 2011 via an online vote. Two of the priorities were also Commissioning for Quality and Innovation or CQUIN measures (see part 3 for more information). The priorities fall into three areas of quality as mandated by the Department of Health: patient safety, patient experience and patient outcomes, and we are required to have a minimum of one priority in each area.

Patient safety

The Trust has prioritised patient safety and is always striving to improve. In 2011-12 we had two quality priorities which focused on improving patient safety. Both of these had the aim of ensuring paper-based patient notes were available when patients were seen at outpatient appointments.

What is patient safety?

Patient safety is ensuring we treat and care for people in a safe environment and protecting them from avoidable harm (DH definition)

Quality priority one

Ensuring the availability of paper patient notes for outpatient appointments

What was the issue? When patients are seen at an outpatient clinic it is essential for their clinical notes to be

available for the clinical team to refer to and to record further information. Although the Trust will always create a temporary set of notes if the original set cannot be found, this will only contain information which is reproducible from other sources e.g. electronically stored information and not hand-written records.

What did we do? There were three aspects to this project:

ONE Availability of patient notes

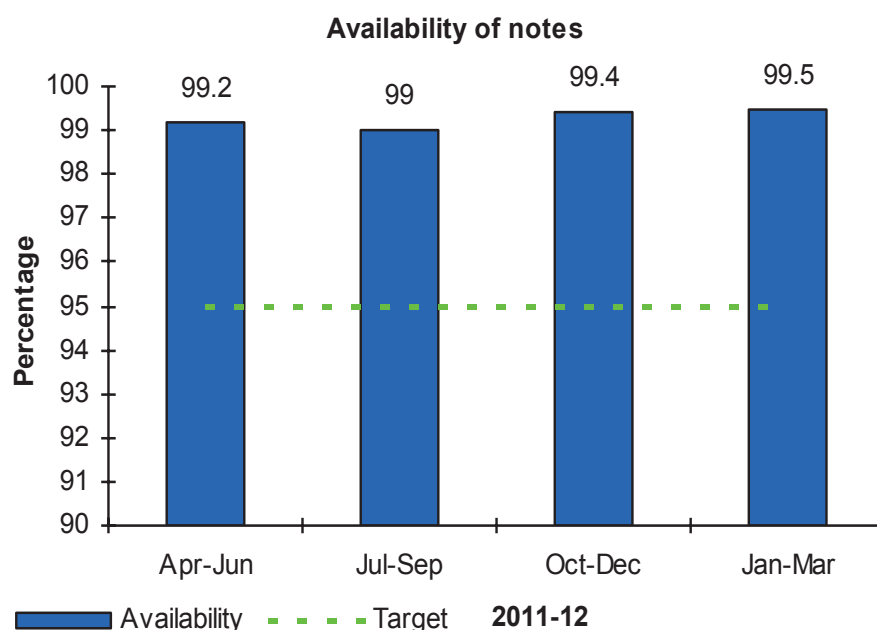
This indicator looked at the proportion of patient notes that could be located for outpatient clinics. This indicator is dependent on the medical records staff and the work they do to locate notes that are not found in the location they are tracked to. Data was collected on an ongoing basis and reported quarterly with baseline data collected and targets set in the first quarter. We know which patients are due to come in for a clinic appointment so the medical

records staff collate their notes in preparation. If the notes are not found in the location they are tracked to, the staff will do everything possible to find the notes up until the day of the clinic. This project was also a CQUIN (see page 28 for more information on CQUIN) measure and the target set was to have 95% or more of notes available for outpatient clinics every quarter.

What do the numbers look like?

Medical records staff locate and collate over 5,000 sets of notes every month for clinic appointments

The chart below shows the percentage of notes that medical records staff located for clinic appointments. It shows that the medical records staff managed to locate over 99% of the notes in time for clinic appointments.



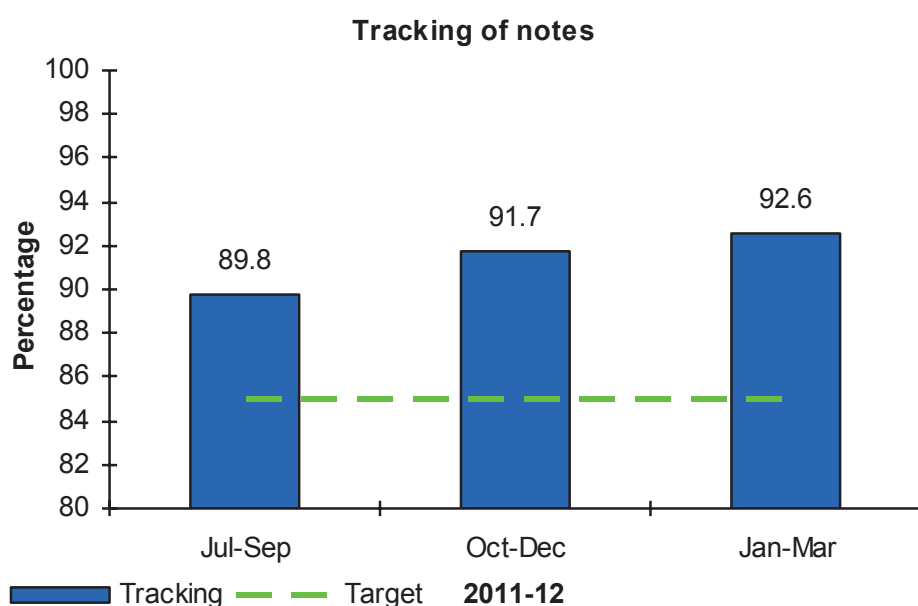


TWO Accurate tracking of patient notes

This indicator relates to the indicator above as it examined whether the patient notes required for outpatient clinics were correctly tracked to their current location. If staff do not track the notes when they are moved, it creates a risk that the notes cannot be located easily when needed for clinical care. The medical records team recorded whether the notes required for outpatient clinics were found in the location they were tracked to. They collected data on an ongoing basis and reported quarterly (every three months). The data collection process was set up in the first quarter and baseline data collected in the second quarter of the year. The initial target was 75% but after baseline

data collection this was reviewed and a more challenging target was set at 85%.

The chart below shows the proportion of the notes that were found in the location they were tracked to. As the chart above shows, despite around only 90% of the notes being in the correct location, medical records staff managed to locate over 99% of the notes required for clinic appointments. Where notes were inaccurately tracked, they were re-tracked and staff reminded to track all notes in their possession in an effort to improve the percentage of notes found in the tracked location. This improvement is shown below where the percentage of notes correctly tracked has continued to improve, reaching 92.6% in the last quarter.



Please note: There is no figure for Apr-Jun for tracking as the process for data collection was set up in this time period. Data collection then began in Jul-Sep.

THREE Access to the Electronic Patient Record (EPR)

The Trust has an electronic patient record or EPR that enables staff to access patient data electronically rather than via the paper notes. Information contained on EPR includes laboratory test results such as blood tests, images from X-rays, MRI scans, previous admission data, such as typed summaries of care. This enables the doctor or healthcare professional to access this information during the outpatient appointment with the patient. However, as this system is accessed via a computer, it is essential that access to the system is continuously available. Our IT department is immediately aware if the EPR system is not working. However, we were not able to track whether or not the doctors in clinic have continuous access to all the information available to them electronically. Therefore, we asked

What is tracking?

The Trust has an electronic system to track the location of patient notes. Patient notes are used by many staff groups and therefore move around the hospital frequently. The tracking system is used by staff to show where the notes are located at any given time.

the doctors to log an incident every time they were unable to access the required information. They were prompted to do this by a laminated sign outlining the process which was attached to every computer in outpatients and asked by the outpatients' manager. We monitored this indicator by checking the Trust incident system every quarter and reporting any incidents. We had an end-of-year target of less than five incidents reported in the last quarter of 2011-12. During that time one incident was reported, which means our end of year target was achieved. The incident was reviewed and going forward we will continue to monitor any incidents and track how long it took for the issue to be resolved.

What does this mean for patient safety?

When a patient comes to the hospital for an outpatient clinic appointment it is essential that both paper and electronic information is available to the doctor and the rest of the clinical team. This enables them to be informed of the patient's past and current health status and to ensure the patient receives appropriate and accurate information in relation to the care. The paper notes are also the key document for recording all patient information by the doctor and hold all paper-based correspondence received from the patient's GP and other hospitals. Lack of this clinical information poses a potential risk to the patient and may result in the patient not being seen in the clinic and their appointment rescheduled. We are proud that during the year over 99% of patients had their records when they attended a clinic. However, the Trust is always striving to improve efficiency and therefore

the lower the number of incorrectly tracked notes, and reduce time taken by medical records staff to find notes. This improves on efficiency of the department, which in the long term may also make the department more cost efficient.

Quality priority two

To ensure, where appropriate, patients and their treatment plans were discussed at a multidisciplinary team (MDT) meeting

What was the issue? As a specialist cardio-thoracic hospital, many of our patients have complex conditions that require discussion between doctors from different specialties. This ensures the patient receives the most appropriate treatment, individualised for them (applicable to planned admissions only and not emergency admissions). Although these discussions have been held for many years they had not been routinely recorded and the criteria for discussion at an MDT meeting had not been formally documented.

What did we do?

The indicator covered three patient groups: cardiac surgery, thoracic surgery and lung cancer surgery

patients. The initial steps were to formally plan the meetings and define the criteria for patients requiring discussion. Data collection began in the second quarter to show the baseline from which to set the year-end target. A database has now been set up to record which patients were discussed at each meeting, what the discussion covered and the outcome of the discussion.

What is an MDT meeting?

An MDT meeting involves health-care professionals with different areas of expertise discussing and planning the best care and treatment option for specific patients

The table below shows the target for each MDT meeting and the percentage of patients discussed. The target is for the whole year i.e. April 2011 – March 2012 inclusive. As shown, we have exceeded the target for both cardiac and thoracic surgery MDTs. However, we did not meet the lung cancer surgery target of 100% (nationally agreed target). This equated to three patients who were not discussed at an MDT meeting.

MDT meeting	Target % 2011-12	Actual % 2011-12	Target Met?
Cardiac surgery	90%	95.6%	Exceeded
Thoracic surgery	90%	94.5%	Exceeded
Lung cancer surgery	100%	99.3%	Nearly met

What does this mean for patient safety?

Having a treatment plan discussed between doctors from different specialties ensures the patient gets the most appropriate treatment, individualised for them. These decisions can also impact on the patient's experience and their outcomes following treatment.

Patients have told us that they had been informed their treatment would be discussed at a meeting but that they weren't sure what or when to expect further information. Although we now ensure we are recording who is discussed at the meetings we will now focus on ensuring this information is communicated back to patients and this will be linked to one of the quality priorities for 2012-13.



Patient experience

Quality priority three

Planning the care of patients who are terminally ill

What was the issue? 500,000 people die each year, nearly two thirds of whom are over the age of 75. The majority of deaths (58%), occur in NHS hospitals. Therefore, it is essential for hospitals to ensure patients who are at the end of life receive high-quality care that reflects their wishes wherever possible. In 2008, the DH produced a national strategy on end of life care to provide a framework on which to build.

What did we do? The priority focused on four areas in relation to patients who are at the end of their life:

ONE Having a care planning discussion with the patient The Trust has a dedicated palliative care team, shared with the Royal Marsden Hospital, which works with patients at a time

What is patient experience?

Patient experience is ensuring people have a positive experience of care (DH definition)

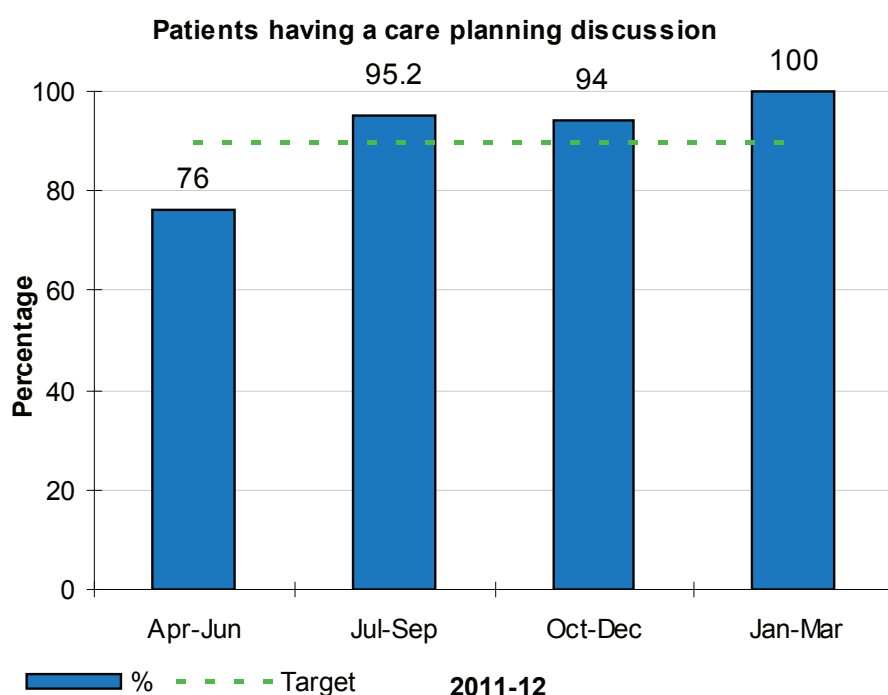
when their disease or illness is no longer considered to be curable or when life expectancy is shortened. Patients can be referred to the team at any point during their care. A member of the patient's care team will carry out an end of life care planning discussion with them about their wishes and decisions. This indicator was also a CQUIN measure with an agreed trajectory for the Trust for each quarter in 2011-12, of 100% of end of life patients having a care planning discussion. The chart below shows the progress in ensuring all of these patients have this discussion. For all four quarters of 2011-12 the highest CQUIN target has been met, which means the Trust will receive 100% of the CQUIN payment.

TWO Documenting the discussion and preferred priorities

When end of life patients are offered a care planning discussion it is imperative this information is recorded in their notes, both as a record of the discussion and decisions made and also to inform other members of the team. This indicator looked at the proportion of discussions that were documented with a year end target set of 60% of patients having the discussion documented. In the first quarter data collection began and the baseline was set. In the subsequent three quarters, for all patients who had a care planning discussion, 100% had this documented in their notes.

THREE Documentation of decision on resuscitation

When a patient is nearing the end of their life their doctor will discuss their resuscitation wishes with them. If that discussion has been held, the patient's decision must be documented as a record and to inform other team members. The palliative care team has been working hard this year to ensure this happens and reviewing all relevant patients. We had a year-end target of 80% for this indicator. The first quarter saw data collection begin with the baseline level set. In quarters two, three and four 100% of patients had a discussion around their resuscitation wishes, which was documented in their notes.



For April-June, target was to collect baseline data, therefore target was achieved

	Target % 2011-12	Jul-Sep 2011-12	Oct-Dec 2011-12	Jan-Mar 2011-12	Target Met?
Documentation of discussion	60%	100%	100%	100%	Exceeded
Documentation of resuscitation decision	80%	100%	100%	100%	Exceeded

No data included for April-June as during this quarter data collection processes were put in place

FOUR Use of the Liverpool Care Pathway (LCP)

The Trust has been piloting the LCP in 2011-12, which has been recommended by the DH as a model of best practice for caring for patients in hospital who are in the last hours or days of life. The palliative care team introduced the LCP to specific wards to pilot it and a year-end target of using the LCP for 50% of end of life patients on the wards was set. We spent the first quarter collecting data and setting a baseline to work from. In quarter two the LCP was used for 60% of these patients, in quarter three 100% of patients were on the LCP. However in quarter four it was only used for 33% of patients. This equated to two patients not having the LCP used and the quarter four target not being achieved. The palliative care team will continue to monitor the use of the LCP and promote its use across the Trust.

What does this mean for patient experience?

It is important to the Trust that every one of our patients feels included in the decision-making around their care and the options available to them, and that their wishes are respected. This is especially important when patients are at the end of their life. With the DH providing a national strategy as a framework we have been able to ensure that certain processes are in place when patients reach the end of their life. The above auditing has allowed us to monitor whether these processes are being implemented and for the palliative care team to ensure they are being embedded into everyday practice.

What is the LCP?

The LCP is a specific care pathway for patients in the last hours or days of life. It enables healthcare professionals to stop, think, assess and change care appropriately for the individual person and for the relatives and carers.

Patient outcomes

Quality priority four

Care of patients who have a cardiac arrest in hospital

What was the issue? Recent evidence from the DH and NICE shows that an indicator of good clinical care of the acutely unwell patient is a reduction in the number of cardiac arrests which occur outside of the intensive care units (ICU). Ward based patients should either be on an end of life care pathway (such as the LCP mentioned in quality priority three) or should be recognised as deteriorating via the completion of the patient at risk (PAR) scoring system and moved to a higher level of care e.g. intensive care unit.

What did we do? There were two aspects of this project:

What are patient outcomes?

Patient outcomes look at the patient's health as a result of the treatment and care they receive e.g. if the patient suffered any complications following surgery (DH definition).

ONE Patient at risk (PAR) scoring

Patients who are identified as at risk i.e. their clinical condition is deteriorating should have a PAR score completed. Although the overall score must be calculated it then has to be assessed and acted on appropriately i.e. if needed, further action must be taken such as transferring the patient to the high dependency or intensive care unit. This project aimed to improve the number of patients whose score was acted on in an appropriate response. The Trust carries out a snapshot audit to measure if the PAR score has been acted on so this indicator was incorporated into this audit. A year end target of 95% was set for PAR scores being acted on appropriately. Across 2011-12, via the snapshot audits, over 2,500 PAR score

What is PAR scoring?

PAR scoring is a "track and trigger" system which enables health care professionals to track a patient's health status by completing a form. This helps to recognise if they are at risk of deteriorating and triggers a referral to medical staff to intervene and prevent deterioration.

forms were reviewed to identify patients who required further action. From these only 2 forms were found to have not been acted on appropriately. These occurrences were raised with the relevant nursing staff. This demonstrated that the PAR score forms were acted on appropriately when required and the target of 95% was achieved in every quarter. This demonstrates the wards are highly reliable at monitoring and recognising if the patient's condition is deteriorating and ensuring they receive the extra support they need. This project will continue in 2012-13 via the Trust snapshot audit.

TWO Auditing patients who have a cardiac arrest outside of intensive care

Measuring the number of cardiac arrests occurring outside of ICU with the aim to reduce the number is considered an indicator of good clinical care of acutely unwell patients. The Trust routinely collects data on patients who have a cardiac arrest. Therefore, this indicator was combined with this audit into a larger project. In the first quarter the processes around collecting data were reviewed and a new process was agreed: to move from the existing audit form to the new medical emergency form. In quarter two audit data collection began on patients who had a cardiac arrest outside of ICU with baseline data being collected. In the third quarter the aim for the quarter was set at 75% of known arrests outside of ICU being

What is a cardiac arrest?

A cardiac arrest happens when the heart stops pumping blood around the body. This means the person will be unconscious and resuscitation and defibrillation are needed to resuscitate. This is different from a heart attack when the heart muscle is damaged due to lack of blood and oxygen usually as a result of a blockage in a coronary artery. A heart attack can cause a cardiac arrest. (British Heart Foundation definitions)

audited via collection on the Trust audit database. The quarter four target was set at 100%. In quarter three 92% of arrests were captured on the database with 92.5% in quarter four. Although it is disappointing not to have met the target in quarter four great improvements have been made. This is an ongoing audit and will continue in 2012-13 during which we will strive to ensure data is captured for 100% of these patients.

What does this mean for patient outcomes?

By monitoring and collecting audit information on PAR scoring and cardiac arrests we can ensure patients are receiving the appropriate care in the appropriate setting if they suffer a cardiac arrest and by auditing the data we can look back and see if best practice was followed. Ensuring this practice is followed aims to reduce the occurrence of cardiac arrests and improve a patient's outcome if they suffer a cardiac arrest i.e. increasing their chance of survival. Future participation in the national audit will allow the Trust to benchmark against other trusts as well as sharing best practice.

"I will never forget how considerate and proficient everybody was during my heart attack. They saved my life and I will always be grateful to all staff..."

Part 2b: Care group reports

In 2007 the Trust moved from having clinical departments and directorates to having care groups within main divisions. This was a move towards categorising by condition rather than specialty. Within the two divisions – heart and lung – are care groups which form a pathway for a patient with a specific condition or procedure to follow. Each care group is led by a consultant who specialises in that condition.

This part of the report gives each care group the opportunity to show you where they feel they have improved quality this year. This may be a piece of work or a project or related to their practice where it is reflected in the patient outcomes.

Heart division

At Harefield Hospital we have recently opened the Acute Cardiac Care Unit, which comprises of two wards, Acorn and Oak, and is dedicated to treating cardiology patients. Acorn is a brand new ward, opened in March 2012, providing an additional 18 beds to meet increasing demands for our growing specialist services and providing a smoother patient journey.

At Royal Brompton Hospital an innovative joint paediatric, adolescent and adult cardiomyopathy clinic has opened. The clinic is unprecedented as all diagnostic tests for cardiomyopathy can be completed and all family members screened on the same day. The tests and consultations, which previously took up to five visits, can now be completed in one. The obvious benefit to patients is faster turnaround time and less stress, giving patients a better experience.

What are arrhythmias?

An arrhythmia is a variation from the normal rhythm of the heart beat. For example the heart beat could be too fast, too slow or irregular.

Arrhythmias

In November 2011 the North West London Commissioning Partnership carried out a review of all hospitals in North West London providing care to patients with heart arrhythmias. The review assessed the level of activity at the Trust and the quality of care provided to these patients to ascertain whether the Trust should continue to provide this specialist area of care. The Trust met the required activity levels and demonstrated excellent patient outcomes and as a consequence will continue to be a centre providing care for patients with heart arrhythmias.

Patient Reported Outcome Measures (PROMs)

The arrhythmias team wanted to measure the effectiveness of the care they deliver from the patient's perspective. As there are currently no national PROMs for arrhythmia conditions they decided to design their own

See part 2d for more information on PROMs and what they are (page 24).

tool to collect data on how patients felt after their procedure. They focused on patients who suffer from a form of arrhythmia called persistent atrial fibrillation (AF) who underwent a procedure called ablation, which is intended to improve their symptoms. The study found that 78% of the patients who responded felt that having the procedure had a positive impact on their confidence and on average the patients had rated their quality of life significantly higher following the procedure when compared to before. We are continuing this project into 2012-13 and will be expanding it from persistent AF to include all patients with AF.

Atrial fibrillation (AF) audit

A recent study has shown that patients with AF who receive ablation have a significantly lower risk of death, stroke and dementia in comparison to AF patients without ablation. The arrhythmias team carried out an audit looking at 266 patients who received ablation to assess their outcomes initially and at follow up.

What is ablation?

Ablation is a procedure carried out to treat AF. It uses radiofrequency energy to destroy the affected area in the heart causing the abnormal rhythm. (British Heart Foundation definition)

NICE recommendation	Trust results 2011-12
Patients with suspected heart failure are seen within two weeks of referral	99.8%
Patients are given appropriate medication (as recommended by NICE)	93.4%
Patients have a full review every six months	77.8%

The audit demonstrated excellent results with no patients suffering strokes, a low complication and recurrence rate and patients reporting a major quality of life improvement (detailed in the paragraph above under PROMs section).

We began carrying out robotic ablations to treat AF in February 2012. The robotic method offers reduced X-ray exposure and potentially better outcomes for patients. We also commenced a programme for thoracoscopic AF ablation in January 2012.

Heart failure and heart transplant

In 2011-12 the heart failure team introduced a new cardio-oncology service. This provides rapid access and in most cases a one-stop service for patients who are referred to us from the Royal Marsden Hospital. Although this is a new service we have already received excellent feedback from patients.

We have appointed two new heart failure consultants, Dr Ali Vazir and Dr Alex Lyon, who are currently developing a research project on a new therapy that could potentially dramatically improve the lifestyle for heart failure patients by significantly decreasing their length of stay in hospital from two weeks to three or four days.

Our heart failure team at Royal Brompton carried out an audit measuring our practice against the recommendations from the NICE clinical guideline on chronic heart failure. The audit assessed what percentage of our heart failure patients received treatment in line with the guidance. The table on page 13 shows our results in 2011-12 with very high levels of compliance. The audit will continue in 2012-13 with the aim of improving on the recommendations where compliance is lower.

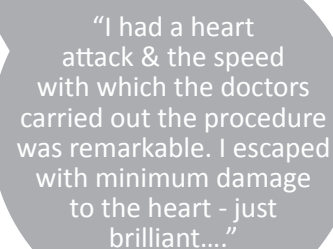
In 2011 the Trust underwent two reviews of its heart transplant programme. In May 2011 the Trust felt its outcomes were not as good as expected and therefore made a self-declaration to NHS Blood and Transplant (NHSBT), which is the special health authority that oversees transplantation. We carried out an internal investigation that did not identify any areas of concern, and reported this to NHSBT. An external investigation was then carried out by NHSBT from which all recommendations were completed by the Trust. During the investigations we suspended the heart transplant service but it has since been reinstated. Since September 2011 seven patients have received a heart transplant and all went on to have a normal recovery and have since been discharged.

In August 2011 a national review of all cardiac and lung transplant centres began, also carried out by NHSBT. This review is broken down into phases. The Trust completed phase 1 in October 2011 and began phase 2 in April 2012.

Revascularisation (coronary artery disease)

In 2011 both our sites were assessed to become non-ST elevation acute coronary syndrome or NSTEMI centres. When a patient experiences sudden onset or rapid worsening of chest pain due to the shortage of blood supply to part of the heart it is called acute coronary syndrome or ACS. This is subdivided into conditions where an artery is completely blocked (an ST elevation myocardial infarction, or STEMI) and those where it is incompletely or intermittently blocked, a non-ST elevation acute coronary syndrome (NSTEMI).

'High risk' NSTEMI patients who have early access to diagnostic angiography and appropriate treatment have improved long-term survival hence, the move to establishing dedicated NSTEMI centres. Although Harefield was already classed as a Heart Attack Centre or HAC, the Trust is incredibly proud that both hospital sites passed the assessment and are now running as NSTEMI centres.



"I had a heart attack & the speed with which the doctors carried out the procedure was remarkable. I escaped with minimum damage to the heart - just brilliant...."

Clinical outcomes

As part of the Heart Attack Centre, at Harefield we operate a large 24-hour primary angioplasty service, which has grown significantly over the past few years. Patients are brought to the hospital by ambulance either directly or via another hospital. For every 30-minute delay in treatment it is quoted that there is a 7.5% increase in risk of death. We observe the national standards for these patients on specific time measures: the time from the initial emergency call is made or the time the patient enters Harefield to the time the first interventional device is deployed e.g. a stent is inserted into the blocked coronary artery.

What is primary angioplasty?

Primary angioplasty is an emergency procedure used to treat a heart attack. A stent or balloon is inserted into the blocked coronary artery to reopen it and provide blood to the heart muscle again.

The table on the right shows the excellent outcomes we have against these measures and in fact we have the fastest treatment times in the country.

Measure	National standard	Harefield % 2011	Harefield median 2011 (mins)
Call to intervention	<150mins for >75% of patients	93.2	101
Arrival to intervention	<90 mins for >75% of patients	98.4	26

The Trust continuously monitors patient outcome measures such as the developing complications following a procedure. Data is submitted on a regular basis to national audits. This also provides us with data to benchmark ourselves against other trusts.

The chart on the right shows the Trust's survival rate over the past three years for a surgical procedure called coronary artery bypass grafting against the national average.

Rehabilitation

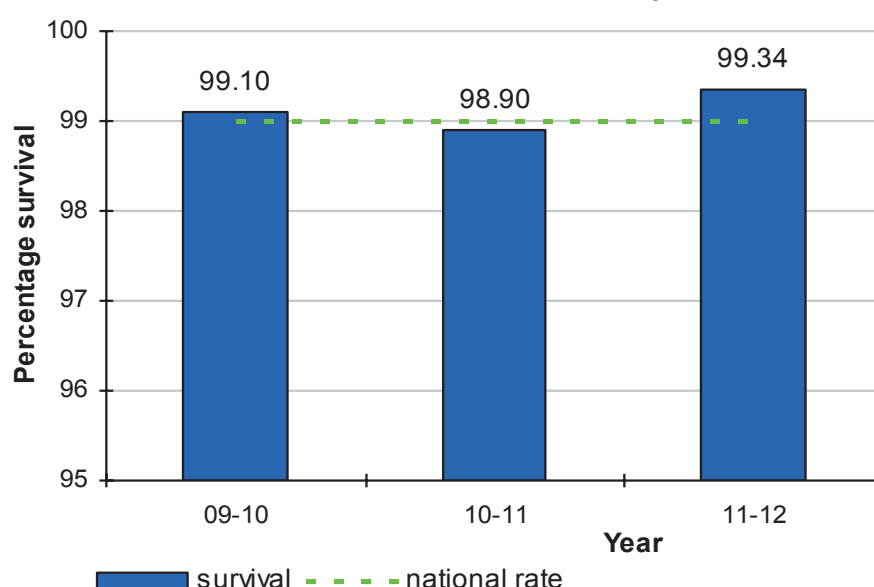
Our cardiac rehabilitation team at Harefield has devised an innovative programme – the first of its kind in the UK – called 'Hounds Help Hearts'. In association with the Dogs Trust in Harefield, patients complete their final phase of recovery by walking dogs that are awaiting new homes.

What is an isolated, first time coronary artery bypass graft?

A type of heart surgery where the blocked or narrowed arteries supplying the heart are replaced with veins taken from another part of the patient's body.

This procedure may be combined with another procedure so by isolated we mean this procedure alone. By first time we mean patients who have not had this surgery before.

Trust survival for isolated first time CABG procedures



Heart assessment

At Harefield we have launched a rapid access heart function clinic, which provides patients with a 'one-stop shop' approach to assessment, diagnosis and treatment for heart failure. This is a unique clinic regionally to which GPs are able to refer patients who they suspect may have heart failure direct to the clinic for diagnosis.

At Royal Brompton we have recently commenced an advanced echocardiography service with techniques including 3D imaging and with the acquisition of state of the art analysis and reporting we now have a dedicated 3D clinic run by a newly appointed consultant, Dr Raj Khattar.

Structural heart disease

In September 2011 there was a review of cardiac surgery providers in London. The aim of the review was to focus the services on specific cardiac disease areas (aortic valve, mitral valve and revascularisation i.e. coronary artery disease, see section above) and ensure the surgeons carrying out these procedures were specialists in these fields. During the review the Trust demonstrated it carried out the required number of procedures in order to provide these services and that our consultant surgeons are specialists within these specific disease areas. As a result the Trust was successful in the review and continues as a London provider of these services.

Clinical outcomes

The continuous monitoring of patient outcome measures, such as survival, applies to many of the areas of care we provide. The chart below shows the Trust's survival rate over the past three years for a surgical procedure called aortic valve replacement against the national average.

What is an isolated, first time aortic valve replacement?

A type of heart surgery where a specific valve within the heart is replaced with a donor valve either from a human, an animal or an artificial valve. This procedure may be combined with another procedure so by isolated we mean this procedure alone. By first time we mean patients who have not had this surgery before.

Children's services and congenital heart disease

The Trust is currently part of the NHS review of the delivery of congenital heart surgery services to children in England and Wales. This review is known as "Safe and Sustainable", which involved a public consultation in 2011 focusing on the standards of care, better monitoring and the number of surgical centres. For more information on Safe and Sustainable and the Trust's involvement you can visit our webpage at <http://www.rbht.nhs.uk/about/safe-and-sustainable/>

The National Specialised Commissioning Group is currently reviewing services provided to adult patients with congenital heart disease (ACHD) with the aim of developing standards for future provision and leading to centres being designated to provide ACHD care. The Trust is undergoing this process at present but is hoping for a successful outcome, which is to be designated as an ACHD centre.

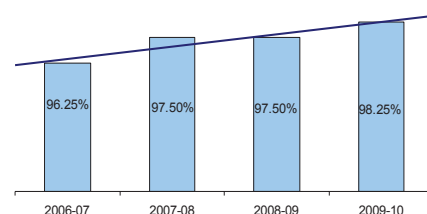
In January 2012 we started work on building a four-bedded children's sleep laboratory at Royal Brompton which is

due to open in Spring 2012. We have appointed Dr Hui-Leng Tan who will join Dr Mark Rosenthal in leading the sleep service.

Data quality

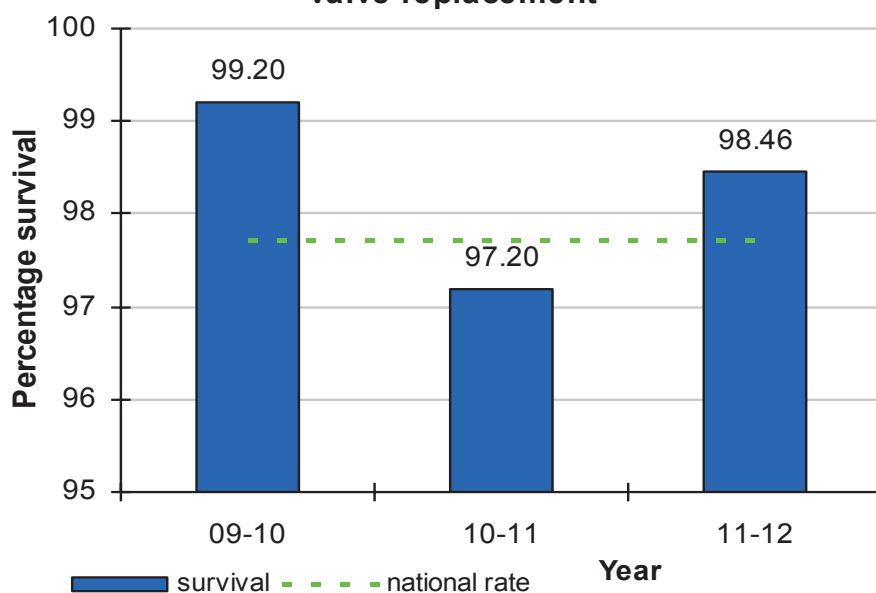
Since 2004, the Central Cardiac Audit Database or CCAD (now under the National Institute for Cardiovascular Outcomes Research) has annually au-

Data Quality Indicator
Central Cardiac Audit Database
Audits 2007 to 2010



dated the completeness and quality of the trust data submitted to its national database. In May 2011 the Trust was reviewed for 2009-10 cases and the audit reported: "the centre has continued to maintain a very good standard of data quality for the 4th successive year and have increased their overall Data Quality Indicator (DQI) by 0.75% to 98.25%". The Trust is very proud on this ongoing

Trust survival for isolated first time aortic valve replacement



achievement and we to strive to continuously improve data quality.

Clinical outcomes

The Trust continuously monitors patients' outcomes i.e. during their recovery or before they go home. As certain outcomes are collected nationally we can see how our patients are doing compared with nationwide figures.

When survival figures for congenital heart disease are published nationally they are aggregated (surgery and interventions) and include paediatric and adult patients. The Trust's aggregate survival rate for 2011-12 is 99.5%. This means our results are 1.7% better than the most recently published national figures from CCAD (97.8%).

Lung division

The physiotherapy outpatients department at Royal Brompton is now running at double capacity after an extensive rebuild. We now have two fully separated treatment rooms, improving infection control, as well as an extra full-time respiratory physiotherapist and full-time administrative support working in outpatients. As a result we have increased the number of walk-in clinics for patients and waiting times have reduced.

Asthma and allergy

In August 2011 we appointed a new consultant in occupational health lung disease. Since she joined the Trust, Dr Joanna Szram has set up a new clinic, based at Harefield, where all new patients are seen by the service within five weeks of referral.

We have set up a bronchial thermoplasty (bronchoscopic technique to reduce the hyperactivity of the airways) service for patients with severe asthma - one of only three UK centres offering this procedure.

Lung failure (including transplant, chronic obstructive pulmonary disease (COPD), sleep and ventilation)

The lung failure care group has secured funding of £1.49 million from the charitable trustees to create a new 'Centre for Sleep' which is due to open in January 2013. The brand new facilities will be sited at Royal Brompton Hospital and enable us to manage an increase in sleep disorder patients, more complex sleep cases and better ventilatory support for all our sleep apnoea patients.



"I attend the transplant clinic and everyone is very friendly and can remember all patients' names. So, it becomes a kind of 'family' gathering"

We have completed the largest trial to date of a medication to improve muscle strength in patients with COPD and have secured further funding to see if this medication can enhance the effects of exercise programmes for respiratory patients. At Harefield our rehabilitation programme, led by Dr Will Man, has grown so rapidly that the Trust now has the largest UK service on a single site.

Lung infection and immunity

For our patients who have immunity conditions, which make it difficult for them to fight respiratory infections, we have introduced a new rapid response host defence clinic for them when they become unwell. This supports a flexible approach to care within the team and has been well received by our patients.

We have also set up a combined multidisciplinary team meeting for interstitial lung

What is host defence?

Host defence is your body's ability to fight infection.

disease (ILD) and host defence. The aim is to enhance the quality of management of ILD patients receiving immunosuppressive drugs who develop difficult infections. This produces a more co-ordinated approach to the patient's management.

We have strengthened the co-ordination between the paediatric and adult cystic fibrosis units which means that as many patients as possible can gain access to new therapies in clinical trials. This is being led by Dr Jane Davies and Dr Diana Bilton. Our cystic fibrosis unit has been adopted as a recognised site for the European CF Clinical Trials Network.

Surgical oncology / thoracic surgery

In December 2011 we appointed a new thoracic surgeon at Harefield. Mr Niall McGonigle will help further enhance the thoracic surgery service at Harefield and provide on-site clinical support at multi-disciplinary team meetings and clinics for some of our referring centres.

The Trust is currently undergoing a London-wide review of cancer service provision. At present the Trust provides surgery for patients with thoracic cancer i.e. lung cancer, but we would like to expand our services and provide surgery to patients with other cancers as well.

Patient experience

The Trust participated in the 2010-11 National Cancer Survey with excellent results showing the Trust within the top 20% in the country and amongst the top in London. We have also been working on developing our own 'patient experience cycle', which incorporates the national survey, a local survey and a commissioned patient experience report based

on patient interviews. The results from this will be available in 2012-13 and will be used to help inform us and improve our service for all thoracic patients.

The cancer team at Royal Brompton is participating in a pilot study with Oxford University, King's College and the King's Fund and Royal Berkshire NHS Foundation Trust to look at how experience-based co-design can be used to improve services for cancer patients so that they are delivered in a quicker and more effective way. This work will continue into 2012-13 where patients, staff and carers will meet to look at their experiences of care and try to help identify areas of the pathway that could benefit from investment or improvement.

Enhanced recovery

The thoracic surgery team has been working on ways to improve inpatient care by assessing the pre- and post-operative stages of the inpatient stay. A trial is currently underway at Royal Brompton to improve patient admission and discharge by including a pre-admission clinic that aims to complete the required investigations prior to admission and to also pre-empt any potential discharge difficulties in advance. We hope this will reduce length of stay and provide a better experience for inpatients. This will be rolled out at Harefield in the summer of 2012. We have also trialled the use of a new chest drain (used following surgery), which enables patients to mobilise quicker following surgery and again help reduce their length of stay.

Surgical techniques

During 2011-12 the thoracic surgeons have made considerable achievements in being able to deliver and provide video-assisted thoracoscopic surgery (or VATS) lobectomy at Royal Brompton. This procedure is less invasive and improves

recovery time for the patient whilst also decreasing the duration of post-operative pain. Crucially it allows patients to return to normal activity more quickly.

What is VATS lobectomy?

Lobectomy is the removal of a lobe or section of the lung. VATS is a surgical approach (similar to keyhole surgery) where the surgeon carries out the surgery via 3-5 small incisions aided by images from a camera inserted into one of the incisions.

Critical care and anaesthetics

In 2009 the Royal Brompton's intensive care unit began offering extracorporeal membrane oxygenation (ECMO) to treat patients with acute respiratory problems as a consequence of swine flu or other conditions. In 2011 Royal Brompton became fully funded as an ECMO centre (one of only five in the country) and also as a retrieval team to transport patients requiring ECMO treatment to the hospital. This enables our intensive care experts to travel around the country to retrieve critically ill patients who cannot be treated with ECMO at their local hospital. They provide complex life-saving care on the road and in the air during transfer to Royal Brompton.

Part 2c: Improvements in response to complaints/ PALS contact

In this section of the report we tell you about other improvements we have made in 2011-12 in response to feedback or contacts made with the PALS team or in response to complaints made to the Trust. Below is a summary of improvements which have been made this year:

- We have installed prescription labellers on cardiology wards, which print the labels to attach to medications. This speeds up the discharge process as many patients' discharge prescriptions do not need to go the pharmacy for dispensing (pharmacy is located in another building). We are also recruiting additional portering staff to improve delivery times of medications to the ward.
- We now warm the plates prior to serving meals to patients on the wards in response to feedback on the temperature of the meals.
- We are recruiting a new outpatient clinic co-ordinator in paediatrics to manage the clinic and liaise with patients and families and other hospitals. This will help to improve the experience of children and families who use our service, by ensuring that more time is devoted to this important role.
- We now ask patients about their cultural wishes on arrival on the high dependency unit in response to queries raised about night attire conforming to patients' cultural beliefs. This will include ensuring patients are aware that they are able to bring their own night attire to wear on the unit.
- We have set up a team comprised of patients, staff and volunteers to identify noise issues in the intensive care unit and how to address them. This project is likely to have wider implications with recommendations rolled out to other areas as the issues identified may apply to other wards.

What is a word cloud?

A word cloud combines responses to a question and gives greater prominence to words that appear more frequently.

What is PALS?

PALS is our Patient Advice and Liaison Service. It is a confidential service that provides support, assistance and advice to patients, families and carers. The PALS team is here to listen to your concerns and queries about your experience in the hospital and help resolve problems quickly on your behalf.

"Less noise in the ward during the night....."



Word cloud from the inpatient survey question asking patients "was there anything particularly good about your hospital care?"

Part 2d: Quality priorities for improvement in 2012-13

In this part of the report, we tell you about the areas for improvement in the next year in relation to the quality of our services and how we intend to do that. We call these our quality priorities and they fall into three areas: patient safety, patient experience and patient outcomes.

In October 2011 the Trust launched a paper and online survey to find out which topics people felt should be a priority when it comes to quality improvement in the hospitals. We wanted to have five quality priorities in 2012-13 but wanted these priorities to be chosen by our stakeholders. With this in mind, we asked people voting to pick the category that best described them so we could then identify which topics mattered most to each group. The categories were as follows:

- Governors and members of the Trust
- Members of local involvement networks (LINKs)
- Patients and the public
- Trust board members
- Staff

We had a great response to the vote which culminated in the topics below being selected as the Trust's quality priorities for next year:

Respondent category	Quality priority topic 2012-13
	<i>Patient safety</i>
Governors and members	Effective content and organisation of paper-based patient notes
LINKs	Improving patient satisfaction on advice and information given to patients on their medication
	<i>Patient experience</i>
Patients and the public	Effective communication with patients
	<i>Patient outcomes</i>
Trust board members	Participation in national Patient Reported Outcome Measures (PROMs)
Staff	Managing complications effectively

Further information and details on exactly what we will be measuring for each priority in 2012-13 can be found on the following pages.

Patient safety

Quality priority one

Improving patient satisfaction on advice and information given to patients on their medication

What is the aim? Following feedback from the patient surveys, patients told us that they did not always feel fully informed in relation to their medication and how to take it. This priority will establish what aspects of their medication patients would like more information on.

How will we measure this? Patient feedback will be collected from inpatients prior to discharge on a variety of formats e.g. paper and electronic forms. Data will be collected and reported on a quarterly basis with an

end-of-year aim to show improvement in patient satisfaction via the feedback collected.

Quality priority two

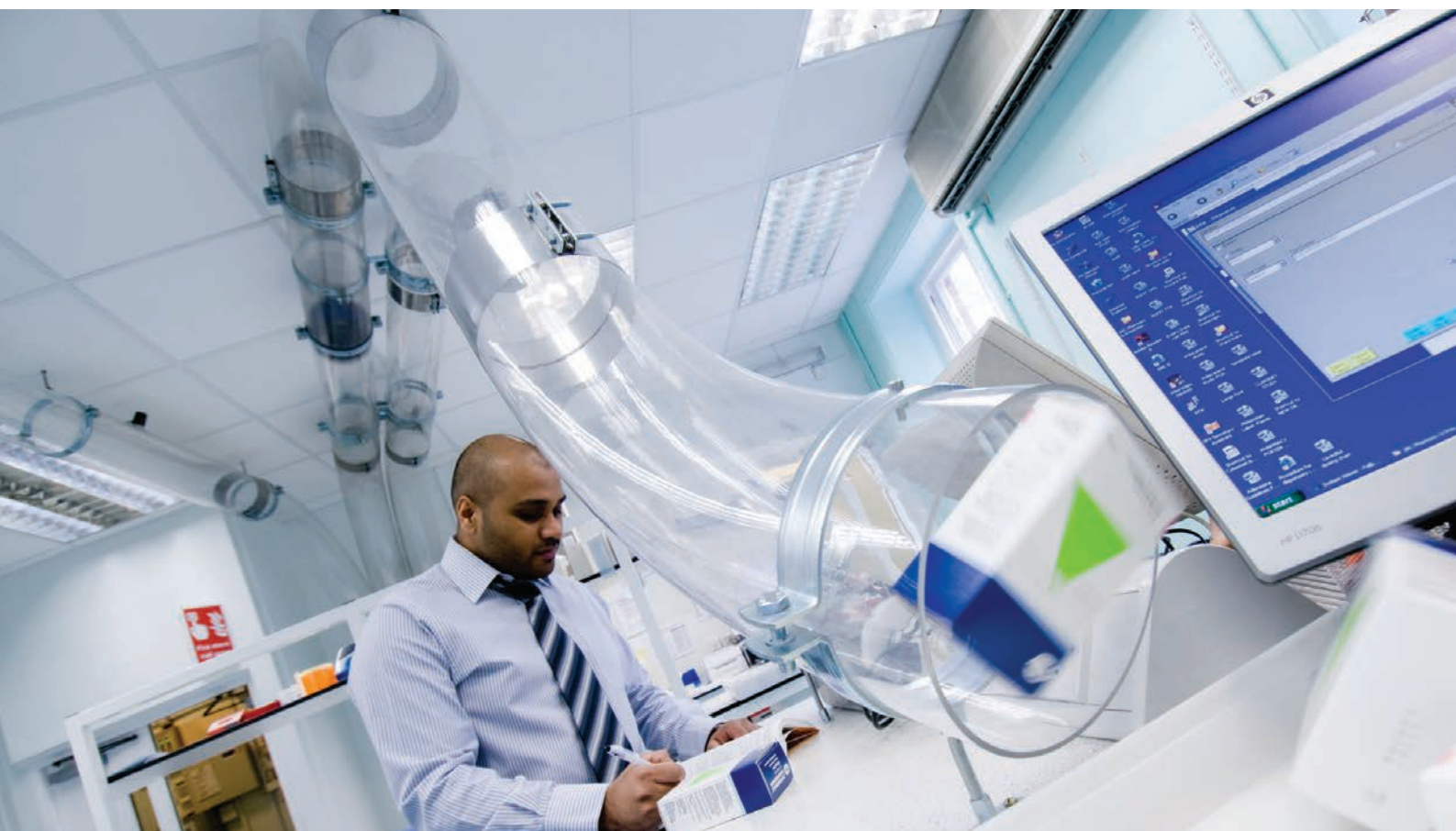
Effective content and organisation of paper-based patient notes

What is the aim? Every patient seen at the hospitals as an inpatient or outpatient has a unique set of paper notes. Although the Trust is using electronic records for many aspects of healthcare, the paper notes are still the main source of clinical information. Previous reviews of patient notes have shown them to be in varying states of organisation and tidiness. Unsecured or disordered notes are considered a

risk. This project will focus on three specific aspects from the Royal College of Physicians guidance on notes:

- are there unsecured papers
- are the clinical hand-written entries legible
- is there written evidence the patient has had contact with their consultant during their admission.

How will we measure this? A monthly review of notes will be carried out to assess the three aspects above and results will be reported quarterly. The information collated from the first quarter will give us an understanding of where we are now and what improvements need to be made by the end of 2012-13.



Patient experience

Quality priority three

Effective communication with patients

What is the aim? In the patient surveys our patients told us that we could communicate better with them when it comes to providing information on tests and treatments, when to expect results and so on. In response to this feedback, this priority will focus on two aspects, one for outpatients and one for inpatients.

For outpatients, we will look at improving the communication around tests and treatments to ensure patients feel informed about why, when and where such tests will take place.

For inpatients, we will focus on patients whose treatment plan is discussed at a multidisciplinary meeting (MDT), where a group of specialist doctors discuss and agree on the best treatment for each individual patient. These patients will then be admitted for treatment following this discussion. Patients have told us that although they are told they will be discussed at a meeting they are not always informed of the outcome and are unsure what their treatment plan will be. This priority is building on one of the 2011-12 priorities where we implemented a monitoring process to electronically record all patients discussed at cardiac, thoracic and lung cancer surgery MDT meetings.

How will we measure this? Outpatient data will be collected in the form of patient feedback during outpatient appointments. This project will be combined with the Trust's project on action planning the results from the 2011 Outpatient Survey. The year-end aim is to have an improvement in patient feedback and for these im-

provements to be reflected in the next national outpatient survey (in 2013 as carried out every two years).

For the inpatient project, we will continue to monitor how many patients are discussed at an MDT meeting and then measure how many of these patients had a letter sent to them within a set period of time. The year-end aim is to improve throughout 2012-13.

"It would be very helpful to know what the next step is instead of being just left hanging here awaiting further information!"



Patient outcomes

Quality priority four

Participation in national Patient Reported Outcome Measures (PROMs)

What is the aim? Collecting information from PROMs tells us how our patients feel before and after they have treatment or a procedure. Although we already collect clinical information on how patients do after a procedure, PROMs data complement this by telling us how the patient feels. The Trust has developed some PROMs to use locally, as there are currently no relevant national PROMs. However, the Trust is keen to participate in national PROMs and in 2012-13 there is a new PROM being piloted that focuses on patients who undergo procedures for cardiac artery grafting and unblocking the arteries of the heart (called coronary artery bypass graft surgery and angioplasty).

How will we measure this? We will monitor this priority by ensuring the Trust participates fully in this PROM and any other national PROM in 2012-13 that is relevant. Our hope is that when the national results are published it shows the Trust to have performed in line with or above the national average.

What does PROMs mean?

Patient reported outcome measures are questionnaires completed by a patient at the beginning and at the end of their treatment. It asks patients for feedback on how they are feeling before and after, which helps us measure the quality of the care we have provided from the patient's perspective.

Quality priority five

Managing complications effectively

What is the aim? Although we are constantly striving to reduce the number of patients who experience a complication after treatment or a procedure, complications can still occur. The Trust strives to ensure that when complications do occur they are managed effectively for the patient.

How will we measure this? In 2012-13 the Trust will be using an NHS improvement tool called the 'safety thermometer' to measure, monitor and analyse patient harm and local improvement. The tool will be used for five specific topics: pressure ulcers, surgical site infections, venous thromboembolisms, patient falls and catheter-related urinary tract infections. We will use this programme to monitor occurrences of the above complications and also to measure the improvements we make.



"After my bypass operation in 2008 I am still struggling to recover".

Part 2e: Performance against national quality indicators 2011-12

From 2012-13, our quality report will be required to include a report on a small, core set of quality indicators. These indicators have been proposed following advice from the National Quality Board, which believes these will strengthen the quality report by increasing understanding of comparative performance. Although inclusion of our performance against these indicators is not mandatory this year, we have included this information in this year's quality report as preparation for next year.

The data included below has been obtained from sources specified by Monitor and the Department of Health and reflects the most recent time period available from these sources. Therefore, although this data may be reporting similar indicators to the key healthcare targets the time period and actual measure may differ.

Please note the figures in the table below are obtained from the recommended sources

Indicator	Applicable to Trust?	Trust value	National average	Time period	Trust compared to average
Domain 1: Preventing people from dying prematurely					
Summary Hospital-Level Mortality Indicator (SHMI)	✗	-----	-----		N/A
Category A ambulance response times	✗	-----	-----		N/A
Domain 1: Preventing people from dying prematurely, and Domain 3: Helping people recover from episodes of ill health or following injury					
Ambulance trust clinical outcomes:					
1. Patients with a pre-hospital diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle	✗	-----	-----		N/A
2. Suspected stroke patients assessed face to face who received the appropriate care bundle	✗	-----	-----		N/A
Domain 3: Helping people recover from episodes of ill health or following injury					
Patient reported outcome scores for i) groin hernia surgery, ii) varicose vein surgery, iii) hip replacement surgery, iv) knee replacement surgery	✗	-----	-----		N/A
Emergency readmissions to hospital within 28 days of discharge:					
o % of patients aged 0-15 readmitted within 28 days	✓	9.56%	10.25%	2009-10	Better
o % of patients aged over 15 readmitted within 28 days		9.22%	11.61%	2009-10	Better
Domain 4: Ensuring that people have a positive experience of care					
Responsiveness to inpatients' personal needs <i>Source: national NHS inpatient survey</i>	✓	75.4	67.3	2010	Better
Percentage of staff who would recommend the provider to friends or family needing care <i>Source: national NHS staff survey</i>	✓	92%	60%	2011	Better
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm					
Percentage of admitted patients risk-assessed for venous thromboembolism (VTE)	✓	94.5%	88.3%	Q2 2011-12	Better
Rate of <i>clostridium difficile</i> (number of infections/100,000 bed days) [^]	✓	14.8	28.9	2010-11	Better
Patient safety incidents:					
o Rate of patient safety incidents (number of patient safety incidents reported / 100 admissions)	✓	6.2	-----	Q1+2 2011-12	N/A
o and percentage resulting in severe harm or death	✓	0%	0.1%		Better

[^] Trust cases of *clostridium difficile* in 2010-11 was 18 with a target of 27; in 2011-12 Trust had 13 cases with a revised target of 7.

Part 3: Formal statements of assurance

CQC registration

Royal Brompton & Harefield NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The CQC has not taken enforcement action against Royal Brompton & Harefield NHS Foundation Trust during 2011-12.

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

Royal Brompton Hospital was inspected by the CQC in April 2011 as part of its routine inspection programme. The CQC declared Royal Brompton Hospital compliant with all 16 essential outcomes. At the time of writing Harefield Hospital had not been inspected by the CQC.

Monitor's compliance framework also scores the level of concern regarding the safety of healthcare provision. In 2011-12, Monitor had no concerns with the safety of health provision in the Trust as shown below:

	Trust score in 2011-12	Indicator met
Moderate CQC concerns regarding the safety of healthcare provision	0	✓
Major CQC concerns regarding the safety of healthcare provision	0	✓
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) or as subsequently amended with the CQC's agreement	0	✓

The combination of meeting all the Compliance Framework indicators and the CQC having no concerns regarding the safety of healthcare provision has meant that the Trust has been given an amber/green rating for governance by Monitor in 2011-12 (as of 14 May 2012).

Monitor compliance framework 2011-12

Governance rating	Status – amber/green
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Provision of NHS services

During 2011-12 Royal Brompton & Harefield NHS Foundation Trust provided 16 NHS services. Royal Brompton & Harefield NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 16 of these NHS services.

The income generated by the NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2011-12.

Use of the CQUIN payment framework

One and a half percent of Royal Brompton & Harefield NHS Foundation Trust income in 2011-12 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield NHS Foundation Trust and North West London Commissioning Partnership for the provision of NHS services, through the commissioning for Quality and Innovation (CQUIN) payment framework.

The Trust's CQUIN goals for 2011-12 were as follows:

- 1 Improve VTE prevention
- 2 Responsiveness to patient needs
- 3 Prevention of grade 2 and 3 pressure ulcers
- 4 Evidence in achieving grade 4 ulcer prevention and reduction trajectory
- 5 Reducing patient falls
- 6 Reducing patient falls which result in harm
- 7 Improving end of life care
- 8 Improving availability of paper-based patient notes in outpatient clinics

Further details of the agreed goals for 2011-12 and for the following 12-month period are available online at:

http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

If the Trust achieves 100% of CQUIN payment for 2011-12, this will equate to £2.7 million of income for the Trust. However please note: Achievement of CQUIN goals for October 2011 – March 2012 (quarters three and four) has not yet been ratified by the commissioner.

In 2010-11 the Trust was one of only two acute Trusts in London to achieve all of its CQUIN indicators. The Trust achieved all year-end goals on 10 indicators agreed with our commissioners. These were a mix of two nationally mandated, four regionally selected and four locally developed indicators.

What is a CQUIN measure?

CQUIN is a payment framework that enables commissioners (who pay us for providing services) to reward excellence by linking a proportion of the Trust's income to the achievement of local quality targets.

Participation in clinical audit

During 2011-12, 27 national clinical audits and two national confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides. This includes 21 of the 51 audits highlighted by the Healthcare Quality Improvement Partnership (HQIP) for inclusion in the Quality Account, and a further six clinical audits which are recognised as national projects but which were not part of the HQIP list for 2011-12.

The Trust participated in 96.4% of national clinical audits and 100% of national confidential enquiries that it was eligible to participate in. The national clinical audits and national confidential enquiries that the Royal Brompton and Harefield NHS Foundation Trust was eligible to participate in, and for which data collection was completed during 2011-12, including actual participation rates, are listed below:

What is clinical audit?

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. This is done through a systematic review of care against specific criteria followed by implementation of change, if required.

Clinical Audit Topic	National Clinical Audit ¹	Did the Trust participate?	Participation rate ²
Peri-and Neo-natal			
Perinatal mortality	MBRRACE-UK	✓	100%
Children			
Paediatric pneumonia	British Thoracic Society	✓	100%
Paediatric asthma	British Thoracic Society	✓	100%
Pain management	College of Emergency Medicine	✓	100%
Paediatric intensive care	PICANet	✓	100%
Paediatric cardiac surgery	NICOR Congenital Heart Disease Audit	✓	100%
Acute care			
Emergency use of oxygen	British Thoracic Society	✓	100%
Adult community acquired pneumonia	British Thoracic Society	✓	100%
Non invasive ventilation -adults	British Thoracic Society	✓	100%
Pleural procedures	British Thoracic Society	✓	100%
Cardiac arrest	National Cardiac Arrest Audit	x	n/a
Adult critical care	ICNARC CMPD	✓	100%
Potential donor audit	NHS Blood & Transplant	✓	100%
Long term conditions			
Chronic pain	National Pain Audit	✓	100%
Adult asthma	British Thoracic Society	✓	100%
Bronchiectasis	British Thoracic Society	✓	100%
Elective procedures			
Intra-thoracic transplantation	NHSBT UK Transplant Registry	✓	100%
Coronary angioplasty	NICOR Adult cardiac interventions audit	✓	100%
CABG and valvular surgery	Adult cardiac surgery audit	✓	100%
Cardiovascular disease			
Acute Myocardial Infarction & other ACS	MINAP	✓	100%
Heart failure	Heart Failure Audit	✓	100%
Cardiac arrhythmia	Cardiac Rhythm Management Audit	✓	100%
Cancer			
Lung cancer	National Lung Cancer Audit	✓	100%
Blood transfusion			
Bedside transfusion	National Comparative Audit of Blood Transfusion	✓	100%
Medical use of blood	National Comparative Audit of Blood Transfusion	✓	100%
Health promotion			
Risk factors	National Health Promotion in Hospitals Audit	✓	100%
End of life			
Care of dying in hospital	NCDHA	✓	100%

¹ list of all national clinical audits that RBHNFT was eligible to participate in

² cases submitted/number of cases required, as a percentage

National Confidential Enquiry ¹	Did trust participate?	Participation rate ²
Surgery in Children	✓	100%
Cardiac Arrest Procedures	✓	100%

¹ list of all national confidential enquiries that RBHNFT was eligible to participate in

² cases submitted/number of cases required, as a percentage

The Trust was not eligible to participate in 24 national clinical audits, as identified by HQIP for 2011-12. These are listed below:

Neonatal intensive and special care NNAP; RCPH National Childhood Epilepsy Audit; RCPH National Paediatric Diabetes Audit; Severe sepsis & septic shock College of Emergency Medicine; National Audit of Seizure Management; National Adult Diabetes Audit; RCOG National Audit of HMB; Ulcerative colitis & Crohn's disease UK IBD Audit; National Parkinson's Audit; Hip, knee and ankle replacements National Joint Registry; Elective surgery National PROMs Programme; Liver transplantation NHSBT UK Transplant Registry; VSGBI Vascular Surgery Database; Carotid Intervention Audit; Renal replacement therapy Renal Registry; Renal transplantation NHSBT UK Transplant Registry; National Bowel Cancer Audit Programme; Head & neck cancer DAHNO; National O-G Cancer Audit; National Hip Fracture Database; Trauma Audit & Research Network; Prescribing in mental health services POMH; National Schizophrenia Audit; Stroke Improvement National Audit (SINAP).

The reports of 70 national and local clinical audits were reviewed by the provider in 2011-12. Details of some of the key findings and actions taken to improve the quality of healthcare are listed below.

National clinical audits

A process has been put in place to ensure we record and verify all key findings for patients undergoing procedures in the Trust. As well as submitting this data to the national clinical audit registries, we have developed an in-house monitoring system whereby trends in clinical outcomes are monitored and reported monthly. This allows us to identify and investigate at an early stage where outcomes do not meet the high standards we expect. Indeed, this often then leads to more targeted local clinical audits, some examples of which are below.

Local clinical audits

Consent audit

This audit reviewed the approach used by healthcare professionals to inform patients of the risks and benefits of a procedure and to take consent. The audit involved a review of completed consent forms to assess whether they had been completed correctly; a review of whether an appropriately senior member of the team took consent; and a patient survey to review the consent process from the patients' perspective. Overall, the results had improved from the previous consent audit. We are particularly proud that over 90% of patients felt that the risks / benefits were explained clearly and 100% of patients reported that all their questions were answered satisfactorily. However, the consent form was only completed correctly in 88% of forms reviewed, down from 97% in the last audit. The importance of this has been flagged to all medical staff and is now highlighted at induction for new staff and as part of the ongoing consent training.

Assessment of patients with heart failure

The assessment of patients with heart failure has been reviewed against the recommendations made in the NICE Clinical Guideline 108: Chronic Heart Failure. All patients attending an outpatient appointment for assessment of heart failure in 2011-12 were included in the audit. The results show that the Trust meets the standards set by NICE the majority of the time. In particular, the 99.8% of patients with suspected heart failure were seen within the recommended two weeks. Early on, in the audit we identified that not all patients were being referred for an exercise-based HF rehabilitation programme (as recommended by NICE). However, by raising awareness of the value of this with the clinical staff, this increased from 20% in June 2011 to 79% in March 2012.

Participation in research

As a specialist tertiary centre, staying at the forefront of research and innovation is vital to the delivery of our services and is part of the overall mission of the Trust to:

“undertake pioneering and world-class research into heart and lung disease in order to develop new forms of treatment which can be applied across the NHS and beyond”.

Our research maps onto all areas of the Trust’s clinical activity, with clinical need driving our research agenda. Most of the research undertaken is led by researchers within the Trust, but is often done in collaboration with academics and industry both in the UK and worldwide.

A key strategic development initiated by the Trust in 2011 is the establishment of the Institute of Cardiovascular Medicine and Sciences (ICMS). The ICMS is a strategic alliance with Liverpool Heart and Chest Hospital NHS Foundation Trust and Imperial College, London aiming to accelerate developments in cardiovascular medicine through research, education and service development. The ICMS board is chaired by Dame Professor Carol Black and the Institute’s research programme is being mentored by external, internationally regarded leaders in heart failure, arrhythmia and coronary, aorta and aortic valve disease.

The Trust, with Imperial College, also hosts two Biomedical Research Units (BRUs), funded by the National Institute for Health Research. Both our cardiovascular and respiratory BRUs were renewed successfully, with new funding awarded during 2011.

Participation in clinical research

Over 4,800 patients receiving NHS services provided or sub-contracted by Royal Brompton & Harefield NHS Foundation Trust during 2011-12 were recruited to participate in research approved by a research ethics committee. These patients were recruited into 113 clinical research projects involving 81 different principal investigators. 1,318 of these were recruited into NIHR portfolio studies reflecting a 66% increase on 2010-11 activity.

In addition over 1000 patients consented to donate their tissue for retention within the Trust’s ethically approved research biobank during 2011-12. This tissue is to be used for both cardiovascular and respiratory research studies within the conditions governing the biobank’s ethical approval.

The strength and quality of our research activity is also reflected in our research outputs and publications. During 2011, an independent bibliometric analysis³ showed that Royal Brompton & Harefield NHS Foundation Trust is a leading NHS organisation for both cardiovascular and respiratory disease research in England. It is second only to Imperial College, our academic partner, for any research organisation (NHS Trusts and Universities) in the country.

The involvement of our medical staff and our care teams in research enables them to stay abreast of the latest treatment possibilities and facilitates the development and evaluation of new and more promising treatments which we can offer to our patients. One example, which won the 2011 Technology & Innovation Awards, is a new device aimed at reducing aortic

dissection and rupture, an often lethal consequence frequently associated with the genetic condition, Marfan syndrome. Professor John Pepper, one of our cardiothoracic surgeons, worked with Marfan patient, Tal Golesworthy, and engineers from Imperial College in developing a new personalised device which is surgically implanted to support the aortic root in patients with dilated aortas. Professor Pepper performed the first implantation surgery of the new device, with Mr Golesworthy as the patient. Following successful testing of the device at Royal Brompton Hospital where the new device was shown to improve quality of life and reduce the high levels of anxiety in patients, this therapeutic option has recently been incorporated into NICE guidelines.

This involvement and leadership in clinical research demonstrates Royal Brompton & Harefield NHS Foundation Trust’s commitment to improving the quality of care we offer and its contribution to the wider health improvement agenda.

³ Van Leeuwen T, Grant J, Chonail S. RAND (2011) “Bibliometric analysis of highly cited publications of health research in England 2002-2006”

Data quality

Statement on relevance of data quality and actions to improve data quality

Royal Brompton & Harefield NHS Foundation Trust will take the following actions to improve data quality:

NHS number

- There are formatting issues in relation to patient postcodes that have an impact when this information is sent between electronic systems. This also has an effect on NHS numbers that are used to submit data nationally. We are working to resolve these issues which occur between PAS (the Trust's electronic patient administration system) and the summary care record (SCR) – a summary of the care we have provided to a patient which we submit externally.
- Where other failures occur between these electronic systems we are working to analyse the persistent failures i.e. to identify the primary cause of failure between PAS and SCR on forename, surname, date of birth, postcode and GP details.

GP details

The Trust score is above the payment by result (PbR) target (98%), levels are monitored retrospectively and prospectively.

NHS number and general medical practice code validity

Royal Brompton & Harefield NHS Foundation Trust submitted records during 2011-12 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics (HES), which are included in the latest published data. The percentage of records in the published data is as follows:

Provisional data from SUS (April - February 2012)

Table reflect most recent data available from SUS, as of 17th May 2012

Indicator	Patient group	Trust score	Average national score
Inclusion of patient's valid NHS number	Inpatients	90.2%	98.8%
	Outpatients	94.5%	99.9%
Inclusion of patient's valid general medical practice code	Inpatients	98.6%	99.9%
	Outpatients	99.9%	99.7%

Figures for accident and emergency care are not applicable as the Trust does not provide this service.

Information governance toolkit attainment levels 2011-12

Royal Brompton & Harefield NHS Foundation Trust's Information Governance Assessment Report overall score for 2011-12 was 83% and was graded satisfactory. In the 2010-11 assessment the Trust score was 76%.

What is an NHS number?

A 12 digit number that is unique to an individual and can be used to track NHS patients between organisations and different areas of the country.

Everyone registered with the NHS in England and Wales has their own NHS number.

What is payment by results (PbR)?

PbR is a system used in England to reimburse hospitals for the care they provide. It means payments are directly related to the number of procedures and other activity undertaken.

What is the information governance toolkit?

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The toolkit provides NHS organisations with a set of standards against which we declare compliance annually.

Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust was subject to the payment by results (PbR) clinical coding audit during 2011-12 by the Audit Commission. The error rates reported in the latest published audit for that period, for diagnoses and treatment coding (clinical coding) were as follows:

Coding category	Trust error score	Average national error score 2009-10 ⁴
Primary diagnoses	1.5%	13%
Secondary diagnoses	2.9%	---
Primary procedures	0%	10%
Secondary procedures	1.3%	---

This audit was carried out on a sample of 200 patients and the results should not be extrapolated further than the sample audited. The services reviewed within the sample in 2011-12 were cardiology and a category called random selection.

As part of the payment by results audit the Trust is also assessed on the accuracy of the clinical coding once it is mapped to a health resource group or HRG. The Trust uses the HRGs to be reimbursed for the care it provides to patients through the Payment by Results tariff. In the HRG audit the Trust scored an error rate of 0% i.e. the audit found no errors in the coding of the patient cases reviewed. The national average in 2009-10 was 9.1%⁵.

Although the Trust has repeatedly scored very well in previous years, it is extremely proud of achieving such a low overall error score in this audit. It is the only Trust to achieve this high level of accuracy in 2011-12.

What is clinical coding?

Clinical coders use a set of nationally and internationally understood codes to classify the diagnosis and treatment for each admitted patient. These codes are submitted nationally and are used for statistics and studies and also enable the Trust to receive payment for the care we provide.

What is the clinical coding error rate?

When the patient's diagnosis or treatment is coded incorrectly leading to incorrect data collection.

⁴ Audit Commission, *Improving data quality in the NHS: Annual report on the PbR assurance programme 2010*

⁵ Audit Commission, *Improving data quality in the NHS: Annual report on the PbR assurance programme 2010*

Performance against key healthcare targets 2011-12

For NHS trusts there are national healthcare targets that enable the DH and other institutions to compare and benchmark trusts against each other. Trusts are required to report against the targets that are relevant to them. The table below shows the key healthcare targets that this Trust reports on a quarterly basis to the Trust board and also externally. They are from Monitor's Compliance Framework, the CQC and our commissioners.

National priority	Source	Target/ threshold	Monitor weighting	2011-12 Q1 Score	2011-12 Q2 Score	2011-12 Q3 Score	2011-12 Q4 Score	Indicator met
<i>Clostridium difficile</i> - year on year reduction to comply with the trajectory for the year agreed with Kensington & Chelsea PCT	Compliance Framework	7	1.0	3	8 (YTD)	10 (YTD)	13 (YTD)	✕*
MRSA – maintaining the annual number of MRSA bloodstream infections at 5 or less (baseline year 2003/04) as agreed with commissioners	Compliance Framework	1	1.0	0	0 (YTD)	0 (YTD)	0 (YTD)	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	Compliance Framework	94%	1.0	100%	100%	100%	100%	✓
Maximum two-month wait from referral to treatment for all cancers**	Compliance Framework	79%	1.0	88.46%	83.33%	80.65%	80.65%	✓
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	Compliance Framework	93%	0.5	100%	100%	N/A	100%	N/A
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	Compliance Framework	96%	0.5	98.60%	97.60%	97.85%	97.50%	✓
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance Framework	-	0.5	-	-	-	-	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	Care Quality Commission	98%	-	100%	100%	100%	100%	✓
All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Care Quality Commission	<2%	-	1.30%	1.10%	1.10%	1.30%	✓
Delayed transfers of care to be maintained at a minimal level	Care Quality Commission	-	-	0.25%	0.25%	0.27%	0.28%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Commissioners	Admitted: 90%	-	90.7%	90.1%	91.9%	92.4%	✓
		Non-admitted : 95%		98.4%	96.8%	96.2%	98.6%	
18 weeks 95 th percentile	Compliance Framework	Admitted: 23 weeks	-	22.6	22.6	22.5	21.7	✓
		Non-admitted: 18.3 weeks		17.1	17.2	17.8	17.0	

* *C difficile* target of 7 cases for 2011-12 calculated from 2010-11 data where target was 27 and Trust achieved 18 cases.

** Threshold adjusted to account for 6% additional tolerance applied by CQC in recognition of the complexity of lung cancer pathways

The table below shows the Trust's performance over the past three years against the latest key healthcare targets.

National priority	2009-10 target	2009-10 score	Indicator met	2010-11 target	2010-11 score	Indicator met	2011-12 target	2011-12 score	Indicator met
<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	9	✓	27	18	✓	7	13	✗
MRSA – maintaining the annual number of MRSA bloodstream infections at 5 or less (baseline year 2003/04) as agreed with commissioners	Achievement of trajectory for reduction	0	✓	2	2	✓	1	0	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	94%	98.5%	✓	94%	100%	✓	94%	100%	✓
Maximum two-month wait from referral to treatment for all cancers**	85%	81.5%	✓	79%	86.3%	✓	79%	83%	✓
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	100%	✓	93%	100%	✓	93%	100%	N/A
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	98.7%	✓	96%	98.9%	✓	96%	97.6%	✓
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	-	-	-	-	-	-	-	-	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	-	-	-	98%	100%	✓	98%	100%	✓
All patients who have operations cancelled for non-clinical reasons to be offered another booking date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	-	-	-	<0.8%	1.05%	✓ [^]	<2%	1.3%	✓
Delayed transfers of care to be maintained at a minimal level	-	-	-	-	0.31%	✓	-	0.28%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Admitted 90% Non-admitted 95%	Met for all months	✓	Admitted 90% Non-admitted 95%	Met for all months	✓	Admitted 90% Non-admitted 95%	Met for all months	✓
18 weeks 95 th percentile	-	-	-	-	-	-	Admitted 23 weeks Non-admitted 18.3 week	Met for all months	✓

The use of “-” in the table above means there was no target set or this indicator was not measured in that year

**Threshold adjusted to account for 6% additional tolerance applied by CQC in recognition of the complexity of lung cancer pathways

[^] Although target not met indicator is classified as underachieved not fail as a fail is classed as >1.5%

Part 4: Statements from our stakeholders

This part of the report contains the statements and comments received from our stakeholders. Where possible we have incorporated amendments made by our stakeholders into the final version of the quality report. Where there are specific questions we have responded to these individually.

Statement from Hillingdon local involvement network

Hillingdon LINK's response to the Royal Brompton and Harefield NHS Foundation Trust Quality Account 2011-2012

Hillingdon LINK welcomes the opportunity to comment on the Trust's Quality Account and hope that this statement and our constructive comments within, will add to, and shape, the Trust's Quality Accounts of the future.

Hillingdon LINK commends the Trust on its continued involvement of the LINK and its members when consulting upon and choosing their Quality Account priorities.

The Quality Account document is a comprehensive and detailed assessment of the Trusts commitment to providing a high quality of service delivery and patient centred care. It is well laid out and presented and, besides technical content, is formatted using simple language which makes it easy to read and user friendly. We liked the "What was the priority?", "What was the issue?", "What did we do?" it was plain but straight forward and effective. We especially commend the trust on the way in which it introduces the Trust and explains Quality Accounts at the beginning of the document, for its use of blue explanation boxes throughout and the comprehensive glossary; these combined with its easy readability, makes it an accessible document for the general public.

We applaud the Trust for making the document accessible in this way, but would advise that this only goes part way to encouraging the public to read the Quality Account. The document is still too lengthy and somewhat wordy. Following our research with the general public on the likelihood of them reading a Quality Account, LINK would suggest that the public facing document should be either, a concise shortened version of the current document, or an easy read version. We have found that it is documents of this type that provide a greater understanding of quality and subsequently improves the public's perception and confidence in an organisation.

The Department of Health guidance, in addition to saying that "The Quality Account is a document aimed at a local, public readership", also states "Commissioners and healthcare regulators, such as the Care Quality Commission, will use Quality Accounts to provide useful local information about how a provider is engaged in quality and tackles the need for improvement."

We therefore fully understand why the Quality Account has been produced in this comprehensive form and for commissioners and regulators this document is perfectly designed and very appropriate. However as a patient champion we would again stress, as we have with the Trust since the inception of Quality Accounts, that these are not the only audiences that the Trust are providing information for and it does need to consider producing two versions of the account which are suitable for both the healthcare professionals and the general public.

There are areas of the Quality Account that Hillingdon LINK would ask the Trust to look at, which may improve future accounts.

LINK were very disappointed to note that the document does not have one mention of carers, families or advocates. It is not just the patient that is affected by the quality of service provided by the Trust and LINK would strongly recommend that these stakeholders are taken into consideration in future accounts.

We would also suggest that the charts and graphs are labelled as although an explanation of data can be found in the text we have established that many people prefer to take a snapshot from the graphic rather than read the full content. Graphic information should also be constant and graphs also shown where targets have not been met.

Where targets have not been met we would like to see an explanation as to why this has occurred; knowing why and what

is being done to improve, gives a greater confidence in a culture to improve, than a broad statement like “this is disappointing”.

Where applicable, LINK would also like to see 2010-2011 data shown to assist in benchmarking the performance shown this year. Many of the priorities have been chosen because of this data. As a minimum, data for Jan – Mar should have been included in the graphs.

We understand that the Trust work closely with their stakeholders to set their priorities and we applaud this. The Quality Account could be greater enhanced by involving these stakeholders in the examination of evidence to verify data and performance. The stakeholder could then provide a qualification statement, similar to that provided by an auditor, which could be included in the Quality Account which may add to the credibility of the information presented in it.

Overall Hillingdon LINK has found this Quality Account to be a marked improvement on last years and can see the effort that has been made to make the document readable and user friendly. We are confident that the Quality Account will continue to evolve and look forward to a shorter public facing version which we have prominently indicated is required.

Statement from Kensington & Chelsea local involvement network

K&C LINK Response to the Royal Brompton & Harefield NHS Foundation Trust Quality Account 2011/12

Kensington and Chelsea Local Involvement Network (K&C LINK) welcomes the opportunity to comment on the Royal Brompton & Harefield NHS Foundation Trust (RBHT) Quality Account (QA) 2011/12. Our members were impressed with the structure of the quality account, particularly the inclusion of graphs and explanation boxes.

The K&C LINK has had on going involvement with the RBHT throughout 2011/12 including the PEAT assessments and is pleased to note the Trust’s high levels of performance on nutrition. We would also like to commend the Trust for their Patient At Risk (PAR) scoring which shows a marked improvement quarter on quarter.

However, the LINK has raised a number of queries:

- 1 The application of the Liverpool Care Pathway (LCP) within quarter four is significantly lower (33%) than previous quarters. Is this a clinical or administrative matter?
- 2 How are family or next-of kin engaged with under the LCP?
- 3 How are patients involved in the care planning process?
- 4 Can the patient pathway through the care group be clarified?

The LINK welcomes the Trust’s review of medicine management policies and procedures in 2011/12. However, the clinical guidelines provided by NICE (table page 17) require further clarification. For example, why are 6.6% of patients not receiving the correct medication? What are the outcomes following the six monthly reviews? Why do 22.2% of patients not need a review?

Under patient experience (page 23), the LINK suggests that it would be helpful to also refer to the role of the patients family/carer, dignity, links to social and community services. Further, it would be helpful to refer to internal communication between clinicians prescribing medication for the same patient.

Finally, K&C LINK would like to commend the trust on their clinical research, particularly as a leading NHS organisation for cardiovascular and respiratory disease. Overall, the LINK believes that the 2011/12 Quality Account is usable and accessible. We would welcome regular updates on performance and ongoing involvement on quality and patient experience in 2012/13.

Statement from our governors

Our Governors have chosen not to provide a combined statement but we have received the following individual comments:

“Besides my role as a Governor, I am an Executive Committee member of Hertfordshire LINK. As such, I monitor ex Patients comments on their Experiences within the NHS.

A considerable percentage of the population in the county when acutely ill are referred to our Trust when space is available.

From all comments of these patients I have gathered nothing than unqualified praise for the services they received, although I was really trying to illicit problems which it is my purpose to solve.

In my other work, which involves visiting all departments at Harefield Hospital I can confirm that the above reactions are indicative of the exceptional spirit of all the Staff I encounter. Further more I make it a point to interview patients in waiting areas, where I might expect the odd grumble, but found none. They all consider themselves fortunate to be treated with the care they receive.”

“Looking through the Draft Quality Account, at various points are some bar charts, with a dotted green line across as the “target”. I refer to pages 8, 11, 14 and 19.

Whilst it is nice to see in virtually all cases, we exceed target, who exactly sets the “target”, and what is the criteria used? I wonder if it would be helpful to explain that in the report?”

“The Quality Account presents a proper picture of the Trust’s performance for 2011/2012.”

“It seems fine to me, in so far as it goes, I have no particular comments.

I do think that it would be useful for Governors to see the version that incorporates the comments of external stakeholders, and the Trust’s responses to those.”

“Apologies, I did read it but had no particular comments. I thought it read well.”

“Some document...a work of great commitment. XXXX and her team should be complimented on it. Unlike many of these enforced reports, it actually makes interesting and easy reading. I can only reflect admiration for the work.”

Statement from our oversight and scrutiny committees

Statement from Royal Borough of Kensington & Chelsea oversight and scrutiny committee

The following statement was received:

The Royal Borough was not intending this year to submit a response to the specialist trusts, namely to Royal Brompton & Harefield and to Royal Marsden.

We thank you nevertheless for consulting us on the Quality Account.

Statement from Hillingdon external services scrutiny committee

Response on behalf 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 2011/2012 Quality Report and acknowledges the Trust's commitment to attend its meetings when requested.

Over the last year, the Trust has worked hard to put measures in place to achieve improvements which include work done in patient safety, and in particular patient notes and records. Improvements have been made with regard to MDT meetings and treatment plans. Committee note this priority was for cardiac, thoracic and lung cancer surgery and are interested on whether this will be rolled out to other areas. The Committee also note, and are pleased with, the developments made to end of life care and look forward to continued improvements in this area.

It is noted that the target has not been met for auditing patients who have cardiac arrests outside of intensive care. Committee are pleased that the Trust will continue to audit this and aim to achieve the 100% target for 2012/13.

It is also noted that RB&H is one of the few Trusts that has achieved all of its CQUIN targets. The Committee are pleased with this and are assured the Trust will continue with this achievement in the future.

The Committee notes that the Quality Priorities for Improvements in 2012/13 are in patient safety, patient experiences and patient outcomes. It is pleasing to see that stakeholders had been invited to assist in choosing the areas for priorities for the Trust, and that importantly, this included patients and the public.

In particular the Committee is interested in the patient satisfaction targets. It is noted in the report that patients do not always feel fully informed with regard to medication; and that the communication on information for tests and treatments could be better. The Committee look forward to seeing improvements in these very important areas.

The Committee has closely followed the consultation by the Joint Committee of Primary Care Trusts (JCPCT) proposal to close the paediatric cardiac surgical unit at the Royal Brompton & Harefield Hospital. This is of great concern and the Committee appreciates the work that is being done by the Trust to challenge this consultation. The JCPCT will make its final decision on the paediatric cardiac surgical unit in July and the Committee will support the Trust in their challenge against the proposals. The Committee express great concern regarding the impact the proposals will have on children's paediatric respiratory services at RB&H.

The excellent work done by the Trust in regard to meeting and exceeding in reviews and full participation in audits has been noted. Overall, the Committee is pleased with the continued progress that the Trust has made over the last year and also notes that there are a number of areas where further improvements still need to be made. We look forward to being informed of how the priorities outlined in the Quality Report are implemented over the course of 2012/13.

Statement from our commissioner (NHS NW London)

NHS North West London Cluster statement in response to Royal Brompton & Harefield NHS Foundation Trust Quality Accounts 2011/12

NHS North West London Cluster (a cluster of 8 PCTs) has reviewed Royal Brompton & Harefield NHS Foundation Trust's Quality Accounts (QA) for the year 2011/12. In compliance with legislation, the Trust presented its Quality Accounts for comments on 18th April and they have been reviewed within the cluster by the relevant contract manager, the quality team, the performance team, the Clinical Quality Group (CQG) chairs and the cluster Quality & Clinical Risk Committee. This statement has been signed off by the Non Executive Chair of the cluster's Quality & Clinical Risk Committee on behalf of the NHS North West London Cluster board. In our view, the QA in general complies with guidance as set out by both Monitor and the Department of Health.

As a commissioner, we strive to ensure that the services provided for our population are of the highest quality and we recognise the developing systems and processes as well as improvements that the Trust has made to drive up the quality of services it provides.

Review of trusts achievements and quality priorities for 2011/12

We acknowledge improvements made under the patient safety quality priority one of ensuring the availability of notes for outpatient appointments and we support the Trust's plan to continue to monitor and improve on quality priority two, which is to ensure where appropriate, patients and their treatment plans were discussed at a multidisciplinary team (MDT) meeting and linking this in with your chosen patient experience quality priority three, effective communication with patients, for 2012/13.

Under the patient experience category, the Trust did not meet its target in the use of the Liverpool Care Pathway. While this is not reflected in the 2012/13 priorities, we expect the Trust to continue to measure, improve and monitor performance in this area. We would suggest progress is reported in the 2012/13 quality accounts in the review of services section or as part of the care group reports.

In the patient outcomes/ clinical effectiveness section, the Trust did not meet its target for auditing patients who have had a cardiac arrest outside of intensive care. We acknowledge improvements made in this area and support your decision to continue to monitor this in 2012/13.

We reviewed clinical audits and confidential enquiries that the Trust participated in during 2011/12 and noted that the Trust did not participate in the Cardiac Arrest audit. As cardiac arrest was one of the Trust's priorities for 2011/12, it seems a missed opportunity to not have participated in it. The Trust should offer an explanation for its non participation in the relevant section of the quality account.

For all other national clinical audits, the Trust should include any areas of improvement highlighted by the audits and its plans for improvement as well as celebrate areas where it has performed better than the national levels where comparative data exists.

The care groups reported improvements such as the introduction of the rapid access heart function clinic, bronchial thermoplasty service, and video assisted thoracoscopic surgery (VATS) lobectomy. We acknowledge the hard work and resources that have gone into introducing these innovative procedures, facilities and treatments to benefit patients.

The Trust is also building a four bedded children's sleep laboratory in Brompton which was due to open in April 2012. Whilst we acknowledge the resources that have gone into this, we would stress the importance of working closely in the future with commissioners to ensure that the Trust carries out activity that is both commissioned and requested by local commissioners.

Review of services and setting priorities for improvement 2012/13

There is no evidence within the QA that the identification of priorities for 2012/13 was clearly linked to the Trust's review of all its services during 2011/12. Although these priorities were chosen by stakeholders through the Trust's online survey, it is important that the Trust also considers where its detailed review of services has highlighted areas for improvement. Information on how the Trust conducted the review of all its services as well as the findings and conclusions should also be included.

We do support the identified priorities for improvement and would encourage the Trust to include detailed information on where these will be reported and monitored.

For all data routinely measured as part of the contract, we can confirm that these are consistent with what is reported on performance scorecards and reviewed at contract meetings.

Concluding Statement

The Clinical Quality Group, emerging Clinical Commissioning Groups, contract managers and other relevant members of staff will continue to support the Trust in developing and monitoring the quality of service it provides for patients. We hope the Trust finds these comments helpful and we look forward to continuous improvements in 2012/13.

Glossary

A

Adult Intensive Care Unit (AICU or ICU) A special ward for people who are in a critically ill or unstable condition and need constant medical support to keep their body functioning.

Atrial fibrillation (AF) An abnormal heart rhythm in which the atria, or upper chambers of the heart, “quiver” chaotically and are out of sync with the ventricles, or lower chambers of the heart.

B

Biobank A cryogenic storage facility used to archive tissue samples for use in research.

Biomedical research unit (BRU) A nationally recognised and funded unit to provide the NHS with the support and facilities it needs for first-class research.

C

Cancelled operations This is a national indicator. It measures the number of elective procedures or operations which are cancelled for administrative reasons e.g. lack of time, staffing, equipment etc.

Cardiac surgery Heart surgery.

Cardiac valve procedures A type of heart surgery, where one or more damaged heart valves are repaired or replaced.

Care Quality Commission (CQC) The independent regulator of health and social care in England.
www.cqc.org.uk

Clinical audit A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.

Clostridium difficile infection A type of infection that can be fatal.
There is a national indicator to measure the number of C. difficile infections which occur in hospital.

Commissioning for Quality and Innovation (CQUIN) A payment framework enabling commissioners to reward excellence by linking a proportion of the Trust’s income to the achievement of local quality improvement goals.

Compliance framework The Compliance Framework sets out the approach Monitor uses to assess the compliance of NHS foundation trusts with their terms of authorisation and to intervene where necessary.

Coronary artery bypass graft (CABG) A type of heart surgery where the blocked or narrowed arteries supplying the heart are replaced with veins taken from another part of the patients body.

D

Delayed transfers of care A national indicator. Assesses the number of patients who are delayed when being transferred from one health organisation to another e.g. from one hospital to another, or from hospital to community care.

Department of Health (DH)	The government department that provides strategic leadership to the NHS and social care organisations in England. www.dh.gov.uk/
E	
Eighteen (18) week wait	A national target to ensure that no patient waits more than 18 weeks from GP referral to treatment. It is designed to improve patients' experience of the NHS, delivering quality care without unnecessary delays.
Elective operation/procedure	A planned operation or procedure. It is usually a lower risk procedure, as the patient and staff have time to prepare.
Emergency operation/procedure	An unplanned operation or procedure that must occur quickly as the patient is deteriorating. Usually associated with higher risk, as the patient is often acutely unwell.
End of life care (EOL)	Care in last 48 hours of life for expected deaths.
Expected death	An anticipated patient death caused by a known medical condition or illness.
F	
Foundation trust (FT)	NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They still provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay. Royal Brompton and Harefield became a Foundation Trust on 1st June 2009.
G	
Governors	Royal Brompton & Harefield NHS Foundation Trust has a council of governors. Most governors are elected by the Trust's members but there are also appointed governors. http://www.rbht.nhs.uk/about/our-work/foundation-trust/governors/
H	
Health protection agency (HPA)	The Health Protection Agency is an independent organisation set up to protect the public from threats to their health from infectious diseases and environmental hazards. It provides advice and information to the government, general public and health professionals. http://www.hpa.org.uk/
Hospital episode statistics (HES)	The national statistical data warehouse for the NHS in England. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations.
Hospital standardised mortality ratio (HSMR)	A national indicator that compares the actual number of deaths against the expected number of deaths in each hospital and then compares trusts against a national average.

I

Indicator	A measure that determines whether the goal or an element of the goal has been achieved.
Inpatient	A patient who is admitted to a ward and staying in the hospital.
Inpatient survey	An annual, national survey of the experiences of patients who have stayed in hospital. All NHS trusts are required to participate.

L

Local clinical audit	A type of quality improvement project involving individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team.
Local involvement networks (LINKs)	Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. http://www.nhs.uk/NHSEngland/links/Pages/links-make-it-happen.aspx
Liverpool care pathway	A care pathway specifically for patients who are dying.

M

MINAP	Myocardial Ischaemia National Audit Project.
Monitor	A national registry of patients admitted in England and Wales who have had a heart attack or have severe angina and need urgent treatment
Multidisciplinary team meeting (MDT)	The independent regulator of NHS foundation trusts. http://www.monitor-nhsft.gov.uk/ a meeting involving healthcare professionals with different areas of expertise to discuss and plan the care and treatment of specific patients.
Multi-resistant staphylococcus aureus (MRSA)	A type of infection that can be fatal. There is a national indicator to measure the number of MRSA infections that occurs in hospitals.

N

National clinical audit	A clinical audit that engages healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care.
National Institute for Health and Clinical Excellence (NICE)	The priorities for national audits are set centrally by the Department of Health and all NHS trusts are expected to participate in the national audit programme NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. http://www.nice.org.uk/

National patient safety agency (NPSA)	An arm's length body of the department of health that leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector. http://www.npsa.nhs.uk/
National quality board	A department of health board established to champion quality and ensure alignment in quality throughout the NHS.
Never events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Trusts are required to report nationally if a never event does occur. The Trust has not reported any never events in 2011-12.
NHS institute of innovation and improvement (NHSI)	Assists the NHS in transforming healthcare for patients by developing and spreading new work practices, technology and improved leadership.
NHS London	NHS London is the Strategic Health Authority (SHA) for the Greater London area. They provide strategic leadership for the capital's healthcare. http://www.london.nhs.uk/
NHS number	A 12 digit number that is unique to an individual, and can be used to track NHS patients between organisations and different areas of the country. Use of the NHS number should ensure continuity of care.
Northwest London Commissioning Partnership	The group responsible for commissioning the services provided by the Trust.

O

Operating framework	An NHS-wide document outlining the business and planning arrangements for the NHS. It describes the national priorities, system levers and enablers needed to build strong foundations whilst keeping tight financial control.
Outpatient	A patient who goes to a hospital and is seen by a doctor or nurse in a clinic, but is not admitted to a ward and is not staying in the hospital.
Outpatient survey	An annual, national survey of the experiences of patients who have been an outpatient. All NHS trusts are required to participate.
Overview and scrutiny committee (OSC)	OSC looks at the work of the primary care trusts and NHS trusts and London Strategic Health Authority. It acts as a 'critical friend' by suggesting ways that health-related services might be improved. It also looks at the way the health service interacts with our social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of the area.

P

PAR score – Patient At Risk score	This is a national tool to help staff recognise and act appropriately when a patient's condition is deteriorating.
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Patients are scored depending on key observations such as blood pressure, pulse rate, respiratory, temperature etc. A patient with a high score may be deteriorating and should be referred for further review.

PAS – Patient Administration System

The system used across the Trust to electronically record patient information e.g. contact details, appointments, admissions.

Patient record

A single unique record containing accounts of all episodes of health care delivered to the patient at the Trust and any other relevant information.

Pressure ulcers

Sores that develop from sustained pressure on a particular point of the body. Pressure ulcers are more common in patients than in people who are fit and well, as patients are often not able to move about as normal.

Primary coronary intervention (PCI)

Often known as coronary angioplasty or simply angioplasty. A procedure used to treat the narrowed coronary arteries of the heart found in patients who have a heart attack or have angina.

Priorities for improvement

There is a national requirement for trusts to select three to five priorities for quality improvement each year. This must reflect the three key areas of patient safety, patient experience and patient outcomes.

Q

Quality and risk profile (QRP)

A tool used by the CQC to monitor compliance with the essential standards of quality and safety. They help in assessing where risks lie and play a key role in providers' own internal monitoring as well as informing the commissioning of services. The QRP includes data from a number of sources which is analysed to identify areas of potential non compliance.

R

Re-admissions

A national indicator. Assesses the number of patients who have to go back to hospital within 30 days of discharge.

S

Safeguarding

Safeguarding is a new term which is broader than 'child protection' as it also includes prevention. It is also applied to vulnerable adults.

Secondary uses service (SUS)

A national NHS database of activity in trusts, used for performance monitoring, reconciliation and payments.

Serious Incidents

An incident requiring investigation that results in one of the following:

- Unexpected or avoidable death
- Serious harm
- Prevents an organisation's ability to continue to deliver healthcare services
- Allegations of abuse
- Adverse media coverage or public concern
- Never events

Surgical Site Infection	An infection that develops in a wound created by having an operation.
Single sex accommodation	A national indicator which monitors whether ward accommodation has been segregated by gender.
Sleep apnoea	A sleep disorder characterised by abnormal pauses in breathing or instances of abnormally low breathing, during sleep.
Society of Cardiothoracic Surgeons (SCTS)	http://www.scts.org/
Standard contract	The annual contract between commissioners and the Trust. The contract supports the NHS Operating Framework.
Summary Care Record (SCR)	A summary of a patient's key health information that will be available to anyone treating them in the NHS across England.
Surgical Site Infection Surveillance Service (SSISS)	A national scheme whereby trusts must collect and analyse data on Surgical Site Infections (SSI) using standardised methods. It provides national data that can be used as a benchmark allowing individual hospitals to compare their rates of SSI with collective data from all hospitals participating in the service.
Survival rates	The Trust reports in-hospital survival i.e. patients who were successfully discharged from the hospital following their procedure.

V

Venous thromboembolism (VTE)	An umbrella term to describe venous thrombus and pulmonary embolism. Venous thrombus is a blood clot in a vein (often leg or pelvis) and a pulmonary embolism is a blood clot in the lung. There is a national indicator to monitor the number of patients admitted to hospital who have had an assessment made of the risk of their developing a VTE.
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