



A lifetime of specialist care

Royal Brompton & Harefield **NHS**  
NHS Foundation Trust

# Quality report 2013-14

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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 – such as performing the first combined heart and lung transplant procedure 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 2013-14 we cared for over 146,000 patients at our outpatient clinics and more than 37,000 patients of all ages on our wards.
- 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.
- Our Heart Attack Centre at Harefield Hospital 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.
- Europe's largest unit for the treatment of cystic fibrosis is based at Royal Brompton Hospital.
- 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.
- 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.
- We are the country's largest centre for the treatment of adult congenital heart disease.
- Harefield has one of the most advanced cardiac catheterisation laboratories 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.
- 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' device

which uses a special wavelength laser beam to assist the surgeon in removing 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 2013-14. 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?

The quality report is a mandated document that 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).

There are also three areas that are mandated by the Department of Health (DH) which give us a framework in which to focus our quality improvement programme, these are patient safety, patient experience and patient outcomes. To identify the Trust quality improvement priorities for 2013-14 and to reflect the priorities of our patients, the public, staff, and people we work with, there was a voting system. People were asked to choose the topics that were most important to them that fell within the three areas mandated by the DH.

The section on the Trust's quality priorities highlight:

- the areas identified for improvement for 2013-14
- what the priority was
- how we performed against the targets
- and what that means for patients

There is also a section on the quality priorities that have been identified for improvement projects in 2014-15.

There is a glossary at the back of the report which lists all abbreviations included in the document with a brief description of the term. You will also find text boxes throughout the report with additional explanations.

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

## Statement of directors' responsibilities

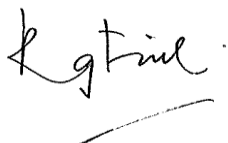
The directors of Royal Brompton & Harefield NHS Foundation Trust have prepared this Quality Report 2013-14, as required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010.

The directors are satisfied that:

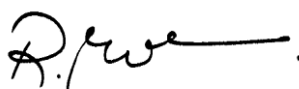
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14;
- the content of the Quality Report is consistent with internal and external sources of information including:
  - board minutes and papers for the period April 2013 to May 2014
  - papers relating to quality to the Board over the period April 2013 to May 2014
  - feedback from the commissioners dated 03/06/2014
  - feedback from governors, as at 30/06/2014
  - feedback from local HealthWatch organisations 13/06/2014
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 13/05/2014
  - the national inpatient survey 2013
  - the national staff survey 2013
  - the Head of Internal Audit's annual opinion over the Trust's control environment dated 20/05/2014
  - CQC intelligent monitoring dated March 2014
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Reports regulations) (published at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://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 Report.

By order of the Board



**Sir Robert Finch**  
**Chairman**  
**21<sup>st</sup> May 2014**



**Robert J Bell**  
**Chief Executive**  
**21<sup>st</sup> May 2014**

## Part 1: Chief executive statement

Royal Brompton & Harefield NHS Foundation Trust 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.

The period from 1 April 2013 to 31 March 2014 has been the fourth full year in which the organisation has operated as a Foundation Trust. During the year, the Trust has achieved most of the governance targets and indicators set out in the Compliance Framework issued by Monitor except for the indicators relating to the 62 day cancer wait target, and the *Clostridium difficile* objective. Both of these target failures were forecast in the Forward Plan submitted to Monitor. The Trust continues to be registered by the Care Quality Commission without conditions.

Significant events for 2013-14:

- Both hospitals were inspected by the Care Quality Commission and found to be fully compliant with the standards assessed. Royal Brompton Hospital was inspected on 13<sup>th</sup> August 2013, and the Harefield Hospital was inspected by the Care Quality Commission (CQC) on 3<sup>rd</sup> February 2014.
- In the most recent Intelligent Monitoring report, published by the CQC on 13<sup>th</sup> March 2014, the Trust has been assessed as being in band 5 (second-highest band)<sup>1</sup>.
- The Trust has been working closely with its commissioners at both local and national level. Excellent links have been built up and there is a Clinical Quality Group in place, where information about the quality of our services can be discussed with our commissioners on a regular basis.
- During 2013-14 the Trust has continued to develop the process for production of the Quality Report and has taken steps to ensure that key stakeholders have been involved in the choice of quality priority areas for 2014-15, as well as ensuring the priorities mirror the strategic objectives of the organisation.

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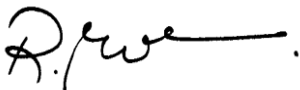
<sup>1</sup> The latest Intelligent Monitoring Report published by the CQC website can be accessed here: [http://www.cqc.org.uk/sites/default/files/media/reports/RT3\\_102v2\\_WV.pdf](http://www.cqc.org.uk/sites/default/files/media/reports/RT3_102v2_WV.pdf)

The Trust remains committed to the provision of high quality services for patients of all ages. The Trust intends to develop its services, and premises, in the future to ensure on-going delivery of this commitment.

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.

The auditor's opinion on 62 day cancer waits and C.difficile is included within this Report. The auditors have provided a private report on Patient Falls risk assessments completed within 48 hours of admission, in accordance with Monitor's quality report assurance requirements.

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

A handwritten signature in black ink, appearing to read 'R. Bell', with a long horizontal stroke extending to the right.

Robert J Bell  
Chief Executive  
Royal Brompton & Harefield NHS Foundation Trust

21<sup>st</sup> May 2014

## Part 2: Review of quality priorities for improvement

### Part 2a: Quality priorities for improvement 2013-14

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 2013-14. These areas for improvement are called our quality priorities and were identified in 2013 via an online vote. One of the priorities was 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.

#### Quality priority one

##### Ensuring correct patient identification

**What was the aim?** Checking patient identity prior to any intervention is routine in hospital and wearing a wristband whilst in hospital ensures staff can identify patients correctly and give the right care. However, this can only happen if a patient is wearing a wristband and the information on it is accurate. This project has built on previous work, looking at the Trust processes for patient identification, ensuring that we meet national standards and finding out whether the processes are acceptable to patients.

##### How was this measured?

- We measured the number of inpatients without a wristband.
- On the respiratory wards, patients are required to wear one accurate wristband in line with Trust policy. On all other wards we measured the percentage of patients wearing two printed accurate wristbands.
- Where applicable, we measured the percentage of patients with allergies wearing an accurate allergy band with allergy written in capitals in permanent marker.
- On a quarterly basis we measured the percentage of staff who ask the patient to state their identification, not to confirm it e.g. 'what is your name', not 'are you Mrs Smith?'

Indicator	Result (Apr13-Mar14)
Patients wearing the correct number of wristbands (2 wristbands, except for Respiratory wards where 1 wristband is required)	<b>79%</b> 1124 of 1418 audited
Patients with an allergy	<b>32%</b> 447 of 1418
Patients with allergies wearing an allergy wristband	<b>89%</b> 399 of 447
Number of patient identification errors reported	50

##### What changes have occurred as a result of this project?

- Very few, if any, errors have been seen with the wristbands themselves – accuracy is not a problem. The challenge is to ensure all patients are wearing the correct number of wristbands at all times.
- To assist further improvement, still need to address: where responsibility for patient identification lies, lack of regular training in patient identification for some key staff such as porters. A new Trust lead for Patient Identification has been appointed, and a working party has been established to oversee a programme of further improvement through 2014-15.

##### 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)

##### What is patient experience?

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



## Quality priority two

### Improving our safety culture

**What was the aim?** A positive safety culture has been shown to be a reliable indicator of an organisation's capacity for avoiding and managing patient safety incidents such as medication errors and patient falls, as well as an indicator of patient and staff satisfaction. Organisations with capacity to prevent, manage and learn from errors are better able to ensure the safety of their patients and staff. This project surveys staff on their beliefs about the importance of safety and the working culture in the hospital.

#### How was this measured?

- We performed a Trustwide staff safety culture survey, with all clinical teams across the hospital included<sup>2</sup>.
- Every area has held a multidisciplinary feedback session, and chosen a topic for improvement.
- In May 2015 all areas will be re-surveyed with the aim of demonstrating improvement against the individual topics chosen.

The survey ran for 3 weeks in September/October 2013, over which time 815 responses, from 43 different clinical teams, were collated. Overall the Trust scored above or equal to the industry standard (IS)<sup>3</sup> in all 7 domains; and maintained or improved its position when compared to the results achieved in the 2010 survey.

Domain	Description	2013 Result % who scored 'agreed' / 'strongly agreed	2010 Result % who scored 'agreed' / 'strongly agreed	Industry Standard	Comparison of 2013 results to Industry Standard (IS)
Teamwork	The perceived quality of teamwork and collaboration.	74%	73%	69%	Slightly better than IS
Safety	The perceived level of commitment to and focus on patient safety.	70%	69%	70%	About the same as IS
Job Satisfaction	Employees' general feelings of positivity regarding their work experience.	77%	69%	73%	Slightly better than IS
Stress Recognition	Employees recognition of how stressors impact their performance.	60%	43%	45%	Better than IS
Working Conditions	Employees perception of the quality of their work environment.	59%	52%	52%	Better than IS
Perceptions of Hospital Management	Employees perception of the support and competence of hospital-level management.	54%	28%	43%	Better than IS
Perceptions of Department Management	Employees perception of the support and competence of department-level management.	69%	62%	67%	About the same as IS

<sup>2</sup> The survey was developed and used extensively in the US. Developed by the Agency for Healthcare Research and Quality, it was referred to as an example of best practice in the Francis Report. The Trust first carried out this survey in 2011, and this will build on the learning from that project. More details can be found here: <http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/resources/index.html>

<sup>3</sup> The industry standard represents the 50<sup>th</sup> centile from the overall benchmarking data held by Pascal metrics from other hospitals worldwide who have used the Safety Attitudes Questionnaire (data from 2010).

**What changes have occurred as a result of this project?**

1. Reports have been produced for each clinical area and individual team feedback sessions have been held where the results were presented and discussed.
2. Teams have selected **one** area to work on and quality improvement projects are underway. A number of areas selected improving patient safety walk rounds as their area for improvement and work has started to increase awareness of walk rounds in clinical areas. The Quality & Safety team have produced a patient safety walk round poster to be displayed in staff areas and following the walk round feedback is given to staff in that area highlighting issues raised and agreed actions. Further work is on-going.
3. By the end of May 2014, each team will have completed a short survey to evaluate whether there has been improvement in the area of focus.

**Quality priority three**

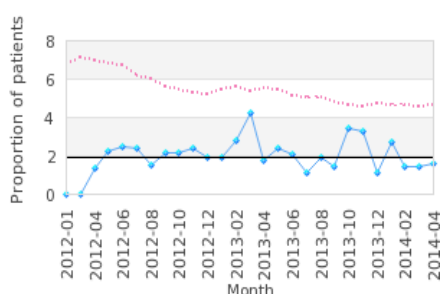
**Reduction of pressure ulcers**

**What was the aim?** Pressure ulcers are a type of injury involving the breakdown of skin and underlying tissue. They are caused when an area of skin is placed under prolonged pressure, usually due to immobility. They are also sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers are very unpleasant, upsetting and challenging to treat. Therefore, a range of techniques are used to prevent pressure ulcers developing in the first place. This year, we have focussed on ensuring that we are identifying patients at risk of developing pressure ulcers and that we have provided a suitable pressure relieving aid. Although pressure ulcer as a topic has been a quality priority in previous years, we have not specifically focussed on this aspect before.

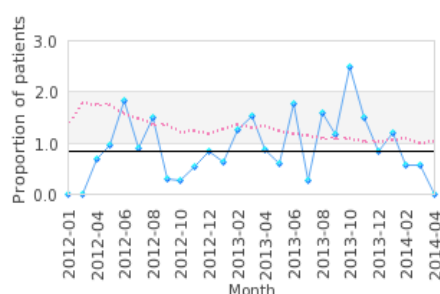
**How was this measured?**

- We measured the number of serious pressure ulcers in the Trust (graded 3 and above). These must be reported to the Commissioners as a Serious Incident.
- We collected information on the percentage of patients who are risk assessed on the day of admission as to the likelihood of developing a pressure ulcer during their stay in hospital. Once we have collected baseline data around the percentage of pressure assessments, we can begin to raise awareness around the importance of completing pressure ulcer risk assessments.
- We measured the overall rate for all pressure ulcers, benchmarked against the national rate, as reported through the Safety Thermometer tool (this is also a CQUIN measure for 2013-14 – see part 3 of this report for more information on CQUINs). We will aim to remain below the national rate.

**All Pressure Ulcers, as reported to NHS Safety Thermometer**



**New Pressure Ulcers, as reported to NHS Safety Thermometer**



## Results from Trust review of identification of patients at risk of pressure ulcers

Indicator	Result (Apr13-Mar14)
Patients assessed on day of admission	<b>93%</b> 1409 of 1520 audited
Patients identified as being high risk of developing a pressure ulcer	<b>24%</b> 360 of 1520
Patients documented as receiving appropriate pressure relieving aid	<b>80%</b> 289 of 360
Pressure ulcers reported as a Serious Incident to Commissioners (grade 3 and above)	10 <sup>4</sup>

### What changes have occurred as a result of this project?

- A new quarterly bulletin – ‘Tissue Viability Matters’ – has been developed for staff which has helped raised awareness.
- The incident reporting system has been improved – there are now specific questions to be answered which relate to pressure ulcers. This will help us better understand where to focus training, education and other resources in the future.
- A trustwide pressure ulcer database has been created – so that the actions taken, and outcome for all patients with a pressure ulcer can be easily monitored - again improving learning, and highlighting the keys areas where more attention is needed.
- Pressure ulcers will continue to be a focus for 2014-15.

## Quality priority four

### Avoiding unnecessary readmissions

**What was the aim?** The NHS uses the number of patients who have an unnecessary readmission to hospital as a measure of the quality of care provided. The reasons for readmission can be complex and relate to the care received after patients leave hospital as well as the quality of care in hospital. However, we aim to have as few unnecessary readmissions as possible so this project will be looking at our readmission rates, identifying the reasons associated with them and taking action to prevent recurrence.

### How was this measured?

- The percentage of inpatients requiring emergency readmission to any hospital within 28 days of discharge.
- For patients readmitted to our own hospitals, follow-up on all emergency readmissions to understand the reasons for this, and whether there is anything we could have done to prevent the readmission. Ensure any improvements identified are shared across the organisation.

Indicator	Result (Apr-Nov13) <sup>5</sup>	Comments
Readmissions with 28 days of discharge	<b>7.19%</b> 1806 of 25,111 spells	<b>As calculated by Dr Foster:</b> Expected readmission rate is 7.39% and the relative risk is 97.47, which is below the national average
Indicator	Result (Apr12-Mar13)	Comments
Readmissions with 28 days of discharge	<b>7.16%</b> 2453 of 34,274 spells	<b>As calculated by Dr Foster:</b> Expected readmission rate is 7.51% and the relative risk is 95.43, which is below the national average

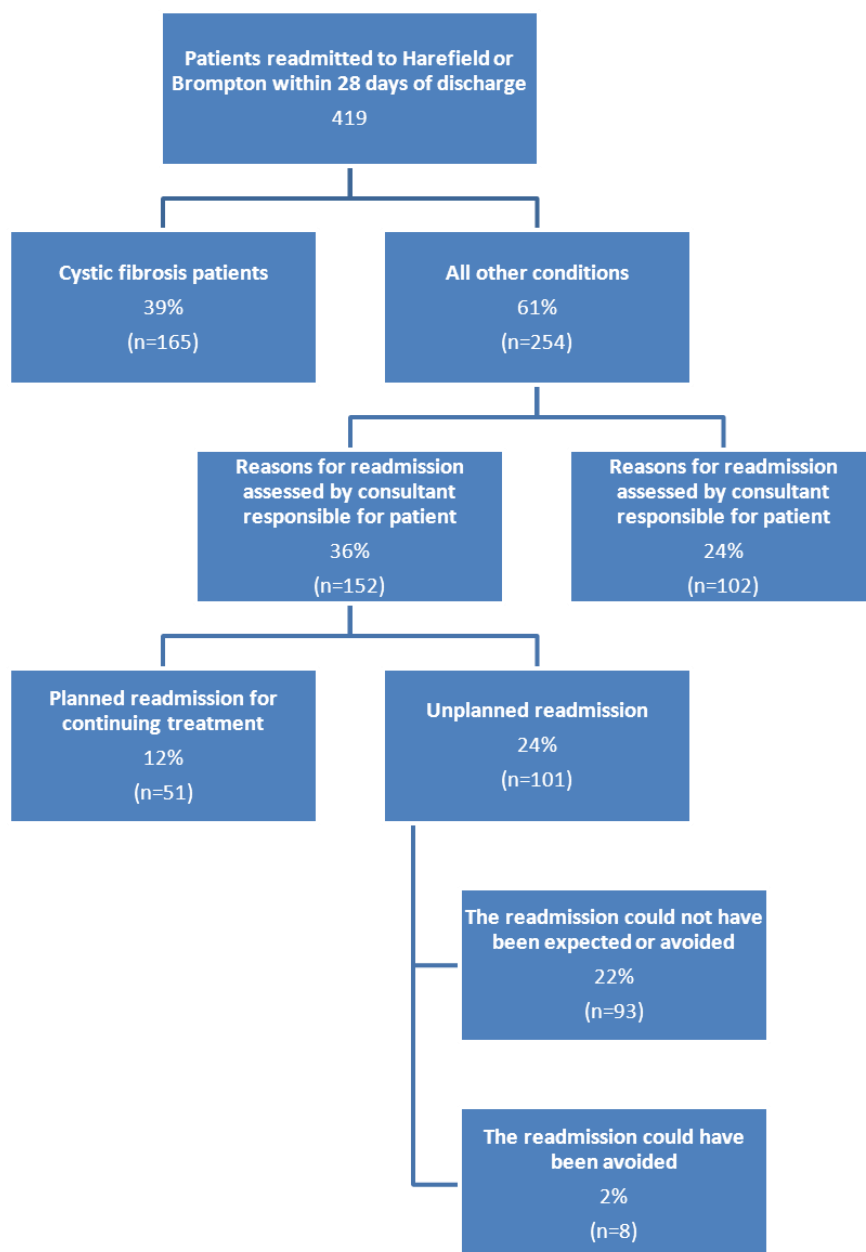
Information from Dr Foster Intelligence

<sup>4</sup> In 2012-13, 11 pressure ulcers were reported as a s Serious Incident

<sup>5</sup> At time of publication, Nov 2013 is the most recent data published by Dr Foster Intelligence

Additional work was then done on the patients who were readmitted back to either Harefield or Brompton within 28 days, as these are easier to monitor, and we have more information about the on-going care of these patients. 419 patients were readmitted back to Harefield or Brompton (of the 2453 spells).

### Results of Review of Reason for Emergency Readmission of Patients in 2013-14



Patients with Cystic Fibrosis are chronically unwell, and would be expected to spend a large proportion of their time in hospital. We have a policy of trying to support them to spend as much time as possible at home, by providing support for medication and treatment outside of hospital. Therefore, although this group have frequent readmissions, this is not a sign of failure – it is a success if we can support them to leave hospital. For the reasons above readmissions for patients with cystic fibrosis have not been included in this project

### What changes have occurred as a result of this project?

- There is now a routine monitoring programme of all patients who are readmitted back into the Trust, which incorporates an assessment by the consultant in charge as to whether the readmission could have been avoided
- The learning from this is being incorporated into training, education and awareness raising with relevant staff groups
- This project has now become part of the routine monitoring undertaken by the Trust, and will continue to run as a quality improvement project through 2014-15.

## Quality priority five

### Reduction in falls

**What was the aim?** People are more likely to fall in-hospital than in their own homes, as a result of being in an unfamiliar environment, and sometimes as a side effect of the treatment they are receiving. This year, we have focussed on ensuring that we are identifying patients at risk of falling and that ward staff are giving due consideration to this. Although falls has not been a quality priority in previous years, it has been part of a quality improvement work stream for some years. However, we have not specifically focussed on this aspect before.

#### How was this measured?

- We will measure the overall rate of falls which cause harm, benchmarked against the national rate, as monitored through the Safety Thermometer tool. We will aim to remain below the national rate.
- We will review the root causes for all falls occurring in hospital; and develop specific indicators to monitor improvement as a result of this work.
- We will also measure the percentage of patients that have had a falls risk assessment completed on admission to the Trust.
- Once we have collected baseline data around the percentage of falls risk assessments completed, we can begin to raise awareness around the importance of completing these.

Indicator	Result (Apr13-Mar14)
Risk assessments completed within 48hrs of admission	<b>95%</b> 1287 of 1361 audited
Patients assessed as at risk of falling	<b>19%</b> 254 of 1361
Appropriate action documented	<b>81%</b> 207 of 254
Number of patient falls reported <sup>6</sup>	Number of patients harmed from the fall - <b>77 (36%)</b> 74 -minor harm 3 - serious, but not permanent harm

#### What changes have occurred as a result of this project?

- High-risk patients, or those who do not have any appropriate footwear with them, are now given non-slip socks on admission
- High risk patients are now consistently nursed in a bay visible from the nurses' station (if possible)
- A new 'falls awareness' leaflet has been developed for patients and carers.
- At Brompton Hospital, the nursing handover sheet has been amended to include a prompt for staff to highlight patients who are at high risk of falling. This has made

<sup>6</sup> Please note: this is the number of falls reported through the Trust's incident reporting system. All of these incidents have been reported to the National Reporting and Learning System (NRLS) for 2013-14. The latest reports form NRLS, can be accessed here:

<http://www.nrls.npsa.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports/>

In 2012-13, 171 patients were reported as harmed from a fall, 160 suffered minor harm, 10 suffered serious, but not permanent harm, and 1 patient died following a fall (this was reported as a Serious Incident)

a significant difference in ensuring all staff are aware of patients who are at risk of falling. Work is now underway to share this learning across all areas of the trust.

- At Brompton Hospital, there is a new system in place to help easily identify patients at risk of falling, using a coloured sticker on the ward whiteboards. Again this has proved to be highly effective as a reminder for staff, and is now being considered across all wards.

## Part 2b: Quality priorities for improvement in 2014-15

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 assess them. We call these our quality priorities and they fall into three areas: patient safety, patient experience and patient outcomes.

We have chosen six quality priorities in 2014-15 which represent the views of our key stakeholders, but are also in line with the Trust's overarching strategy and priorities for 2014-15. The choices of topics are different from what was chosen for 2013-14. This is deliberate. The Quality Priorities are only ever a small sample of the quality improvement work undertaken across the Trust in any one year. The projects selected in previous years will almost always continue into subsequent years, although the focus may change, according to need. By selecting new topics each year as the Quality Priority projects, the Trust ensures it is reporting on the newest projects to be started, and also giving readers the opportunity to understand the breath of quality improvement work undertaken by the Trust over the years.

The Quality Priorities chosen for 2014-15 are:

### Quality priority one

#### Quality & Productivity Programmes

##### ***What is the aim?***

This is a programme which started at Harefield in autumn 2012 to look holistically at the cardiac surgery service, identify where there are challenges, to agree the changes to be made and to oversee their implementation. The programme focus was broad, incorporating clinical leadership and staffing, conduct, waiting list management, plant and building improvements, quality of care and outcomes in theatres, intensive care and on the wards. It included all the surgeons and other relevant multidisciplinary clinical leads, clinical and non-clinical directors, managers and other support staff. Notable achievements to date: outcomes improved for 3<sup>rd</sup> year in a row<sup>7</sup>, two new consultant posts created, new clinical leadership for and improved staffing for intensive care, agreement on the plant developments which would be of most benefit, reduced waiting lists as a result of the surgeons pooling work across the team.

In autumn 2013, the programme was been extended to the cardiac surgery service at Brompton. This programme has identified a different set of challenges, but the principles of the programme and membership are similar. For Brompton the focus is spread over eight sub-groups – caseload composition, referrals, plant, efficiency in theatres and catheter laboratories, patient pathway, team working, research, education and training, information technology and communications.

The stated ambition is for both these programmes to merge in the latter half of 2014-5 to further strengthen the links between the two sites.

##### ***How will we measure this?***

- Both site-specific Quality & Productivity programmes to deliver on their stated objectives
- A cross-site Quality & productivity programme is developed, which leads to the development of a cross-site strategy for the cardiac surgery service

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<sup>7</sup> As reported by the Society of Cardiothoracic Surgeons, [www.scts.org.uk](http://www.scts.org.uk)

## Quality priority two

### Lung cancer review

#### ***What is the aim?***

The aim is to review the whole lung cancer pathway at Harefield, looking at the whole service, and including surgical and non-surgical support; as well as input from key partners outside of the trust, and the relationship with refers and primary care /community services. We want to look at improving the waiting times for patients to start receiving specialist care and treatment for lung cancer.

The baseline assessment of the current service has been conducted between March and May 2014, and will report to the Trust Board in July 2014. It is anticipated that this project will develop along similar line to the Quality & Productivity programmes in cardiac surgery.

#### ***How will we measure this?***

This will be measured as the timely implementation of the recommendations identified by the review; with the aim of reducing the waiting times for patients to receive treatment for lung cancer.

## Quality priority three

### Theatre cancellations

#### ***What is the aim?***

This project will look at improving the number of patients who have their surgery cancelled for non-medical reasons. This is an acknowledged challenge for all hospitals. The Trust already has a good programme running to review and manage theatre cancellations on a day to day, case by case basis.

The programme this year will therefore look to develop further by looking at longer term trends, to identify and implement multiple small changes which should make the process more efficient and effective and reduce the number of cancellations occurring. It is anticipated that this programme will be started in 2014-15, but implementing all the improvements and then giving time for these to take effect is likely to take longer than 12 months.

#### ***How will we measure this?***

- The numbers and percentage of patients who have their surgery cancelled for non-medical reasons.
- Regular monitoring and reporting on reasons for cancellations; as well as the progress made on the improvement initiatives.



## Quality priority four

### Family Satisfaction Survey in Intensive Care

#### ***What is the aim?***

This programme where patients, and particularly the families of patients who have stayed in intensive care, are asked to complete a bespoke questionnaire as to their experiences at such a difficult time. It was started in Brompton adult intensive care, but has recently been rolled out to the adult intensive care unit at Harefield; and a modified version to the paediatric intensive care unit.

The feedback gained will be used to help staff understand the perspective of the family, and identify where and how we can improve and take that more into account. For example, making sure more regular updates are given to families in the waiting room, when the patient is acutely unwell. The palliative care team, who have usually already developed a relationship with the family, have started to take on that role.

This year, the aim is to embed the programme fully across all areas, and to look at sharing the learning across the different units involved, as well as just within each unit.

#### ***How will we measure this?***

- We will measure the number of families who are asked to participate.
- We will measure the number and percentage who report positively
- We will actively improve our service based on the recommendations made

## Quality priority five

### 7 Day Working

#### ***What is the aim?***

NHS England require all trusts to have defined what 7-day working means for their particular organisation, and to have put in place the necessary changes to deliver it by April 2017. This is important, as it will allow us to provide more routine services at weekends for patients.

The High-intensity Specialist Led Acute Care (HiSLAC)<sup>8</sup> project is a national research programme which the Trust has volunteered to be involved in. Funded by the NIHR-HSDR programme, the project is designed to evaluate the efficacy and cost-effectiveness of that component of seven day services which focuses on increasing specialist (consultant) input to the care of acutely ill medical admissions at weekends.

#### ***How will we measure this?***

At the time of writing, this project is just recruiting trusts to be involved, so specific details of what will be measured are not available. However, the measures will be in line with those chosen by the national project.

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<sup>8</sup> For more information about HiSLAC, please see <http://www.hislac.org/>

## Quality priority six

### Medication errors for Children's Services

#### ***What is the aim?***

Medication errors are one of the main categories of incidents reported nationally and within the trust. Most are 'near-miss' events, and result in minor or no harm to the patient.

There is already a strong improvement programme in this area overseen by the Medicines Management Board, and the trust has a good record of medicine safety.

The focus for 2014-15 is for additional focus specifically with Children's Services, to look at all aspects of medication errors from prescribing to calculation to administration to drug interactions and to identify and implement multiple small changes across all these areas, which should lead to more efficient and effective processes in place.

#### ***How will we measure this?***

- We will measure the number and rate of medication errors occurring; and monitor how this changes in response to the raised awareness, training programmes and other improvement measures that are put in place.
- Please note: An increased focus on a particular type of incident, can lead to an increase in reporting. This is a positive thing to happen, as research has shown that organisations focussed on patient safety, will tend to report more incidents.

## Part 2c: Performance against national quality indicators

Royal Brompton and Harefield NHS Foundation Trust consider this data as described because it is data from our HES (Hospital Episode Statistics) submitted data. Due to our processes around this data, we believe the data reported back to us to be accurate. We have checked the figures (where possible) with our own internal data and we believe it to be accurate. Domains 1 & 2 are not applicable to the Trust.

Royal Brompton and Harefield NHS Foundation Trust is taking the following actions to improve these scores, and so the quality of its services by:

A core focus for 2014-15 will be to ensure we are considering the patient and that this is the central focus for everything we do. We already score highly in the national inpatient survey – in 2013, we achieved results ‘as expected’ or ‘better than expected’ for all sections of the survey. We are also exceeding the expectations for the Friends and Family Test. However, we believe that we can always improve further. There will be a range of quality improvement projects running in 2014-15, designed to better understand and improve the experience for patients.

**Please note the figures in the table below are obtained from the recommended sources and are the most up to date figures provided. Then indicators in Domains 1 and 2 are not applicable to the services provided by the Trust, and so are excluded here.**

Indicator	From local Trust data		From Health and Social Care Information Centre				
	2012-13	2013-14	Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
<b>Domain 3: Helping people recover from episodes of ill health or following injury</b>							
Emergency readmissions to hospital within 28 days of discharge:							
• % of patients aged 0-15 readmitted within 28 days	-	- <sup>9</sup>	9.89%	2011-12	0.00%	25.80%	10.15%
• % of patients aged over 15 readmitted within 28 days			9.39%	2011-12	0.00%	22.93%	11.42%
<b>Domain 4: Ensuring that people have a positive experience of care</b>							
Responsiveness to inpatients’ personal needs ( <i>Source: national NHS inpatient survey</i> )	77%	79%	74.3	2012-13	85.0	56.5	67.4
Percentage of staff who would recommend the provider to friends or family needing care <i>Source: national NHS staff survey</i>	93%	92%	93%	2013	96%	22%	63%
<b>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm</b>							
Percentage of admitted patients risk-assessed for venous thromboembolism (VTE)	94.1%	95.53%	94.3%	Q3 2013-14	99.9%	84.6%	94.2%
Rate of <i>clostridium difficile</i> (number of infections/100,000 bed days)	10.1	7.7	11.7	2012-13	0	51.6	21.8
Patient safety incidents reported to the National Reporting & Learning System							
• Number of patient safety incidents	2155	2838 <sup>10</sup>	-	-	-	-	-
• Rate of patient safety incidents (number/100 admissions)	6.3	5.8	5.2	Q1+2	1.4	24.9	-----
• Percentage resulting in severe harm or death	0.28%	0.18%	0.1%	2013-14	0.0%	0.3%	0.1%
	(=6/2155)	(=5/2838)					

<sup>9</sup> It is not possible to calculate readmission rates from local Trust data, as we only have details of patients readmitted to our own hospitals, and not to other centres

<sup>10</sup> This is the total number of patient safety incidents that were reported to the National Reporting & Learning System in 2013-14, not the number of patient safety incidents which occurred in 2013-14. This also includes some incidents which occurred late in 2012-13, where the investigations could not be completed by year-end. Equally, some of the incidents that occurred at the end of 2013-14 are still under investigation, and will be submitted in 2014-15, so that the learning can be shared collectively with other centres.

## Friends and family test

***“You are the best and I wouldn’t want to be treated anywhere else. When I talk to friends about my experience, they find it hard to believe I was in hospital”***

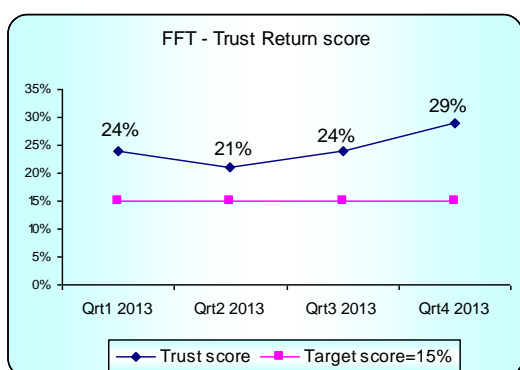
***“Excellent treatment, I can see why they call the Royal Brompton “The Best”***

Improving patient experience is a key priority for the Government and is set out in the White Paper, ‘Equity and Excellence’. The Friends and Family Test was introduced by the Government in May 2012. All hospital trusts are mandated to ask all inpatients to answer “How likely are you to recommend our ward to friends and family if they needed similar care or treatment?”

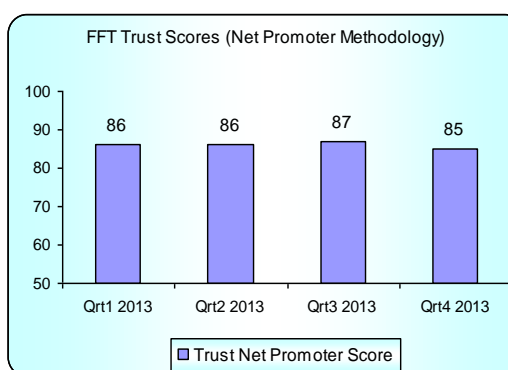
The Friends and Family Test (FFT) provides a simple headline metric which, when combined with follow-up questions, is a tool to ensure transparency, celebrate success and make improvements where necessary to ensure that their patients have a positive experience of care. Results of the test are published every month on the NHS England and NHS Choices websites.

The Royal Brompton & Harefield NHS Foundation Trust started using the Friends and Family Test in December 2012 and has managed to achieve and exceed the 15% response rate set by the Department of Health. This target is set to increase over 2014-15, up to 30% by the end of the year. The data is collected by paper questionnaires given to all patients on the day of discharge.

**Chart 1: Percentage response rate for 2013-14**



**Chart 2: “How likely are you to recommend our wards to friends and family if they needed similar treatment or care?”**



Trust position in relation to other trusts (=156 trusts):

- Royal Brompton & Harefield has the 3<sup>rd</sup> highest % response rate in London
- Royal Brompton & Harefield Trust has the 62<sup>nd</sup> highest % response rate in England

A sample of patients' comments why they are "extremely likely to recommend our wards

*"Because people make the time to get to know you. The nurses and doctors understand you as a person"*

*"Welcoming and efficient staff. Expertise management. Patient-centred care. Role model for the NHS"*

*"The care I received was second to none. All the staff across numerous shifts were professional and courteous, but above all, I was treated as a person not just a patient"*

*"Because it is unlikely I could have got such excellent treatment elsewhere in Britain"*

*"I am quite old and have been in many hospitals, but I have never experienced such a high level of nursing care, kindness and compassion day and night. Simply the best"*

### **Actions taken as a result of patient feedback**

The Friends and Family Test enables trusts to respond to patients' feedback and make changes and/or improvements where necessary.

Across the Trust "You Said == We Did" posters are displayed in individual wards to demonstrate to patients that we listen and act on their feedback.

Below are a number of areas where the Trust has made changes/improvements as a result of patients' feedback.

- TVs have been installed in wards where there was a need.
- Patients felt disoriented not knowing the correct time, when having test = as a result clocks have been installed in the sleep study wards.
- Disposable headphones for TV and Radio are available to patients as required.
- Eye pads and ear plugs are available to reduce excessive light and noise on the ward.
- To prevent slips and falls, non-slip slippers are provided to patients.
- To reduce ward noise, silent closing bins have been purchased. These are repaired or replaced as required.
- To avoid slippage in the bath/shower, bath mats have been purchased.
- Patients have commented on the cold temperature at night in many wards = as a result the Estate and Facilities staff are in discussion with supplies to obtain better insulating blankets.
- At Harefield site, fibre-web-matting has been placed on available open space to providing extra parking spaces for both patients and staff.
- Wardrobes with attached lockers have been purchased in some wards to provide extra space for patients' belongings.

In addition, patients' positive feedback helps improve staff moral and improved assessment on the 6 Cs, as it provides evidence of Care, Compassion, Competency, Communication, Commitment and Courage<sup>11</sup>.

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<sup>11</sup> For more details on the 6 C's initiative, please see: <http://www.england.nhs.uk/wp-content/uploads/2012/12/6c-a5-leaflet.pdf>

## 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 2013-14. Royal Brompton & Harefield NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC inspected both Royal Brompton Hospital (inspected in August 2013) and Harefield Hospital (inspected in February 2014) during the course of 2013-14. As in previous years, the CQC declared both hospitals compliant with all of the standards that were inspected:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Quality and suitability of management

The full reports can be found on the CQC website: <http://www.cqc.org.uk/directory/rt3>

## Provision of NHS services

During 2013-14 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 2013-14 represents 100% of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2013-14.

## Use of the CQUIN Payment Framework

2.5% of Royal Brompton & Harefield NHS Foundation Trust income in 2013-14 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield NHS Foundation Trust and our Commissioners for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The Trust's CQUIN goals for 2013-14 were as follows:

Topic	Specific details of indicator	2013-14 achievement
Friends and Family Test	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience. The 2011/12 national inpatient survey showed that only 13 per cent of patients in acute hospital inpatient wards and A&E departments were asked for feedback	Expected to meet fully
NHS Safety Thermometer	To reduce harm. The power of the NHS Safety Thermometer lies in allowing frontline teams to measure how safe their services are and to deliver improvement locally	Expected to meet fully
Dementia	To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.	Expect that this may not be fully met
VTE	To reduce avoidable death, disability and chronic ill health from venous thromboembolism (VTE)	Expect that this may not be fully met
Real-time GP information	Second Year: roll out of electronic system for sending clinical information to GPs to improve the quality and timeliness of discharge and admission info and outpatient clinics discharges	Expected to meet fully
Cardiac Surgery	The proportion of patients referred as urgent, to have cardiac surgery* as an in-patient (with or without transfer) within 7 days of acceptance to treat by cardiac surgeon. National CQUIN	Expected to meet fully
Highly specialist services	Highly specialised services clinical outcome collaborative audit workshop	Expected to meet fully
Quality surveillance	Provide quarterly progress on data collection, completeness and assurance on the areas of clinical quality from Annex 4 of the NHS standard contract plus continue to provide clinical information on 12/13 clinical dashboard	Expected to meet fully

In 2012-13, the Trust achieved 98.23% of the CQUIN payment, which equated to £5,171,880. The Trust expects to again achieve over 90% of CQUIN payment for 2013-14<sup>12</sup>, which will equate to just over £4 million of income.

<sup>12</sup> Please note: As at: 15/05/14 - achievement of CQUIN goals for January – March 2014 (quarter 4) has not yet been ratified by the commissioner. In addition, CQUINs for 2014-15 are not yet agreed with Commissioners. For details, please contact us: <http://www.rbht.nhs.uk/about/locations/contact/enquiry/>

### 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 2013-14, 14 national clinical audits and 2 confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides.

The Trust participated in 100% of national clinical audits and 100% 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 2013-14, 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 <sup>1</sup>	Did the Trust participate?	Participation rate <sup>2</sup>
<b>Children</b>		
Paediatric intensive care (PICANet)	✓	100%
Congenital heart disease (paediatric cardiac surgery) (NICOR)	✓	100%
<b>Acute care</b>		
Emergency Laparotomy (NELA)	✓	100%
Cardiac arrest	✓	100% <sup>13</sup>
Adult critical care (ICNARC)	✓	100%
<b>Elective procedures</b>		
Cardiothoracic transplantation (NHSBT)	✓	100%
Coronary angioplasty (NICOR)	✓	100%
Adult cardiac surgery (NICOR)	✓	100%
<b>Cardiovascular disease</b>		
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	100%
Heart failure	✓	100%
Cardiac arrhythmia (CRM)	✓	100%
Pulmonary Hypertension	✓	100%
<b>Cancer</b>		
Lung cancer (NLCA)	✓	100%
<b>Blood transfusion</b>		
Blood transfusion	✓	100%

<sup>1</sup> list of all national clinical audits that RBHNFT was eligible to participate in

<sup>2</sup> cases submitted/number of cases required, as a percentage

Confidential Enquiry <sup>1</sup>	Did trust participate?	Participation rate <sup>2</sup>
Sepsis	✓	100%
Gastro-intestinal Bleeding	✓	100%

<sup>1</sup> list of all confidential enquiries that RBHNFT was eligible to participate in

<sup>2</sup> cases submitted/number of cases required, as a percentage

The Trust was not eligible to participate in 29 national clinical audits and confidential enquiries, as identified by HQIP for 2013-14. These are listed below:

Case Mix Programme (CMP), Emergency use of oxygen, National Audit of Seizures in Hospitals (NASH), National Joint Registry (NJR), Paracetamol overdose (care provided in emergency departments), Severe sepsis & septic shock, Severe trauma (Trauma Audit & Research Network, TARN), Bowel cancer (NBOCAP), Head and neck oncology (DAHNO), Oesophago-gastric cancer (NAOGC), National Vascular Registry, Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA), Diabetes (Paediatric) (NPDA), Inflammatory bowel disease (IBD), National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme<sup>14</sup>, Paediatric bronchiectasis, Renal replacement therapy (Renal Registry), Rheumatoid and early inflammatory arthritis, Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH), National audit of schizophrenia (NAS), Prescribing Observatory for

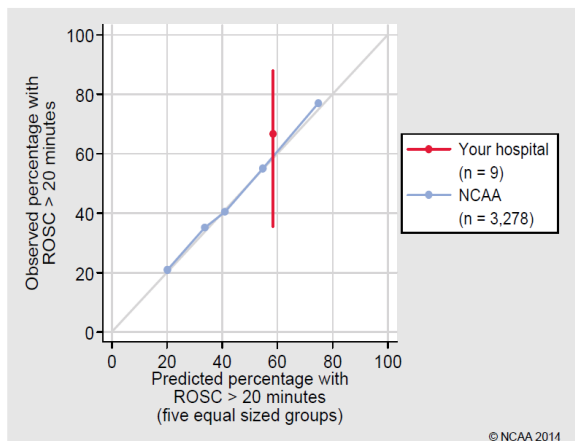
<sup>13</sup> Trust started to participate from 1<sup>st</sup> October 2013 – and has achieved 100% participation since that date

<sup>14</sup> The national COPD programme predominantly focuses on patients admitted through A&E for exacerbation of their condition. The Trust does not have an A&E department, and accepts very few referrals from other A&E departments. Therefore, following discussion with the national audit lead, it was agreed that the Trust was ineligible to participate in this national audit programme.



Mental Health (POMH), Falls and Fragility Fractures Audit Programme (FFFAP), Sentinel Stroke National Audit Programme (SSNAP), Elective surgery (National PROMs Programme), Child health clinical outcome review programme (CHR-UK), Epilepsy 12 audit (Childhood Epilepsy), Moderate or severe asthma in children (care provided in emergency departments), Neonatal intensive and special care (NNAP), Paediatric asthma.

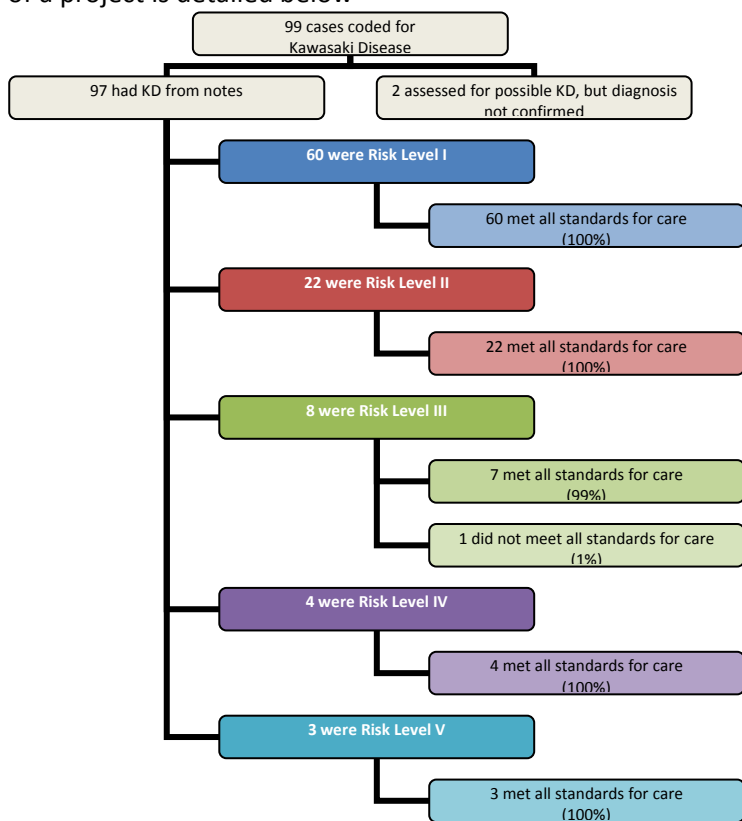
### National clinical audit



National cardiac arrest audit (NCAA): In 2013-14, the Trust participated for the first time in the national cardiac arrest audit. This audit programme compares information on patients who suffer a cardiac arrest whilst in hospital, and looks at the way the resuscitation was managed. Although the Trust only starting participating In October 2013, the national report for 2013, showed that the Trust exceeded the predicted survival rate. This

is calculated as the % of patients where a return of spontaneous circulation (ROSC) is achieved with 20 minutes.

**Local clinical audit** – 78 local clinical audits were undertaken in 2013-14, and an example of a project is detailed below



Kawasaki’s Disease (KD) is an acute self-limited vasculitis of childhood; which can lead to on-going cardiac problems in approximately 15-25% of cases.

As a specialist Trust we fulfil a role to review patients with both identified and suspected KD and identify the level of cardiac impairment. The gold standard for assessment and care of patients with on-going cardiac problems are the American Heart Association (AHA) guidelines, published in 2004. These guidelines risk stratify all patients dependent on the

severity of their cardiac condition, and then recommend appropriate management for each group covering pharmacological therapy, physical activity, follow-up and diagnostic testing and invasive testing. The care of all patients seen between April 2012 and March 2014 was assessed, and overall 99% (n=96/97) met all the standards. In many of cases, the care received exceeded what was recommended by the AHA guidelines.

## Participation in research

As a specialist tertiary centre focussing on heart and lung disease across the whole age spectrum; 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”.*

In 2012, the Trust revised and renewed its three year Research Strategy. It set out four key objectives aimed collectively at further extending and enhancing the national and international research profile of the organisation. The four research goals are:

- To support and develop research-active staff – increasing critical mass and productivity of research leaders and ensuring that all staff are appropriately trained and supported.
- To exploit opportunities to attract and retain research funding – increasing the value of research funding coming to the Trust and ensuring high quality delivery of studies, to time and on target
- To promote and increase engagement in Trust research – by raising awareness of research activities amongst all staff and patients/carers
- To provide effective and well managed research facilities, research resources and administrative support.

These objectives map onto all areas of research activity within the Trust and will be achieved by working in collaboration with partners from the academic and industry sector.

## Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Royal Brompton and Harefield NHS Foundation Trust during 2013-14 that were recruited during that period to participate in research approved by a research ethics committee was 3516. These patients were recruited into over 200 clinical research projects which involved 82 different principal investigators. Of these accruals, 1792 were into NIHR portfolio studies.

In addition 1923 patients were consented to donate their tissue for retention within the Trust’s ethically approved Biomedical Research Unit Biobanks during 2013-14.

## Data quality

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

In Royal Brompton & Harefield NHS Foundation Trust, data quality is seen as everybody's responsibility. Such an approach helps the Trust ensure that very high standards in data quality are maintained throughout the organisation.

The Trust uses the following initiatives to maintain very high quality of data and therefore a high quality service to all service users:

- Fortnightly batch tracing of service user records against Patient Demographics Service (PDS)
- Routine back office cleansing of difficult to trace records against PDS
- Prompt reporting and investigation of all data quality issues
- Regular briefing of frontline staff at team meetings
- Routine checking and updating of service user information with service users

### GP Details and NHS number coding

The Trust scores are above the payment by result (PBR) targets for both NHS number (95%) and GP details (98%). Levels for both indicators are monitored retrospectively and prospectively.

### Provisional data from PAS (April 2013 - March 2014)

*The table reflects most recent data available from Trust PAS system. The same information should be available from SUS.*

Indicator	Patient group	Trust score	Average national score
Inclusion of patient's valid NHS number	Inpatients	98.3%	98.7%
	Outpatients	99.6%	99.0%
Inclusion of patient's valid general medical practice code	Inpatients	99.9%	99.9%
	Outpatients	99.8%	99.7%

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

### Information governance toolkit attainment levels 2013-14

Royal Brompton & Harefield NHS Foundation Trust's Information Governance Assessment Report overall score for 2013-14 is 83%, graded green. The Trust achieved a minimum of level 2 compliance for all 45 requirements.

### Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2013-14 by the Audit Commission.

#### 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.

## Performance against key healthcare targets 2013-14

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	Target/threshold	Monitor weighting	2013-14 Q1 Score	2013-14 Q2 Score	2013-14 Q3 Score	2013-14 Q4 Score	2013-14 score	Indicator met
<i>Clostridium difficile</i>	12	1.0	2	3	2	8	16	✘ <sup>15</sup>
MRSA	6	1.0	0	1	1	0	2	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	94%	1.0	100%	100%	100%	100%	100%	✓
Maximum 62 day wait from referral to treatment for all cancers	79%	1.0	84.00%	83.33%	78.15%	69.05%	77.78%	✘ <sup>16</sup>
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	0.5	100%	100%	100%	100%	100%	✓
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	98.78%	98.60%	100%	100%	99.34%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Admitted: 90%	1.0	92.56%	93.41%	95.21%	93.96%	93.79%	✓
	Non-admitted: 95%	1.0	98.10%	97.71%	98.14%	98.51%	98.12%	✓
	Incomplete pathway 92%	1.0	95.11%	94.95%	95.67%	95.00%	95.18%	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	98%	-	100%	100%	100%	100%	100%	✓
All patients who have elective operations cancelled for non-clinical reasons on the day of surgery, or after admission.	<2%	-	0.00%	0.00%	0.00%	7.48%	1.87%	✓

Please note: All indicators are reported as part of Monitor's Compliance Framework, with the exception of 'maximum 2 week wait standard for Rapid Access Chest Pain Clinic' and 'Cancellation of elective operations for non-clinical reasons on day of surgery or after admission' which are part of our Commissioners requirements

<sup>15</sup> The Trust failed to meet the *Clostridium difficile* objective. It should be noted that the Trust disputed this objective. Overall the number of cases of *Clostridium difficile* occurring in patients staying at the trust is very low. The Trust is in discussion with NHS England in order to resolve the dispute.

<sup>16</sup> This target is very difficult to achieve as we are only involved at the end of the pathway. However, a focus on the whole lung cancer pathway is a Quality Priority for 2014-15

## Performance against key healthcare targets 2012-13

The table below is provided to allow comparison with the results for 2013-14 (see table on previous page)

National priority	Target/ threshold	Monitor weighting	2012-13 Q1 Score	2012-13 Q2 Score	2012-13 Q3 Score	2012-13 Q4 Score	2012-13 Score	Indicator met
<i>Clostridium difficile</i> - DoH objective in dispute and Monitor de Minimis is 12	12	1.0	6	7	3	2	18	✘ <sup>17</sup>
MRSA – maintaining the annual number of MRSA bloodstream infections at 1 or less as agreed with commissioners. Monitor de minimis is 6	6	1.0	0	0	0	1	1	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	94%	1.0	100%	100%	98.86%	100%	99.71%	✓
Maximum 62 day wait from referral to treatment for all cancers	79%	1.0	90.32%	91.18%	82.35%	81.25%	86.23%	✓
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	93%	0.5	100%	100%	100%	100%	100%	N/A
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	98.55%	98.06%	100%	98.63%	98.81%	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	98%	-	100%	100%	100%	100%	100%	✓
All patients who have elective operations cancelled for non-clinical reasons on the day of surgery, or after admission.	<2%	-	1.80%	1.40%	1.40%	1.30%	1.48%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Admitted: 90%	-	90.30%	90.30%	89.10%	87.50%	89.30%	✘ <sup>18</sup>
	Non- admitted: 95%		97.20%	97.50%	97.30%	97.20%	97.30%	✓

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

Please note: All indicators are reported as part of Monitor’s Compliance Framework, with the exception of ‘maximum 2 week wait standard for Rapid Access Chest Pain Clinic’, ‘Percentage of patients seen within 18 weeks for admitted and non-admitted pathways’ and ‘Cancellation of elective operations for non-clinical reasons on day of surgery or after admission’ which are part of our Commissioners requirements

<sup>17</sup> The Trust failed to meet the *Clostridium difficile* objective of 7 which had been set by the Department of Health. It should be noted that the Trust disputed this objective. Overall the number of cases of *Clostridium difficile* occurring in patients staying at the trust is very low. The Trust is in discussion with NHS England in order to resolve the dispute.

<sup>18</sup> It was forecast the Trust would breach this target in the forward plan for 2012-13, initiatives undertaken in 2012-13 did improve the position.

## Part 4: Statements from our stakeholders

### Statements from Healthwatch

#### Statement from Healthwatch Hillingdon

As at 30<sup>th</sup> June 2014 – no formal statement has been received.

#### Statement from Healthwatch Central West London

This statement was received on 2<sup>nd</sup> June 2014, which was after our external auditors had concluded their external assurance review of the Quality Account 2013-14. Therefore, although the statement has been included here for completeness, it has not been possible to address any improvements suggested.

Healthwatch Central West London (Healthwatch CWL) wishes to commend the trust on the various projects being undertaken to improve quality and patient experience at the Royal Brompton Hospital. We are also pleased to note the strong performance of the trust in the recent CQC hospital inspection, which showed that the Royal Brompton met all required standards (November 2013)<sup>19</sup>. We also applaud the overall readability and layout of the Quality Account. The simple language, use of explanatory boxes and clear explanation of priorities allows for greater accessibility of the account.

We would like to comment on the following areas for improvement:

#### **Engagement with Healthwatch CWL**

Healthwatch CWL is pleased to have worked with the trust on their Patient Led Assessment of the Care Environment (PLACE). However, Healthwatch would like to be more involved in influencing the identification and monitoring of quality priorities at the Royal Brompton.

#### **Priority 1: Ensuring Correct Patient Identification**

Given the potentially adverse implications, the number of patient identification errors and proportion of patients with an allergy not wearing a wrist band (11%) is concerning. We welcome plans to address this area through appointing a lead staff member for patient identification and establishing a working group. To address the challenge identified in getting patients to wear the correct number of wristbands, we would like this working group to explore a single, colour-coded wristband. We would also like the trust to include the reasons for the identification errors to date.

#### **Priority 2: Improving Safety Culture**

We are pleased to see good overall performance in the teamwork, safety, job satisfaction and stress recognition domains. However we note that only 59% of those surveyed either strongly agreed or agreed with having a quality work environment and 54% strongly/agreed they had support and competence of

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<sup>19</sup> <http://www.cqc.org.uk/location/1-220646335>

hospital level management. We would like the trust to state actions it will take to improve these two domains.

#### **Priority 3: Reduction of Pressure Ulcers**

We note that there were 11 pressure ulcer cases (grade 3 and above) reported to commissioners. To provide clarity on how the trust is performing in this area, it would be helpful to include the trust target, the national rate and last year's performance. We would also like further detail on what the trust does to prevent pressure ulcers from occurring or developing.

#### **Priority 4: Avoiding Unnecessary Readmissions**

The clear description as to why patients with cystic fibrosis are not included in the number of readmissions is helpful. However, a hospital site breakdown of the Dr Foster intelligence readmissions data is needed.

In addition, this section requires further context including overall 2013/14 performance in this area, national averages, trust targets and last year's performance.

We also encourage the trust to detail plans on integration with other community services in line with the Out of Hospital Strategies, to drive improvements in this area.

#### **Priority 5: Reduction in Falls**

We note the trust reported 232 falls the last year. Our members attending a recent PLACE assessment at the Brompton site reported 'a lot of equipment scattered around the place'. We would like the trust to state the most common causes of falls and how these are being tackled.

#### **Patient Experience**

We are pleased to note the strong performance of the trust in NHS patient surveys including responsiveness to personal need and the proportion of staff whom would recommend the provider to friends and family. This performance is also echoed in the patient stories received by Healthwatch CWL with patients praising staff for providing 'superb' care and attention. One patient described the Brompton as 'the best hospital' they had ever been in, another patient stated that they were very well cared for by staff at the Brompton including post discharge from the Intensive Care Unit. However, long waiting times for prescription during discharge and poor performance against 62 day urgent referral to treatment, were flagged to us.

Whilst we understand late referrals from other trust is a factor, we are concerned about the trust performance against the 62 day urgent referral to treatment standard for the year. As discharge is a priority area for us, Healthwatch would welcome greater detail on discharge protocols including wait times and plans for improvement.

#### **Friends and Family Test:**

Whilst we welcome actions as a result of patient feedback and the use of 'you say, we did' posters across wards, we would like the quality account to include percentage of people who would recommend the trust to family and friends. It will be also helpful to include other patient feedback data aside from the Friends and Family Test, such as Trust data on complaints.

#### **Theatrical Cancellations:**

As Healthwatch CWL is concerned about the high number of surgical cancellations for non-medical reasons, we are pleased that the trust has included this as an area to address in the coming year. We look forward to learning of your progress.

**Clostridium(c) Difficile Tolerance:**

We are concerned that the trust has breached the C. Difficile target in 2013/14. We understand the trust is disputing their performance with NHS England. However more feedback is required in this section.

In summary, we applaud Royal Brompton Hospital on their effort to continually improve quality and patient experience. Healthwatch CWL would welcome the inclusion of quantifiable evidence of improvements made across the priority areas in the last year. Additionally, and as stated in last year's quality account, the inclusion of trust targets, previous year performance and percentages, are required to fully understand and place the trust performance in context.

We look forward to improving our engagement with the Royal Brompton Hospital and to co-developing quality priorities in the coming year.



## Statement from our oversight and scrutiny committees

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

As at 30<sup>th</sup> June 2014 – no formal statement has been received.

### Statement from Hillingdon external services scrutiny committee

The key findings from the report were presented at the Hillingdon External Services Scrutiny Committee on 29<sup>th</sup> April 2014, by the Director of Nursing and Clinical Governance.

#### **Statement received:**

The External Services Scrutiny Committee welcomes the opportunity to comment on the Trust's 2013/2014 Quality Account report and acknowledges the Trust's commitment to attend its meetings when requested. Furthermore, the Committee is pleased to note that the Care Quality Commission (CQC) inspections of Harefield Hospital on 3 February 2014 and Royal Brompton Hospital on 13 August 2013 found both hospitals to be fully compliant with the standards assessed.

Members are aware that the Trust's five Quality Priorities during 2013/2014 were:

1. Ensuring correct patient identification
2. Improving our safety culture
3. Reduction of pressure ulcers
4. Avoiding unnecessary readmissions
5. Reduction in falls

The Committee notes that the Trust undertook a Trustwide staff safety culture survey in September/October 2013 which received 815 responses from 43 different clinical teams across the organisation. The issues addressed in the survey comprised: teamwork; safety; job satisfaction; stress recognition; working conditions; perceptions of hospital management; and perceptions of department management. Overall, the Trust should be congratulated for performing really well in this survey, scoring above (or equal to) the industry standard in all areas. However, although the comparison with the industry standard and the Trust's own 2010 results is useful, the Committee feels that this information could have been supplemented by including targets.

Throughout the report, the Committee is disappointed to note that, because of the way that the report is set out, it is quite challenging to glean comparisons between the Trust's achievements with regard to its quality priorities and: what it had aimed to achieve; what the Trust had achieved in previous years; or how its achievements compared with other Trusts (if this information is available). For

example, although the report states that 92% of patients were assessed for pressure ulcers on the day of admission, if previous years had achieved higher results (or the national average was much higher) then this would be an issue that needs to be addressed.

It is recognised that the avoidance of unnecessary readmissions has become a focal issue across the country. Dr Foster Intelligence has shown that, between April 2013 and October 2013, 7.26% of RB&H patients were readmitted to either Harefield or Royal Brompton Hospital within 28 days of discharge (2,011 of 27,740 spells). The Committee is pleased to note that this readmission rate is below the 7.38% target and is also below the national average. We look forward to receiving updates on this performance now that a routine monitoring programme has been introduced by the Trust and the learning from this is being incorporated into training, education and awareness-raising with relevant staff groups.

Given that people are more likely to fall in hospital than in their own homes, the Committee welcomes the Trust's commitment over the last year to ensure that it remains below the national average with regard to the overall rate of falls which caused harm. It is noted that, in 96% of the instances audited, the associated risk assessments had been completed within 48 hours. Of the 232 patient falls reported during 2013/2014, 79 were harmed (76 experienced minor harm and 3 experienced serious harm (although not permanent)). With the Trust's pledge to raise awareness about the importance of completing falls risk assessments, the Committee looks forward to seeing further improvements over the next year.

Following consultation, it is noted that the Trust has developed six key areas for improvement in 2014/2015 on which the following draft Quality Priorities for 2014/2015 have been based:

1. Quality and productivity programmes
2. Lung cancer review
3. Theatre cancellations
4. Family satisfaction survey in intensive care
5. 7 day working
6. Medication errors for Children's Services

The Committee is reassured to know that the Trust has included medication errors for Children's Services as a quality priority for this next year. Although the majority of errors have resulted in either minor or no harm to the patient, Members have expressed concern about there being any mistakes. As such, we look forward to seeing the outcomes of those measures put in place by the Trust to address the issue.

Overall, the Committee is pleased with the continued progress that the Trust has made over the last year but notes that there are a number of areas where further improvements still need to be made, which include a reduction in the number of cases of C-Difficile. We look forward to receiving updates on the progress of work to support the priorities outlined in the report over the course of 2014/15.

## Statement from our commissioner – NHS England

This statement was received on 2<sup>nd</sup> June 2014, which was after our external auditors had concluded their external assurance review of the Quality Account 2013-14. Therefore, although the statement has been included here for completeness, it has not been possible to address any improvements suggested.

NHS England have undertaken a review of Royal Brompton & Harefield NHS Foundation Trust's Quality Account (QA) for compliance with the Quality Account guidance and to highlight any quality issues raised in the quality account.

In reviewing Royal Brompton & Harefield's performance on quality the following main themes have been identified:

- Document focusses less on patient experience than other aspects of quality and note that the most recently published inpatient Survey the Trust did fall back slightly from the top quintile scored it received on the previous survey for "operations and procedures". There were statistically significant drops in scores for two questions relating to this theme ( these questions were also towards the bottom end of the amber spectrum):
  - Did a member of staff explain the risks and benefits of the operation or procedure?
  - Were you told how you could expect to feel after you had the operation or procedure?

It was suspected that feedback was too late to directly inform the priorities for next year, however there does appear to be an opportunity for it to be picked up for some pathways within Priorities 1 and 2 ( Quality and Productivity Programmes, focussed on cardiac surgery; and Lung Cancer).

- Overall, it would be helpful to see a little more information on how the trust applies learning from patient experience, incidents and clinical audit to inform quality improvements.
- The section on improving safety culture is good in demonstrating staff involvement in safety projects. The introductory paragraph on page 10 did allude to learning from incident reporting, and how the trust applies learning from incidents in promotion of safety culture.
- On national clinical audit and confidential enquiries, there is detailed information on participation rate, however, there is not information as to compliance levels and resulting improvements.
- Good information on the national cardiac arrest audit and local KD audit.
- Standard, consistent measures need to be used and this document lacked a significant amount of detail across all sections. It also lacked comparative data with similar specialist trusts or services. This makes meaningful comparison difficult.
- Staff engagement remains higher than other specialist trusts (based on an aggregate score from three questions) there were several questions within the survey where trusts scores were significantly worse than the average for other specialist trusts. These include important issues such as staff working extra hours, being harassed or bullied by other staff,

experiencing discrimination at work, not receiving equality and diversity training and not having their appraisal done.

- Reduction in falls, with falls at this level this issue cannot wait another year for review and action. All measures that have been suggested require urgent review to ascertain their effectiveness and there needs to be more senior level buy in on the issue of falls as there has been on patient identification.

**Compliance with the Quality Accounts Regulations:** In undertaking a technical assessment of compliance against the NHS Quality Accounts Regulations ( 2010), it was found that overall the QA complies with the regulations. It was noted however, that a significant amount of detail was lacking across all sections. This could be due to all the base data had not yet been fully collated.

#### **Last year's performance:**

The Trust has set the following priorities for 2013/14:

- Ensuring correct patient identification. The aim of this priority is to ensure that the national standards are met and find out whether the processes are acceptable to patients
- Improving our safety culture. This project surveys staff on their beliefs about the importance of safety and the working culture in the hospital.
- Reduction of pressure ulcers. The project measures the number of grade 3 pressure ulcers and once this is done the Trust will raise awareness of the importance of completing pressure ulcer risk assessments
- Avoiding unnecessary readmissions. The aim is to have a few unnecessary readmissions as possible.
- Reduction in falls. The Trust will measure the number of falls which cause harm, benchmarked against the national rate and will measure the number of patients that have had a falls risk assessment completed on admission to the Trust.

Apart from the quality priorities, the quality account reports on a number of actions taken as a result of patient feedback and in addition, patient's positive feedback has helped to improve staff moral and improved assessment on the 6 Cs. However, there needs to be more information on what the patients outcomes should be, based on the next steps that have been outlined going forward in the quality account.

#### **Priorities for 2014/15**

Priorities for 2014/15 cover the following areas:

- Quality & Productivity Programmes
- Lung Cancer Review
- Theatre Cancellation
- Family Satisfaction Survey in intensive care
- 7 day working
- Medication errors for Children's services

Royal Brompton & Harefield NHS Foundation Trust have chosen six quality priorities in 2014/15 based on the views of their stakeholders, but in line with the Trust's overarching strategy and priorities for 2014/15 Following a similar programme at Harefield, the Trust are addressing challenges within cardiac surgery service at Brompton and also for Lung Cancer, to further improve the

review and management of theatre cancellations, to fully embed the family satisfaction survey across all areas and to share the learning across the different units involved, to start putting in the changes necessary to deliver 7 day working by April 2017 and as part of this to be involved in a research programme to evaluate the efficacy and cost effectiveness of the component of seven day services which focuses on increasing specialist input to the care of the acutely ill medical admissions at weekends and to focus on prescribing errors within Children's Services, to identify and implement multiple small changes across all these areas, which should lead to more efficient and effective processes in place.

This section is dealing with some very significant quality initiatives and there needs to be more data to explain the issue, make a valid comparison of current performance and set the trajectory for improvement. For example there is an initiative around theatre cancellations, but no information on the scale of the problem, what the improvement programme involves and the level of change the trust wish to see.

### **Conclusion**

Royal Brompton & Harefield NHS Foundation Trust has presented a draft Quality Account for consultation that describes the Trusts quality strategy. A number of quality initiatives have been described in this quality account, but that there is significant detail lacking to be able to fully assess whether the Trust has acted on issues that have been highlighted, in particular staff survey.

### **Statement from our Governors**

As at 30<sup>th</sup> June 2014 – no formal statement has been received.

## Glossary

<b>A</b>	
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>B</b>	
Biobank	A 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.
<b>C</b>	
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.
Cardiomyopathy	Disease of the heart muscle.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
Chronic Obstructive Pulmonary Disease (COPD)	Chronic obstructive pulmonary disease (COPD) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease
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.
<i>Clostridium difficile</i> infection	A type of infection that can be fatal. There is a national indicator to measure the number of <i>C. difficile</i> infections which occur in hospital.
Commissioning for Quality and	A payment framework enabling commissioners to reward excellence by linking a proportion of the Trust’s income to the achievement of local quality

Innovation (CQUIN)	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.
<b>D</b>	
Department of Health (DH)	The government department that provides strategic leadership to the NHS and social care organisations in England. <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>
<b>E</b>	
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.
ECMO	Extracorporeal membrane oxygenation (ECMO) is an technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function.
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.
EMSA	Eliminating Mixed Sex Accommodation - All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient
Expected death	An anticipated patient death caused by a known medical condition or illness.
<b>F</b>	
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 1 <sup>st</sup> June 2009.
<b>G</b>	
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. <a href="http://www.rbht.nhs.uk/about/our-work/foundation-trust/governors/">http://www.rbht.nhs.uk/about/our-work/foundation-trust/governors/</a>
<b>H</b>	
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. <a href="http://www.hpa.org.uk/">http://www.hpa.org.uk/</a>
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.
Healthwatch (Formally LINKs)	Healthwatch are made up of individuals and community groups working together to improve health and social care services. <a href="http://www.healthwatch.co.uk/">http://www.healthwatch.co.uk/</a>
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.
<b>I</b>	
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.
Intelligent Monitoring Report	A report produced by the CQC for each NHS Trust, which provides details on a number of indicators relating to quality of care. These are published on the CQC website, and can be accessed here: <a href="http://www.cqc.org.uk/sites/default/files/media/reports/RT3_102v2_WV.pdf">http://www.cqc.org.uk/sites/default/files/media/reports/RT3_102v2_WV.pdf</a>
<b>K</b>	
Kawasaki's Disease (KD)	Kawasaki's Disease is an acute self-limited vasculitis of childhood; which can lead to on-going cardiac problems in approximately 15-25% of cases.
<b>L</b>	
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.



<b>M</b>	
MINAP	<b>Myocardial Ischaemia National Audit Project.</b> A national registry of patients admitted in England and Wales who have had a heart attack or have severe angina and need urgent treatment
Monitor	The independent regulator of NHS foundation trusts. <a href="http://www.monitor-nhsft.gov.uk/">http://www.monitor-nhsft.gov.uk/</a>
Multidisciplinary team meeting (MDT)	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.
<b>N</b>	
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.  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
National Institute for Health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. <a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a>
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. <a href="http://www.npsa.nhs.uk/">http://www.npsa.nhs.uk/</a>
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 reported 2 never events in 2013-14.
NHS London	NHS London is the Strategic Health Authority (SHA) for the Greater London area. They provide strategic leadership for the capital's healthcare. <a href="http://www.london.nhs.uk/">http://www.london.nhs.uk/</a>
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.

NICOR - National Institute for Cardiovascular Outcomes Research	NICOR is part of the Centre for Cardiovascular Preventions and Outcomes at University College London.
<b>O</b>	
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.
<b>P</b>	
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.
Paediatric Intensive Care Unit (PICU)	A special ward for children who are in a critically ill or unstable condition and need constant medical support to keep their body functioning.
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.
<b>R</b>	

Re-admissions	A national indicator. Assesses the number of patients who have to go back to hospital within 30 days of discharge.
RTT	Referral to treatment.
<b>S</b>	
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: <ul style="list-style-type: none"> <li>• Unexpected or avoidable death</li> <li>• Serious harm</li> <li>• Prevents an organisation's ability to continue to deliver healthcare services</li> <li>• Allegations of abuse</li> <li>• Adverse media coverage or public concern</li> <li>• Never events</li> </ul>
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.
Society of Cardiothoracic Surgeons (SCTS)	<a href="http://www.scts.org/">http://www.scts.org/</a>
Standard contract	The annual contract between commissioners and the Trust.  The contract supports the NHS Operating Framework.
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.
<b>V</b>	
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.