

Annual Quality Report

2019-20

Contents

Part One	4
Statement from the Chief Executive	4
Part Two	6
Our quality priorities	6
Progress against our priorities for 2019-20	7
Our quality priorities for 2020-21	12
Statement of assurance from the Board of Directors	17
A review of our services	17
Seven-day services	17
Freedom to Speak Up	18
Participation in clinical audit and national confidential enquiries	18
Clinical research	21
Our commissioning for quality and innovation (CQUIN) performance	22
Care Quality Commission	23
The quality of our data	24
Information Governance	25
Learning from Deaths	26
National core set of quality indicators	28
Readmissions within 28 days of discharge	28
Responsiveness to the personal needs of patient	29
Recommendation to Friends and Family	29
Venous thromboembolism (VTE)	29
Infection control – Clostridium difficile	30
Patient safety incidents	30
Part Three	32
Other information	32
Review of quality performance 2019-20	32
Local Quality Indicator	32
Our performance against NHS Improvement's NHS Oversight Framework	32
Referral to Treatment times (RTT)	33
Cancer services	34
Friends and Family Test	36
Complaints	40
Duty of Candour	41
NHS doctors in training	42
NHS Employee Survey	42

Workforce Race Equality Standard (WRES).....	43
Annex 1	44
Statement of directors' responsibilities in respect of the quality report	44
Annex 2	46
Statements from key stakeholders	46
Statement from our Council of Governors	54
Annex 3	55
Glossary	55

Part One

Statement from the Chief Executive

This Annual Quality Report has been written during unprecedented times for all of us. We have taken steps to meet our statutory requirements, however the safety of our patients and staff during the Covid-19 outbreak has been our priority. For this reason, our Annual Quality Report looks at what we achieved during Q1-Q3 of 2019-20 and looks ahead to what we plan to achieve during 2020-21.

Now, more than ever, our overarching priority is to provide all of our patients with high quality, safe care. Across the organisation we are ensuring that we continue to support our culture of learning. We are also using this unprecedented situation to evolve and transform how we deliver care, at home and in hospital, now and going forward.

Our staff continue to work extremely hard to care for our patients and we believe the successes of our staff demonstrate this:

- 96% of the patients who completed the Friends and Family Test told us that they would recommend our services to their family and friends
- We launched our Patient and Public Engagement Strategy and further strengthen our work with young people through RB&H Trail Blazers Youth Forum
- We performed better than most other providers on 31 questions in the CQC Bi-Annual Children and Young People's Survey 2018 which was published in November 2019
- The Royal Brompton Cystic Fibrosis (CF) Clinical Trials team celebrated three well-deserved wins at the North West London Clinical Research Awards, where they were recognised for their outstanding work carrying out ground-breaking CF research
- We launched the Sun Flower Scheme which we use to discreetly show if a person has a hidden disability and may require additional support or assistance
- More than 160 staff, patients and members of the public attended our October 2019 event at Harefield Hospital to 'demystify' what goes on in a specialist heart hospital
- Rainbow Badges was launched over the summer and is an initiative that gives staff a way to show that Royal Brompton and Harefield NHS Foundation Trust offers open, non-judgemental and inclusive care for patients and their families and friends, who identify as LGBT+
- We maintained our excellent rate of undertaking VTE (Venous Thromboembolism) risk assessments with more than 97% of our patients being assessed during the year
- We maintained surgical site infection rates below that of the national average
- We know that the open and supportive culture across our organisation is key to helping us ensure that we continue to learn as an organisation. With this in mind, we are rolling out new, electronic systems to support our multi-disciplinary teams to share learning from incidents, claims and deaths.
- In March 2019, the Trust received two awards from the international Extracorporeal Life Support Organisation (ELSO) awards for Excellence in Life Support. ELSO presented Harefield Hospital with the silver award, while Royal Brompton Hospital's ECMO programme received the prestigious platinum award. The platinum certification is the highest distinction

given by ELSO, with Royal Brompton (RBH) being the only commissioned centre in England to achieve it

- In September 2019 members of the Trust's multi-disciplinary structural heart team completed a first set of five 'beating heart' mitral valve repair operations using a new treatment not offered anywhere else in the UK. As the procedure is significantly less invasive than conventional surgery, it offers a new treatment option to patients who may otherwise be denied surgery or who risk complications from the procedure
- We have built upon our Day of Surgery Admission (DOSA) pilot scheme with 70% of our Harefield cardiac surgery patients being admitted on the day of surgery, up from 3-4% when the pilot began
- One of our lead electrophysiologists has been working with two industry partners to improve the success rate of electrophysiological ablation of atrial fibrillation (AF). Some successes have been achieved and the possibility of testing this approach more fully through a randomised controlled trial will be considered.

During 2019-20 our operational and informatics teams continued to focus on improving our performance and data intelligence around cancelled operations. This work included the development of an Elective Care Suite to help operational teams manage patient pathways. We believe that we have made significant improvements and that we have harnessed the use of electronic solutions to help us achieve our goals. We still have work to do and we will continue to make further improvements in the year ahead.

Finally, I am pleased to share with you our plans to help transform care for people with heart and lung disease. Since 2017, Guy's and St Thomas' NHS Foundation Trust and Royal Brompton & Harefield NHS Foundation Trust have been working together, and with colleagues across King's Health Partners, to develop plans to transform care for people with heart and lung disease. It has become increasingly clear to the Boards of both Trusts that full integration, through a merger, of the services provided by Royal Brompton & Harefield Hospitals with those of Guy's and St Thomas' NHS Foundation Trust is the most effective way of securing these aims and the collective vision of the wider partnership.

The Boards of both Trusts are confident that, by formally bringing together our respective organisations and the shared expertise of our clinical and academic teams, we can significantly improve care and outcomes for people with cardiovascular and respiratory disease. This ambitious venture, in partnership with King's College Hospital NHS Foundation Trust and our academic partners (Imperial College and King's College London) will create a centre of national excellence for the care of adults and children, which will sit at the heart of a population health system working together to reduce significantly the burden of these conditions.

This direction has been endorsed by NHS England at their public board meetings in both 2019 and 2020. NHS England have reiterated their support for our approach to closer working between our two Trusts.

We are excited about what lies ahead for our patients and our staff. We are also extremely proud of how our staff have risen to the challenge of Covid-19 and the challenges this presented us over the past five months.



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Robert J Bell
Chief Executive

Date: 19th October 2020

Part Two

Our quality priorities

Our continued ambition to provide world-class clinical services, education and research is embedded in our strategic objectives and organisational values. We recognise that our work with our partners is essential in helping us improve the health of the patients that we serve, and we remain committed to continuing to strengthen this work during 2020-21.

As with previous years, our quality priorities have been developed to reflect the goals of our organisation and the emerging picture of specialist healthcare delivery.

Our chosen priorities for 2020-21 have been developed and agreed by our clinically led Governance and Quality Committee and agreed by our Risk and Safety Committee, which acts on behalf of our Trust Board.

The chosen priorities to support the key national quality themes are:

Patient Safety

Managing the acutely ill patient - Identification and management of patients with sepsis.

Managing the acutely ill patient - Identification and management of patients with acute kidney injury (AKI).

Consent – ensuring patients are given documented information at the most relevant points in their pathway.

Covid-19 Track and Trace service and Staff surveillance testing

Clinical effectiveness

Learning from deaths – use of new system to record all mortality reviews; and facilitate links to aspects of governance.

Learning from deaths – use of Structured Judgement Review (SJR) tool to review all adult inpatient deaths.

Multi-disciplinary review – provision of a quality assurance process for all multi-disciplinary review (MDTR) panels.

Patient and family experience

Staff welfare – implementation of a Health & Well-being Improvement Plan.

Family experience - Implementation of a Medical Examiner role for the Trust – put a medical examiner post in place.

Patient experience - Consent – understanding of the patient's view of information provided and the consent process.

Progress against our priorities for 2019-20

Patient safety

Our quality priorities and why we chose them	What success would look like	How did we do
<p>Implementation of NEWS2</p> <p>There is a new national tool identifying and managing deteriorating patients called NEWS2, which will be identical in all trusts, to support staff who work across multiple organisations. Full implementation will be a key focus in 2019-20.</p>	<p>Achieve above 90% accuracy in recording and calculating of NEWS2 scores.</p> <p>Undertake a successful tender process for the purchase of a new electronic patient observation system.</p> <p>Using NEWS2 is an important development, as this national tool has been developed to improve patient safety by ensuring the same tool is used in all hospitals. Therefore, staff who work across multiple sites are always familiar with it and are able to use it correctly to identify if a patient's condition is deteriorating and take appropriate action.</p> <p>Having an electronic patient observation system will provide a real step-change in the delivery of high-quality care to patients, by minimising the chance of human error in using the NEWS2 tool, and by the use of prompts to guide staff into taking appropriate action when necessary.</p>	<p>The Trust rolled out the NEWS2 tool in March 2019 and followed this with local and Trust-wide audits.</p> <p>The most recent Trust-wide audit (December 2019) showed that:</p> <ul style="list-style-type: none"> - 100% of wards were completing NEWS2 scores; - Accuracy in recording and calculating NEWS2 scores was above 90% for 12/13 wards. <p>Given the consistent outcomes of audits evidencing that NEWS2 tool has been successfully embedded across all clinical areas, ongoing monitoring will now be undertaken at a local level with Clinical Divisions providing oversight.</p> <p>We initiated a procurement exercise for an electronic patient observation system but still have further work to do before we can progress this.</p>
<p>Identification and management of patients with sepsis</p> <p>This quality priority is continuing from 2018-19, as part of the Trust's ongoing commitment to improving the identification and management of the deteriorating patient.</p>	<p>Appointment of a Sepsis Clinical Lead for the Trust, development of an approved plan for identifying and managing sepsis across the Trust, successful implementation of the first steps of that plan.</p> <p>Achieve above 90% compliance with the sepsis 6 standards for patients suspected of sepsis.</p>	<p>The process to appoint a REACT Lead and a sepsis lead continues.</p> <p>A significant amount of work has been undertaken on the diagnosis of sepsis, however we recognise that improvements are still required. To help us achieve these improvements, every patient who does not receive antibiotics within 1 hour of a sepsis diagnosis undergoes a full clinical review and learning informs future practice.</p>

	<p>Patients suspected of sepsis should have 6 actions taken within one hour of sepsis being suspected:</p> <ul style="list-style-type: none"> • Oxygen • Intravenous fluid • Blood cultures • Intravenous antibiotics • Blood test including lactate test • Urine output monitored. <p>Completing these actions reduces the chance of the patient dying from sepsis.</p>	<p>The identification and management of patients with sepsis will continue to be one of our quality priorities during 2010-21.</p>
<p>Identification and management of patients with acute kidney injury (AKI)</p> <p>This quality priority is continuing from 2018-19, as part of the Trust's ongoing commitment to improving the identification and management of the deteriorating patient.</p>	<p>Appointment of an AKI Clinical Lead for the Trust, development of an approved plan for identifying and managing AKI across the Trust, successful implementation of the first steps of that plan.</p> <p>Reduce the number of patients requiring renal replacement therapy post-surgery.</p>	<p>The process to appoint a REACT Lead and a sepsis lead continues.</p> <p>Following a review of the management of patients in critical care, the percentage of patients requiring renal replacement therapy (RRT) decreased slightly during 2019. Work continues in this area and further reductions are expected over the coming year.</p>

Clinical effectiveness

Our quality priorities and why we chose them	What success would look like	How did we do
<p>Learning from deaths</p> <p>The Trust has a policy of reviewing all inpatient deaths across the organisation. The approach to this varies across the different clinical specialties, although the key information is stored on the Trust's mortality database.</p> <p>A review of these systems in 2018-19, found that the mortality database was not fit for purpose, and could not easily link to other related information such as incidents and complaints. This has limited the Trust's ability to</p>	<p>Implementation of the new mortality database in Datix. By the end of 2019-20, mortality review documentation from all areas of the Trust is stored electronically on this database.</p> <p>This means that we will have all the data in one place and cross-referencing with other sources of information about care such as incidents and complaints will be much easier and quicker. It will be easier to identify any common themes across</p>	<p>The Datix electronic system has been upgraded to a more robust platform for the future and 5 individual modules are scheduled to go live in a staged approach.</p> <p>The mortality module is undergoing testing and is now anticipated to go live during 2020.</p> <p>The module will be linked to the Trust's staff and patient records directly, reducing manual data entry.</p> <p>This Quality Priority will continue into 2020-21, with the emphasis on training staff to use the new</p>

<p>look holistically at the care provided to identify themes and areas for improvement.</p> <p>In late 2018-19, funding was approved to purchase a new mortality database, which is fit for purpose.</p>	<p>different clinical specialities where we could improve our care.</p>	<p>system. It is anticipated that all mortality reviews are being recorded completely and accurately on the new Datix module by the end of 2020-21.</p>
<p>Use of Structured Judgement Review (SJR) tool to review care of patients who have died in hospital</p> <p>This tool has been nationally developed by the Royal College of Physicians to give a standardised approach to the review of patients who have died in hospital, focusing on assessing each phase of care, and identifying any improvements in management that could have been made.</p> <p>In 2018-19 this tool was successfully trialled in some areas of the Trust.</p>	<p>By the end of 2019-20, the SJR tool is used across all adult areas of the Trust.</p> <p>This means that we will be using a consistent approach to review our care of patients who have died in hospital, and it will be easier to identify any common themes across different clinical specialities where we could improve our care.</p>	<p>Following a successful trial in 2018-19, the number of applicable mortality reviews using the SJR tool increased during 2019-20. The Trust has achieved the national requirement to ensure all mortality reviews of patients with learning disabilities use the SJR tool.</p> <p>Further details can be found in the Learning from Death Section of this report (pages 26-27).</p> <p>This Quality Priority will continue during 2020-21.</p>
<p>Avoidable cancellations for surgery</p> <p>Occasionally surgery for a patient has to be cancelled at short notice.</p> <p>The Trust has identified this as an area where it would like to do better and will be looking at the whole pathway to identify where the current approach could be improved and will lead to the service being more efficient and effective.</p>	<p>A reduction in the number of avoidable cancellations for surgery in 2019-20, compared to 2018-19.</p> <p>This will benefit patients and families directly, as having a procedure cancelled can be very difficult when arrangements have been made around a particular date.</p>	<p>Multiple, local level projects have been undertaken to look at improving pathways to minimise the need to cancel a surgery for a patient at short notice. This work has had a positive impact of the number of patients who had surgery cancelled for an avoidable reason, particularly at Harefield Hospital.</p> <p>Given the improvement achieved in the 2019-20 year, the Trust is satisfied that the current approach of reviewing individual pathways and looking for where changes can be made is the right one and is having a positive impact. This important work will continue as part of the routine work in the clinical teams, supported by the Divisions and overseen by the Trust's operational management team.</p>

Patient experience

Our quality priorities and why we chose them	What success would look like	How did we do																									
<p>Staff welfare – implementation of a Health & Well-being Improvement Plan</p> <p>The Trust will continue with the approach taken in 2018-19 and promote Values-led leadership through the Trust. When bullying and harassment incidents do arise, staff will continue to have confidence in their claims being taken seriously and investigated.</p>	<p>An improvement in the questions relating to bullying and harassment in the NHS Staff survey 2019.</p> <p>The most significant initiative for 2019-20 will be in the implementation of a Health and Wellbeing Improvement Plan. This will be a wide-ranging plan that will deal with issues within the workplace that affect staff's health and wellbeing. It will be look at team development and how teams can support each other; management development and how to create a positive work environment and have difficult conversations with staff in the right manner; supporting staff by helping them to deal with the emotional demands of work; individual development and supporting staff to progress.</p> <p>This initiative is primarily concerned with developing and maintaining a supportive and developmental working environment. This is a significant initiative that will require time to implement and embed but it is essential to build on the recent developments to tackle Harassment and Bullying creating a safe working environment for all our staff.</p>	<p>Like most NHS organisations harassment and or bullying continues to be a concern for us and is an element of our culture that we are focused on removing. Whilst informal feedback from staff highlights much positive change in this area for staff across the Trust, this remains a challenging area. Our staff continue to report that they experience bullying and harassment at work and this is reflected in our 2019 annual staff survey, show in the table below.</p> <table><tr><th>Question</th><th>Question description</th><th>2019</th><th>2018</th><th>2017</th></tr><tr><td>15a</td><td>Not experienced harassment, bullying or abuse from patients / service users, their relatives or members of the public</td><td>76%</td><td>78%</td><td>79%</td></tr><tr><td>15b</td><td>Not experienced harassment, bullying or abuse from managers</td><td>88%</td><td>87%</td><td>85%</td></tr><tr><td>15c</td><td>Not experienced harassment, bullying or abuse from colleagues</td><td>75%</td><td>76%</td><td>76%</td></tr><tr><td>15d+</td><td>Last experience of harassment/bullying/abuse reported</td><td>41%</td><td>41%</td><td>40%</td></tr></table> <p>An updated Health and Well-Being Programme will be launched during 2010-21, which builds on the work undertaken during 2019-20.</p> <p>This Quality Priority will continue to be monitored in 2020-21.</p>	Question	Question description	2019	2018	2017	15a	Not experienced harassment, bullying or abuse from patients / service users, their relatives or members of the public	76%	78%	79%	15b	Not experienced harassment, bullying or abuse from managers	88%	87%	85%	15c	Not experienced harassment, bullying or abuse from colleagues	75%	76%	76%	15d+	Last experience of harassment/bullying/abuse reported	41%	41%	40%
Question	Question description	2019	2018	2017																							
15a	Not experienced harassment, bullying or abuse from patients / service users, their relatives or members of the public	76%	78%	79%																							
15b	Not experienced harassment, bullying or abuse from managers	88%	87%	85%																							
15c	Not experienced harassment, bullying or abuse from colleagues	75%	76%	76%																							
15d+	Last experience of harassment/bullying/abuse reported	41%	41%	40%																							

<p>Medical Examiner role</p> <p>Following a successful pilot in 3 hospitals, there is a national requirement to look at improving the way death certificates are written to ensure there is a consistent, accurate approach and that they are produced in a timely manner.</p> <p>The key part of this will be the creation of the role of a Medical Examiner for the Trust, who will have a number of responsibilities, including liaising with the bereaved family or next of kin within 24 hours of a patient dying in hospital, and before the death certificate is written.</p>	<p>By the end of 2019-20, a Medical Examiner post is in place.</p> <p>Monitoring of number of death certificates produced within 24 hours of death.</p> <p>This will directly benefit bereaved families, by ensuring we have a consistent, standardised approach in line with national requirements, for reviewing patient care, identifying cause of death and liaising with families in the first 24 hours after a patient has died.</p>	<p>The national requirements around the Medical Examiner role have evolved since we developed this quality priority. A key change is that there is no mandatory requirement to review death certificated within 24 hours. A target of 48 hours is likely to be suggested but will not be mandated.</p> <p>Our established Bereavement Team have attended the relevant national training and now undertake some of the national requirements. However, this does not take away the need for the Trust to appoint a Medical Examiner.</p> <p>We have undertaken a review of options for how the Trust may meet the national requirements of the Medical Examiner role. We have been clear that any approach must meet the national requirements and enhance the service already provided to families by the bereavement team and clinicians.</p> <p>We continue to review options to establish the required lead consultant role. Plans will be finalised in 2020-21.</p> <p>This Quality Priority will continue to be monitored in 2020-21.</p>
<p>Avoidable cancellations</p> <p>Occasionally surgery for a patient has to be cancelled at short notice. This can cause disruption and distress for patients and families who have planned around a specific timeframe.</p> <p>The Trust would like to do better in this area and will be looking specifically at how we communicate with patients and families about their surgery and cancellations.</p>	<p>Improvement in the views of patients and experience of families in relation to avoidable cancellations.</p> <p>This will benefit patients and families directly, as having a procedure cancelled can be very difficult when arrangements have been made around a particular date. Understanding the challenges from the patient/family perspective will help us improve how we communicate information.</p>	<p>This work has been undertaken through local projects involving staff meeting with patients and families to talk about their experiences. This has been an invaluable part of the process and will continue to form part of pathway reviews in the future.</p> <p>Anecdotal reporting indicates patients and families have valued being involved in shaping changes and seeing improvements made.</p> <p>Reportable cancellations are monitored through the Trust's Operational Management Team.</p> <p>This will not continue to be a Quality Priority in 2020-21, however progress will continue to be monitored through our Clinical Divisions.</p>

Our quality priorities for 2020-21

Patient safety

Our quality priorities and why we chose them	What success will look like
<p>Identification and management of patients with sepsis</p> <p>This quality priority is continuing from 2019-20, as part of the Trust's ongoing commitment to improvement the identification and management of the deteriorating patient.</p>	<p>The Trust will appoint a REACT Lead, which will take on the responsibility of Sepsis Clinical Lead for the Trust, as part of this role. The REACT Lead will co-ordinate the work on sepsis being conducted across the Trust, and in particular ensure there is consistent and co-ordinated reporting on sepsis identification and management.</p> <p>Continue to achieve above 90% compliance with the sepsis 6 standards for patients suspected of sepsis.</p> <p>Patients suspected of sepsis should have 6 actions taken within one hour of sepsis being suspected. Completing these actions reduces the chance of the patient dying from sepsis.</p>
<p>Identification and management of patients with acute kidney injury (AKI)</p> <p>This quality priority is continuing from 2019-20, as part of the Trust's ongoing commitment to improvement the identification and management of the deteriorating patient.</p>	<p>The Trust will appoint a REACT Lead, which will take on the responsibility of AKI Clinical Lead for the Trust, as part of this role.</p> <p>The REACT Lead will co-ordinate the work on sepsis being conducted across the Trust, and in particular ensure there is consistent and co-ordinated reporting on AKI identification and management.</p>
<p>Consent</p> <p>Gaining informed consent from patients is a complex and multi-faceted process, involving much more than just ensuring a consent form is signed by the patient before their procedure.</p> <p>The process for informing patients about complex procedures and gaining consent is already an area taken extremely seriously by the Trust and there is already a large commitment to training of staff and the production of procedure-specific consent forms, which incorporate a detailed patient information leaflet explaining the specific procedure required.</p> <p>However, the Trust will publish an updated version of the Consent Policy in April 2020, and the aim is to look to</p>	<p>All clinical teams meet the standards required in the consent policy, and this will be assessed through a repeat of the consent documentation audit.</p> <p>All clinical teams have a documented process for when in the pathway information is given to patients, which is monitored.</p>

<p>further develop our processes and approach in the area of gaining informed consent.</p> <p>In particular, we will be looking at what written information we provide to patients, and where along the patient pathway it is provided. There are multiple different models used across the Trust, and the aim will be to look at different approaches and share learning across the organisation.</p>	
<p>Covid-19</p> <p>Keeping staff and patients safe has always been a priority for the Trust. Covid-19 has required us to revisit how we achieve this. We have identified new priorities that will help us keep our staff and patients safe. Because of the high priority of these actions we have chosen to include them in our quality priorities for 2020-21.</p> <p>Our key areas of focus will be:</p> <ul style="list-style-type: none"> • Track and trace service • Staff surveillance testing <p>In line with our priority is to keep both patients and staff safe at all times and, as we treat a high number of vulnerable patients, we have chosen to extend the recommended staff surveillance testing programme to include all clinical and support staff.</p>	<p>Track and Trace service</p> <p>To Implement and maintain a robust track and trace service for all staff that ensure we can successfully track and trace all staff and staff contacts for who we have been notified of, or who we have identified as being in contact with a person known to have tested positive for Covid-19 or has been in contact with a person who has tested positive for Covid-19.</p> <p>Staff surveillance testing</p> <p>All staff working in Covid-19 positive areas will undergo surveillance antigen PCR (swab) testing at time intervals recommended by Public Health England. We will also maintain internal staff surveillance testing for all clinical and support staff.</p>

Clinical Effectiveness

Our quality priorities and why we chose them	What success will look like
<p>Learning from deaths</p> <p>The Trust has a policy of reviewing all inpatient deaths across the organisation. The approach to this varies across the different clinical specialties, although the key information is stored on the Trust's mortality database.</p> <p>A review of these systems in 2018-19, found that the mortality database was not fit for purpose, and could not</p>	<p>All mortality reviews have a complete record on the new Datix module.</p> <p>This means that we will have all the data in one place and cross-referencing with other sources of information about care such as incidents and complaints will be much easier and quicker. It will be easier to identify any common themes across different clinical specialties where we could improve our care.</p>

<p>easily link to other related information such as incidents and complaints. This has limited the Trust's ability to look holistically at the care provided to identify themes and areas for improvement.</p> <p>In 2019-20, significant work has been undertaken to develop a new Mortality module within Datix which links to our patient and staff records as well as meets the requirements for both Structured Judgement Reviews and other forms of mortality review. This database is now due to go live in the autumn of 2020.</p>	
<p>Use of Structured Judgement Review (SJR) tool to review care of patients who have died in hospital</p> <p>This tool has been nationally developed by the Royal College of Physicians to give a standardised approach to the review of patients who have died in hospital, focusing on assessing each phase of care, and identifying any improvements in management that could have been made.</p> <p>In 2018-19 this tool was successfully trialled at Royal Brompton Hospital and in 2019-20 this was rolled out across the site.</p> <p>The aim for 2020-21, is for SJR to be used for all applicable mortality reviews.</p>	<p>The mortality review of all applicable adult patients (18 years and over) undergo a structured judgement review.</p> <p>All paediatric patients (17 years and under) undergo a mortality review.</p> <p>The mortality review of all patients with a learning disability requires use of the structured judgement review tool.</p> <p>This means that we will be using a consistent approach to review our care of patients who have died in hospital, and it will be easier to identify any common themes across different clinical specialities where we could improve our care.</p>
<p>Multi-disciplinary team review (MDTR) of treatment options for patients</p> <p>The Trust already has a robust approach to review and agree the best treatment option for a patient, using a multi-disciplinary team to review the patient's medical record and discuss and agree a management plan.</p> <p>However, as a specialist trust focused on providing exemplary care, we want to develop this model further to ensure that we are taking into account all relevant factors</p>	<p>This is a large-scale piece of work which will take more than one year to fully achieve and embed into practice.</p> <p>The aim for 2020-21 is for all MDT panels to produce a documented quality assurance process covering the entirety of their scope of practice. We will monitor this through our quality governance processes.</p>

<p>and the latest information on outcomes of patients both whilst an inpatient and after discharge.</p> <p>As a result, the Trust intends all multi-disciplinary team review panels to review the scope of practice and develop a set of documented quality parameters to inform and measure future decisions for care and treatment.</p>	
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Patient and Family Experience

Our quality priorities and why we chose them	What success will look like
<p>Staff welfare – implementation of a Health & Well-being Improvement Plan</p> <p>Whilst this important topic is continuing from 2019-20, the Trust is launching a new approach for 2020-21.</p> <p>When bullying and harassment incidents do arise, staff will continue to have confidence in their claims being taken seriously and investigated.</p> <p>For 2020-21, a revised Health and Well-Being Programme is being launched, which builds on the successes achieved in 2019-20.</p> <p>It remains important to us to help staff manage their physical and mental health and we recognise that this is particularly important in the current health climate. To help achieve this we will continue to make the Optimising Strength and Resilience (OSTAR) programme available for staff.</p>	<p>An improvement in the questions relating to bullying and harassment in the NHS Staff survey 2019.</p> <p>Like most NHS organisations harassment and bullying continues to be a concern for us and is an element of our culture that we are focused on removing. Whilst informal feedback from staff highlights much positive change in this area for staff across the Trust, this remains a challenging area. Our staff continue to report that they experience bullying and harassment at work and this is reflected in our 2019 annual staff survey.</p> <p>We provide more staff with tools, through our Optimising Strength and Resilience (OSTAR) programme, to help staff manage their physical and mental health.</p>
<p>Medical Examiner role</p> <p>Following a successful pilot in 3 hospitals, there is a national requirement to look at improving the way death certificates are written to ensure there is a consistent, accurate approach and that they are produced in a timely manner, through the appointment of a Medical Examiner to lead the process and liaise with families.</p>	<p>By the end of 2020-21, appropriately trained staff will have been appointed and will have Medical Examiner sessions in their job plan.</p> <p>This will directly benefit bereaved families, by ensuring we have a consistent, standardised approach in line with national requirements, for reviewing patient care, identifying cause of death and liaising with families in the first 24 hours after a patient has died.</p>

<p>Achieving this requirement is a challenge for the Trust, as the nationally proposed model does not suit a specialist Trust such as the Royal Brompton & Harefield NHS Foundation Trust which has relatively few inpatient deaths. In 2019-20, considerable time has been spent reviewing different options and identifying an approach which will meet the national requirements and will also enhance the service already provided to families by the bereavement team and clinicians following the death of a patient.</p> <p>It has been identified that part of the responsibilities can be provided by the Bereavement team, and staff have attended relevant national training and are starting to take on these additional responsibilities. This does not remove the requirement for the Trust to appoint to a Medical Examiner role.</p>	
<p>Consent – understanding the patient and family perspective</p> <p>Feedback from patients and families around expectations and understanding of the consent process.</p>	<p>Holding sessions with patients and family members to better understand their perspective of the informed consent processes we use.</p> <p>Feedback of this information to clinical teams to inform their planning and development of their local, bespoke plans for what information they provide to patients.</p>

We will monitor the implementation of our quality priorities through the governance structures that we have in place within the Trust and we will ensure that we update our Council of Governors on our progress during the year.

Statement of assurance from the Board of Directors

This section of our annual quality report contains the statutory statements about the services we provide at Royal Brompton and Harefield NHS Foundation Trust. These statements are required in all quality reports and can be used to compare us with other organisations.

A review of our services

During 2019/2020, Royal Brompton and Harefield NHS Foundation Trust provided and/or subcontracted 42 relevant health services.

We have reviewed all the data available to us on the quality of care in all 42 of these relevant health services through our management and assurance processes. The income generated represents 100% of the total income generated from the provision of relevant health services by the Royal Brompton and Harefield NHS Foundation Trust for 2019-2020.

Seven-day services

Providing seven-day hospital services is one component of achieving NHS England's ambition to ensure that patients receive consistent high-quality safe care every day of the week. The ten national clinical standards essential for providing a seven-day hospital service were developed with the support of the Academy of Medical Royal Colleges. Four of these standards were made a priority nationally for acute and specialist Trusts to achieve:

- Standard 2: Time to initial consultant review (first consultant review within 14hrs)
- Standard 5: Access to diagnostics (consultant-directed diagnostics)
- Standard 6: Access to consultant-led interventions
- Standard 8: Ongoing daily consultant-directed review (based on job plans, robust MDT and escalation protocols, local audits)

During 2019-20, we have built on the work undertaken during 2018-19. The Trust's Board Assurance assessment was undertaken in the Autumn and presented to Trust Board in November 2019. The Trust has maintained its performance of meeting the 4 priority standards fully and we have also maintained our performance for meeting the 4 priority standards for urgent network clinical services.

The requirement for the 7-day hospital services Board Assurance Framework self-certification statement has now been suspended by NHS England and NHS Improvement¹.

Priority 7 Day Clinical Standards

Clinical standard	Weekday	Weekend	Overall Score
2 – time to 1 st cons review	met	met	Standard met
5 – diagnostic services	met	met	Standard met
6 – interventions	met	met	Standard met
8 – consultant review	Once daily - met	Once daily - met	Standard met
	Twice daily - met	Twice daily - met	

7 Day Service (7DS) and Urgent Network Clinical Services

Clinical Standard	Paediatric Intensive Care	STEMI Heart Attack	Emergency Vascular Services
2	met	met	met
5	met	met	met
6	met	met	met
8	met	met	met

¹ Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic – NHS England letter to Chief Executives (reference 001559) 28 March 2020

Freedom to Speak Up

We recognise how important it is for staff to be able to raise concerns without the worry that they will suffer detriment. To help us ensure that we have a healthy culture in which staff can raise issues and concerns, we have undertaken work to provide greater access to Freedom to Speak Up Guardians.

Since May 2019, each hospital site has a dedicated Freedom to Speak Up Guardian. The Guardian role has been relaunched across the Trust and the Guardians are linked into the Trust's Risk and Safety Committee, where key themes are reported.

The work of our Freedom to Speak Up Guardians is just one way that we are supporting staff to speak up. We detailed earlier in this report some of the different ways that we have been working with staff to help them speak out about concerns and our plans for how we will continue this work during 2020-21.

Participation in clinical audit and national confidential enquiries

Every year a list is published by Healthcare Quality Improvement Partnership on behalf of NHS England. This list details the national clinical audits, clinical outcome review programmes and other quality improvement projects which NHS England advises Trusts to prioritise for participation. We are then required to detail these in our Annual Quality Report.

Because of the specialist nature of the services we provide, not all audits, programmes and initiatives are relevant to us and we therefore only participate in those applicable to the services we provide.

A **clinical audit** reviews services against agreed standards of care and identifies any improvements that may be necessary.

A **National confidential enquiry** reviews clinical practice, in areas where standards may not exist, and recommends areas for improvement.

It is important to note that at the time of writing, all national clinical audits, confidential enquiries and national joint registry data collections, including for national VTE risk assessment, were being suspended following the outbreak of Covid-19. Data collection for a number of audits that will help in understanding the impact of COVID-19 is continuing. At the time of writing we understand these to be the child death database and MBRRACE-UK-perinatal surveillance, as well as the ICNARC national intensive care audit and the PICANet paediatric intensive care audit.

National clinical audits

During 2019-20 there were 18 national studies that were relevant to us as they related to the health services we provide. The list of the national clinical audit studies that we participated in is shown below, including the percentage of our eligible cases that we submitted to the study.

National Clinical Audit Programme	Provider Organisation	% of eligible cases submitted
Case Mix Programme (CMP)	Intensive Care National Audit & Research Centre (ICNARC)	100%
Child Health Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	100%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Public Health England (PHE)	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Mothers and Babies: reducing the risk through audits and confidential enquiries across the UK (MBRRACE-UK)	100%

Medical and Surgical Clinical Outcome Review Programme	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	100%
National Asthma and COPD Audit Programme	Royal College of Physicians (RCP)	100%
National Audit of Care at the End of Life (NACEL)	NHS Benchmarking Network	100%
National Audit of Pulmonary Hypertension	NHS Digital	100%
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit & Research Centre (ICNARC)	100%
National Cardiac Audit Programme (NCAP)	Barts Health NHS Trust	100%
National Lung Cancer Audit (NLCA)	Royal College of Physicians (RCP)	100%
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health	100%
National Vascular Registry	Royal College of Surgeons (RCS)	100%
Paediatric Intensive Care Audit Network (PICANet)	University of Leeds/University of Leicester	100%
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Public Health England (PHE)	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Serious Hazards of Transfusion (SHOT)	100%
Surgical Site Infection Surveillance Service	Public Health England (PHE)	100%
UK Cystic Fibrosis Registry	Cystic Fibrosis Trust	100%

All national clinical audit reports published during 2019-20 are reviewed by clinicians from the relevant specialist services, and actions for improvement are developed as required. One of the national clinical audit reports that our teams are currently reviewing is:

Getting It Right First Time: This study looks at the care of patients with lung cancer and results are used to drive improvements in the quality of care for people with lung conditions compared with other Trusts.

The only indicator where the Trust could improve was around length of stay (nationally the median is 6 days, the Trust is currently at 7 days). The Trust is currently implementing a new pathway to admit patients on the day of surgery, rather than have patients come in the night before. This has been successfully implemented at Harefield and plans to implement this on the Brompton site are currently underway.

National Confidential Enquiries

During 2019-20, there were no new National Confidential Enquiry studies into Patient Outcome and Death (NCEPOD) related to services provided by us, but the following two study reports were published

Pulmonary Embolism - knowing the score: This study highlights the quality of care of patients aged 16 and over who had a pulmonary embolism (PE), who

either presented to hospital or who developed a PE whilst as an inpatient for another condition.

The Trust submitted a full dataset to this study in 2018, and the report was published in October 2019. This report has been reviewed by the Trust's Lung Division. The key recommendations relevant to the Trust from this study are shown below:

- a) Give an interim dose of anticoagulant to patients suspected of having an acute pulmonary embolism (unless contraindicated) when confirmation of the diagnosis is expected to be delayed by more than one hour. The anticoagulant selected, and its dose, should be personalised to the patient.
- b) Document the severity of acute pulmonary embolism immediately after the confirmation of diagnosis. Severity should be assessed using a validated standardised tool, such as Pulmonary Embolism Severity Score (PESI) or a simplified Pulmonary Embolism Severity Score (sPESI). This score should then be considered when deciding on the level of inpatient or ambulatory care.
- c) Standardise CT pulmonary angiogram reporting. The proforma should include the presence or absence of right ventricular strain. The completion of these proformas should be audited locally to monitor compliance and drive quality improvement.
 - o Look for indicators of massive (high-risk) or sub-massive (intermediate-risk) pulmonary embolism, in addition to calculating the severity of acute pulmonary embolism and escalate promptly based on local guidance and document in the case notes.
- d) Assess patients suspected of having an acute pulmonary embolism for their suitability for ambulatory care and document the rationale for selecting or excluding it in the case notes.
- e) Provide every patient with an acute pulmonary embolism with a follow-up plan, patient information leaflet and a discharge letter.

We are currently considering improvements we need to make as a result of these national recommendations and an action plan is being formulated for implementation during 2020-21.

Long-term ventilation – balancing the pressures:	This study looks at the highlights the quality of care of people aged 0-24 receiving long-term ventilation.
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We submitted a full dataset to this study in 2019 and the report was published in February 2020. The key recommendations from this study are shown below:

- Undertake shared decision-making at the point of long-term ventilation initiation, particularly if it is likely to be a life-long therapy. The decision-making process should include input from the child/young person and their family, GP, multi-disciplinary team and palliative care;
- The process should also include discussions over a period of time to ensure decisions are thoroughly considered; input from independent healthcare professionals for peer review/mediation as required; provision of approved written and/or online information; support from other families with a child on long-term ventilation should be considered;
- Ensure all people on long-term ventilation have access to age-appropriate emergency care by a team with the relevant competencies, regardless of location;
- Ensure good ventilation care when people on long-term ventilation are admitted to hospital for any reason by undertaking a standard clinical and respiratory assessment; undertaking routine vital signs monitoring which includes, as a minimum, respiration rate and oxygen saturation; involving the usual LTV team if not admitted under their care; and identifying clinical leadership of ventilation care.

This report will be considered by the relevant clinical teams on both sites in 2020-21, and any improvements we need to make as a result of these national recommendations will then be implemented.

Local clinical audits

In addition to participation in national studies, each clinical care group is also required to undertake local clinical audits based on local priorities. Each care group is also required to review, and where appropriate, audit compliance with NICE guidance. This work is supported by the divisional quality and safety teams and performance is monitored through the divisional quality governance structure.

We recognised that we needed to further strengthen our governance and assurance framework for clinical audit and effectiveness monitoring. To help achieve this our Clinical Effectiveness and Standards Oversight Committee was re-established, chaired by our Medical Director. Updated Terms of Reference are to be agreed and it is anticipated that this committee will oversee all clinical audit projects across the Trust and, under the leadership of our Medical Director, will strengthen scrutiny and inform Board assurance in this area.

Clinical research

Our vision is ...

“... be the UK’s leading specialist centre for heart and lung disease, developing services through research and clinical practice to improve the health of people across the world.”

As a specialist centre focusing 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. We are committed to carrying out pioneering research to help develop the best treatments and cures for complex lung and heart diseases.

Part of the overall mission of the Trust is 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”.

As of February 2020, in excess of 2,129 patients during 2019-20 have been recruited to participate in 105 research projects approved by a research ethics committee.

Year to date, we have participated in over 150 active research projects including global studies sponsored by industry, trials involving new medicines or devices, and international registry studies compiling research data for better patient outcomes.

Of the 2,129 patients, 1,766 were recruited into 85 NIHR portfolio studies (commercial and non-commercial). In 16 of these studies, Royal Brompton and Harefield NHS Foundation Trust are the sponsor of the research, and we are responsible for the set-up, management and financing of the study across all the UK. In addition, patients were consented to donate their tissue for retention within the Trust’s ethically approved biobanks (Respiratory Biobank, Cardiovascular Biobank and Diagnostic Archive). The contributions to our biobanks and the data this provided are essential for on-going research; the development of new research proposals and our future research portfolio.

We are proud that we consistently perform well in the sector against our national objectives, consistently ranking second for number of open commercial clinical trials within the North West London Clinical Research Network. Our respiratory research portfolio is the largest of any NHS Trust and we consistently deliver more respiratory studies than any other UK centre.

We actively promote and encourage collaboration across organisation boundaries and have established multiple collaborations with Academic and Industry partners for the advancement of research.

We continue to work with our clinical teams to integrate research into the day to day work of the organisation and each of our clinical care groups has a nominated lead who ensures we meet our strategic research goals:

- To support and develop research-active staff;
- To exploit opportunities to attract and retain research funding;
- To promote and increase engagement in Trust research;
- To provide effective and well managed research facilities, research resources and administrative support.

Our commissioning for quality and innovation (CQUIN) performance

In this section of the report we are required to confirm how much of our income in 2019-20 was conditional on us achieving agreed quality improvement and innovation goals. We are also required to confirm how much of our income last year, 2018-19, was as a result of quality improvement and innovation goals.

We can confirm that we received an income of £4,914,822 as a result of achieving quality improvement and innovation goals for 2018-19.

The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement, whilst delivering better outcomes for patients.

CQUINs are extra quality improvement goals that we can agree to aim for and there is a financial incentive to achieve those aims.

The Trust had two CQUIN schemes in place during 2019-20. For both schemes, a proportion of our income was conditional on us achieving quality improvement and innovation goals. One CQUIN is linked to NHS England and the other is linked to Clinical Commissioning Groups (CCGs).

The scheme linked to the services commissioned by NHS England provides the Trust with 0.75% of our total NHS annual contract value. The CQUIN schemes linked to Clinical Commissioning Groups provide the Trust with 1.25% of this annual contract value. More information about our CQUIN schemes is available on our website <https://www.rbht.nhs.uk/about-us/our-performance>

For our CQUIN with NHS England, we have submitted our evidence and are expecting to agree a maximum 100% achievement of the CQUIN.

The details for our NHS England CQUIN are shown in the table below.

Scheme	Reference	Total Value	Weighting
Medicines Optimisation	PSS1	300,042	19%
Severe Asthma	PSS8	157,917	10%
Clinical Utilisation Review	PSS7	410,584	26%
Cystic Fibrosis Adherence	LOC1	505,334	32%
Re-thinking Conversations	PSS13	205,292	13%
		1,579,168	100%

For our CQUIN with our local Clinical Commissioning Groups, year-end finalisation has been delayed due to the Covid-19 pandemic. However, agreement was reached during 2019-20 that our CQUIN would be paid at plan (with no financial penalties) and we are not expecting any deviation from this position (shown below).

CQUIN No	CQUIN Scheme	Total CQUIN weighting (%)	Total annual value	Total funding received to date
CCG1a	Antimicrobial Resistance - Lower Urinary Tract Infections in older People (Q2-Q4)	20	£123,947	£123,947*
CCG2	Staff Flu Vaccinations (Q4 only)	30	£185,921	TBC
CCG3a	Alcohol and Tobacco Screening	10	£61,974	£61,974
CCG3b	Alcohol and Tobacco - Tobacco brief advice	10	£61,974	£61,974
CCG3c	Alcohol and Tobacco - Alcohol brief advice	10	£61,974	£61,974
CCG7	Three high impact actions to prevent hospital falls (Q2-Q4)	20	£123,947	£123,947*
TOTAL CQUIN value		100	£619,737	£619,737

Care Quality Commission

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

The Care Quality Commission has not taken enforcement action against Royal Brompton and Harefield NHS Trust during 2019-20 and the Trust has not participated in special reviews or investigations by the Care Quality Commission relating to the services we provide during 2019-20.

In July 2019 the CQC undertook an unannounced inspection of Paul Wood Ward at Royal Brompton Hospital. This focused inspection took place in response to independent concerns raised with the CQC. Following the inspection, the CQC published its report setting out its findings - a summary of which is shown here.

Safe	Good	●
Effective	Outstanding	☆
Caring	Good	●
Responsive	Good	●
Well-led	Outstanding	☆
Overall	Outstanding	☆

<p>Are medical care services safe?</p> <p>Good ●</p>	<p>Areas highlighted as good practice included:</p> <ul style="list-style-type: none"> • Service leadership and dealing with concerns or complaints. • Staff effectively identified patients at risk of deterioration.
<p>Are medical care services effective?</p> <p>Outstanding ☆</p>	<p>Areas highlighted as good practice included:</p> <ul style="list-style-type: none"> • Maintaining staff competence and obtaining informed consent. • The service adjusted for individual beliefs of patients.
<p>Are medical care services caring?</p> <p>Good ●</p>	<p>Areas highlighted as good practice included:</p> <ul style="list-style-type: none"> • Patients treated with compassion and emotionally supported. • Personal, cultural and religious needs were respected.
<p>Are medical care services responsive?</p> <p>Good ●</p>	<p>Areas highlighted as good practice included:</p> <ul style="list-style-type: none"> • Learning from concerns or complaints. • Including patients in complaint investigations.
<p>Are medical care services well-led?</p> <p>Outstanding ☆</p>	<p>Areas highlighted as good practice included:</p> <ul style="list-style-type: none"> • We engage with patients and staff to improve services. • Our leaders had the skills and ability to run the service.

A number of areas of improvement were identified during this CQC inspection. We have discussed these with the CQC and are now working to make improvements in each of these areas.

Areas for improvement

Action the hospital **SHOULD** take to improve

Should Do's:

- The trust should consider that it has a deteriorating policy in place available to staff.
- The trust should improve the record keeping on the ward.
- The trust should ensure that staff accurately record patients fluid intake and output where appropriate.
- The trust should ensure ward staff are provided with specific training on how to care and support patients with learning difficulties, dementia or other mental health issues in relation to care, treatment and consent.
- The trust should ensure ward staff are provided with specific training on how to handle challenging situation especially in relation to patients and their families.
- The trust should ensure that information about patients care and treatment are delivered in a clear and understandable way and that discussion around this is promoted with patients' and their families.
- The trust should ensure that leaders are approachable and have the correct attitude and behaviour towards patients, families and staff.

A previous CQC inspection, undertaken in 2018-19, identified that we needed to improve the governance underpinning how we ensure that we comply with the NHS Fit and Proper Person Test (FFT).

The FFT regulation² is in place to ensure NHS providers meet their obligations to employ only individuals who are fit for their role and to ensure that appropriate steps are taken to ensure that these individuals are of good character and have the necessary qualifications, skills and experience for the role.

The regulation applies to the the board of directors, board members and equivalents, who are responsible and accountable for delivering care. This includes associate directors and any other individuals who are members of the board, irrespective of their voting rights.

We have completed the work required to strengthen our governance arrangements and have in a clear policy in place that sets out our approach to complying with the CQC's guidance to NHS providers on this regulation.

The quality of our data

Since 2018, all NHS Digital, data and technology services should achieve the Data Security Standards required through the Data Security and Protection Toolkit (DSPT).

Royal Brompton & Harefield NHS Foundation Trust submitted records during 2019/20 financial year to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The Trust uses the following initiatives to maintain and improve data quality, thereby ensuring a high quality of service to all service users:

- Patient demographic details are sourced directly from the Patient Demographics Service (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.

² Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 5)

Every year we carry out an audit to check how accurate our clinical coding is and identify where we need to make improvements. The audit was carried out by accredited coding auditors using version 13.0 of the Clinical Coding Audit Methodology set out by the Health and Social Care Information centre (HSCIC).

During January and February 2019, we randomly selected 200 clinical records for patients we had treated between October to December 2019. The overarching purpose of the audit was:

- To evaluate the quality of coded clinical data and identify any data quality issues as per current clinical coding audit methodology and make recommendations accordingly;
- To evaluate the information processes involved in the recoding of inpatient activity;
- To ensure compliance to the requirement regarding Data Quality outlined in Data Security Standard 1 of the Data Security and Protection Toolkit document.

	Level of attainment			
	F/Y 2018/19	F/Y 2019/20	Mandatory	Advisory
Primary diagnosis	95%	94%	>=85%	>=90%
Secondary diagnosis	91.2%	97.5%	>=75%	>=80%
Primary procedure	95.3%	99.4%	>=85%	>=90%
Secondary procedures	93.4%	97.5%	>=75%	>=80%

During 2019-2020 we will continue our work to ensure that our clinical coding is as accurate as possible.

Information Governance

In 2018-19, NHS Digital replaced the Information Governance Toolkit with the Data Security and Protection Toolkit. All organisations with access to NHS patient data and systems are required to complete the Data Security and Protection Toolkit self-assessment, testing their policy and processes against the National Data Guardian's ten data security standards.

The assessment is far reaching and covers personal confidential data, staff responsibilities, training, managing data access, process reviews, responding to incidents, continuity planning, unsupported systems, IT protection and the management of suppliers.

In March 2019 the Trust submitted evidence against the standards set out in the new toolkit. Our response formed the baseline for future years and informed a detailed workplan to ensure that we continue to strengthen our policies and practice for all aspects of information governance.

In light of the Covid-19 pandemic, NHS Digital extended the deadline for submission of the 2019/20 Toolkit to September 2020. However, the Trust has undertaken a range of work during the past year to improve the governance and security of its data and information systems. Our self-assessment was submitted in early April, along with an updated improvement plan for a number of areas recognised as requiring further development.

The Trust's Toolkit is currently assessed as "Standards Not Fully Met (Plan Agreed)". This grading is given where a small number of items do not yet meet the Toolkit's requirements. Our updated improvement plans are currently being reviewed by NHS Digital. These plans will be approved if NHS Digital is satisfied that we have a realistic plan to achieve the evidence requirement. Work will continue during 2020-21 to implement the improvements within our action plan.

Learning from Deaths

Learning from the deaths of people in our care helps us improve the quality of the care we provide to patients and their families. Even if the death of a patient is expected, the information we collect during the review process helps us identify aspects of our care that we could improve.

During 2019-20 we have continued to review and revise our processes to help us learn from deaths and we have built on the systems we have previously put in place. The impact of this work is reflected in the quality of information we now present to our Risk and Safety Committee.

Things we have changed during 2019-20 include:

- The Trust Mortality Surveillance group is now established cross-site and meets every other month
- All Dr Foster mortality alerts are reviewed by the Trust Mortality Surveillance group, along with letters of response to the CQC
- Lessons learned from learning from death reviews are shared at the Trust Mortality Surveillance Group
- Increasing the focus on using the Royal College of Physicians “Structured Judgement Review” process at Harefield Hospital.

During 2020-21 we will continue to strengthen our processes including:

- Continuing the focus to implement the Structured Judgement Review process until the care of all adult patients who die at Harefield Hospital is reviewed in this way
- Work in collaboration with Royal Marsden Hospital and Chelsea & Westminster Hospital to share and learn best practice during the implementation phase of the Medical Examiner system
- Implement the Datix Mortality Module, which has a dedicated section for Medical Examiner reviews and comments.

The data shown in the tables below was reported to the Trust’s Governance and Quality Group and the Trust’s Risk and Safety Committee. The data is in line with that reported during 2018-19 and reflects that we continue to have work to do to ensure that all deaths undergo Structured Judgement Review.

Table 1: Whole Trust including adult and paediatric deaths

Year	Quarter	Number of Deaths	Number of deaths with initial review	Number of deaths with detailed clinical notes review	Number of deaths subject to SI investigation	Total number of deaths with any type of review	Total number of deaths with detailed &/or SI review	Number in which problems in care identified Bristol grade 1/2
2019-20	Q1	107	107	105	1	107	107	6
	Q2	95	94	94	0	94	94	7
	Q3	119	118	118	0	118	118	8
	Q4	92	77	77	0	77	77	RADAR ³
	YTD	413	396	394	1	396	396	21 + RADAR

³ COVID19 mortality review via RADAR group – themes identified from mortality review cross-site and alerts issued

Table 2: Patients with Learning Disabilities (also included in table 1)

Year	Quarter	Number of Deaths	Number of deaths with initial review	Number of deaths with detailed CNR	Number of deaths subject to SI investigation	Total number of deaths with any type of review	Total number of deaths with detailed &/or SI review	Number in which problems in care identified Bristol grade 1/2
2019-20	Q1	2	2	2	0	2	2	1
	Q2	0	0	0	0	0	0	0
	Q3	1	1	1	0	1	0	0
	Q4	0	0	0	0	0	0	0
	YTD	3	3	3	0	3	3	1

Preparation and re-organisation for Covid-19 impacted on the month mortality review schedule. This was addressed by implementing a Rapid Action After Death Review (RADAR) process across critical care areas, on both hospital sites, to ensure an agile system for learning and sharing lessons from deaths.

Things we have learned and actions we have taken based on this learning during 2019-20

Learning	Actions
We needed to improve our processes to support consent to Examination and Treatment.	The Trust's consent to Examination and Treatment policy has been updated and approved.
We need to identify better those patients with a learning disability and explore ways to improve their care.	We have introduced sunflower lanyards and badges for those patients who may need additional help and support. We are also developing our Learning Disability strategy.
There is a need for us to complete discharge summaries for all patients who die in the Trust	All the clinical teams have reviewed this requirement and an audit will be undertaken to help us improve.

The actions we have taken have increased clinical multi-disciplinary engagement in reviewing the quality and experience of care at the end of life. Clinical audits, in particular, will help us to further improve the quality of care that we provide.

During 2020-21 we will work to improve how we identify and support patients with learning disabilities during their admission at the time of their death. This work will be underpinned by our Learning Disabilities Strategy.

National core set of quality indicators

Since 2012 a core set of quality indicators came into effect for hospitals providing acute services in England. In this section of our quality report we report our performance against those indicators that are relevant to the specialist services we provide.

For each indicator we show our performance, together with the national average and the performance of the best and worst performing trusts, where this is available.

Royal Brompton & Harefield NHS Foundation Trust consider this data is as described because it is data from our HES (Hospital Episode Statistics) submitted data. Due to our validation processes around this data, we believe the data reported back to us to be accurate.

Readmissions within 28 days of discharge

Our clinical teams are committed to reducing the number of patients requiring readmission and we closely monitor readmission rates at a local level and at an organisational level. Our clinical and operational teams will continue to monitor the number of patients who requiring readmission to our own services and ensure that improvements are made where required.

Indicator	From local Trust data			Data Governance Arrangements	Benchmark Comparisons				
	2017-18	2018-19	2019-20		Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Percentage of emergency readmissions to our own hospitals occurring within 28 days of the last, previous discharge from hospital after admission.									
% of patients aged 0-15 readmitted within 28 days	6.8%	6.6%	1.63%*	In accordance with NHS Digital definitions.	1.63%	April 2019 – March 2020	NA	NA	NA
% of patients aged over 15 readmitted within 28 days	6.2%	6.8%	1.20%*		1.20%		NA	NA	NA

* Historically the Trust has used Dr Foster data to report 28 day readmissions. This data incorporates any hospital admission within 28 days of discharge. The Trust no longer contracts with Dr Foster and, as a result, the 2019-20 data presented in this report relates to readmissions within 28 days to our hospitals only.

Responsiveness to the personal needs of patient

In this section of the report we are required to report on our performance in the Care Quality Commission's 2019 Adult Inpatient Survey. The outcome of the survey was published nationally in June 2020 and the report named the Trust as performing "better than expected". The Trust was also named as being better than other NHS trusts in eight of the 11 areas covered. We are extremely pleased with the outcome of the Care Quality Commission's 2019 Adult Inpatient Survey and we have published a link to the full report on our website. We will continue to look at more ways to help us be responsive to the personal needs of our patients during 2020-21.

Recommendation to Friends and Family

The Friends and Family Test is just one tool that we use to collect information about our services from staff, patients and family members. Our patient experience and clinical teams have worked extremely hard during 2019-20 to increase the number of patients completing the Friends and Family Test. This work, which has included the increase in electronic solutions, will continue into 2020-21. We will also continue to explore innovative solutions to collect information about our services from staff, patients and family members.

Indicator	From local Trust data			Data Governance Arrangements	Benchmark Comparisons: Q1-Q2				
	2017-18	2018-19	2019-20		Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Percentage of staff who would recommend the provider to friends or family needing care.	94.86%	91%	TBC	In accordance with NHS England guidance.	TBC	2019-20	TBC	TBC	TBC
Percentage of Inpatients who would recommend the provider to friends or family needing care	95.68%	95.33%	96%		96%	2019-20	TBC	TBC	TBC

Venous thromboembolism (VTE)

Venous thromboembolisms (VTE), or blood clots, are a major cause of death in the UK. Adult patients admitted to a hospital may be more at risk of developing a blood clot and it is therefore important that we risk assess patients on admission to hospital.

Our clinical staff undertake more blood clot risk assessments, at the time a patient is admitted to our hospital, than the national average. We review our risk assessment data monthly and report performance quarterly to NHS England.

In line with national guidance, our data for 2019-20 includes the percentage of blood clot risk assessments we undertake on 16 and 17-year-old patients.

Indicator	From local Trust data			Data Governance Arrangements	Benchmark Comparisons				
	2017-18	2018-19	2019-20		Most recent results for Trust	Time period for most recent Trust results	Best result nationally Q1-Q3 2019-20	Worst result nationally Q1-Q3 2019-20	National average Q1-Q3 2019-20
Percentage of admitted patients risk-assessed for venous thromboembolism (VTE)	95.88%	97.25%	97.5%	In accordance with NHS England guidance.	97.5%	2019-20	100%	70.36%	95.47%

Infection control – Clostridium difficile

We undertake post-infection reviews for all clostridium difficile infections. Findings of reviews are discussed at our Infection Prevention and Control Committee and our local quality groups are responsible for overseeing the implementation of any improvement action plans. We reported 9 Clostridium difficile infections during 2019-20, 7 of these were classed as hospital onset but no lapses in care were identified.

Indicator	From local Trust data			Data Governance Arrangements	Benchmark Comparisons				
	2017-18	2018-19	2019-20		Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Rate of <i>clostridium difficile</i> (number of infections/100,000 bed days)	5.45 ⁴	6.02	4.87	In accordance with NHS England guidance.	4.87	2019-20	No benchmark available		

Patient safety incidents

During 2019-20 we continued to work with our staff to ensure that all patient safety incidents were reported and that appropriate changes were made as a result of learning from our investigations into these incidents. Improvements we made during 2019-20 included:

- Revision of 5 Steps to Safer Surgery checklist.
- Updating documentation for pre-existing wounds.
- Raising awareness of the importance of glucose pre-operative checks for patients with diabetes

⁴ 2016-17 and 2017-18 figures have been adjusted from previous years to present infection rate rather than hospital acquired infections

NHS England and NHS Improvement is the national body responsible for reviewing patient safety incidents. Their view is that Trusts which report a high number of incidents have a strong culture of being open about mistakes and near-misses and learning from them. Our governance structures across the Trust support the reporting of incidents and help ensure that learning from incidents is shared across all teams.

Indicator	From local Trust data			Data Governance Arrangements	Benchmark Comparisons				
	2017-18	2018-19	2019-20		Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Patient safety incidents reported to the National Reporting & Learning System									
Number of patient safety incidents	3,956	5,910	4207 ⁵	In accordance with National Patient Safety Agency guidelines.	4207	April 2019 - March 2020	Not available	Not available	Not available
Rate of patient safety incidents (number/1000 bed days)	18.47	34.36	37.98		37.98		Not available	Not available	Not available
Percentage resulting in severe harm or death (red incidents)	0.07%	0.05%*	0.024%		0.024%		Not available	Not available	Not available

National data is available for M1 – M6 only, therefore benchmark comparisons are not shown.

There were 7 serious incidents reported during 2019-20 and one of these was a Never Event. Following investigation, one incident was declassified as a serious incident. The Never Event was reported during M7 - during a procedure a fragment of a vascular sheath, presumed to have been inserted during the previous procedure, was found and extracted. The Never Event was reported to NHS England at the time and underwent a full investigation, in accordance with national guidelines. Stage 1 Duty of Candour requirements were met at the time the incident occurred and Stage 2 requirements were met following the necessary investigation.

Following the investigation, a range of actions were implemented across the Trust including:

- Revision of the 5 Steps to Safer Surgery checklist
- Revision of the Cardiac Cath Lab Local Safety Standards for Invasive Procedures (LoSSIP)
- Sharing learning via the internal Patient Safety Bulletin.

⁵ Data correct as at March 31 2020

Part Three

Other information

Review of quality performance 2019-20

Our quality priorities for 2019-20 are shown below and a full review of what we did to achieve these priorities is located on pages 6-11 of this report.

Patient Safety

Implementation of NEWS2

Identification and management of patients with sepsis

Identification and management of patients with acute kidney injury (AKI)

Clinical effectiveness

Learning from deaths

Use of Structured Judgement Review (SJR) tool to review care of patients who have died in hospital

Avoidable cancellations for surgery

Patient experience

Staff welfare – implementation of a Health & Well-being Improvement Plan

Medical Examiner role

Consent – understanding patient and family perspective

Local Quality Indicator

In this part of the report we would usually report on the outcome of the external assurance audit of our Local Quality Indicator selected by our Council of Governors. Due to Covid-19, NHS England removed the requirement for this external assurance to take place.

The Local Quality Indicator selected by our Governors was 'Outpatient Did Not Attend (DNA) rate at Royal Brompton Hospital' and this was to be benchmarked against national data. Because this information remains important to us, we will undertake this audit during 2020-21 and we will use the findings to help us further improve our outpatient services at both Royal Brompton Hospital and Harefield Hospital.

Our performance against NHS England and NHS Improvement's NHS Oversight Framework

The NHS Oversight Framework⁶ details a number of performance targets to help NHS Improvement oversee NHS Trusts and NHS foundation Trusts in England, using one consistent approach. The

⁶ <https://improvement.nhs.uk/resources/nhsoversight-framework/>

framework is seen as a supportive mechanism to help NHS Improvement identify if trusts need any help or support.

The overarching purpose of the NHS Oversight Framework is for NHS Improvement to be able to help NHS providers achieve and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards, manage their resources effectively and work alongside local partners.

Our performance against key performance targets within the NHS Oversight Framework is shown in the table below.⁷

Indicator	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	2019-20	Target
Clostridium difficile	0	1	0	0	2	1	1	2	0	2	0	0	9	12
MRSA Bacteraemia	0	0	0	0	0	0	1	1	0	0	0	0	2	0
Maximum time of 18 weeks from point of referral to treatment % (RTT)	92.30%	94.00%	93.70%	94.30%	93.40%	93.60%	92.80%	92.90%	92.30%	92.90%	93.20%	90.40%	93.00%	92%
% of breaches Maximum 6 – week wait for diagnostic procedure	0%	1%	0%	0%	0%	0%	0%	0%	0%	2%	0%	31%	2%	1%
Never Events	0	0	0	0	0	1	0	0	0	0	0	0	1	0

Referral to Treatment times (RTT)

During 2019-20 we have undertaken a wide range of service improvements to help reduce the length of time it takes a patient to be treated from the time of their referral. These improvements built upon work we undertook in previous years and on knowledge we have gained from patient feedback.

The NHS Constitution gives you the right to access services within minimum waiting times, or for the NHS to take reasonable steps to offer you a range of suitable alternative providers if this is not possible.

We monitor the length of time between your referral and your time to treatment to help ensure that you receive treatment as quickly as possible.

In previous years our work to improve referral to treatment times has focused in inpatient services. Whilst this was the right approach at the time, improvements in technology now make it possible for us to explore opportunities to improve our outpatient services.

One important service improvement that we undertook at Royal Brompton Hospital was the implementation of a text messaging system for our out-patient services. The implementation of this system has helped us to reduce the number of patients who do not attend their scheduled out-patient appointment. Learning from this work will be used to help us roll out this service at Harefield Hospital.

In addition to the outpatient transformation work we have undertaken, we have also focused on further strengthening staff knowledge and local management processes. In particular, we have:

- Continued to support staff in completing our e-learning programme so as to assist them to:
 - raise their knowledge in the complex area of referral to treatment times; and
 - raise their knowledge on how each interaction with a patient should be recorded within the patient administration system.

⁷ External audit assurance was deferred by NHS England due to Covid-19

- Focused on validating patient pathway data at a local level to ensure that errors in data entry were routinely identified and corrected.

During 2020-21 we will continue with our outpatient transformation work with the aim of becoming an international exemplar of modern outpatient care, with diagnosis, treatment planning, intervention and review informed by data from multiple sources, using modern technology and provided with the minimum travel to hospital for patients.

We will also continue to work on the quality and accuracy of our referral to treatment data and information and will seek external audit qualification on our performance.

As part of our required Operational Plan for 2020-21, we have confirmed that we will continue to meet the national target that requires at least 92% of our patients must not wait more than 18 weeks for the start of their treatment.

Cancer services

Our patients are often referred to a local hospital first, where they undergo a number of necessary investigations and tests before they are referred to us for treatment. We therefore work in partnership with these referring hospitals to help ensure that patients are ready to have surgery when they are referred to us and are jointly responsible for ensuring that a patient receives their first definitive treatment within 62 days of their referral being received.

This performance measure requires NHS organisations to ensure that all patients who have been referred by their GP, on a suspected cancer pathway, receive their first definitive treatment within 62 days of their referral being received.

In the last quarter of 2018-19 the Trust submitted, to NHS England, a trajectory for the 62 day target for 2019-20 for lung cancer. The trajectory agreed with commissioners was that 73% of our patients being treated on the 62 day referral to definitive treatment pathway would receive treatment within 62 days of referral. This is 12% lower than the national target of 85% and reflects the complexity of the care pathways for our patients and the fact that the Trust only treats one tumour site (Lung Cancer) with only one single modality, (Surgery). The national target of 85% is set for Trusts who run multiple cancer services and is an average performance rating across several tumour sites.

This improvement trajectory was based on developments of the National Optimal Lung Cancer Pathway being implemented across the country and, therefore, within the key referring centres that refer patients for lung cancer surgery to Royal Brompton and Harefield NHS Foundation Trust. Also taken into account was the ability of our Thoracic Surgery and Lung Cancer Team to improve the average time from receipt of referral to offering a patient a surgery admission date, for patients to be treated within 20-24 days.

As the table below shows, the Trust ended the 2019-20 financial year at 75% performance adjusted for the 62 day pathway and therefore met and surpassed the trajectory agreed with NHSE.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD
Adjusted Performance*	80.00%	57.14%	81.82%	76.00%	60.00%	81.25%	92.31%	66.67%	57.14%	83.33%	66.67%	80.00%	75.00%
Unadjusted Performance	60.00%	66.67%	58.33%	60.00%	46.67%	75.00%	81.82%	66.67%	42.86%	62.50%	42.86%	33.33%	59.00%

*Adjusted performance takes account of a national formula used to allocate pathway breaches to provider organisations. If the Trust is fully responsible, or shares responsibility, for a higher number of breaches our adjusted performance will decrease and if the Trust is responsible, or shares responsibility, for fewer of the pathways breaches our adjusted performance will increase.

During 2019-20 the Trust worked in close partnership with referring Lung Cancer Multidisciplinary Teams (MDT). Initially this work started with Watford General Hospital Lung Cancer MDT and a plan was put in place to provide an onsite, weekly outpatient clinic. This started prior to COVID-19 and has been working well.

We have also been working with the Mount Vernon Hospital Cancer Team to strengthen the integration of oncology support at Harefield Hospital and surgical services provided for Mount Vernon patients at Harefield Hospital. We have also increased the number of onsite clinics at the Great Western Hospital. This work started in December 2019 and has improved access to services and the patient pathway experience for this cohort of patients.

Covid-19 has impacted on a number of our planned actions and will now ultimately change how we provide services to patients. We are working closely with referring colleagues to explore options on how we now might best provide support going forward.

Unfortunately, the Healthy Lung Project was postponed due to Covid-19. However, in the interim, the team has been successful in gaining approval for a subsequent bid for an additional Clinical Commissioning Group (CCG) to join the project. Approval was granted during the first quarter of 2020-21. Sutton CCG was selected following further review of London CCGs with historic and current poor lung cancer mortality and patients presenting at a late stage in their illness.

Covid-19 meant that we needed a new model of service provision to help us manage the care of our patients with cancer. We have been working with local partners and with the Cancer Hub, hosted by Royal Marsden Partners (RMP), to ensure that our patients receive the care and treatment they require. We have also been able to continue to operate on a smaller than usual number of patients at Harefield Hospital.

The Cancer Hub, commissioned by NHS England, has enabled urgent surgical and interventional radiology (GA) cancer cases to continue during the pandemic.

The Cancer Hub is working collaboratively with several NHS trusts across London and at present the following Trusts are working as part of the Hub:

Royal Marsden NHS Foundation Trust	Kingston Hospital NHS Foundation Trust
Hillingdon Hospital NHS Foundation Trust	Imperial College Healthcare NHS Trust
Croydon Health Services NHS Trust	Chelsea & Westminster NHS Foundation Trust
St George's University Hospitals NHS Foundation Trust	Epsom & St Helier University Hospitals NHS Trust
Royal Brompton & Harefield NHS Foundation Trust	London North West University Healthcare NHS Trust

The Cancer Hub capacity and access to services is reviewed weekly and, as referring centres increase activity, we predict there will be some further surgical capacity required. Currently theatres at the Royal Marsden NHS Foundation Trust and Bupa Cromwell Hospital have been commissioned

by NHS England to enable operations for cancer to continue for those NHS trusts working with the Cancer Hub.

Friends and Family Test

Results of the Friends and Family Test (FFT) are published monthly on the NHS England⁸ and NHS Choices websites, allowing patients to measure our performance against other trusts.

We have reported our performance against the Friends and Family Test on page 29 of this annual quality report. In this section of our report we will share how we collect this information from our patients and how we use the information we have received.

NHS England launched the Friends and Family Test in 2013. The test was introduced as a key measure to improve patients' experiences of care across the NHS. All hospital Trusts are mandated to ask all inpatient and day-case patients: "How likely are you to recommend our ward/clinic to friends and family if they needed similar care or treatment?"

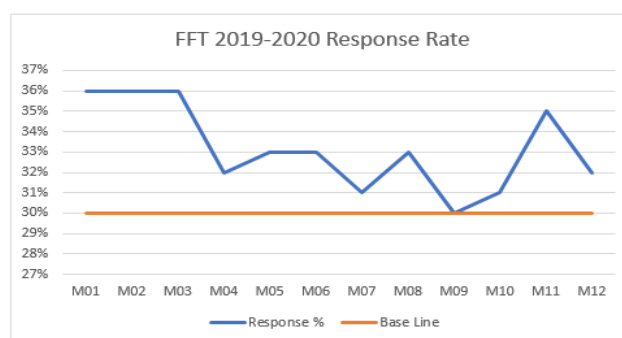
The initial national response target for Friends and Family Test when first launched was 15% from our inpatients and patients attending as a day-case. In 2015 this target was increased to 30%.

During 2019-2020 we received 12,240 ratings from patients, consistently achieving the national target, with an average a response rate of 33%. This is slightly reduced when compared to the 35% response rate reached in 2018-2019. We have identified that this is due to the impact that Covid-19 on our ability to provide clinical services.

The graph to the right shows our response rate for 2019-20 by month.

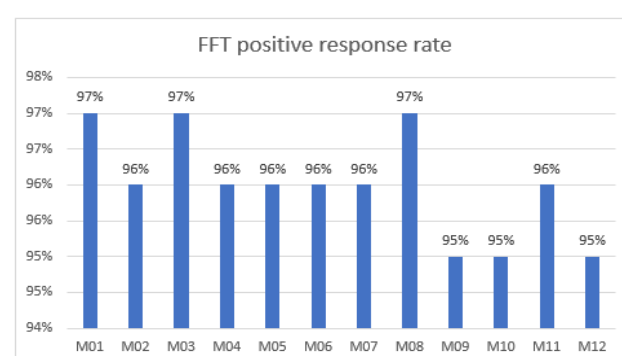
We collect information in the following ways:

- Paper questionnaires given to all patients on the day of discharge
- Online via tablet devices
- Via text message sent 48 hours post discharge.



As the second graph to the right shows, during 2019-2020, 96% of patients would, on average, recommend our services to their friends and family. This is an increase of 1% on 2018-19 results.

We are also able to confirm that the negative response rate to the Friends and Family Test has consistently been 2% throughout 2019-2020 (with no change from the year before).



Friends and Family Test scores are not published in a way that enables direct comparison with other Trusts. However, once published, we will use the National Patient Survey⁹ to benchmark our

⁸ <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

⁹ <https://www.cqc.org.uk/publications/surveys/surveys>

performance against NHS Trusts in England and against NHS Trusts in London. Its work will be presented to our Trust Board and will be available on our website.

In addition to rating the Trust, patients are encouraged to explain their response and we received 8557 patient comments of which 97% were positive and 3% were negative and/or suggested improvements. Some of the comments we have received from patients during 2019-2020:

"The nurses make me feel almost like I'm at home as much as is possible. Always there to air problems to if needed, and to cheer us up when needed, and they are such good fun. The level of care is just amazing. They know us all nearly as much as we know ourselves and are so professional. They have my utter respect and admiration, especially with the long hours they do. Thank you all." - Foulis Ward

"Care was excellent and I felt I was in true professional hands from the moment I was admitted. Every single team was thoughtful and caring and kept me in the picture - from phlebotomists to nurses to consultants to physios. The hospital was clean, and the food is excellent. How lucky I was to have been treated in the Royal Brompton... I actually found it hard to leave." - Victoria Ward.

"The team who did my biopsy also were first class and explained very thoroughly what was going to happen and were very compassionate and caring all the time. I could not have been in safer hands and all I can do is let you know how grateful I am for your care" - Cherry Tree Ward

"I received very good service from all the staff right from the people who brought the food and tea, nursing staff, care assistants, doctors and specialists who were responsible for my treatment whilst I was under the care of the Brompton & Harefield hospital. First class service and lots of really nice pleasant people to deal with. Can't really thank you enough as I would need to. Received first class and caring service. Only sorry I had to leave when I did, because I was so much in better health after treatment received. I

"I was admitted onto Paul Wood Ward for a cardioversion. Absolutely everyone I dealt with - on the Ward, in theatre prep and in Recovery was outstanding - totally professional and very caring. I have been attending the Brompton since I was 5 in 1971; I have lived all over the country but won't change hospital due to the brilliant service here. Thank you." - Paul Wood Ward

"All the staff we came in contact with are wonderful people, very friendly, caring and very Professional. Additionally, the successfulness of the surgery performed on our son brought joy back to our family. We can say this hospital is just too wonderful and simply the best. Our gratitude cannot be overemphasised. We therefore say a BIG thank you to all, and God bless." - Rose Ward

"The expedient care I received at Harefield Hospital was world class, faultless and undoubtedly saved my life and prevented serious disability. I am myself, a physician and was completely reassured by the clinical competence of staff, their genuine compassion and attentiveness. The ITU and Rowan Ward staff were nothing short of incredible and all a credit to their profession. I was admitted for a month during the COVID-19 crisis and honestly didn't feel my care was affected despite the intense pressure the entire hospital was certainly under. Thank you for the fantastic work that you do" - Rowan Ward

"The nurses, doctors, care assistants where all so attentive to my needs especially when I was finding it very difficult, they are a credit. Also, the hospital ward was lovely and clean, and the evidence of cleanliness was seen every day by yet more staff that were fantastic at meeting the needs of the patients. Thank you." - Cedar Ward

appreciated all the help and good medical care received.” - Oak Ward

“All of the staff cared for me with compassion and dignity. They all worked extremely long hours, during physically demanding shifts and yet had smiles on their faces at all times. I cannot thank them enough for their hard work in getting me back on my feet. My stay on Oak, ITU, Rowan and Acorn wards was made to feel like a home away from home.” - Acorn Ward

“The exceptionally high level of care, skill, professionalism & attention to detail I received from doctors, nurses & support staff was evident throughout my stay. During my anxious times I was treated with warmth and dignity. Thank you RBH.” - Princess Alexandra Ward

“I was worried and upset but from the minute I was picked up from home, delivered to the ward everyone was kind and understanding. They took the time out of their busy schedule to explain what was going to happen. I appreciated that very much at it put me at ease. Thank you all for caring.” - York Ward

“I gave the highest score to RB&H NHS trust because the preparation, care, surgery and after care I was given during my recent visit to Harefield was exemplary- I felt very safe, very treasured and very lucky to be taken such good care of during my stay there. And if I have need to return, I know that I will receive the best care I could wish for.” - Juniper Ward

All feedback we receive is reviewed and we try, wherever possible, to ensure that we learn from the feedback and make any improvements necessary. Actions we have taken in 2019-20 after patient feedback include:

Our Facilities

Rose Ward has been refurbished and decorated. As well as painting all areas, the Brompton Fountain developed and funded new child-friendly artwork (wallpaper) in all rooms, creating a welcoming space for all patients.

In response to comments received about the warm weather, air conditioning units were installed on Lind Day Care Unit to combat the heat. This improvement was popular with patients

Compassion in Practice

Length of time waiting is being addressed at Harefield as part of the Darwin programme with staggered admissions being implemented.

Noise at night in Elizabeth High Dependency Unit was highlighted as a sleep deprivation issue for patients. In response staff answer bells/calls promptly, minimize light and fixed squeaky doors. Earplugs and eye masks are now available for patients.

Information and Communication

A revised letter for Lind Outpatients was developed by patients with Interstitial Lung Disease on the Trust's Patient & Public Engagement Group. They created new wording to ensure future patients understood the day care process more effectively.

Members of the PPEG also supported the development of a revised patient information leaflet on delirium.

Respiratory Support Services provided the team with a 'hot' bleep for day staff and liaised with switchboard to ensure any patient calls regarding CPAP/NIV was answered as a priority.

In addition to the Friends and Family Test, there are several other ways that we collect information from our patients, including participation in Care Quality Commission (CQC) Adult Inpatient Survey. The 2018 survey examined the whole patient journey from admission through to discharge, providing a comprehensive review of the patient experience locally and nationally. The was sent to a sample of 1,250 of our patients that had stayed at least one night in one of our hospitals during July 2018. 453 (35%) of eligible patients returned the completed questionnaire.

The results were released by CQC in June 2019 and we are extremely pleased that the results indicated that both our hospitals performing 'better than expected'. In addition, our patients scored us as 'better than average' on most of the questions. Key achievements include:

- 96% of patients overall felt they were treated with dignity and respect
- 96% had confidence and trust in the doctors treating them
- 94% had confidence and trust in the nurses and other clinical staff treating them
- 92% had confidence in the decisions being made about their care or treatment
- 96% felt the staff caring for them work well together
- 92% felt they were given enough information about their condition or treatment
- 94% felt they had any questions answered in a way they could understand, before an operation or procedure
- Over 90% felt they were given enough privacy for discussion around their condition and treatment and when being examined or treated
- 92% felt they did not have to wait a long time to get a bed on a ward
- Nearly 90% overall felt they had a good experience.

The results of the CQC Bi-Annual Children and Young People's Survey 2018 was published in November 2020. The Trust's results were excellent, with 117 responses (25.3% response rate) which demonstrated significant improvements in the results from the following questions:

- How clean do you think the room your child was cared for in?
- Did members of staff treating your child communicate in way they understood?
- Did your child like the food?

We did receive lower scores for parent facilities, wi-fi quality and noise at night. We continue to work hard on addressing each of these.

Care Opinion is a national digital network with encourages people/patients to share their experiences of care from across the UK. All patient experiences recorded for the Trust can be found on the Care Opinion website¹⁰.

Responses to experiences of care by our patients are managed by our communications team. Examples comments include:

- "My partner is the Royal Brompton waiting for aortic dissection op but because of surgeons personal circumstances her surgery has been cancelled, prior to coming into Brompton she had a op for cancer of the neck waiting for follow up treatment of this, she has now been in the NHS hospital for a total of 5 weeks, 2 in XX General and 3 in the Brompton now they are

¹⁰ <https://www.careopinion.org.uk/opinions?nacs=RT3>

sending her back to XX General and they cannot do the surgery. God help us”, Royal Brompton Hospital, Cardiology.

- “I could write a book but it still could not express all my joy. I had at least two cardiac arrests and the staff could not have been more caring. Kindnesses personified. All I really and clearly remember are the flashing blue fairy lights through the ambulance windows followed by the nursing and medical staff. The rest is 'the book'. Thank you to all of you. May God bless you and keep you safe”, Harefield Hospital, Cardiology (Oak Ward).

The Trust's Patient & Public Engagement (PPE) Strategy was launched in January 2020, with over 50 patients and staff in attendance. The strategy identified 5 key objectives to improve patient experiences (leadership, organisations culture, collecting feedback, analysis & triangulation and reporting & publication). For patients, the PPE strategy objectives are summarised as:

- **Listen to your experiences of care**
- **Learn from your feedback**
- **Lead change to our services together**

We also support two key patient groups (Patient & Public Engagement Group and RB&H Trailblazers) which ensure that people of all ages have an opportunity to work with the Trust and clinical staff to make improvements to all our services.

Complaints

We encourage patients and family members to provide us with feedback to help us improve the services we provide. We receive much of this feedback informally and these are dealt with by the PALS service providing quick resolution, but we do also receive formal, written complaints.

There are NHS standards¹¹ guiding how we manage formal complaints and how we provide assurance to our Board that we are learning lessons and making improvements as a result of these complaints.

The table below shows the number of formal, written complaints we received during 2019-2020 and the percentage of these that we responded to within the timescale agreed with the complainant.

	Total Number of Complaints	Complaints responded to within agreed timescales	%
Royal Brompton Hospital	60	53	88 %
Harefield Hospital	29	27	93 %
Wimpole Street	1	1	100 %
Trust Total	90	81	90 %

In accordance with NHS guidelines the outcome of our investigations into complaints are described as:

- Complaint Upheld (the greater part of the complaint is justified)
- Complaint Partially Upheld (some aspects of the complaint are justified) or
- Complaint Not Upheld.

¹¹ The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

The table below shows the outcome of our complaint investigation process for all complaints we investigated and closed during 2019-2020 and the number of complaints re-opened.

	Upheld	Partially Upheld	Not Upheld	Number of complaints re-opened
Royal Brompton Hospital	15	16	21	6
Harefield Hospital	6	13	6	3
Wimpole Street	0	0	1	0
Trust Total	21	29	28	9

12 complaints under still under investigation and no decision has yet been made regarding the outcome.

Our annual review of complaints confirmed that some broad themes emerged during 2019-2020.

- Delays in the scheduling of tests, investigations and follow-up appointments.
- Lack of communication following MDT.
- Poor planning of Patient Transport journey and late arrivals to appointments.
- Staff attitude, including staff being dismissive and not fully attentive to patient needs.

We have used this intelligence to improve our services and will continue this work during 2020-2021. We will also continue to support our staff to undertake investigations into complaints.

Duty of Candour

Within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20 focuses on the need for healthcare providers to be open and transparent with people who use healthcare services. The regulation also sets out some specific requirements that we must follow when things go wrong with care and treatment. This is known as Duty of Candour and includes including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

It is the responsibility of all of our staff to comply with the Duty of Candour requirements and we report our levels of compliance to our Trust Board.

To help us ensure that we meet our regulatory requirements, and to help ensure that we learn from incidents where things go wrong, we have a nominated clinical lead for Duty of Candour. In addition, Adverse Incident Policy makes specific reference to Duty of Candour and details the responsibilities of staff. Our policy is supported by training that is available to all staff.

Duty of Candour relates to any event where things went wrong or didn't go to plan, however there is a focus on moderate and severe levels of harm. We are required to report our compliance with the Duty of Candour regulation for moderate and severe levels of harm.

During 2019-20, 75 incidents occurred that we reported within our Duty of Candour reports. These are shown in the table alongside our compliance with the Duty of Candour requirements.

NB: An incomplete stage 2 is reported when an investigation is ongoing. A letter detailing the results of an investigation will be issued once the investigation has concluded.

	Moderate harm (amber)	Severe harm (Red)	Total with stage 1 complete	*Total with stage 2 complete	*Total with both stages complete	*Percentage fully compliant
Apr-19	3	0	3	3	3	100%
May-19	8	1	9	9	9	100%
Jun-19	9	0	9	9	9	100%
Jul-19	6	0	6	6	6	100%
Aug-19	7	0	7	7	0	100%
Sep-19	4	0	4	4	4	100%
Oct-19	9	0	9	9	9	100%
Nov-19	3	0	3	3	3	100%
Dec-19	6	0	6	6	6	100%
Jan-20	8	0	8	3	3	38%
Feb-20	8	0	8	1	1	13%
Mar-20	3	0	3	0	0	0%
Cumulative Total	74	1	75	60	53	80%

As a direct result of the continued work our divisional quality leads have undertaken during this financial year, we are compliant with our statutory obligations.

Actions we have taken during 2018-19

- We have continued to deliver incident reporting and investigation training sessions for all staff groups. We have also continued to deliver Duty of Candour training sessions;
- Learning is shared at divisional quality meetings and at the Trust's Governance and Quality Group;
- On our intranet, we have made available a range of tools and support resources to help staff be open with patients and meet Duty of Candour requirements.

During 2020-21, we will continue to support our staff to understand and meet the Duty of Candour requirements and will provide intensive support where we identify it is required.

NHS doctors in training

Schedule 6, paragraph 11b of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires us to provide "a consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account".

Our doctors in training report is produced separately to this annual quality report, however we monitor the safe working practices of our junior doctors on a daily basis and we report our findings and actions quarterly to our Risk and Safety Committee. During 2020-21 we will continue to monitor safe working practices of our junior doctors and will continue to escalate risks and mitigating actions to our Risk and Safety Committee.

We hold a monthly junior doctors meeting where our junior doctors can raise any issue concerning them so as these can be reviewed, and action taken as required. During 2020-21 we will continue to meet with our junior doctors and will continue to escalate risks and mitigating actions, linked to their concerns, to our Risk and Safety Committee.

NHS Employee Survey

The 2019 NHS Staff Survey launched nationally in October 2019. It is the largest employment survey in the world with 1.1 million people asked to participate. The national response rate this year is 48%.

In October 2019, we invited 3,493 staff at the Trust to complete the survey. This year, being mindful of feedback from the 2018 survey and the environmental impact of issuing paper surveys, 92% of all surveys were provided for completion online. The survey itself consists of 90 questions correlating to 11 themes which make up the key elements of the NHS National Workforce plan.

The survey was open for 8 weeks and 70% of our staff returned a response. This is an increase of 11% on last year's response rate, of 16% against the 2017 response rate and a doubling of the response rate since 2016. This is the highest response rate for any Acute Specialist Trust in the Country.

This level response from staff means that we can have confidence in the issues identified at an organisational and division level. It also means that valid data is much more likely to exist at a departmental or unit level and will therefore support actions to be taken at a more local level.

Overall, our results and the trend are mostly positive, notable improvements in staff engagement, staff morale and the quality of appraisals with staff reporting that they felt supported in their own development and valued as an employee.

In 2017 we embarked on a programme to understand and tackle bullying and harassment amongst staff in the Trust. The 2019 survey shows that we are making progress in this area. We now match the national average for stated bullying involving a manager and are only 3% variance below the national average for bullying from a colleague. This downward trend is a notable improvement given that nationally within the NHS bullying is reported to be on the increase. However, we are mindful that despite the reduction in reported bullying we still have more to do and we will continue with our programme to tackle the issue.

We have established a broad range of initiatives to improve the employee experience for the coming 24 months. This will build on the work we have already begun in the past three years and is centred around three major themes.

- Health and Wellbeing – mental health particularly.
- Manager Skills and Performance Appraisal – to ensure a positive employee experience
- Fairness at work – inclusivity, equality and values led behaviour in everything we do.

Workforce Race Equality Standard (WRES)¹²

The Trust completed its 2019 WRES submission and this was published on the Trust's website in autumn 2019 with an accompanying action plan.¹³

The submission highlighted that the Trust has seen an overall improvement with many of the metrics since the inception of the WRES in 2015. This reflects the organisations strategy to improve race equality through targeted actions and engagement with BME staff.

We know there is more work to do to improve the picture in certain metrics and in the reporting of ethnicity which has dropped over the years. We have an action plan in place to help us achieve these improvements.

The change in the Board diversity difference reflects the impact of an improvement in the proportion of BME staff employed on the board following a successful diverse recruitment process.

The 2020 WRES submission will follow a similar timetable. The Trust will report progress against the WRES action plan 2019-20 at this time and the report will be considered by the Trust's Equality and Diversity Steering Committee before being published on the Trust's website.

¹² 2019/20 NHS Standard Contract (Workforce Race Equality Standard)

¹³ https://www.rbht.nhs.uk/sites/nhs/files/WRES%20Report%202018-2019_.pdf

Annex 1

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

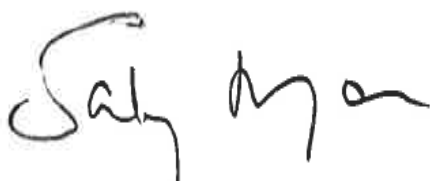
- the content of the quality report meets the requirements set out in the NHS Foundation Trust annual reporting manual and supporting guidance, in the “detailed requirements for quality reports”
- the content of the quality report is consistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the Board over the period April 2019 to March 2020
 - feedback from commissioners
 - feedback from governors
 - feedback from local Healthwatch organisations
 - feedback from External Services Scrutiny Committee
 - the Trust’s complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
 - the 2019 national patient survey
 - the 2019 national staff survey
 - CQC inspection report
- 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, and is subject to appropriate scrutiny and review the quality report has been prepared in accordance

with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

Due to Covid-19 this Annual Quality Report was exempt from an opinion of External Auditors.

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



.....
Baroness (Sally) Morgan of Huyton
Chair

Date. 19th October 2020



.....
Robert J Bell
Chief Executive

Date. 19th October 2020

Annex 2

Statements from key stakeholders

Covid-19 has impacted on the ability of some of our stakeholders to provide a response to our Annual Quality Report. We will continue to work with all our stakeholders during 2020-21.

Statement from Councillor Marwan Elnaghi (Chairman Adult Social Care and Health Select Committee) on the Quality Account 2019/20

We welcome the opportunity to respond to The Royal Brompton and Harefield NHS Foundation Trust's Quality Account for 2019/20. We are proud of having The Royal Brompton Hospital in our Borough.

We welcome the quality priorities of the Trust for 2020/21 and in particular the selection of the identification and management of patients with sepsis and the identification and management of patients with acute kidney injury as quality priorities.

We congratulate the Trust on its outstanding contribution to the treatment of patients with Covid-19 and the achievement of the Trust in receiving the Silver Award for its ECMO at Harefield Hospital and the Platinum Award for its ECMO at The Brompton Hospital from the Extracorporeal Life Support Organisation.

We also congratulate the Trust on its pioneering work on 'beating heart' mitral valve surgery.

We are concerned by the length of the waiting list for paediatric congenital cardiac surgery at the Trust and we look forward to the reopening of the Trust's Paediatric Intensive Care Unit and the return of paediatric cardiac and respiratory surgery at the Trust.

We await the agreement of NHS England for the commencement of the consultation on the reconfiguration of respiratory and cardiac surgery in North West London arising from the proposals for the merger of the Trust with Guy's and St Thomas' NHS Foundation Trust.

We had some other specific observations:-

- We noted the work around Freedom to Speak Up and in particular, comments on culture and providing greater access to Freedom to Speak Up Guardians including plans for how this work will continue during 2020-21.
- That the Trust has not participated in special reviews or investigations by the Care Quality Commission relating to the services provided during 2019-20.
- The Workforce Race Equality Standard (WRES) 11 including the submission and the accompanying action plan and the organisation's strategy to improve race equality through targeted actions and engagement with BME staff as well as the change in the Board's diversity and the impact of an improvement in the proportion of BME staff employed following a successful diverse recruitment process. We look forward to further reports on progress.

We congratulate The Royal Brompton and Harefield NHS Foundation Trust on its Quality Account and its achievements in 2019/20. We look forward to continuing to work with the Trust in the coming year.

ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST

Consultation on the Trust's Quality Account - 2019/2020

Response on behalf of the External Services Select Committee at the London Borough of Hillingdon

The External Services Select Committee welcomes the opportunity to comment on the Trust's 2019/2020 Quality Account report and acknowledges the Trust's commitment to consult on this report, even during the midst of the COVID-19 pandemic and the associated pressures that this will have placed on the organisation.

Although it was pleasing that 59% of Trust staff (2,026 out of 3,450) responded to the staff survey in 2018/2019, it is a huge achievement to see that this has increased further in 2019/2020 to 70% of staff returning their completed surveys. This high response rate will give the Trust confidence in the issues identified at an organisational and divisional level and provides a mandate for any action being taken locally at a departmental or unit level. Whilst the survey shows that there has been a reduction in the number of staff reporting instances of bullying, the Committee is reassured that the Trust will continue with its programme to tackle the issue.

The Royal Brompton and Harefield NHS Foundation Trust should be commended for the awards that it has achieved during 2019/2020. In addition to three wins achieved at the North West London Clinical Research Awards for the Trust's outstanding work carrying out ground-breaking Cystic Fibrosis research, the international Extracorporeal Life Support Organisation (ELSO) presented Harefield Hospital with a silver award for Excellence in Life Support and Royal Brompton with its highest distinction, a platinum award (this is the only one that was awarded to a commissioned centre in England).

Of the nine priorities identified for 2020/2021, the Committee is pleased to note that 6 will be rolled over from the previous year (two from each of the three themes) and that 3 new priorities have emerged for the forthcoming twelve months. It is hoped that this mix will provide a balance by illustrating trends for some priorities whilst potentially setting benchmarks for others.

With regard to improvements, the Committee looks forward to receiving updates on the progress of the new pathway being implemented to admit patients on the day of surgery rather than going into hospital on the night before their planned surgery. This initiative has already been implemented at Harefield Hospital and Members like to receive updates on how this has impacted on the staff as well as the patients in terms of expected and unexpected outcomes.

The Committee is again disappointed to see that, against the *cancer - 62 day urgent GP referral to first definitive treatment target* (85%), the Trust's performance appears to be reducing - 63.03% in the first eleven months of 2019/2020 against 64% in 2018/2019 and 74.84% in 2017/2018. The Committee recognises that work towards meeting this target needs to be undertaken in partnership with referring hospitals, which can cause complications and delays. Members feel that it would be useful to include the number of patients in the report to provide context.

Members are aware that the Trust implemented a new text messaging system at Royal Brompton Hospital for outpatient services. This has helped to reduce the number of patients not attending their scheduled outpatient appointments. The Committee looks forward to receiving an update on how this will impact Harefield Hospital when the service is rolled out there.

The Committee is also interested in the impact of the Darwin programme and the implementation of staggered admissions. Members look forward to receiving an update on this work in due course.

The Trust's response time in relation to complaints in 2019/20 was good (90% for the Trust overall). However, 64% of complaints investigated during the year were either upheld or partially upheld. Members look forward to receiving an update on this issue in due course alongside data from previous years so that comparisons can be made.

The Committee notes that there may be full integration, through a merger, of the services provided by the Royal Brompton and Harefield hospitals with those of Guy's and St Thomas' NHS Foundation Trust as the most effective way of securing the aims and collective vision of the wider partnership. Members look forward to receiving updates on any progress made with regard to this proposal and the impact that it might have on residents.

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. We look forward to receiving updates on the progress of work to support the priorities outlined in the report over the course of 2020/2021.



North West London
Collaboration of
Clinical Commissioning Groups

10th June 2020

Chief Nurse and Director of Quality
Caldicott Guardian
NHS North West London Collaboration of Clinical Commissioning Groups
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Sent by email

Private & Confidential

Mr Robert Bell
Chief Executive
Royal Brompton and Harefield NHS Foundation Trust
Sydney Street
London
SW3 6NP

Dear Mr Bell

Re: 2019/2020 Quality Accounts

Thank you for sharing the Royal Brompton and Harefield NHS Foundation Trust Quality Account for 2019/2020 which we received on the 6th May 2020. We note the Trust dedication at this time, in the midst of the Covid-19 pandemic to produce the accounts ready for publication.

We would normally share the accounts within our CCGs and associates for their review and comment. However, as you will appreciate, the work of the CCGs is focussed on supporting the response to the current pandemic. As such, we are not in a position to comment fully on the account, with our stakeholders as we normally would. However, my direct team have reviewed the account and made the following comments, which I support;

- Where we can check, the data in the account appears to be accurate.
- The Trust has consistently placed patient experience as a key priority and this is reflected by the high level of patient satisfaction as evidenced by the results of the friends and family test. We note the Trust launched their Patient and Public Engagement Strategy during the year and we look forward to seeing how this is implemented through 2020/21.
- We recognise the work undertaken to engage with young people and ensure their voice is heard in the Trust.
- The awards the Trust received in March 2019 are reflective on the hard work, dedication and commitment from the clinical team.
- We note the success of the implementation of the NEWS2 tool demonstrated by the December 2019 audit.
- NHS Hillingdon CCG has worked closely with the Trust following a quality concern in relation to the response to sepsis. We agreed an action plan and saw an initial significant improvement in the identification and management of patients with sepsis. However, it is clear a more systematic, trust-wide response was required and we will continue to

NHS North West London Collaborative of Clinical Commissioning Groups is a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.

monitor the Trusts performance closely. We look forward to hearing the REACT Lead has been appointed and to see the outcomes of their work during 2020/21.

- The development of the learning from deaths database to strengthen your systems and processes in this important area of review is welcomed. We note this remains a quality priority for the Trust into 2020/21 along with continuing to implement the Structured Judgement Review process so it is Trust-wide.
- We acknowledge the work the Trust has undertaken to improve staff health and well-being and we agree that although improvements have been seen, this area remains an area of Trust focus to build on the improvements seen in 2019/20.
- The Trust has participated in national and local audits and the findings of these demonstrate learning and improvements to practices.
- We note the CQC inspection of Paul Wood Ward and the outcome of being rated 'outstanding'. The report noted some 'should do' actions which we will monitor with the trust in the coming months.

We have enjoyed working with you and seeing first-hand the improvements being made to patient care and staff health and well-being. We have reviewed your priorities for 2020/21 and support the Trust in these and we look forward to continuing to work with you to improve the specialised services Royal Brompton and Harefield offer to the population across the country.

Yours sincerely



Diane Jones
Chief Nurse / Director of Quality
NWL Collaboration of Clinical Commissioning Groups

Cc:
Jo Ohlson, Accountable Officer, NHS NWL CCGs
Caroline Morison, Managing Director NHS Hillingdon CCG



Royal Brompton & Harefield NHS Foundation
Trust
Sydney Street
Chelsea
SW3 6NP

Specialised Commissioning
(London region)
NHS England and Improvement

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London
SE1 8UG

17 July 2020

Royal Brompton & Harefield NHS Foundation Trust Quality Report

Statement from NHS England to Royal Brompton & Harefield Foundation Trust Quality Report 2019-2020

NHS England and Improvement is pleased to receive and comment on this year's quality report and we note the progress that the trust has made in a number of areas as well as the challenges with which the trust has been faced. Not least of which is the SARS-CoV-2 pandemic which has shaped the context in which this quality account has been written and which must clearly also shape our response.

We recognise the significant achievements of the CF Clinical Trials and ECMO teams in winning their awards and also acknowledge the work that has gone on in many areas to achieve excellence and innovation in clinical practice. We were also pleased to see the positive outcome of the unannounced CQC inspection of Paul Wood Ward at the Royal Brompton during 2019 and the good practice areas highlighted around leadership and an inclusive and compassionate culture.

The trust has proactively engaged with NHS England and Improvement in both fulfilling national CQUIN schemes and also working with the team to develop a bespoke scheme to support innovation in patient care: the development of the home spirometry monitoring project for adults with CF which has meant that the team has been well placed to support their patients during the pandemic, share their learning with paediatric colleagues and inform a national process to roll out the use of home spirometry for CF patients across England.

Significant progress has been seen during the year in the use of structured judgement reviews, evolution of learning from deaths processes and reducing avoidable cancellations for surgery; we also note the audits which have demonstrated the successful embedding of the NEWS2 tool. We hope that the successful appointment of a Trust-wide REACT lead during 2020/21 will enable further improvements in the identification and management of people with sepsis and AKI, particularly given the incidence of AKI in patients with SARS-CoV-2 in critical care.

NHS England and NHS Improvement



While we are pleased to see the focus in the priority areas for 2020/21 on patients and family experience and staff welfare it would be good to see more detail on plans to address the impact of SARS-CoV-2 in these areas. Particularly given the implications for the consent process for patients and managing the mental and physical wellbeing of staff as we move out of the more acute phase and into recovery which will require a longer term sustained response of providing healthcare whilst in an environment of potentially ongoing SARS-Cov-2 transmission.

NHS England and Improvement acknowledges the strains on the system and that the recovery of services will face an ongoing challenge of constrained capacity for a considerable period and will work with the Trust to understand the ongoing impact on constitutional standards and sequelae in terms of patient care, outcomes and experience.

Over the year NHS England and Improvement has enjoyed working with the Trust to ensure an ongoing focus on quality in service provision and patient care. We look forward to continuing this collaboration over the coming year in the face of unprecedented challenge to the system and where strong leadership and a Trust-wide approach to quality will be more important than ever.

With Kind Regards

A handwritten signature in blue ink, reading 'Siobhan Gregory'. The signature is fluid and cursive, with the first name 'Siobhan' and the last name 'Gregory' clearly distinguishable.

Professor Siobhan Gregory
Director of Nursing Leadership and Quality- London

Statement from our Council of Governors

Statement from the Patient and Quality Working Group on behalf of the Council of Governors

The Patient and Quality Working Group of the Council of Governors would like to acknowledge the challenges that the Trust has experienced due to the Covid-19 pandemic and commend the work of all clinical and non-clinical staff during these unprecedented times. The Quality Report highlights the performance and continued improvement of the Trust, and its commitment to providing patients with high quality, safe and reliable care.

As a result of the Covid-19 response, NHSE/I extended the submission date of the Quality Report to December 2020. The Trust was keen to complete the Quality Report before this time and presented it to the Board in July 2020. The significant service disruption meant that the governors were unable to fully discharge their responsibilities in gaining full assurance through triangulating the Quality Report with site visits and direct patient feedback, such as that gained by patient walk rounds, after the second quarter of 2019-20. There was also the absence of the usual independent external audit.

One of the responsibilities of the Council of Governors is to choose a local quality indicator to be audited by the Trust's external auditors. In February 2020, the Governors decided to have an audit conducted into the outpatient transformation workstream to reduce patient non-attendance. Due to Covid-19 NHSE/I guidance, NHS foundation trusts did not undertake assurance reviews by external auditors.

The Trust had decided to conduct its own audit into the chosen local quality indicator and will engage further with the Patient and Quality Working Group on its results. The Group will also engage with the Trust's Darwin Programme to better understand the work being conducted in the Outpatients service.

As there had been no external audit into the Quality Report, the members of the Patient and Quality Working Group gained a further level of assurance of the accuracy of the Quality Report from a meeting with the chairs of the Risk and Safety Committee and Audit Committee.

The Quality Report confirms that the Trust continues to strive to deliver high quality care and improved outcomes, which includes the Trust's work to minimise instances of sepsis and mitigate the potential risks to patients and prevent in-hospital infections, including Covid-19.

Patient and Quality Working Group of the Council of Governors

August 2020

Annex 3

Glossary

A	
AKI	Acute Kidney Injury.
Aortic stenosis	Aortic stenosis is one of the most common and most serious valve disease problems in the heart. It is a narrowing of the aortic valve opening.
C	
Cancelled operations	This is a national indicator. It measures the number of elective procedures or operations which are cancelled for administrative reasons e.g. lack of time, staffing, equipment etc.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. www.cqc.org.uk
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
<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 Innovation (CQUIN)	A payment framework enabling commissioners to reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.
D	
Darwin	Our productivity programme focused on helping us to ensure that we make best use of the resources available to us.
Department of Health (DH)	The government department that provides strategic leadership to the NHS and social care organisations in England. www.dh.gov.uk
Duty of Candour (DoC)	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

DATIX	<p>Datix is an information system used by the Trust to enable incident reports to be submitted from clinical and non-clinical areas, greatly improving rates of reporting & promoting ownership of risk.</p> <p>The system utilises an online incident reporting form that has been designed in consultation with the Trust so that it is simple to use and suitable for both clinical and non-clinical incident reporting. Incidents can be submitted by anyone in our organisation with access to a computer.</p>
E	
Eighteen (18) week wait	A national target to ensure that no patient waits more than 18 weeks from GP referral to treatment. It is designed to improve patients' experience of the NHS, delivering quality care without unnecessary delays.
Elective operation/procedure	A planned operation or procedure. It is usually a lower risk procedure, as the patient and staff have time to prepare.
Emergency operation/procedure	An unplanned operation or procedure that must occur quickly as the patient is deteriorating. Usually associated with higher risk, as the patient is often acutely unwell.
Expected death	An anticipated patient death caused by a known medical condition or illness.
External Services Scrutiny Committee	<p>These look at the question of health care delivery and act as a 'critical friend' by suggesting ways that health-related services might be improved.</p> <p>They also look at the way the health service interacts with social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of the area.</p>
F	
Foundation Trust	<p>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.</p> <p>Royal Brompton & Harefield became a Foundation Trust on 1st June 2009.</p>
(FFT) Friends & family Test	A questionnaire that service users and carers are asked to complete on discharge and within 48 hours of discharge about their experience of the care they have received and whether they would recommend the organisation to others. In addition, staff are asked to complete the questionnaire about whether they would recommend the organisation to others and be happy to receive care by the organisation.
G	

Governors	Royal Brompton & Harefield NHS Foundation Trust has a council of governors. Most governors are elected by the Trust's members but there are also appointed governors. http://www.rbht.nhs.uk/about/our-work/foundation-trust/governors/
H	
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. http://www.healthwatch.co.uk/
I	
Indicator	A measure that determines whether the goal or an element of the goal has been achieved.
Inpatient	A patient who is admitted to a ward and staying in the hospital.
Inpatient survey	An annual, national survey of the experiences of patients who have stayed in hospital. All NHS trusts are required to participate.
L	
Local clinical audit	A type of quality improvement project involving individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team.
M	
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 <i>staphylococcus aureus</i> (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.
MHRA	The M edicines and H ealthcare products R egulatory A gency regulates medicines, medical devices and blood components for transfusion in the UK.
N	
National clinical audit	A clinical audit that engages healthcare professionals across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care.

	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.
NCEPOD	<p>National Confidential Enquiry into Patient Outcome and Death (NCEPOD).</p> <p>NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.</p> <p>http://www.ncepod.org.uk/</p>
National Institute for Health and Clinical Excellence (NICE)	<p>NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.</p> <p>http://www.nice.org.uk/</p>
National Early Warning Score (NEWS)	National Early Warning Score – a score that indicates deteriorating physical condition of the patient and a trigger for escalation taken from patient clinical observations such as pulse, blood pressure, oxygen levels, temperature and urine output.
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.
NHS Improvement	NHS Improvement brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams. NHS Improvement is an operational name for the organisation which formally came into being on 1 April 2016.
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.
O	
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.
P	

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.
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.
R	
Re-admissions	A national indicator. Assesses the number of patients who have to go back to hospital within 30 days of discharge.
RRT	Renal replacement therapy.
RTT	Referral to treatment.
S	
Safeguarding	Safeguarding is a new term which is broader than 'child protection' as it also includes prevention. It is also applied to vulnerable adults.
Secondary uses service (SUS)	A national NHS database of activity in trusts, used for performance monitoring, reconciliation and payments.
Serious Incidents	An incident requiring investigation that results in one of the following: <ul style="list-style-type: none"> • Unexpected or avoidable death • Serious harm • Prevents an organisation's ability to continue to deliver healthcare services • Allegations of abuse • Adverse media coverage or public concern • Never events
Surgical Site Infection	An infection that develops in a wound created by having an operation.
Standard contract	The annual contract between commissioners and the Trust. The contract supports the NHS Operating Framework.