

Royal Brompton and Harefield NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement 
Are services at this trust safe?	Requires improvement 
Are services at this trust effective?	Good 
Are services at this trust caring?	Good 
Are services at this trust responsive?	Requires improvement 
Are services at this trust well-led?	Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection of the Royal Brompton and Harefield NHS Foundation Trust, this was the first comprehensive inspection under the new Care Quality Commission (CQC) methodology to inspecting hospitals. We carried out an announced inspection between 14 - 16 June 2016. We also undertook unannounced visits during the following two weeks.

We inspected six core services: Medicine, Surgery, Critical Care, End of life Care and Outpatient and diagnostic services, across both the Royal Brompton and Harefield sites and Children and Young People's Services at the Royal Brompton site only. We have rated the hospital trust as requires improvement overall.

Our key findings were as follows:

Is the trust safe?

- There were robust processes for ensuring that clinical incidents were reported and investigated. Staff were aware and understood of their responsibilities to report incidents and were open with patients when things went wrong. There were a range of forums and learning events for staff to receive feedback and learning from reported incidents.
- Staffing levels were tracked throughout the day and nursing staff would be moved according to need and agency or bank staff used to ensure safe staffing levels.
- The introduction of the electronic prescription system had reduced the number of medication related incidents and promoted the safe prescription and administration of medication.
- End of life care (EOLC) champions and practice educators had been introduced to each ward to help with training of staff and resources were available to general staff in supporting patients who were actively dying.
- There was, however, poor completion of the World Health Organisation (WHO) Safer Surgery checklist across both sites, despite staff discussions about patient safety risks with senior medical staff.
- We found infection control practice on the HDU at the Royal Brompton site to be compromised by the reuse of single-use intravenous saline fluid.
- Antibacterial hand gel, although present on wards was not obvious and we observed family members entering clinical areas without a clear reminder that antibacterial hand gel was necessary.

Is the trust effective?

- There was good evidence of multidisciplinary team working which underpinned the care provided to patients. Of particular note were the medicine teams at the Royal Brompton site, where we found evidence of the holistic needs of each patient as well as the clinical requirements of care being reviewed as part of their care.
- Patients undergoing surgery at the Harefield hospital had some of the best outcomes for cardiac, thoracic and cardiothoracic transplant (heart, lung and heart-lung transplant) in the country.
- The survival rate of patients who were treated with extracorporeal membrane oxygenation (ECMO) was higher than the international average measured by the Extracorporeal Life Support Organization.
- Care was provided in line with national best practice guidelines. The hospital performed very well in the Heart Failure audit.
- Wards had access to a full range of allied health professionals such as speech and language therapists, dietitians, tissue viability team, physiotherapists, clinical psychologists and a wide range of nurse specialists.
- Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS).
- However, critical care services had not historically submitted data to the intensive care national audit and research centre. This meant patient outcomes and the quality of care was not readily comparable to national standards. However, staff had started to contribute to this just before our inspection, which would help them to benchmark practices in the near future.
- The trust had not introduced a validated assessment tool to document care of patients at the end of life

Summary of findings

when the Liverpool Care Pathway was discontinued in 2013. This meant a lack of consistency and knowledge across wards regarding care of patients nearing end of life.

- Data collection for issues relating to EOLC was limited, restricting the amount of audit activity that the specialist team could take part in and use to improve patient outcomes.
- A recent audit of do not attempt cardiopulmonary resuscitation (DNACPR) forms found that only 15% were fully filled out. Another national audit found that DNACPR forms were only in place for 67% of patients, although 89% had been recognised as being in their final phase of life.

Is the trust caring?

- We found patients received compassionate care by staff and were treated with dignity and respect. We observed staff being friendly and polite towards patients and visitors.
- Staff demonstrated a good understanding of the importance of privacy and dignity maintained this for patients and their relatives.
- The CQC national audit inpatient survey scores showed high levels of patient satisfaction for dignity and respect and care from staff. These were better when compared to other hospitals
- The Trust ran a “compassionate care programme” which encouraged staff to make improvements in patients’ care.
- Patients we spoke to felt involved in their care and treatment. Patients and relatives thought that they had sufficient opportunities to speak to a member of staff.
- Emotional support was provided by staff directly involved in the patients’ care.
- The hospital commissioned programmes to further enhance the hospital experience for patients and visitors. For example, the hospital arts programme offered visual and musical presentations to improve wellbeing.
- The chaplaincy team offered comprehensive spiritual support to those at the end of their lives.
- The specialist palliative care team had introduced memory boxes and overnight bags to support patients and their families at the end of life, making their final days and hours memorable and less stressful.

Is the trust responsive?

- Services were planned and staff were hired to ensure that the needs of local people were taken into consideration and patients were provided with as much choice as possible.
- The hospitals transport services provided services to patients across the UK and also picked patients up from Gatwick airport.
- Staff were aware of the patient complaint process and senior staff felt well supported by PALS in dealing with complaints and concerns.
- The trust consistently exceeded the target for cancer patients to be seen by a specialist within two weeks of urgent GP referral and to receive first definitive treatment within 31 days of diagnosis between quarter 3 of 2013/14 and quarter 2 of 2015/16.
- The percentage of diagnostic waiting times over six weeks was consistently lower than the England average between October 2013 and January 2016..
- The ‘did not attend’ (DNA) rate was below the England average from September 2014 to August 2015.
- However, due to the estate at the Royal Brompton site some of the rooms were dark and cramped, and some of the beds in the bays were close together due to limited capacity.
- The trust consistently breached the target for patients to wait less than 62 days from urgent GP referral to starting treatment between quarter 3 of 2013/14 and quarter 2 of 2015/16.
- At the time of our inspection, there was no flagging system for patients with learning difficulties or dementia on the electronic records system.

Is the trust well led?

- Senior management and divisional managers were visible on wards and there were patient facing dashboards, which showed ward results at the entrance to each ward.
- We found high levels of cross-specialty collaboration at site level and a good system of sharing information across the sites.
- There was an effective system of clinical governance and risk registers were up to date and proactively managed. Learning from risk issues was disseminated to staff and staff understood their role within the hospital.

Summary of findings

- The trust used innovative approaches to gather feedback from people who used services and comments and suggestions were actioned where possible.
- Innovation and improvement was encouraged through a variety of programmes. The leadership drove continuous improvement and staff were accountable for delivering change. Staff and patient innovation was celebrated.
- However, the hospital failed to meet four organisational KPIs in an end of life care national audit published in 2016, including there being no lay member with responsibility for EOLC on the trust board.
- Staff in surgery and theatres reported perceived bullying and harassment..

We saw several areas of outstanding practice including:

- The multidisciplinary workings of the medicine services at the Royal Brompton site offered both a clinical and holistic look at the patient's needs.
- The Harefield transplant team pioneered the Organ Care System in cardiothoracic transplantation. This is a method for transporting and optimising potential donor hearts. Most other cardiothoracic transplant services have adopted this system. A lung transplant version has also been utilised.
- VAD team members were some of the most highly skilled in the UK. They could care for patients undergoing surgery for the insertion of an artificial heart without the need for the company who make the heart being present. No other service in the UK can provide this without the company being present.
- Patients undergoing surgery at the Harefield hospital had some of the best outcomes for cardiac, thoracic and cardiothoracic transplant (heart, lung and heart-lung transplant) in the country.
- The SPRinT training has won National awards. The training has been taught and has commenced at other hospitals Nationally with International interest. Team members are taking the model overseas later this year.
- Continuous research programmes within Cystic Fibrosis have International acclaim and use.
- Diagnostic and imaging services provided a number of examples of outstanding practice, including the department of imaging's expertise in a range of inflammatory respiratory diseases including amongst others asthma, allergy, COPD, cystic fibrosis, idiopathic pulmonary fibrosis, and acute lung injury.
- The imaging departments research included exhaled inflammatory biomarkers, skeletal muscle biopsies, imaging, extensive lung physiology techniques, nasal and bronchoscopic sampling,, bronchial challenges, as well as a large range of preclinical techniques including models of asthma and COPD.
- The trust encouraged clinical and service innovation at all levels, through their Compassionate Care Programme, which has led to locally driven solutions.
- The Trust has commenced the development of local 'enthusing' audits', a traffic light system utilised in theatres, given to the staff at the end of their shift, allowing them to indicate 'how their shift was'.

Summary of findings

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The hospital must ensure surgical staff are completing patients observational NEWS charts fully and escalating unwell patients.

Summary of findings

Importantly, the trust should;

- Ensure all steps of the WHO five safer steps to surgery checklist are completed.
- Ensure a review of the congenital heart disease outpatient pathway to ensure any patients under follow-up are actively monitored and care packages are in place.
- Ensure Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training is included as part of the trust mandatory training programme .

- Ensure compliance with NHS national waiting times indicators such as 18 week Referral To Treatment and the Cancer Waiting Time 62 day standard.
- Ensure clinical process improvement works within outpatients are implemented in order to reduce in-clinic waiting times and delayed outpatient appointment start times.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Royal Brompton and Harefield NHS Foundation Trust

The Royal Brompton and Harefield NHS Foundation Trust is the only specialist heart and lung unit in the country that treats both children and adults. The trust is home to Europe's largest centre for the treatment and management of cystic fibrosis. The adult congenital heart disease unit was the first of its kind in Europe and remains the largest.

The organisation houses approximately 512 inpatient beds, of which 360 are general acute beds, 59 paediatric beds and 93 critical care beds. They deliver in the region of 38,619 inpatient admissions and 178,495 outpatient attendances.

The organisation delivers care across two hospital sites: the Royal Brompton Hospital site, Chelsea and the Harefield Hospital site. They employ in the region of 3,298 staff and have a financial revenue of £367.5 million, generating a financial deficit of £3.3 million during 2015/16.

The organisation has a stable executive and non-executive leadership team, led by Chair Neil Lerner and Robert Bell, CEO of eleven years. Two members of the Executive team, took up post within 12 months prior to inspection, including the Director of Nursing and the Interim Medical Director.

The trusts vision and mission is to 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.

The trust provides the following services:

- Cardiology
- Cardiothoracic surgery
- Cardio-respiratory critical care services for adults and children
- Children's & Adolescent services
- Lung cancer service
- Respiratory medicine

We inspected The Royal Brompton and Harefield NHS Foundation Trust, including the seven core services: Medicine, Surgery, Critical Care, Services for children and Young People (the Royal Brompton site), Outpatients and diagnostic services and End of Life Care services. We inspected the two acute sites at the Royal Brompton and Harefield campus.

Our inspection team

Our inspection team was led by

Chair: Dr Nick Bishop, Non-Executive Director, Great Western Hospitals NHS Foundation Trust

Team Leader: Nicola Wise, Head of Hospital Inspection
Care Quality Commission

The trust was visited by a team of CQC inspectors and assistant inspectors, analysts and a variety of specialists. This was comprised of consultants in: cardiovascular,

cardiothoracic surgery, critical care, paediatric respiratory medicine, paediatric critical care, palliative care, Cardiac Physiology and Radiology. The team also comprised of nurses with backgrounds in cardioloathoracic medicine, cardiothoracic theatres, paediatric critical care, paediatric respiratory care, general paediatric and palliative care. The team also consisted of cardiothoracic technicians, and specialist advisors with board-level experience, safeguarding specialists and two experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we

always ask the following five questions of every service

Summary of findings

and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following core services:

- Medicine
- Surgery
- Critical Care
- Services for children and young people
- Outpatients and diagnostic imaging
- End of Life Care

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These organisations included the clinical commissioning groups, NHS Improvement, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

As part of this inspection we observed how patients were being cared for, we spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups with a range of staff in the hospitals, including doctors, nurses, allied health professionals, administration, senior managers, and other staff. We also interviewed senior members of staff at the trust.

What people who use the trust's services say

Public Event

We coordinated pop-up listening stalls at both locations at the Chelsea and Harefield sites. A total of 29 people spoke with us, some were staff, but the majority were patients.

Overall, the feedback from both staff and service users about the Harefield site was very positive. The quality of the food was singled out for negative comment by both a service user and a member of staff, although it will likely originate from separate locations. There were some concerns raised regarding the adult intensive care unit at the Royal Brompton site, in relationship to leadership and the management of a candida outbreak.

Friends and Family Test

The percentage of patients who indicated they would recommend the trust was consistently higher than the England average between March 2015 to March 2016.

Summary of findings

Patient led assessments of the care environment (PLACE)

The trust was above the England average for measures on food and privacy, dignity and well-being, but was below the England average for measures on cleanliness and facilities in 2015. The provisional results of the 2016 assessment indicated improvement and that the trust were scored above the national average in every domain with the exception of the environment in relation to those with disabilities at Harefield site.

NHS England (NHSE)

NHSE shared no concerns or immediate risks as part of their feedback. NHSE outlined that they had worked closely with the trust on a number of areas for quality improvement, monitored via a clinical quality review meetings. The main items for improvement have been modernising the elective pathway, and agreeing an improved trajectory for RTT and cancer waiting times. NHSE noted areas of good practice including service improvements in adult cystic fibrosis outpatient care, human factors training, and paediatric long term ventilation care. NHSE reflected that the trust had continued to strengthen its role in system leadership for the lung cancer pathway.

NHSE highlighted that it had recently worked with the trust to provide assurance around the sustainability of the highly specialised respiratory ECMO service following the resignation of nine consultant anaesthetists from this service.

NHSE reported that they have asked the trust to review the paediatric respiratory bed provision with regard to the in-patient facilities in light of issues with infection prevention and control with a number of outbreaks of norovirus.

We were informed by NHSE that following a recent candida auris outbreak the Trust had conducting a Mortality review of all deaths of patient treated in ITU during the outbreak period, this had not been completed at the time of the inspection.

A report published was on 9th March 2016 covering the London Region entitled Learning from Mistakes, ranked NHS Trusts and foundation Trusts on their openness and transparency under the Learning from Mistakes League launched by Monitor and the NHS TDA.⁸The league tables were compiled by scoring Trusts based on criteria, including: the fairness and effectiveness of procedures for reporting errors, near misses and incidents; staff confidence and security in reporting unsafe clinical practice; and the percentage of staff who feel able to contribute towards improvements at their Trust. Ranking was categorised from 1 to 4, 1 being outstanding. The trust were ranked with a category number 3, denoting significant concerns about openness and transparency.

Summary of findings

Royal College of Nursing (RCN)

The RCN feedback stated that in their judgement patients at this trust are safe and their health and welfare needs are met. The RCN reported that there were sufficient skilled, experienced and qualified staff to meet people's needs safely.

The RCN identified the trust as an early supporter of the Patient Safety First campaign and clinical outcomes were discussed openly at board meetings each month, which provide a forum to challenge the executive directors.

The RCN stated that clinical incidents were reported via datix and learning from incidents occurs locally. Safety thermometer data is evident on wards. Mandatory training includes Medical devices, safeguarding, Mental Capacity, ILS and manual handling.

The RCN advised that the trust prioritised education, training and learning and there was evidence of knowledge sharing between clinical teams. The RCN considered that staff embrace an ethos of pursuing clinical excellence, that there was good staff engagement but that partnership working at the trust was not robust. There had been no engagement with Partnership meetings since 2015 as the management and staff side cancelled the meetings until the end of April 2016.

The RCN stated that the trust had good nursing leadership with regular meetings of the Director of Nursing and senior nurses.

General Medical Council (GMC)

The GMC reported that there were four open fitness to practice cases, with one interim doctor with an ongoing sanction.

The feedback indicated that during a 2014 site visits it was evident that there is sometimes tension between service provision and training needs in theatre lists which has led to previous undermining issues between anaesthetics and surgical training. It was reported that had been issues with consultant cardiologists shouting at trainees during high-pressurised situations.

This has since been addressed by the trust and there was evidence of improvement. The GMC continue to monitor this with the trust.

A site 2014 site visit indicated that trainee doctors switched between ITU and theatre, there was often no induction for their second post.

The trust reported that anaesthetic trainees at Royal Brompton Hospital do not switch posts between hospitals, and that all new trainees received formal consultant-delivered induction. This action is continued to be monitored by a SMART action plan.

The GMC has continued to work with the trust on issues of reported bullying and harrasment in theatres. This has been addressed through regular staff meetings, generating a standard operating procedure for behaviour and anonymous surveys. This work was rolled out across both sites.

Summary of findings

Health Education England (HEE)

Concerns raised in the 2014 trainee survey indicated issues around bullying and undermining behaviour in anaesthetics. It was stated that the Trust has fully investigated and put action plans in place to address these issues. Progress has been monitored and issue has been resolved.

Trust Governors

All governors felt well informed about the direction of the trust. They voiced they were well aware of the challenges and actions taken by the trust.

All governors had core skills training and had an induction where they met the senior team, but commented that the quality of training could be improved.

The Governors spoke highly of the Chief Executive Officer (CEO) and the Executive Team. They stated that lines of communications are good with Non Executive Directors (NEDs). Governors felt that management give sufficient time to the governors and they are briefed well.

Facts and data about this trust

The Royal Brompton and Harefield NHS Foundation Trust is the only specialist heart and lung unit in the country that treats both children and adults. The trust is home to Europe's largest centre for the treatment and management of cystic fibrosis. The adult congenital heart disease unit was the first of its kind in Europe and remains the largest.

Key figures

Beds: The trust houses a total of 512 beds; of which 360 are general and acute beds; 59 are allocated children's beds and 93 are classed as critical care beds.

Staff: At the time of inspection the trust employed 3298 whole time equivalent (WTE) staff, of which 491 are medical, 1376 are categorised as nursing and 1431 are categorised as 'Other.'

Financial: The trust had a revenue of £367,510,769, with a full Cost: £370,828,291.

This resulted in a reported deficit of £3,317,522.

Activity (Acute):

The trust reported 38,619 inpatient admissions and 178,495 outpatient attendances in 2015/16.

Deprivation:

Out of 326 authorities, Kensington and Chelsea is ranked 84th most deprived authority in England. In the 2015 Indices of Multiple Deprivation, Kensington and Chelsea Unitary Authorities ranked in the second quantile for deprivation.

Out of 326 authorities, Hillingdon is ranked 200th most deprived authority in England. In the 2015 Indices of Multiple Deprivation Hillingdon is in the third quantile for deprivation.

Is the trust safe?

Summary of findings

There were twenty five serious incidents reported for the period March 2015 – March 2016; the majority of these were pressure ulcers and surgical/ invasive procedures .

There were no cases of Methicillin-resistant Staphylococcus aureus (MRSA) reported for the period February 2015 -January 2016

In the same period there were 22 cases of Clostridium difficile (C. diff) were reported but numbers remained below the England average from July 2015 to January 2016

Eight cases of Methicillin-sensitive Staphylococcus aureus (MSSA) were reported but with the exception of December 2015 numbers remained below the England average.

Thirty three pressure ulcers were reported to the Patient Safety Thermometer between March 2015 to March 2016. Ten cases were reported in July 2015 but numbers declined from August 2015 to March 2016

Five falls were reported, three in May 2015 after which numbers declined towards March 2016

Twenty six catheter related urinary tract infections (C.UTIs) were reported with the highest number, five, in September 2015, numbers decreased from November 2015 onwards to zero in March 2016

The proportion of registrars was higher than the England average. The proportion of middle career and junior doctors were lower than the England average and the proportion of consultants was in line with England averages.

One never event was reported between March 2015 and March 2016, involving surgical/invasive procedures.

Is the trust effective?

The trust had one elevated risk for the Composite indicator: Inhospitalmortality- Cardiological conditions and procedures.

Is the trust caring?

The trust was in the top 20% of trusts for eight of the 34 questions and in the bottom 20% for nine questions in the Cancer patients Experience Survey.

The trust was in the top 20% for questions relating to:

- Patient given the name of the CNS in charge of their care
- Always given enough privacy when being examined or treated
- Patient`s rating of care `excellent` / `very good`
- Always / nearly always enough nurses on duty
- Always given enough privacy when discussing condition/treatment
- Always treated with respect and dignity by staff
- Hospital staff gave information about support groups
- Staff gave complete explanation of what would be done

The trust was in the bottom 20% for questions relating to:

- Patient thought they were seen as soon as necessary
- Possible side effects explained in an understandable way
- Patient`s family definitely had opportunity to talk to doctor
- Got understandable answers to important questions all/most of the time
- Saw GP once/twice before being told had to go to hospital
- Patient did not think hospital staff deliberately misinformed them
- Given clear written information about what should / should not do post discharge
- Family definitely given all information needed to help care at home
- Patient definitely given enough care from health or social services

Performance was mostly in line with England averages in the Patient Led assessment of the Care Environment (PLaCE) 2015.

The trust performed better than the England average for four of the 12 questions in the CQC Inpatient Survey 2014 and was in line with other trusts for the remainder of the questions. The trust was better than the England average for the following questions:

- When you had important questions to ask a nurse, did you get answers that you could understand?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Do you feel you got enough emotional support from hospital staff during your stay?

Summary of findings

- After you used the call button, how long did it usually take before you got help?

Performance in the Friends and Family Test was consistently better than the England average from March 2015 to March 2016.

The trust received 80 written complaints in 2014/15, an increase of 15 written complaints from 2013/14.

Is the trust responsive?

Between April 2013 and August 2015 the majority of delayed transfer of care were due to completion of assessments (35.1%), and awaiting further NHS non-acute care. Both were higher than the England average of 18.5% and 20.2% respectively.

Bed occupancy has varied between Q2 2013/14 to Q3 2015/16 and was above the England average on three occasions before Q3 2013/14 and then again in Q4 2014/15. Most recently to our inspection it had been below the England average. This data reflects overnight bed usage only.

Is the trust well led?

The sickness and absence rate varied between approximately 2.5% and 2.2% between January 2013 to January 2015. The sickness rate was consistently better than the England average throughout this period.


In the General Medical Council National Training Scheme Survey the trust scored within expectations for all 14 indicators

In the 2015 NHS Staff survey the trust scored in the top 20% of all trusts for 18 and in the bottom 20% for 5 of the 32 questions. The areas of negative findings were for the following areas:

- Percentage of staff working extra hours
- Percentage of staff experiencing discrimination at work in the last 12 months
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>The trust is rated as requires improvement for safety. We found examples of safe care across many services at both the Royal Brompton and Harefields sites. However we rated critical care and surgery at the Royal Brompton site and surgery at the Harefield site as requires improvement.</p> <p>We found:</p> <ul style="list-style-type: none">• There were robust processes for ensuring that clinical incidents were reported and investigated. Staff were aware and understood of their responsibilities to report incidents and were open with patients when things went wrong. There were a range of forums and learning events for staff to receive feedback and learning from reported incidents.• Staffing levels were tracked throughout the day and nursing staff would be moved according to need and agency or bank staff used to ensure safe staffing levels.• The introduction of the electronic prescription system had reduced the number of medication related incidents and promoted the safe prescription and administration of medication.• End of life care (EOLC) champions and practice educators had been introduced to each ward to help with training of staff and resources were available to general staff in supporting patients who were actively dying. <p>However;</p> <ul style="list-style-type: none">• There was poor completion of the World Health Organisation (WHO) Safer Surgery checklist across both sites, despite staff discussions about patient safety risks with senior medical staff.• We found infection control practice on the HDU at the Royal Brompton site to be compromised by the reuse of single-use intravenous saline fluid.• Antibacterial hand gel, although present on wards was not obvious and we observed family members entering clinical areas without a clear reminder that antibacterial hand gel was necessary. <p>Cleanliness, infection control and hygiene</p>	<p>Requires improvement </p>

Summary of findings

- In the main we found that wards and departments were visibly clean and tidy. We observed domestic staff cleaning throughout the day and saw cleaning checklists that were up to date.
- We many most staff using anti-bacterial hand gel, observing the 'bare below the elbows policy' and washing their hands in line with trust policy. However we observed multiple instances where staff entered clinical areas without adhering to the hand hygiene policy and utilising hand gel.
- Infection, Prevention and Control (IPC) training formed part of the mandatory training program that was updated yearly. The trust's target was 75% of staff having completed the training, performance against this was variable across the clinical Divisions.
- The trust had closed 50% of the adult intensive care unit (AICU), at the time of our inspection, due to an outbreak of candida auris, a rare fungal infection. The source of this was unknown and it was resistant to most treatments. Senior clinical staff met with NHS England infection control teams twice weekly to monitor and follow up with affected patients. A microbiologist supported the clinical team on a daily basis to identify and try and prevent new cases.
- A senior member of staff conducted a root cause analysis of each case of candida auris that colonised a patient to identify if staff could improve vigilance of or practice in infection control.
- In critical care we found evidence that compliance with hand hygiene overall was poor. Although compliance did improve in subsequent quarters, it was below the trust's minimum standards at the time of insoection. This meant there was a risk of poor infection control.
- We found staff on HDU sometimes reused single-use intravenous saline fluid bags. This presented a significant infection risk and was in breach of nurses' Nursing and Midwifery Council registration. This heightened the risk of spreading the outbreak of candida auris. We brought this to the attention of the nurse in charge who said they would ensure the practice stopped.

Duty of Candour

- The Duty of Candour (DoC) is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

Summary of findings

- Staff understanding of the term ‘duty of candour’ was variable. However, when asked what they would do if something went wrong, all staff described the importance of being open and honest. Staff were aware that the patients and their families had a right to receive open and transparent care and could offer recent examples of this occurring.

Safeguarding

- In line with statutory guidance the trust had named nurses, named doctors and safeguarding teams for child protection and safeguarding vulnerable adults. A new safeguarding ambassador’s role helped ward staff with complex safeguarding issues and difficult referrals.
- The trust had a policy for the safeguarding of adults and children in place at the time of the inspection. The policy was located on the trust intranet and the staff we spoke to were aware of how to locate it and the team to call if they had further queries.
- Safeguarding was part of the mandatory training programme, for both permanent and Bank staff. Different levels of training were provided for different roles. The trust’s training target was 75% of staff having completed their training, performance against this was variable across the trust. A staff Guide to safeguarding adults at risk and people with learning difficulties” was a leaflet available on the ward for staff to use. This included types of abuse and what to do if there was suspected abuse.
- Staff were able to identify the potential signs of abuse and the process for raising concerns and making a referral. We were given examples of concerns they had identified and referrals made.
- The trust provided ‘PREVENT’ training in line with Home Office guidance on preventing radicalisation.

Assessing and responding to patient risk

- The trust had implemented the five steps of the World Health Organisation (WHO) Surgical Safety Checklist, however we found evidence that this was not utilised as per guidelines. The WHO checklist is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks during vital phases of perioperative care.
- We were told that most surgeons at the Harefield site did not attend the team brief and that the sign out process was not always formalised. Staff told us it had been difficult to engage some senior surgeons at both sites in the checklist process.

Summary of findings

Staff told us it was now mandatory for surgeons to be present during the time out stage of the checklist and that this had been negotiated to agree that they did not have to be present during the team brief.

- Patients' clinical observations were recorded and monitored in line with the NICE guidance, 'Acutely Ill-Patients in Hospital.' A scoring system known as a National Early Warning Scores (NEWS) was used to measure patients' vital signs and identify patients whose condition was at risk of deteriorating. We reviewed a selection of notes and noted incorrect scores and incomplete notes within surgery.
- Staff were not able to articulate the "Sepsis Six" pathway, as it was not used within the hospital. The "Sepsis Six" is a name given to a bundle of medical therapies including delivery of oxygen and giving antibiotics. It was designed to reduce death rates of patients with sepsis. The trust aimed to achieve greater than 95% compliance with the Sepsis 6 system across the trust by 2018. Although staff were able to tell us some steps they would go through to care for the septic patient it was not comprehensive.

Incidents

- The trust used an electronic incident reporting system. Staff we spoke with were aware of the incident reporting procedures and how to raise concerns. Staff were aware of how to escalate incidents to senior staff.
- Senior staff told us that feedback on patient safety and learning from incidents was discussed at daily safety briefings as well as weekly and monthly meetings. Staff told us that incidents were discussed across the sites quarterly.
- There were no never events in the twelve months prior to our inspection. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident occurrence for that incident to be categorised as a never event.
- Grand rounds took place every week and learning from incidents was one of the topics often talked about. Grand rounds are formal meetings for doctors with clinical nurse specialists and nurses in attendance. The objective was to discuss issues and learning.

Staffing

Summary of findings

- We observed that all wards had adequate nursing staff in place. Staff vacancies were mitigated with the use of bank, agency and locum staff.
- The trust had recently recruited staff from Italy, Spain and Portugal who were due to start later in the year.
- Wards displayed easy to understand nurse staff information on patient facing dashboards in line with guidance contained in the Department of Health document 'hard choices'.
- Staffing was assessed on a day-to-day basis and reviewed at bed management meetings.
- The trust used the Safer Nursing Care Tool (SNCT) to assess and support the nursing establishment.
- Some staff that we spoke with voiced concerns about the on-call rota for the organ retrieval service. Staff gave examples of situations where they had worked excessively long hours. For example, after a full day's work they could be sent to retrieve an organ from anywhere in the country.
- Medical staff reported that their workloads were manageable and varied and that there were sufficient doctors on call during both the day and night.
- Within critical care nine consultant intensivists had recently left the unit, which had caused significant challenge to the remaining team. The clinical director had established a cross-site rota for consultants from the Harefield ICU to work at the Royal Brompton site as an interim measure and a team of new consultants had been recruited. This had not resulted in any gaps in care or uncovered shifts and we were assured, at the time of inspection that there were robust plans in place to mitigate this risk.

Are services at this trust effective?

The trust is rated as good for effectiveness. We found examples of effective care across many services at both the Royal Brompton and Harefields sites. We rated end of life care at the Royal Brompton site as requires improvement. We rated medicine at the Royal Brompton site and surgery at the Harefield site as outstanding.

We found:

- There was good evidence of multidisciplinary team working which underpinned the care provided to patients. Of particular note were the medicine teams at the Royal Brompton site, where we found evidence of the holistic needs of each patient as well as the clinical requirements of care being reviewed as part of their care.

Good



Summary of findings

- Patients undergoing surgery at the Harefield hospital had excellent outcomes for cardiac, thoracic and cardiothoracic transplant (heart, lung and heart-lung transplant).
- The survival rate of patients who were treated with extracorporeal membrane oxygenation (ECMO) was higher than the international average measured by the Extracorporeal Life Support Organization.
- Care was provided in line with national best practice guidelines. The hospital performed very well in the Heart Failure audit.
- Wards had access to a full range of allied health professionals such as speech and language therapists, dietitians, tissue viability team, physiotherapists, clinical psychologists and a wide range of nurse specialists.
- Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS).

However;

- Critical care services had not historically submitted data to the intensive care national audit and research centre. This meant patient outcomes and the quality of care was not readily comparable to national standards. However, staff had started to contribute to this just before our inspection, which would help them to benchmark practices in the near future.
- The trust had not introduced a validated assessment tool to document care of patients at the end of life when the Liverpool Care Pathway was discontinued in 2013. This meant a lack of consistency and knowledge across wards regarding care of patients nearing end of life.
- Data collection for issues relating to EOLC was limited, restricting the amount of audit activity that the specialist team could take part in and use to improve patient outcomes.
- A recent audit of do not attempt cardiopulmonary resuscitation (DNACPR) forms found that only 15% were fully filled out. Another national audit found that DNACPR forms were only in place for 67% of patients, although 89% had been recognised as being in their final phase of life.

Evidence based care and treatment

- The trust's policies and treatment protocols were based on organisational guidelines from professional organisations such as the National Institute for Health and Care Excellence (NICE) and the Royal Colleges. Staff were able to access guidelines on the intranet.
- The trust contributes to the 'National Cardiac Benchmarking Collaborative' (NCBC) and the development of national

Summary of findings

standards. The NCBC is a UK-wide group of NHS specialist cardiac centres. It aims to improve the quality, efficiency and effectiveness of cardiac services through regular benchmarking and comparison of cardiac services. It identifies and shares learning from best practice to promote safe and evidence based care.

- The trust held a standards committee which met quarterly. NICE guidelines were presented and NICE quality standards were reviewed.
- We saw a strong commitment to clinical audit. There were frequent local audits that had been completed across the organisation, in a formalised and systematic manner.
- The critical care units had not previously submitted data to the intensive care national audit and research centre (ICNARC). Senior staff had implemented a plan to begin submitting data, which meant they would be able to benchmark their clinical performance against other units nationally in the future.
- The trust had not yet introduced specific paperwork in response to the independent review of the Liverpool Care Pathway and had no validated assessment tool for staff to utilise and document that care at the end of life was consistent. The specialist team used the London Cancer Alliance (LCA) principles of care document based on the five priorities of care (One Chance To Get It Right, 2014) to guide their end of life care (EOLC). However, resource files containing this document were not yet available in wards at the Royal Brompton hospital and staff knowledge in this area was variable.

Patient outcomes

- The myocardial ischaemia national audit programme (MINAP) is a national clinical audit for the management of heart attacks. MINAP audit results for 2013/14 for the trust were better than the England average for all measures. The Brompton only enter a small number of patients into the MINAP database because the hospital does not provide an emergency service for the treatment of acute myocardial infarction.
- The hospital performed well in the Heart Failure Audit 2013/14. This showed that the hospital performed better than the UK average for key markers.
- The trust did not take part in the Sentinel Stroke National Audit Programme (SSNAP) or the National Diabetes Inpatient Audit (NaDIA) due to the specialised cardiothoracic nature of the treatment it provides.

Summary of findings

- Post-operative patient outcomes within the hospital were generally better than the England average. However, readmission rates and average length of stay were higher than the England average.
- The “Annual report on Cardiothoracic Transplantation 2014/15” showed there were 186 adults on the active heart and lung transplant list on 31 March 2015. This was more than any other transplant centre in the UK. Staff said there was not always enough room to accommodate patients on the unit and they would have to be nursed on other surgical wards at times. If this happened transplant staff would go and assess the patient to ensure they were safe.
- The same report showed that lung transplant patients had the highest rates of survival in the UK from the time of being put on the transplant list and up to 10 years following this. They were below the national death rate for both single and double lung transplants. From April 2010 to March 2014 heart transplant patients had lower rates of survival than the national average at one, three and five years post-transplant. However they were in the top three trusts in the UK for survival from time of being put onto the heart donation register at one, five and 10 years.
- The NHS Blood and Transfusion Service (NHSBT) Annual VAD report 2014/2015 showed that the hospital had the UK's second highest survival rate for patients with VADs from April 2012 to March 2015.
- The National Lung Cancer Audit 2014 showed the trust scored better than the national average for “% of patients receiving surgery all cases”.
- The hospital contributed to the National Emergency Laparotomy Audit 2015. It showed the hospital was rated green (80-100%) for five of the ten measures audited. Two measures were rated yellow (50-69%) and the remaining three were rated as red (0-49%).
- NICOR (National Institute for Cardiovascular Outcomes Research) produced a National Adult Cardiac Surgery Audit covers the period April 2011 – March 2014. This demonstrated that the Harefield site was below the national average for in hospital risk adjusted survival rate, whereas the Royal Brompton site was above the national average survival rate. The UK national average rate of survival was 97.70%, the Harefield scored 96.78%, whereas the Royal Brompton site scoring 97.92%. This was explained by the trust as the result of patients with greater risk factors for operative death than the national average at the Harefield site.
- The service had not previously contributed to the Intensive Care National Audit Research Centre (ICNARC), which meant

Summary of findings

that the outcomes of care delivered and patient mortality could not be benchmarked against critical care units nationwide. The unit used data from their local critical care network to assess effectiveness and patient outcomes. The senior clinical team had begun to submit data to ICNARC and planned to use this in the future.

- The survival rate for patients who received ECMO in 2014/15 was 69%, which was better than the Extracorporeal Life Support Organization international average of 50%.
- The Imaging Services Accreditation Scheme (ISAS) scheme provided a framework for imaging services to measure and ensure practice was patient-focused. The scheme involved an assessment and accreditation programme designed to help diagnostic imaging services ensure that their patients consistently receive high quality services, delivered by competent staff working in safe environments.
- In the 'End of Life Care Audit: Dying in Hospital' in 2016, Harefield hospital scored higher than the national average in four out of five key performance indicators (KPIs). In 15 cases included in the audit, the hospital recognised 87% of patients that were likely to die within the following few hours, or days. This was higher than the England average at 83%.
- The Royal Brompton site did not have enough patients for inclusion in the national data set. However, local feedback on clinical KPI's indicated that the hospital scored well in the documentation and discussion of the dying patient, coming above the national average in both measures.

Multidisciplinary working

- We saw examples of highly embedded and mature multidisciplinary team (MDT) working embedded across many areas of the trust. In many services, we found evidence of good multidisciplinary relationships supporting patients' health and wellbeing, with particularly strong MDT working across medicine, surgery and children and young people's services at the Royal Brompton site, both internally but also with external network partners.
- Medical and nursing staff of all grades that we spoke with all described good working relationships between healthcare professionals. Staff told us that multidisciplinary working underpinned the care provided to patients.
- The critical care team at the Harefield site had completed a research project on the integration of multidisciplinary

Summary of findings

simulations into the clinical education programme. As a result of the project, senior staff agreed to appoint two nursing simulation leads and to broaden the scope of simulations to include ECMO and ventricular assist devices.

- There was limited evidence of multidisciplinary working between ECMO teams at the Royal Brompton site and the trust's Harefield site. An attempt to establish a referral management process for the transfer of patients and/or staff between sites based on clinical need had stalled in May 2015. New working arrangements, following the departure of nine consultants had resulted in an improved working across the sites. This meant clinical staff with ECMO training at both sites established more frequent communication.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training was not part of the mandatory training programme but sessions were organised by the learning and development centre.
- We found evidence of patients being asked for their consent prior to the administration of medicines and for other procedure and interventions.
- Staff told us they would refer patients to the safeguarding teams if patients required a mental capacity assessment. All DoLS applications were also dealt with by the safeguarding team.

Are services at this trust caring?

Overall we rated caring at the trust as good. We saw many examples of good caring care within most services, however we rated caring as outstanding in surgery at the Harefield site. We rated caring as Good overall because:

- We found patients received compassionate care by staff and were treated with dignity and respect. We observed staff being friendly and polite towards patients and visitors.
- Staff demonstrated a good understanding of the importance of privacy and dignity maintained this for patients and their relatives.
- The CQC national audit inpatient survey scores showed high levels of patient satisfaction for dignity and respect and care from staff. These were better when compared to other hospitals
- The Trust ran a "compassionate care programme" which encouraged staff to make improvements in patients' care.

Good



Summary of findings

- Patients we spoke to felt involved in their care and treatment. Patients and relatives thought that they had sufficient opportunities to speak to a member of staff.
- Emotional support was provided by staff directly involved in the patients' care.
- The hospital commissioned programmes to further enhance the hospital experience for patients and visitors. For example, the hospital arts programme offered visual and musical presentations to improve wellbeing.
- The chaplaincy team offered comprehensive spiritual support to those at the end of their lives.
- The specialist palliative care team had introduced memory boxes and overnight bags to support patients and their families at the end of life, making their final days and hours memorable and less stressful.

Compassionate care

- We saw throughout the trust staff provided care and treatment in a caring and compassionate manner. . Examples of this were: at the Harefield site staff arranged birthday and wedding cakes for palliative patients and arranged for their pets to visit them on the ward. During our inspection, we observed a palliative patient watching a football match on television on the ward. The staff had provided this television specifically for this purpose.
- We found there was a strong culture of patient centered care.
- We observed interactions between nursing staff and patients were professional, kind and friendly. Some of the positive comments we received were: "Staff are always willing to help," "Everyone always introduces themselves, tells us who they are and what they're doing" and "Everyone goes the extra mile."
- All patients and the relatives that we spoke with were very positive about the care they or their relative had received.
- Patients told us that nursing staff were respectful and protected their privacy and dignity.
- The Trust ran a "compassionate care programme" which encouraged staff to make improvements in patients' care. Staff on the program would meet once a month for six months and complete an improvement project at the end of the course. Examples of the impact of this programme were evident through such changes as the introduction of 'Sunshine Therapy', which encouraged patients who spent most of their admission indoors to spend time outdoors to help improve their physical and mental well-being.
- The specialist palliative care team at Harefield hospital had introduced memory boxes for EOLC patients. Those who died

Summary of findings

within hospital with young children were able to produce handprints and other keepsakes to place within the boxes so that relatives had a keepsake and memory of their loved one to take away from the hospital.

- The specialist palliative care team at the Harefield site had introduced 'Betty bags', which were named after a volunteer at the hospital. These contained overnight essentials such as a toothbrush, soap, combs, and flannels. This aimed to reduce the stress and worry experienced by patients or their relatives.

Understanding and involvement of patients and those close to them

- Patients we spoke with felt involved in their care. They had frequent opportunities to speak with their consultant and other members of the multidisciplinary team. This enabled patients to make informed decisions and be involved in their care.
- Positive comments we received were; "doctors explained things to me fully" and "gave me time to ask questions."
- In children's services we noted excellent practice with play leaders who explained pre-operation procedures to small children via storybooks showing them airways and other equipment with use of dolls to help lessen anxiety and helped to prepare children psychologically for theatre and procedures.
- We saw a singing therapist who sang songs from "Frozen" to children who were having their bloods taken. In the outpatient department at Harefield, we saw a clown making balloon models for children and their siblings whilst awaiting appointments.
- Facilities were available for relatives to stay overnight at the Royal Brompton site, either in beds on some wards or in specific accommodation. Relatives were required to pay for the accommodation but fees would be waived in the case of bereavement. The canteen was not open overnight but there were kitchen facilities in the accommodation or vending machines within the hospital.

Emotional support

- The trust offered a multi-faith chaplaincy service and provided spiritual support if requested. Staff was aware of how to contact spiritual, pastoral or psychological advisors to meet the needs of patients and their families.
- A bereavement policy was in place to help staff meet the needs of families at the time of bereavement and to ensure that each

Summary of findings

family received the care and support required. This service was available Monday to Friday. PALS & Bereavement Service Officers (PBSO's) were responsible to run the service and coordinate the service during working hours.

- The hospital arts programme, Rb&hArts, offered musical and visual presentations to improve patients and relatives' wellbeing. It presented exhibitions in public spaces and provided live music performances for patients.
- We were told that some of the main anxieties with having a sick child at the Brompton for parents is often financial, accommodation and parking. The trust therefore offers one of five parking spaces that can be allocated to parents or accommodation to help alleviate this.
- The trust funded MacMillan nurses who supported patients living with lung cancer and other cancers.

Are services at this trust responsive?

Overall we rated responsiveness of services at this trust as requires improvement. We found evidence of responsive care across most services, however we rated surgery at the Royal Brompton site and outpatient and diagnostics services at the both sites as requires improvement.

During our inspection we found:

- Due to the estate at the Royal Brompton site some of the rooms were dark and cramped, and some of the beds in the bays were close together due to limited capacity.
- The trust consistently breached the indicator for patients to wait less than 62 days from urgent GP referral to starting treatment between quarter 3 of 2013/14 and quarter 2 of 2015/16.
- The trust consistently breached the RTT indicator for patients to wait less than 18 weeks for first definitive treatment and had not made progress with referring trusts to reduce the clinical pathway time for patients.
- At the time of our inspection, there was no flagging system for patients with learning difficulties or dementia on the electronic records system.

However;

- Services were planned and staff were hired to ensure that the needs of local people were taken into consideration and patients were provided with as much choice as possible.
- The hospitals transport services provided services to patients across the UK and also picked patients up from Gatwick airport.

Requires improvement



Summary of findings

- Staff were aware of the patient complaint process and senior staff felt well supported by PALS in dealing with complaints and concerns.
- The trust consistently exceeded the target for cancer patients to be seen by a specialist within two weeks of urgent GP referral and to receive first definitive treatment within 31 days of diagnosis between quarter 3 of 2013/14 and quarter 2 of 2015/16.
- The percentage of diagnostic waiting times over six weeks was consistently lower than the England average between October 2013 and January 2016.
- The 'did not attend' DNA rate was below the England average from September 2014 to August 2015.

Service planning and delivery to meet the needs of local people

- As an international specialist tertiary service, the trust were aware that their patients could come from all over the world. To accommodate this, leaflets were available in different languages on request. Translation services were available and an interpreter could be booked in advance via a form on the trust intranet.
- Harefield hospital offered pre assessment clinics by telephone as the hospital provided services to patients from the local area and nationally as the hospital was also national referral centre for certain specialities.
- Regular events and conferences were held at the Royal Brompton site for patients with different diseases and conditions. For example, staff told us about the arrhythmia awareness week event which was held annually. There was also an implantable cardioverter defibrillator (ICD) patient experience day which occurred twice yearly.
- The outpatients departments offered a number of telephone based clinics. Telemedicine was also available to some patients who lived at a distance.
- At the Harefield site patients had access to a 'one stop shop' model. This meant clinical assessments, MRI, and ECHO could be completed on the same day to avoid patients having to make multiple visits to the hospital.
- The trust End of Life Care (EOLC) Strategy was recently developed to reflect the National End of Life Strategy and incorporated national guidance to form its objectives over the course of the next five years (2016 – 2020). The strategy was drafted and revised to take into account various stakeholders,

Summary of findings

such as the executive board, board of governors, staff, patients, other local providers and CCG's. An EOLC steering group was set up in December 2015 to monitor progress against key goals and outcomes specified in the strategic action plan.

Meeting people's individual needs

- Feedback from patients was actively taken into consideration and practice was changed and developed to meet patient's individual needs.
- There was a trust wide learning disabilities specialist nurse, however due to staff sickness there was a lack of cover in the role, at the time of inspection. Staff knowledge and awareness of the learning disability link nurse was variable.
- Hospital passports available for patients with a learning disability to fill out with their families so staff could attend to their needs in a personalised way. However, these were not widely known about by staff.
- Patients who were severely blind or deaf were flagged up on the trust 'patient administration system'.
- Staff had access to translation services, staff advised that some staff speak different languages and will use them. We observed staff using picture cards to communicate with a patient whose first language was not English.
- Advance care planning (ACP) varied across the trust. There was currently no formal validated tool to support the introduction of this but it was recognised as a requirement in the EOLC strategy (phase two).

Dementia

- Patients admitted over the age of 75 years were screened for dementia within 72 hours of admission for dementia. Across the trust for the period April 2014 to March 2015, 94.6% of patients were being screen for dementia within 72 hours.
- The trust had a "Trust Dementia Strategy" which linked with the national dementia strategy. The national dementia strategy set out a vision for transforming dementia services with the aim of achieving high quality care from an early stage for patients living with dementia. The trust strategy included improving support for carers of people living with dementia and developing a skilled workforce.
- Staff received dementia training as part of their induction and were able to tell us about "This is Me" documentation and where it was kept. "This is me" is a document that people with dementia and their families fill out to tell staff their needs, preferences, like, dislikes and interests. It allows those who have difficulty communicating to have person-centred care.

Summary of findings

- Staff wore “Hello, my name is...” badges. This was a campaign started to ensure staff are introducing themselves and patients know who their named nurse is making care more personal.
- The trust had no way of identifying patients living with dementia on computer system. Staff told us their handovers included detailed information on patients living with dementia therefore this was not missed.
- A dementia champion system had recently been launched at the trust. Patients with memory issues were identified on admission and referred to their GP who then referred the patient on to a memory clinic. Patients living with dementia were offered 1:1 nursing care and family members and carers were encouraged to be involved in their care as possible. Red trays at meal times were used to alert nursing staff the patient may require extra help and finger food was available for these patients.

Access and flow

- The national referral to treatment (RTT) target is 92%. These targets monitor the length of time from patient referral through to elective treatment. Each patient has the legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate. The data provided by NHS England (April 2015 to March 2016) confirmed trust performance was above the national average, but still fell below the 92% national RTT standard. We were told that this was due to a steep increase in emergency activity, which disrupts elective surgery lists and told us they hoped to reach the RTT target consistently by April 2017.
- Data provided by the National Organ Retrieval Service demonstrated from April 2014 to March 2015 that the Harefield retrieved 26% of all cardiothoracic organs in the UK, which is the highest, compared with any other centre. Senior members of the heart division told us there were always staff, theatre space and beds available for transplant operations to take place when organs became available.
- Bed occupancy for the Harefield ITU was 97% between June 2015 and June 2016. The occupancy rate for HDU wards was 110% for the same period.
- This is above the 70% occupancy rate recommended by The Royal College of Anaesthetists. In Quarter 4 of 2015 Harefield hospital cancelled 14 out of 306 elective surgical critical care bed bookings due to a lack of availability of post-operative critical care beds.

Summary of findings

- There were 452 delayed discharges in the Harefield critical care between April 2014 and March 2015. Staff told us that they continue to experience delayed discharges due to a lack of beds elsewhere in the hospital.
- The critical care unit had not historically contributed to the intensive care national audit and research centre (ICNARC) programme. This meant that we were unable to compare the number of delayed discharges with other comparable units nationwide. We requested data on the most recent local critical care network peer review to allow us to compare the number of delayed discharges with similar units but the trust were unable to provide us with this data.
- The trust exceeded the 93% target for the two week cancer wait times from April 2015 to April 2016. However, the performance for the 62 day cancer waiting time was consistently below the England average for the same period.
- The trust consistently breached the target for 85% of patients to wait less than 62 days from urgent GP referral to starting treatment between quarter 3 of 2013/14 and quarter 2 of 2015/16. The trust explains that this breach is due to the trust primarily treating specialised cases which typically take much longer to diagnose.
- The percentage of diagnostic waiting times was consistently better than the England average between October 2013 and January 2016, with one exception in July 2015.
- The “did not attend” (DNA) rate for the trust was lower than the England average during the reporting period of September 2014 to August 2015. Outpatients used a text messaging system to send patients appointment reminders.
- The trust did not currently audit the number of patients dying in their preferred location as the electronic system was not currently set up to collect data in this way. As many patients (78.8%) died unexpectedly in the critical care environment following complex surgery/treatments, there was no option for them to be transferred elsewhere due to the level of care, treatment, life support and medical equipment they required. The critical care teams were now collecting this information, and an audit was planned later in the year.
- Staff we spoke to were aware of processes relating to rapid discharge to enable patients to die at home or in a hospice. Once a patient's preferred place of death (PPD) was confirmed and a care plan and package had been agreed, this could usually be achieved within 24 hours. The hospital had a complex discharge team to coordinate this process who liaised with the specialist team, relevant hospital professionals and primary care services and agreed a plan of care.

Summary of findings

Learning from complaints and concerns

- Patients we spoke to knew how to raise concerns. Patient information leaflets explaining service user rights, the trust's complaints process and the Patient Advice & Liaison Service (PALs) were available.
- All new staff were given PALs training during their induction to the trust, and encouraged to try to resolve any complaint that was raised with them, directly and swiftly.
- Staff told us they were encouraged to deal with patient complaints and concerns through the trust LEAP (listen, empathise, apologise, provide a solution) system in the first instance. This resulted in staff encouraging patients to address their concerns with them directly so that they can reach a resolution.
- Learning from local complaints was shared across the organisation through the Governance and Quality committee and the Risk and Safety committee. A quarterly Complaints Working Group (CWG) made up of all professionals involved in investigating complaints also discussed cases where lessons were learned with wider implications which could then be shared across the trust. All staff were invited to quarterly workshops dealing specifically with complaints, where relevant and recurring topics were discussed in depth.

Are services at this trust well-led?

The trust is rated overall as good for well led.

This was because;

- Senior management and divisional managers were visible on wards and there were patient facing dashboards, which showed ward results at the entrance to each ward.
- We found high levels of cross-specialty collaboration at site level and a good system of sharing information across the sites.
- There was an effective system of clinical governance and risk registers were up to date and proactively managed. Learning from risk issues was disseminated to staff and staff understood their role within the hospital.
- The trust used innovative approaches to gather feedback from people who used services and comments and suggestions were actioned where possible.
- Innovation and improvement was encouraged through a variety of programmes. The leadership drove continuous improvement and staff were accountable for delivering change. Staff and patient innovation was celebrated.

However;

Good



Summary of findings

- We found the organisation was unable to effectively benchmark itself within critical care services, due to lack of participation in the ICNARC database.
- Despite previous never events occurring within surgery, we found the five steps to safer surgery was still not fully embedded within the organisation.
- We found poor performance in hand hygiene within critical care at the Royal Brompton site had not been sufficiently addressed.
- We found poor compliance with NEWS escalations within surgery was not being addressed or monitored.
- Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training was not part of the mandatory training programme but sessions were organised by the learning and development centre.
- The hospital failed to meet four organisational KPIs in an end of life care national audit published in 2016, including there being no lay member with responsibility for EOLC on the trust board.

Leadership of the trust

- The trust had a long-standing leadership team. The Interim Chair had recently been appointed. The CEO, Robert Bell is a substantive appointment in post for 11 years, supported by a team of Executive Directors who had all been in post in excess of two years, with the exception of the Director of Nursing, in post for one year and the Interim Medical Director, in post for less than one year.
- Staff were able to name key members of the executive team and reported that there was visibility of members of the trust board.
- There was executive patient safety walkabouts every quarter where members of the executive team engage with both staff and patients.
- Clinical directors felt they were supported and described being supported top down and bottom up in shaping their services.
- Divisional management teams were described as 'hands on' and approachable.
- We observed high levels of integrated services led by the heads of services throughout the division. Heads of services informed us that they felt very supported by the executive team to manage and improve their services.
- In the 'End of Life Care Audit: Dying in Hospital' in 2016 the trust had not met four organisational key performance indicators (KPIs). There was no non-executive director (NED) on the trust board (in common with 51% of hospitals audited nationally) and no dedicated EOLC facilitators (a new KPI as of May 2015, which 59% of hospitals had achieved).

Summary of findings

- The operational running of the hospital is divided up into a Divisional structure of Heart, Lung, Critical Care and Anaesthetics, Diagnostics, Rehabilitation and Therapies, Paediatrics and Clinical Support Services.

Vision and strategy

- The trust's vision was summarised 'to 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'. The mission underpinning this was; improving patient safety and satisfaction, providing world-class specialist treatments, bringing innovation to clinical practice, attracting world class clinical leaders and investing in services and technologies.
- The trust states its' values are: to care, to respect and to be inclusive. Staff were aware of these values and incorporated these values into their work.
- The trust had released its' Nursing Strategy for 2015-2019 and this was visible at nursing stations across the organisation.
- We found evidence of locally owned clinical strategies which contributed to the broader strategy and plans of the trust.
- The trust had recently developed an EOLC strategy which aimed to ensure those in the last stages of life received safe and individualised care as mandated by the five priorities of care (One Chance To Get It Right, 2014). The strategy also took into consideration the elements of other nationally published documents such as 'Ambitions for Palliative and End of Life Care' (National End of Life Care Programme, 2015) and 'Care of the Dying Adult in the Last Days of Life' (NICE, 2015). The strategy aimed to increase recognition of the dying patient and providing high quality EOLC by 2020. A detailed action plan was drawn up that focused on an education programme led by the specialist team but delivered by practice educators and ward EOLC champions. This was not embedded at the time of our inspection, however it did include looking at ways of delivering further advanced care planning (ACP) and options for community/local support and management at an earlier phase. It also included the development of electronic data sharing systems.

Governance, risk management and quality measurement

- Clinical governance structures were in place across each service. Senior staff we spoke with said they were effective. Each division held quality and safety meetings to discuss performance, risk management, complaints and incidents.

Summary of findings

- We found consistency in ward management meetings across the organisation, and a good system of cross-site learning through monthly cross-site meetings.
- We found key messages were disseminated across the organisation and from ward to board level.
- The trust risk register was maintained up to date and reviewed regularly. The majority of risks at the Royal Brompton site related to the nature of the building. Staff were aware that the building was old and no longer fit for purpose.
- Monthly mortality and morbidity meetings took place as part of clinical governance days. We were told that mortality rates were tracked per clinician. Clinicians used a peer review system when looking at cases.
- There was a comprehensive audit programme. There was a systematic process of both national and local audit across the organisation which provided assurance that delivery of services were in line with national guidelines.
- An EOLC steering group was set up in December 2015. The group meets every three months to discuss issues relating to the EOLC strategy, education, risks, complaints, incidents, establishment and resources.

Culture within the trust

- Staff felt 'supported' by their leaders and several staff members compared working at both the Brompton and Harefield sites as to being like 'a family'. Staff spoke about the organisation with passion and pride.
- We found a good culture of openness and transparency in most services. This was particularly evident amongst newer members of staff who spoke warmly about the support, supervision and mentorship they received when they joined the hospital.
- The chief executive had an open door policy allowing staff to make their thoughts and opinions known. There were mechanisms in place for whistleblowing.
- We found 'What you said; What we did' boards in clinical areas such as outpatients. These informed patients of actions departments had taken to improve services in response to patients' suggestions or concerns.
- The electronic incident reporting system prompted staff to record whether Duty of Candour (DoC) requirements had been fulfilled.
- During our inspection staff told us they had concerns around the culture within the theatre department at the Royal Brompton site. Staff reported difficulty with a group of surgeons. One nurse we spoke with told us improvements had

Summary of findings

been made to ensure nurses felt more empowered. However, the majority of nurses we spoke with felt pressured to stay late after the end of their shifts. Staff described feeling that surgeons were disrespectful towards them.

- We found the trust had introduced a 360 degree feedback system to assist with the issues of culture. This meant that all staff received anonymous feedback, focused around the trust values, from people they worked with prior to their yearly appraisal.

Equalities and Diversity – including Workforce Race Equality Standard

- The Workforce Race Equality Standard (WRES) became mandated in the NHS Standard Contract 2015/16 and commissioning contracts. As a result NHS bodies were required to publish a WRES baseline report by 1st July 2015, based on a set of WRES indicators at April 2015. There are nine WRES indicators (refer to Appendix 1) of which four relate to workforce data; another four are based on questions from the NHS staff survey questions and one indicator relates to improving the ethnic composition of NHS Boards, better to reflect the population served. NHS bodies are required to produce WRES reports annually and demonstrate progress against these indicators of workforce race equality, thereby closing the gap between the less favourable treatment, opportunities and experience of the BME staff as compared to White staff.
- We found evidence of WRES schemes being discussed and monitored within the organisation and at Board level. The WRES return was last i[dated in March 2016 and all aspects of workforce equality was actively discussed via the trust Equality and Diversity Strategy Board.
- Equality and diversity training was delivered to all staff and was part of the trust mandatory training programme.

Fit and Proper Persons

- The trust had made preparations to meet the Fit and Proper Persons Requirement (FPPR) (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The regulation came in to force in November 2014.
- The trust had a fit and proper persons policy in place. This was a policy covering arrangements for both recruitment and ongoing assurance.

Summary of findings

- As part of our 'Fit and Proper Person' we examined the personnel files recent members of the trust board and no concerns were found.

Public engagement

- As a number of the conditions dealt with at the trust were lifelong conditions, there were measures put in place to ensure that patients remained well connected. There was a good array of patient support groups available for patients to access.
- The trust ran the Compassionate Care Programme to engage with patients to improve patient experience.
- The trust had forged strong links with charitable organisations in order to further support both patients and their carers.

Staff engagement

- The 2015 NHS national Staff survey for the Royal Brompton and Harefield Hospitals showed that 77% of staff agreed they would recommend their organization as a place to work. This has dropped from 81% in 2014; however, it is still above the national median average of 71%.
- There were regular newsletters from the CEO that explained the corporate happenings of the hospital and the budget.
- The trust holds a bi-annual champions award where different care groups or members of staff could be nominated for excellence in their work and be awarded £1,000.
- Non-patient facing staff e.g. HR, IT often get involved in patient facing tasks. The HR team go onto the wards and assist with the FFT process. They get to speak with patients about their care and staff members about ward improvements. This offers a way for all staff to get involved in the process.
- Trust wide monthly Schwartz rounds enabled hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim was to offer staff a safe environment in which to share their stories and offer support to one another.
- We found staff at the Harefield site using an 'enthusing' audit. This was a traffic light system utilised in theatres, given to the staff at the end of their shift, allowing them to indicate 'how their shift was'. On the reverse of the paper are 2 questions, 'what made your shift good/bad? And what improvements do you think could have helped improve your shift? The Audit was inspired by the advisory board and well received by staff.

Innovation, improvement and sustainability

Summary of findings

- We found numerous clinical innovation projects including: launched a one-stop breathlessness service, a service to MRI patients with implantable devices,
- The trust worked with a number of other partner organisations, such as a local Specialist cancer hospital, to develop innovative new clinical pathways. For example, the cardio-oncology clinic at the Brompton was the only dedicated cardio-oncology clinic in the UK.
- The clinical genetics and genomics laboratory was a joint venture between Royal Brompton & Harefield NHS Trust and a large tertiary provider to develop diagnostic testing for families and individuals at risk of inherited disease. The service was in and was in the final stages of UKAS medical laboratory accreditation (ISO15189).
- The Familial Hypercholesterolemia (FH) team at Harefield has been named “top recruiter” by the Royal College of Physicians
- We found innovative uses of technology used with patients, for example at the Harefield site, patients emailed in weekly pictures of their wounds to ensure fast detection of infections or poor dressing technique. A take home DVD for patients giving systematic dressing instructions was developed. Other centres across the UK have used the DVD due to its effectiveness in reducing infection rates.
- The Brompton and Harefield Infection Score Intervention Package (BHIS-IP) had been awarded a Society of Cardiothoracic Surgery gold medal after reducing infection in coronary artery bypass surgery.
- The Simulated interPROfessional Team (SPRinT) training had won National awards, for example, Health Business Awards Commendation 2015 for patient safety, shortlisted for Health Safety Journal Award 2015 for patient safety, 2015 President’s Prize Royal Society of Medicine: “Frontiers: Simulation in Cardiothoracic Surgery,” 2015 ASPiH Best Short Communication Winner and 6th July 2015 The Birmingham Patient Safety Awards, winner.

Overview of ratings

Our ratings for Royal Brompton Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Outstanding	Good	Good	Outstanding	Outstanding
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Outstanding	Good
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Harefield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Outstanding	Outstanding	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Royal Brompton and Harefield NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The multidisciplinary workings of the medicine services at the Royal Brompton site offered both a clinical and holistic look at the patient's needs.
- All staff within the medical division at the Brompton felt actively engaged by their leaders and spoke very highly of their managers.
- The Harefield transplant team pioneered the Organ Care System in cardiothoracic transplantation. This is a method for transporting and optimising potential donor hearts. Most other cardiothoracic transplant services have adopted this system. A lung transplant version has also been utilised.
- VAD team members were some of the most highly skilled in the UK. They could care for patients undergoing surgery for the insertion of an artificial heart without the need for the company who make the heart being present. No other service in the UK can provide this without the company being present.
- Patients undergoing surgery at the Harefield hospital had some of the best outcomes for cardiac, thoracic and cardiothoracic transplant (heart, lung and heart-lung transplant) in the country.
- The SPRinT training has won National awards. The training has been taught and has commenced at other hospitals Nationally with International interest. Team members are taking the model overseas later this year.
- Continuous research programmes within Cystic Fibrosis have International acclaim and use.
- Diagnostic and imaging services provided a number of examples of outstanding practice, including the department of imaging's expertise in a range of inflammatory respiratory diseases including amongst others asthma, allergy, COPD, cystic fibrosis, idiopathic pulmonary fibrosis, and acute lung injury.
- The imaging departments research included exhaled inflammatory biomarkers, skeletal muscle biopsies, imaging, extensive lung physiology techniques, nasal and bronchoscopic sampling, bronchial challenges, as well as a large range of preclinical techniques including models of asthma and COPD.
- The trust encouraged clinical and service innovation at all levels, through their Compassionate Care Programme, which has led to locally driven solutions.
- The Trust has commenced the development of local 'enthusing' audits', a traffic light system utilised in theatres, given to the staff at the end of their shift, allowing them to indicate 'how their shift was'.

Areas for improvement

Action the trust MUST take to improve

There were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The hospital must ensure surgical staff are completing patients observational NEWS charts fully and escalating unwell patients.
- All medical wards should ensure that patient medical records are locked away.
- All medical wards should ensure corridors are free from clutter.
- Medical wards must ensure that hand hygiene practices are clear throughout the wards and make antibacterial gel obvious to visitors and relatives of patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust is failing to comply with this regulation because it is not assessing the risks to the health and safety of service users receiving the care or treatment, or doing all that is reasonably practicable to mitigate such risks.

National Early Warning Score (NEWS) charts were not always used appropriately to guide escalation.

The World Health Organisation (WHO) five steps to safer surgery checklist was not fully embedded.

Regulation 12(1)(2)(a)(b) HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The trust is failing to comply with this regulation because it is not consistently assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated.

Systems, processes and standard operating procedures were not always reliable or appropriate to ensure cleanliness and safety of equipment and the environment in theatres.

There were failures in infection control practices. This included variable hand hygiene audit results, inconsistent nurse practice and inadequate handling of intravenous fluids.

Regulation 12(1)(2)(h) HSCA (RA) Regulations 2014 Safe care and treatment