

Appendix A



A lifetime of specialist care

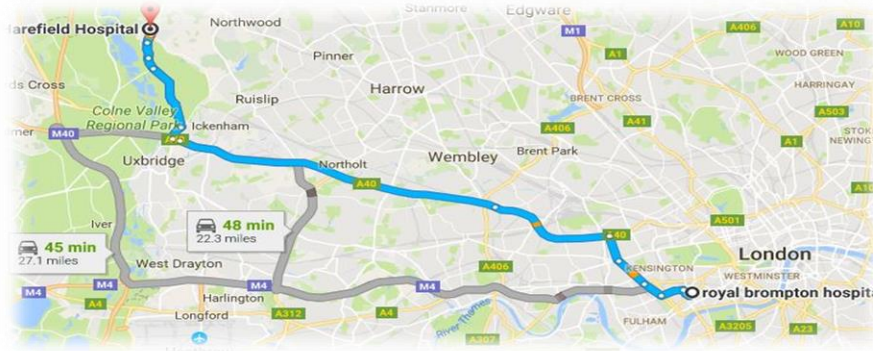
In a typical year, 5,000 people will take part in one of the many events organized by rb&hArts team; from singing in the courtyard to stitches on scrubs; for many people (patients and staff) this is their first access into the arts.



The Compassionate Care programme, in collaboration with the Royal College of Nursing (RCN), is designed to support nurses to strengthen their leadership capabilities in order to lead and improve the care and services for patients, their families and staff.

The top five areas our patients would like us to improve on:

- 1. Information & Communication**
- 2. Waiting**
- 3. Food**
- 4. Care**
- 5. Cleanliness**



The Patient Experience Annual Report 2016-2017

Acknowledgements

This report is a consolidation of information and efforts from a variety of sources across the Trust. Through their actions these individuals and many others, including our patients and their relevant partners, demonstrate continuous dedication to service improvement and the experience of care.

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Executive Summary

For the Royal Brompton and Harefield Hospital NHS Foundation Trust (RBHT) there has been a continued focus in 2016-17 on three important objectives with respect to patient experience:

1. **Actively seek out** input and feedback from patients, their families and carers.
2. Work in **partnership** with service users to **co-design solutions** to issues and areas of concern identified and **strengthened by real-time tracking, trending and analysis of input.**
3. **Transformational change** to produce **exemplary care experiences** for both patients and staff that will sustain the Trust moving forward.

This report is intended to demonstrate evidence of progress against these 3 objectives.

In 2016-17 RBHT participated in three national surveys; The National Inpatient Survey, The Children and Young People's Survey, and the National Cancer Survey; each with response rates of 50%, 36% and 67% respectively. On a monthly basis the Trust participates in the Friends and Family Test (FFT); with a response rate of 30% or better and an average score of 96%, i.e. 96% of respondents would recommend the Trust.

In 2016-17 the RBHT received well over 10,000 comments from patients with over 90% of them positive. However some are not positive and remind us that we need to consistently look at ways to improve our services.

Accounting for all sources (national surveys, social media, Patient Advisory Liaison Services (PALS) inquiries, FFT) the top 5 improvement themes identified are related to: Information and Communication (478), Waiting (386), Food (384), Care (general, attitude) (178) and Cleanliness/Toilets/Facilities (104).

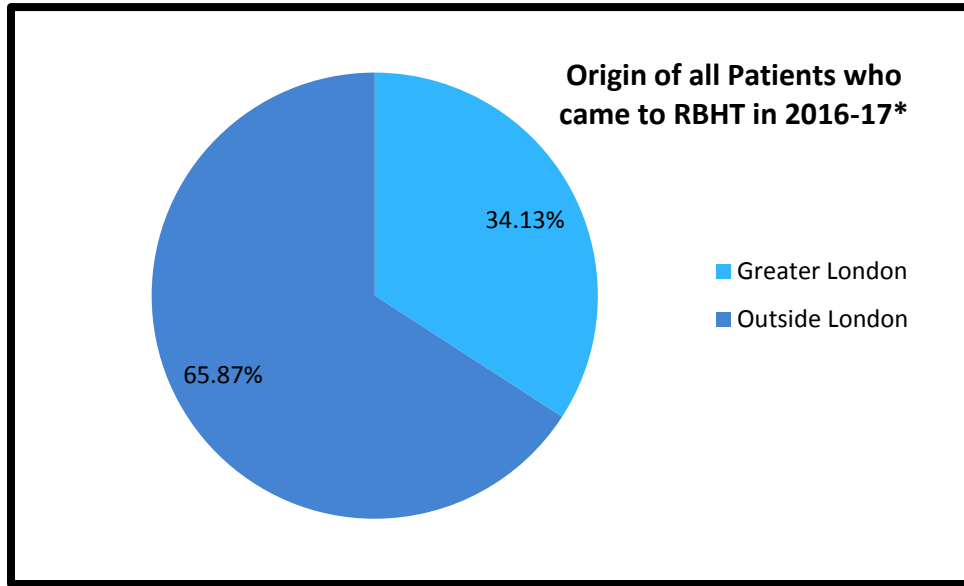
The 2016-17 Patient Experience Annual Report includes three new additions; The Private Healthcare Information Network (PHIN), Patient Related Outcome Measures (PROMS) and a Recognition section.

A Patient Experience Headline Tool has been created by NHSI to showcase in one location all patient experience published measures. It allows for comparing RBHT with other providers. It is available at:

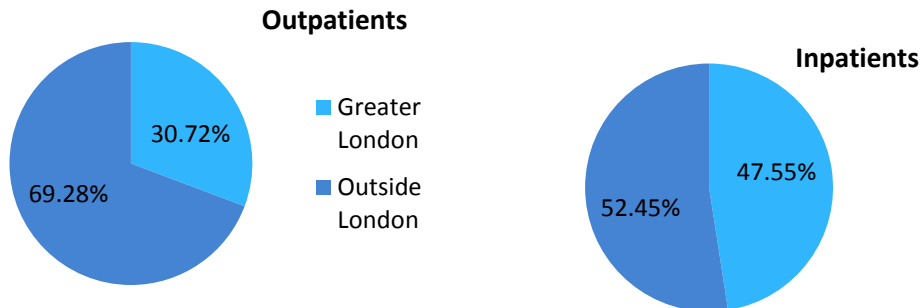
<https://tableau.monitor.gov.uk/t/Public/views/PatientExperienceHeadlinesTool/CoverPage?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3AusingOldHashUrl=true>

Introduction

Royal Brompton & Harefield NHS Foundation Trust (RBHT) is a national and international specialist heart and lung centre. Some of the most complicated surgery and sophisticated treatment take place at the Trust. Consequently, our patients come from all over the United Kingdom (UK) and internationally; not just from our local areas. We help patients of all ages who have heart and lung problems; from pre-birth to end of life; the focus is always on the patient.



**Greater London area is extracted based on the patient's Health Authority code (London Area = code Q71)*



The Trust's internationally acclaimed multidisciplinary clinical and research teams have become established over many years and they work together to deliver seamless co-ordinated, specialist care to each and every patient. Each member of staff is dedicated to patient care, from the very first contact a patient has with the Trust to follow-up care at home or in the community; their experience is a priority.

For the Royal Brompton and Harefield Hospital NHS Foundation Trust (RBHT) there has been a continued focus in 2016-17 on three important objectives with respect to patient experience:

4. **Actively seek out** input and feedback from patients, their families and carers.

5. Work in **partnership** with service users to **co-design solutions** to issues and areas of concern identified and **strengthened by real-time tracking, trending and analysis of input**.
6. **Transformational change** to produce **exemplary care experiences** for both patients and staff that will sustain the Trust moving forward.

This report is intended to demonstrate evidence of progress against these 3 objectives.

Objective 1 – Input and Feedback from Service Users

2016 National Inpatient Survey Results RBHT

RBHT has participated in the National Inpatient Survey since 2005. In 2016 the RBHT had 1229 patients (based on a July 2016 admission) eligible to receive surveys. Of those sent, 612 surveys were returned completed which resulted in a 50% response rate (54% in 2015), 9% points higher than the national average response rate of 41%.

Key points from RBHT 2016 Inpatient Survey:

- 94% of respondents rated care 7+ out of 10.
- 92% of respondents believed they were treated with respect and dignity.
- 93% always had confidence and trust in their doctors.
- 99% believed Hospital room or ward was very/fairly clean.
- 95% believed Hospital: toilets and bathrooms were very/fairly clean.
- 96% of respondents thought they always had enough privacy when being examined or treated.



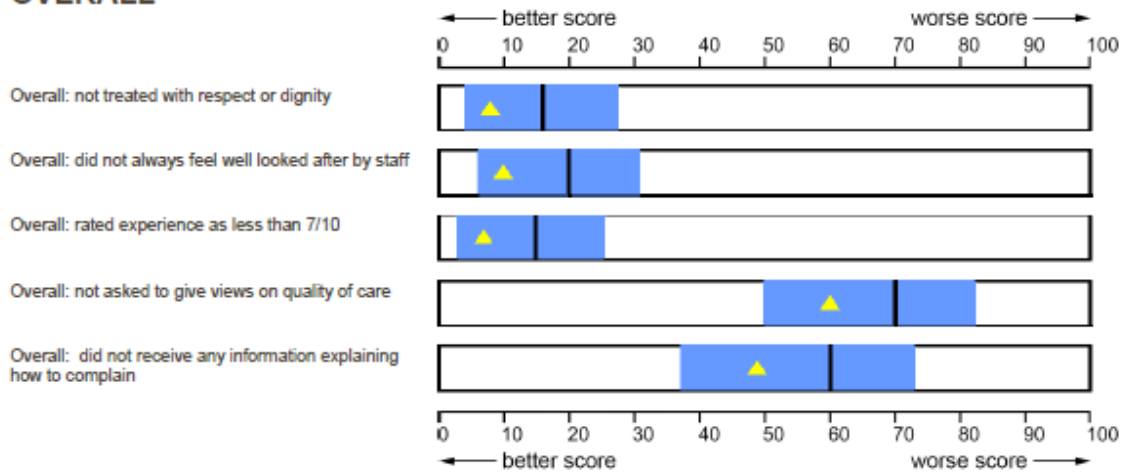
Over 800 comments were collected from the RBHT 2016 inpatient survey. The majority (67%) were positive however 272 were not. This compares to 880 comments in 2015 with 84% positive and 144 negative. The following table illustrates the categories of comments for the last two years:

Table 1 – Comments from Inpatient Survey 2015 compared to 2016

Area of Improvement	2015 comments	2016 comments
Food – poor choice, temperature	80 comments	46 comments
Toilets and Bathrooms in poor condition	28 comments	27 comments
Waiting (includes waiting on procedure list)	17 comments	14 comments
Communication	10 comments	17 comments
Noise	9 comments	9 comments
Discharge		21 comments
Staff – general care comments, rudeness,		20 comments

When RBHT is benchmarked externally with other Trusts the results in all categories and overall (RBHT is indicated below as yellow triangle) are better than the average of most other NHS Trusts.

OVERALL



2016 Children and Young People's Inpatient & Day Case Survey

The results presented here are from the 2016 Children & Young People's Inpatient & Day Case Survey, carried out by Picker on behalf of the Royal Brompton & Harefield NHS Foundation Trust. This survey is part of a series of annual surveys required by the Care Quality Commission (CQC) for all NHS Acute trusts in England. Picker was commissioned by 71 UK trusts to undertake the Children and Young People's Inpatient and Day Case Survey 2016, which is 54% of all eligible trusts in England. The purpose of the survey was to understand what young inpatient and day case patients and their parents/carers think of the healthcare services provided by the Trust. Picker has offered their paediatric inpatient and day case survey on a voluntary basis to NHS Trusts annually since 2010. In 2014, the CQC licenced the existing Picker paediatric inpatient and day case survey tools to use as part of the NHS patient survey programme. Running for the second time as a national survey in 2016, there is now the opportunity for significant historical analysis which can help the Trust to understand how they have developed in their delivery of paediatric services.

In 2016 a total of 494 patients from the Trust were sent a questionnaire. 487 patients were eligible for the survey, of which 177 returned a completed questionnaire, giving a response rate of 36%. The average response rate for the 71 trusts that Picker collected results for was 26%. For the purposes of this survey results from children (8-11 years), young people (12-15 years) and parents are distinguishable.

Key facts about the 177 who responded to the survey:

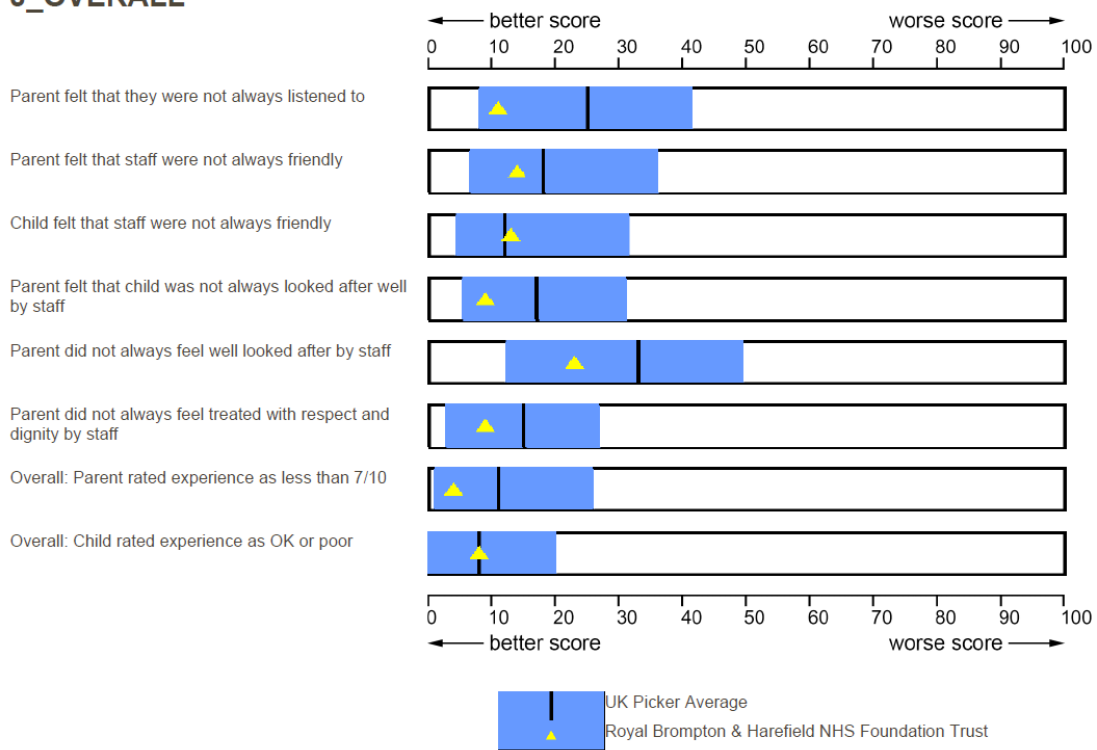
- 66% of returned questionnaires were the parent/carer version (0-7 years), 14% were the Children's survey (8-11 years), and 20% were the young person's questionnaire (12-15 years).
- 13% of admissions were emergency whereas 87% of attendances were planned.
- 69% had an operation or procedure during their stay.
- Overall: 96% of parents rated care 7 or more out of 10.

- Hospital staff: 85% of parents always had confidence and trust in the members of staff treating their child (0-15 years).
- Overall: 91% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years).

RBHT improved significantly on 7 questions and did not do significantly worse on any question when compared to the other “Picker” Trusts and results from 2014. The statement the Trust scored less than the average was: “Parents not able to prepare food in the hospital but wanted to.”

When RBHT is benchmarked externally with the other 71 “Picker” Trusts the results in all categories and overall (RBHT is indicated below as yellow triangle) are better than the average of most other NHS Trusts

J_OVERALL



2016 National Cancer Survey Results RBHT

NHS Trusts that provide cancer services participate in a national cancer patient survey every year; RBHT have participated annually from 2010. The 2016 National Cancer Patient Experience Survey (NCPES) is currently underway. It is being led by a third party provider - Quality Health and undertakes an exercise of sending questionnaires to all patients who have received a first time treatment for cancer across 148 Acute Trusts in England. As of February 2016 the overall national response rate was 67%, the response rate for RBHT was 67%. The final 2016 results of the survey are due to be published in August of 2017.

The cancer dashboard, co-produced by NHS England and Public Health England, is intended as a tool to help clinical leaders, commissioners and providers to quickly and easily identify priority areas for improvement in their cancer services. This can be done by comparing performance against other similar organizations or the England average (overview tab) and tracking progress over time where data are available (trends tab). Further details on RBHT cancer dashboard metrics can be found here: <https://www.cancerdata.nhs.uk/dashboard/lung.html#?tab=Trends&provider=RT3>

National Cancer Survey Results Review 2010 to 2015

The following table provides a review of some of the key metrics from the Trust's cancer survey since 2010. Unfortunately due to the relatively small sample size the Trust often does not achieve a result for every question (minimum of 20 responses required for each question):

Table 2 – Cancer Survey comments and response rate 2010 to 2015

Year	2010	2012	2013	2014	2015
Trust Response Rate (RR)	24/41 63% RR	42/63 70% RR	41/61 69% RR	32/52 64% RR	21/30 70% RR
National RR	67% RR	67% RR	64% RR	64% RR	66% RR
Overall rate care as excellent or very good		90%	85%	93%	89%
Overall they were always treated with dignity and respect	95%	88%	91%	90%	Insufficient responses
Total number of Comments	22	47	48	46	37
% negative	23%	19%	25%	30%	22%

National Cancer Survey Patient Comment Themes 2010 to 2015

A review of the comments submitted by patients completing the cancer survey illustrates some common themes seen in other surveys; food, transport, discharges as examples. One comment mentioned a few times, which appears unique to cancer patients, is the level of sensitivity displayed at certain key points on the care pathway. The patient's comments provide great detail around their journey especially how and when they were told they had cancer and whether or not it was operable; sensitive delivery of that message being extremely important.

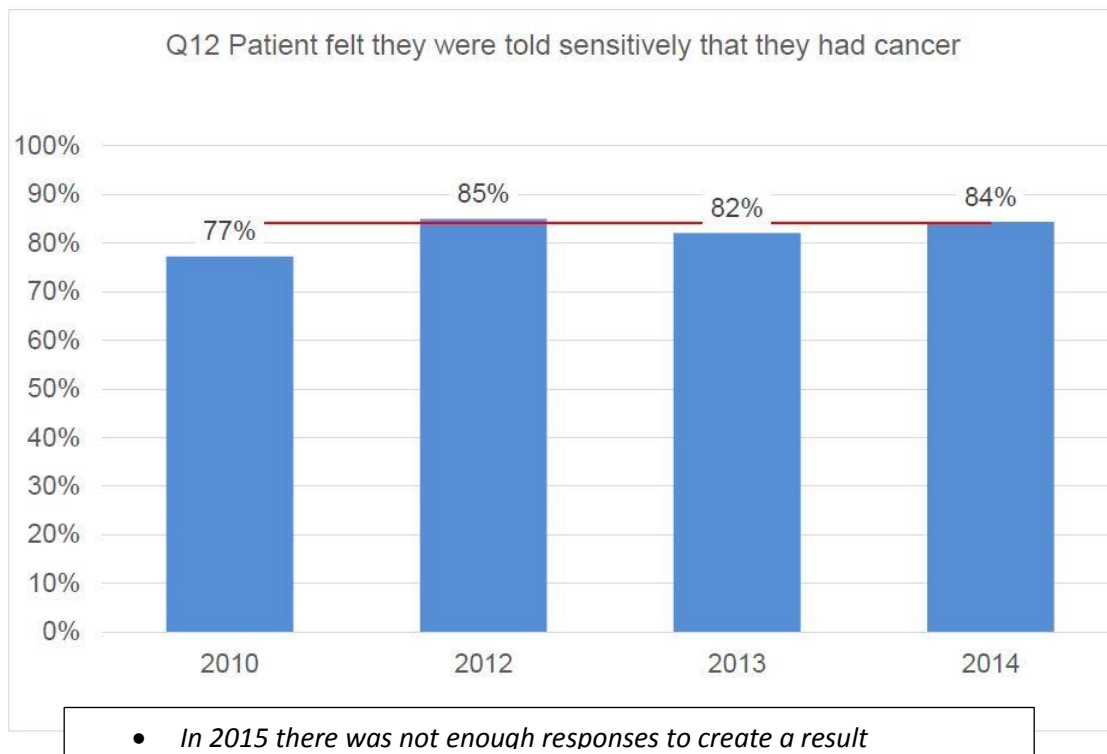
Another consistent comment was lack of support or information with respect to financial matters. Low numbers of eligible responses and comments and lots of questions left blank as a result of that makes trends difficult to assess.

Table 3 Cancer patient comments 2010 to 2015 by theme

Theme	2010	2012	2013	2014	2015	Total
Insensitive communication	2	1	1	2	2	8
Food	1	0	4	2	0	7

Waiting time in clinic	0	1	1	2	1	5
Communication (GP to hospital, general)	0	1	2	2	0	5
Discharge	0	1	0	2	1	4
Information (financial, clinical)	0	1	0	1	1	3
Transport	0	1	0	1	0	2
Toilets in poor condition	0	1	0	0	1	2
Nurse	0	0	1	1	0	2
Noise	0	0	1	0	1	2
Post op follow up	0	0	2	0	0	2
Parking	1	0	0	0	0	1
GP care at referral	1	0	0	0	0	1
HDU to ward	0	1	0	0	0	1
Doctor	0	1	0	0	0	1
Pain management	0	0	0	0	1	1
Cancellation theatre	0	0	0	1	0	1
Totals	5	9	12	14	8	48

Table 4 – Cancer survey Q12 response on sensitivity 2010 to 2014



2016 – 2017 Friends and Family Test Results

The Friends and Family Test (FFT) was introduced by the UK Government in May 2012. All hospital trusts are mandated to ask all inpatients (including Day case patients as of May 2015): “How likely are you to recommend our ward/clinic to friends and family if they needed similar care or treatment?” Royal Brompton & Harefield NHS Foundation Trust started using the Friends

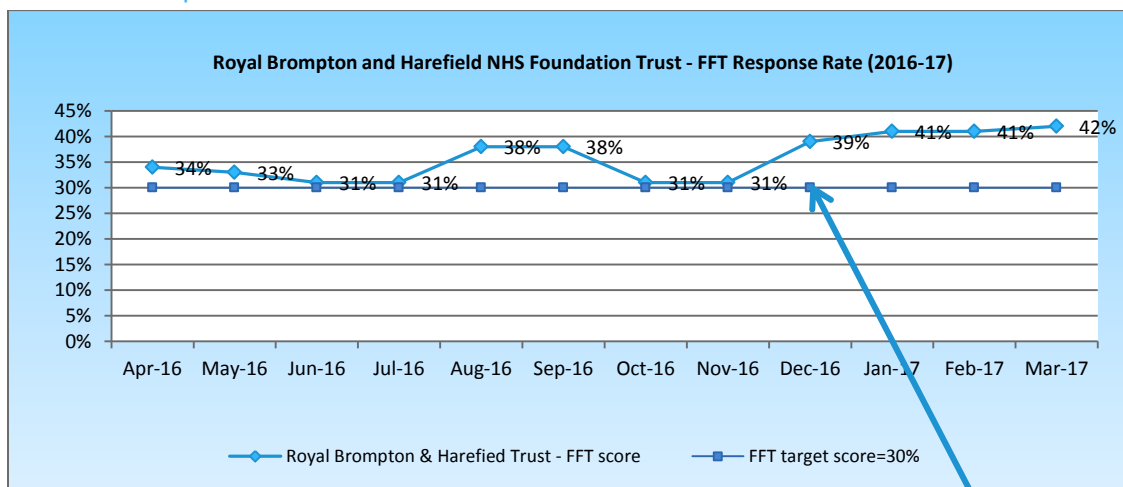
and Family Test in December 2012. From 1st January 2015 the FFT required response target has been 30%; the Trust has consistently met that target.

This year the Trust underwent a tender process to select a new FFT provider. The successful supplier provides a service which allows for responses in near “real time” through the use of text messaging and interactive voice response; set to be delivered automatically at 48 hours post discharge. In addition online results are immediate and gathered in real time at discharge via a mobile device. Less reliance on paper comment cards has been much more cost effective and in line with the Trust’s “paper light” agenda. Since data is entered and analyzed automatically focus can now go to determining priorities and making improvements to care; not on collecting and entering data.

Since implementation of the new platform in December 2016 the response rate improved approximately 10% and has maintained that gain. Our results are more in line with both Liverpool Heart and Chest and Papworth and we are consistently in the top twenty Trusts with respect to response rate. There is better reporting functionality including sentiment, word and theme analysis. There is capacity to add other local surveys. As a result post roll out of FFT we have used the portal to add an AICU local survey at Harefield Hospital, converted a long standing paper based PICU survey to online collected via a mobile device, converted the cardio-oncology outpatient clinic paper based survey, and added private patients to meet their new requirements.

The best improvement however is that we monitor on a daily basis and ensure that there is immediate follow up to any negative comments as soon as they come in as opposed to having to wait a month for a comment card to be processed.

Table 4- FFT response scores for 2016-17

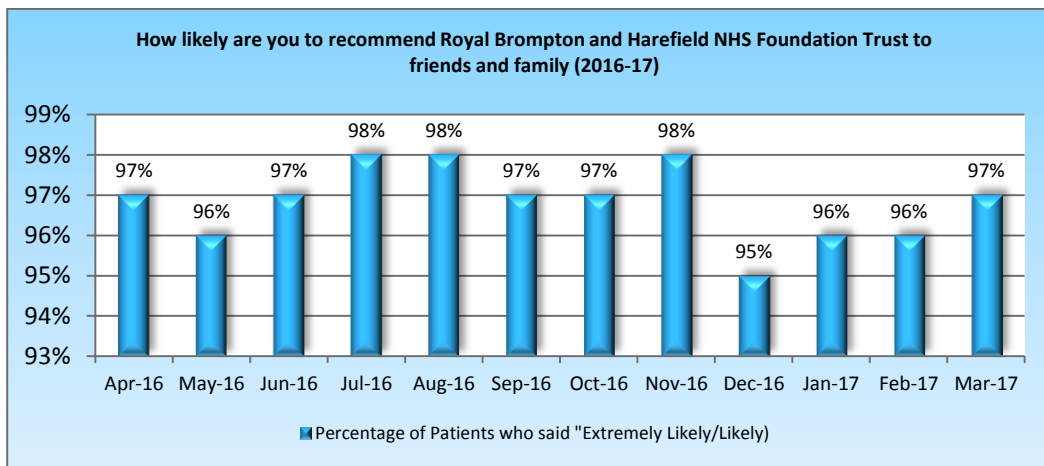
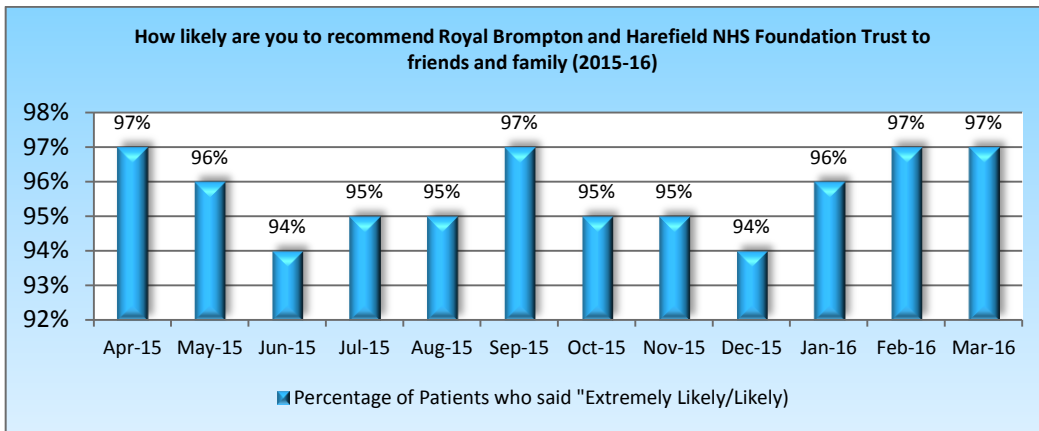


The FFT recommend score for Royal Brompton & Harefield NHS Foundation Trusts has been consistently

Implementation of new FFT provider contract

high = >95%, with an average of 96%. The tables below note the similarities year to year

Table 5- FFT recommend scores for 2015-16 and 2016-17



A Patient Experience Headline Tool has been created by NHSI to showcase in one location all patient experience published measures. It allows for comparing RBHT with other providers. It is available at:

<https://tableau.monitor.gov.uk/t/Public/views/PatientExperienceHeadlinesTool/CoverPage?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3AusingOldHashUrl=true>

Each area of the Trust participating in FFT receives their comments on a regular basis. They are expected to share with staff and take appropriate action. The following table shows the main recurring themes to the question “Was there anything that could be improved?”

Table 6 – FFT Improvement Comments by Themes 2015-16 and 2016-17

FFT Improvement Comment Theme	2015 -16	2016 -17
Food	408	297
Waiting	333	164

Information & Communication	159	111
Cleanliness	80	73
Nurses	91	46
Doctors	39	30

2016-2017 Social Media Monitoring

Each month the Communications Team at the Trust produces a report about social media (includes NHS Choices) activity related to RBHT. Analysis of 2016-17 shows that there are on average approximately 16 comments per month about the care received at the Trust. The majority (96%) is positive; this is an increase from 2015/16 which saw 87% of comments as positive. However some are not and fall into familiar themes that are seen with FFT and Inpatient survey comments and PALS informal complaints (inquiries).



Table 7– Social Media Improvement Comments by Themes

Social Media Improvement Comment Theme	Number of comments 2015/16	Number of comments 2016/17
Waiting	9	2
Communication	6	1
Care (general)	6	2
Doctors	6	0
Nurse	3	0
Food	3	2
Facilities	2	3
Transport	0	1

2016-2017 Patient Advisory Liaison Services (PALS) Comments

In 2016-17 the number of formal complaints and PALS inquiries for the top 5 themes was analyzed. The table below illustrates the results and continues to show that lack of effective communication and providing the right information as well as waiting times are the areas of largest concern for patients and their families.

Table 8 - 2016/17 Complaints and PALS Concerns Top 5 Subjects

Inquiry	Formal Complaint	PALS Inquiry
Admission, Discharge, Transfer	10	63
Waiting times/Delays	11	203
Hotel Services (catering)	3	5
Clinical care	27	136
Communication and Information	17	356
Total	3	844

Objective 2 - Co-design by tracking, trending and analysis of feedback

When we combine and analyze multiple sources of patient feedback (Inpatient Survey, FFT, Social Media and PALS) we start to see common themes. This gives us more intelligence to focus our improvement efforts.

Table 9 – Comparison of improvement comments from all sources

Improvement Comments	Inpatient Survey 2016	FFT 15/16	FFT 16/17	Social Media 15/16	Social Media 16/17	PALS 15/16	PALS 16/17	Total 15/16	Total 16/17
Waiting	17	333	164	9	2	322	203	681	386
Food	80	408	297	3	2	N/A	5	491	384
Information & Communication	10	159	111	6	1	535	356	710	478
Cleanliness/ Toilets /Estate	28	80	73	2	3	30	N/A	140	104
Nurses	N/A	91	46	3	N/A	N/A	N/A	94	46
Doctors	N/A	39	30	6	N/A	N/A	N/A	45	30
Noise	9	N/A	33	1	N/A	N/A	N/A	10	42
Care (general & attitude)	N/A	N/A	40	6	2	181	136	187	178
Patient Transport	N/A	N/A	20	N/A	1	59	N/A	59	21

* Social media includes Twitter and NHS Choices

This list of improvement categories and comments will be taken to the RBHT Comments & Complaints Working Group to review in detail and then set Trust wide priorities and actions for improvement. In addition the information is made available to staff working on Quality Improvement (QI) projects, applying for Patient Fund monies, and the Trust's Darwin Transformation Program. This level of tracking, trending and analyzing patient and family feedback from various sources begins to give a better understanding of what concerns our service users. This way we can begin to bring focus to improvement efforts.

New Surveys in 2016-17

The Private Healthcare Information Network (PHIN) Survey

The Private Healthcare Information Network (PHIN) is the independent, government-mandated source of information about private healthcare, working to empower patients to make better-informed choices of care provider.

PHIN is a not-for-profit organisation that exists to make more robust information about private healthcare available, and to improve data quality and transparency.

Effective from 2016 all private hospitals (including NHS private patient units) are legally required to send PHIN data on safety and quality indicators. PHIN has selected seven patient feedback questions to ask private patients. The questions are derived from a combination of the NHS Friends and Family Test and the NHS Inpatient Survey in England (see Appendix A for details).

PROMS – Patient Related Outcome Measures

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to patients from the patient perspective. Currently the NHS only requires 4 clinical procedures, hip and knee replacement, groin hernia repair and varicose veins, to submit PROMs data. The data is used to calculate the health gains after surgical treatment using pre- and post-operative standardized surveys. The survey tool utilized is the EQ 5D5L and EQ VAS (EQ5D5L) (see Appendix B for an example copy) along with condition specific questionnaires for all four procedures.

At the present time Royal Brompton and Harefield NHS Trust (RBHT) are not required to do PROMS however commissioning through evaluation schemes often requires patient satisfaction metrics. Whether this is strictly PROMs or something similar, it is not stipulated quite that clearly in the contract. As a result going forward it would be ideal to have a systematic and standardized short and long term approach for the collection of required/desired Patient Related Outcome Measures (PROMS). There is a strong desire by the Medical and Divisional Directors as well as other clinical leaders to select specific procedures at the Trust that would be appropriate for PROMS.

This year progress (albeit on a small scale) in relation to PROMS was made in five areas:

1. PROMS collected retrospectively for PFO closure patients at HH and RB (see Appendix B for further details)
2. Trans Aortic Valve Implantation (TAVI) is under scrutiny as numbers are increasing and costs are high so it would be valuable to have additional outcome measures to evaluate value. The TAVI team CQUINN results provide patient experience metrics (see Appendix B for more details)
3. Participation in a PROMS related research trial at HH. The study involves feasibility testing of the collection of PROMs in two different medical and surgical emergency

admissions; i.e. Emergency Laparotomy and acute myocardial infarction. This project will be conducted by the London School of Hygiene and Tropical Medicine (LSHTM) and data will be collected in participating NHS sites (See Appendix B for further details)

4. Consideration of using PROMS for Atrial Ablation procedures – At HH Dr. Wajid Hussein has suggested the collection of PROMs using the Cardiff Cardiac Ablation Patient Reported Outcome Measure (PROM) questionnaires and EQ5D5L and VAS acuity index (see Appendix B for further details)
5. Exploring cost effective options to collect data

Objective 3 - Transformational change to produce exemplary care experience

Improvement to Patient Experience at the Trust Level

During 2016-17 several Trust wide initiatives were implemented to improve the experience of care for all patients and their relevant persons. Some were part of national initiatives and others were responses to patient feedback.

Compassionate Care Programme

The Compassionate Care programme, in collaboration with the Royal College of Nursing (RCN) and now running for the 4th year at the Trust, is designed to support Band 6 and 7 nurses to strengthen their leadership capabilities in order to lead and improve the care and services for patient, their families and staff.

The approach to the programme is experiential and utilises Appreciative Inquiry, a philosophy and methodology for promoting positive organisational change. Leading Change, Adding Value (2016) launched by the chief Nurse, Jane Cummings is a key policy document and will act as a framework for the service improvement component of the programme.

This exciting programme provides a unique developmental opportunity which is underpinned with action learning, a vehicle for supporting individuals to bring about transformational change. It is anticipated that the successful completion of the programme will enhance the valuable contribution nurses make to how healthcare is delivered at the Royal Brompton and Harefield NHS Foundation Trust, whilst also transforming the way they think, reflect and respond to the needs of patients, their families and staff members. Finally the quality improvement tools used within the programme enable participants to identify, develop and lead change in their area of practice, no matter how small because it is sustainable and contributes to the Trust's overall quality improvement agenda.

The programme is designed and delivered in collaboration by Christine McKenzie, Royal College of Nursing Professional Learning and Development Facilitator, Fiona Cook, RCN Associate Consultant and Nicola Nation, Senior Nurse Royal Brompton and Harefield NHS Foundation Trust.

Projects submitted as part of the Compassionate Care Program for 2016-17

Examples of 12 projects implemented across the trust from nurses who attended the 2016-2017 course in response to patient feedback can be found in Appendix C.

Patient Fund

Each year the Royal Brompton and Harefield Hospitals Charity has generously made £100,000 funding available for enhancing patient experience within the Trust. The Patient Fund (formerly called Patient Amenity Fund) encourages all staff to submit their ideas for projects to improve patients' and visitors' experience in both hospitals. A committee of staff from both sites, chaired by the Director of Nursing and Clinical Governance, reviews each application and awards funds.

In addition to a new name (Patient Fund) the RBHT Charity has also introduced monthly donations; for as little as 5 pounds per month people can contribute. These monthly donations will in future be used to support the Patient Fund. It is very early days however there has been over £18,000 raised since the launch in March 2017. For a complete list of the 2016 awards please see Appendix D.

Patient-Led Assessments of the Care Environment – (PLACE)

April 2013 saw the introduction of PLACE by the government. PLACE is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments primarily apply to hospitals and hospices providing NHS-funded care in both the NHS and private/independent sectors but others are also encouraged and helped to participate in the programme. On an annual basis RBHT participates in two assessments; one for the Royal Brompton Hospital and one for Harefield Hospital.

The assessments involve local people (known as Patient Assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently (2015), the extent to which the environment is able to support the care of those with dementia. From 2016 the assessment will also look at aspects of the environment in relation to those with disabilities.

Recruitment and training of Patient Assessors is the responsibility of those organisations undertaking assessments. For RBHT Healthwatch in the borough of Kensington and Chelsea and Hillingdon are contacted to provide lay assessors from local communities. The assessments take place every year and results are published to help drive improvements in the care environment. The results show how hospitals are performing both nationally and in relation to other hospitals providing similar services.

It should be noted however that the assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision or how well staff are doing their job. The Trust has performed well in the 2016 PLACE assessment, the results of which were recently published by NHS England. Overall, the Trust performed better than the national average in the majority of the assessment areas, showing a major improvement in food and hydration and how well equipped our hospital sites are in meeting the needs of people with dementia.

Table 10 – Harefield Hospital 2016 PLACE Assessment Results

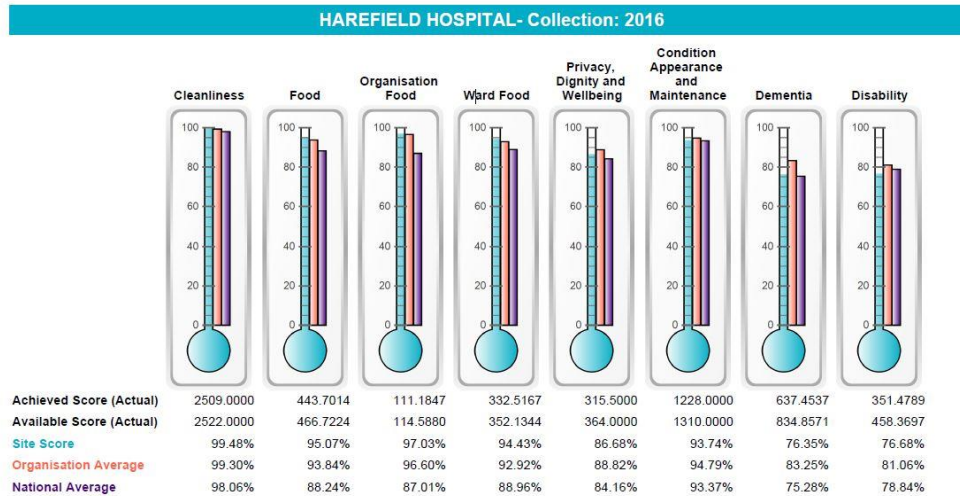
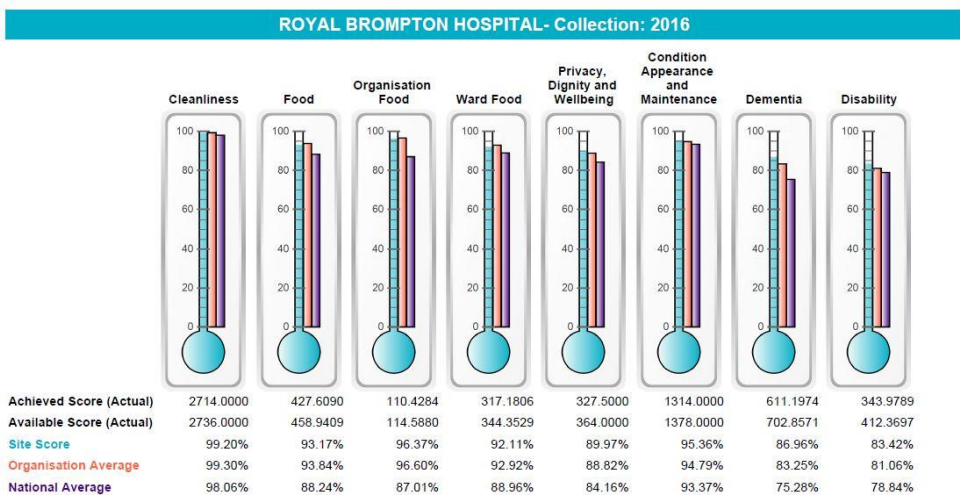


Table 11 – Royal Brompton 2016 PLACE Assessment Results



When we compare PLACE scores from 2015 to 2016 (Table 12) we note improvement in food and dementia. This was the result of some specific improvement work which included:

- A task and finish group involving catering teams, nurse and dieticians to review issues relating to food, in the light of the Hospital Food Standards report 2014.
- The estates maintenance team working closely with the Capital projects team to make sure that any new build or refurbishment project automatically incorporated the requirements of the Dementia care standard. This includes suitable flooring and colour schemes, improved signage and details like large clocks, and the use of dark blue toilet seats which provide suitable contrast to white sanitary ware.

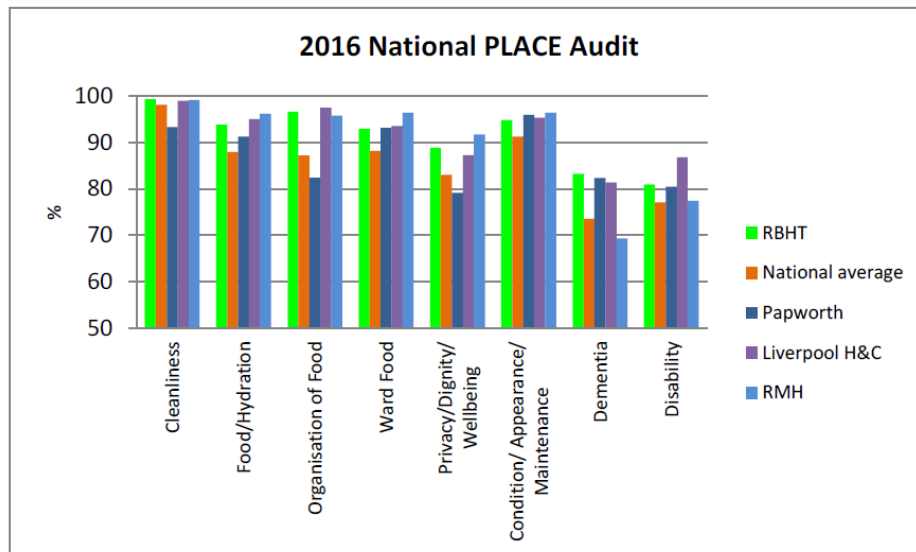
Table 12 –PLACE Assessment Results 2015 compared to 2016

	Cleanliness	Food	Food Organisation	Ward Food	Privacy, Dignity Wellbeing	Condition Appearance Maintenance	Dementia
2015 National Average	97.5	88.4	87.2	89.2	86	90.1	74.5
2015 Trust Scores	96.6	89.6	88.9	89.9	87.2	86.1	65.4
2016 Trust Scores	99.3	93.8	96.6	92.9	88.8	94.7	83.2

As seen above, the Trust demonstrated improvement against all areas, and in particular was pleased to see the work undertaken to embed the needs of Dementia patients into the routine activities of the estates teams reflected in the scores for the 2016 review. For this year, the focus on Dementia will remain, and a further focus on disability issues will be included in this work. Internal benchmarking against the performance of similar specialist Trusts is also helpful, and can identify where there may be areas of significant difference where learning between organisations could drive improvement.

Figure 1 below identifies Trust performance compared to three other specialist trusts, and also identified the national Average for all acute trusts for 2016.

Fig 1



rb&hArts 2016-17 Activity Report

rb&hArts (The Trust’s art program) is supported by Royal Brompton & Harefield Hospitals Charity (see Appendix E for a complete list of donors) to bring the benefits of the arts into our Trust and the local communities surrounding each hospital. The program has 3 main aims:

1. Increase levels of wellbeing,
2. Enhance the patient experience and
3. Improve the healthcare estate

This is accomplished by delivering high quality creative arts. In a typical year, 5,000 people will take part, many accessing the arts for the first time.

rb&hArts sits within the Patient Experience & Transformation Directorate at the Trust. It is a small team (2.4 FTE) and their core activities include:

- Managing the Trust's permanent art collection of 1,200 pieces
- Organizing temporary art exhibitions in public spaces. Artworks are often for sale, and a 30% fee is used to continue the programme
- Commissioning bespoke and embedded artworks as part of refurbishments or capital developments
- Developing and managing opportunities for inpatients to experience live music across the hospital
- Running "Singing for Breathing", 2 weekly vocal coaching projects for outpatients living with COPD.

For a complete list of all the projects rb&hArts has been involved in for 2016-17 please see Appendix E.

Patient Advisory Group

In January 2017 the RBHT Patient and Family Advisory Group (PAG) celebrated their first year anniversary. The group is composed of representatives from both sites; patients and carers, adult and paediatric programmes. The group meets on a quarterly basis and sets priorities for the upcoming year at the July meeting. This year four areas of focus are intended; infection prevention and control, psychology of having a chronic illness, safeguarding, and the consent process. After having presentations by experts on these topics the group will provide unique insights and awareness as a result of their personal experiences as a patient, carer or both. The primary purpose will be to support a consistent Trust wide approach to delivering patient centric care as a result of listening to the voice of service users and co-designing solutions in partnership with all relevant stakeholders. Members of the PAG are also members of the Trust. In addition to being a member of PAG they volunteer their time to participate in activities such as the PLACE assessment, input into other Trust committees, and initiatives such as capital development projects, web redevelopment, relevant policies (e.g. Accessible Information Standards).

Improvement to Patient Experience at the Local Level

Survey results and findings can be somewhat limited when it comes to making specific programme or specialty level change to improve services for patients and their families. Surveys often can give a high level indication of where there is need for improvement but lack specificity to make change(s). As a result the various care groups, sub specialties, wards, departments, and

individuals at RBHT have developed ways and opportunities to listen to their patient populations and then work with them to co-design solutions to improve the experience of care for both patient and staff. The following illustrates some of the work that occurred at the RBHT in 2016-17.

Atrial Fibrillation (AF) Support Group

Karthik Viswanathan, Locum EP Consultant at Harefield hospital had been working with Wajid Hussein (EP Consultant and CCL Director) and HH's arrhythmia nurse team on setting up an AF patient support group. He had the opportunity to speak to Arrhythmia Alliance UK who are extremely supportive. There are currently no arrhythmia or AF patient support groups anywhere in North-west London, Berkshire, Buckinghamshire and Hertfordshire, so this was seen as a great opportunity to meet a need.

On January 11th 2017 the group held the first meeting; which was very successful. Some of the comments included:

"I feel more prepared to support my Mum going forward for ablation and the questions to ask"
"I think when you suffer from AF all sorts of scenarios go through your mind. This has put my mind at ease"

The group plans to meet on a regular basis; the next meeting will focus on anticoagulation therapy.



Takotsubo Day – 14/07/2016

On July 14 2016 Dr. Alex Lyon hosted a patient information workshop on Takotsubo Syndrome or sometimes known as "Broken heart syndrome". It is a temporary heart condition that's often brought on by stressful situations, such as the death of a loved one. The condition can be triggered by a serious physical illness or surgery. People with broken heart syndrome may have sudden chest pain or think they're having a heart attack.

In broken heart syndrome, there's a temporary disruption of your heart's normal pumping function in one area of the heart. The remainder of the heart functions normally or with even more forceful contractions. Broken heart syndrome may be caused by the heart's reaction to a surge of stress hormones.

The symptoms of broken heart syndrome are treatable, and the condition usually reverses itself in days or weeks. One person who had experienced the condition after the death of their partner told their story to the group. Feedback from the session was very positive.

RB AICU Patient and Family Day

Over 50 former critical care patients, their families and members of staff came together for Royal Brompton's annual adult intensive care patient day on Saturday (3 June 2017).

The day, now in its third year, is a chance for staff to hear directly from patients and their relatives about their experiences of critical care, including what they found good about our services and – importantly – where further improvements could be made.

It also gives patients and their families the opportunity to meet each other outside of hospital, share their experiences, and hear from the team who cared for them, including senior nurses, critical care consultants, consultant psychologists and occupational therapists.

Previous improvements that have been made to the intensive care unit as a result of patient feedback include:

- creating a new, brighter and larger waiting room
- designing a new quiet room where staff can talk to relatives with increased privacy and fewer interruptions, equipped with computers so scans and images can be explained
- a new 'buzzer' system that lets relatives know when they can visit their loved ones without having to repeatedly check, meaning they can spend time in the café, canteen, or multi-faith room
- re-launching patient diaries to record their time in critical care.



Speaking at the event, former patient Glynn Seal explained how he had recovered from pneumonia, which had led to four months in hospital, 11 weeks in intensive care and five weeks on extra-corporeal membrane oxygenation (ECMO) at Royal Brompton. Following his recovery, he ran a marathon, raising nearly £2,000 for the intensive care unit which saved his life.

Another former patient, Simon Reuter, shared his

experiences of paranoia and hallucinations while in intensive care, providing an insight into the psychological impact of critical illness and being in an intensive care environment.

Husband Martin Beadle talked of his experience of his wife, Amanda, being on the unit, and commented: “You can teach nursing, but you can’t teach kindness, empathy, caring, all of which they showed day in, day out... the NHS is a superb institution, the support we received was fantastic, and it’s great that we were listened to.”

Jo Tillman is one of the matrons in charge of the unit and helped to organise the event. Jo said: “The day was a chance to spend time with patients and their families, away from the obviously busy and pressurised world of the intensive care unit itself. The feedback we received is absolutely invaluable when it comes to improving what we do.

“We’re already looking at how we can improve ‘handovers’ between departments, and when patients are repatriated back to their local hospitals, to ensure continuity of evidence-based, individualised care. We’re also working to ensure that, when patients are transferred out of the unit, the receiving areas obtain all the key information about their experience to date.”

Occupational Medicine Outpatient Clinic Team

The Trust’s occupational and environmental lung disease service is the largest in the UK, and is the longest established unit for the investigation of occupational asthma in Europe. The unit is led by specialist clinicians Professor Paul Cullinan, Dr. Jo Feary and Dr. Jo Szram and supported by clinical nurse specialists, Julie Cannon and Bernadette Fitzgerald as well as a dedicated laboratory team, Dr. Meinir Jones and Jennifer Welch. The team sees nearly 400 new patients each year at both hospital sites, carries out workplace visits and trains and consults on aspects of occupational respiratory surveillance, reaching large groups of people at risk of work-related lung disease.

For many years the team has collected feedback from their patients in order to improve the service. This includes an annual patient questionnaire, and a project following patients in a “shadowing” exercise as they experience their appointment; tracking time and activities and ad hoc interviews immediately following appointments. The goal each year is to decrease the length of time patients spend in clinic while still providing high quality care. Last year the team was awarded money from the Trust’s Patient Fund and made a short film for new patients explaining what to expect from their clinic visit – an online link will be sent to them at the time of booking.

Cardio Oncology Clinic

The Cardio Oncology Clinic at the Royal Brompton has since first opening over three years ago surveyed all of their new patients. Consistently the clinic receives a score of 9+ out of 10 for their services plus many positive comments.

Recognition

The following is a list of individuals and teams who were internally or externally recognized for extraordinary efforts as it relates to improving the patient experience. This list is not all inclusive and no doubt there are many more people who do much more each and every day.

RBHT Hospital to Home team



The Royal Brompton's Hospital to Home service received the award '*Highly commended*' at the Health Services Journal (HSJ) - Value in Healthcare Awards, category - '*The Use of Information Technology To Drive Value in Clinical Services*'.

Trust develops an integrated web-based pathway that supports extended hospital stay for children requiring long-term ventilation via tracheostomy, reducing length of stay

Sarah Todd and Sarah Akers, Physiotherapists Quality Improvement (QI) Project Winners 2016

Since 2015 staff has been invited to take part in a Trust-wide quality improvement (QI) competition. The teams showcase their outcomes and winners are chosen based on pre-determined criteria; one of which is how much patient involvement was included in the project.



Patient governors Brenda Davies and Tim Mack presented the award to Sarah Todd and Sarah Akers

An initiative to improve the exercise programme for respiratory inpatients at Royal Brompton, developed by physiotherapists Sarah Todd and Sarah Akers, was chosen as the 2016 winning project. A series of changes to improve referrals, intervention times and access to daily exercise classes was trialled, and regular feedback invited from patients and colleagues.

More details on the project can be found here: <http://www2.rbht.nhs.uk/news/archive/quality-improvement-projects-showcased-at-awards-ceremony/>

Melissa Rochon, Clinical Nurse Specialist in Surveillance

Patient Safety Awards

Photo At Discharge, an initiative inspired and led by Melissa Rochon has been shortlisted for a Patient Safety Award. At the event in Manchester in July 2017; nominees will find out who has won.

SSIs (surgical site infections) are linked with significant clinical and economic burden. The process of wound assessment at the point of discharge is an important factor. The

implementation of wound photo at discharge (PAD) demonstrated 5 times less readmissions for SSIs. Excellent patient feedback was noted.

Catherine Philpott – Emergency Planning Officer

Quality Interpretation /Services

In the early spring of 2016 Catherine noticed there appeared to be more and more requests for staff with specific language skills to provide interpretation. These requests were made via “all user emails” Catherine was concerned that our patients who did not speak and understand English were not getting a good quality experience.

Catherine is the Trust’s Emergency Planning Officer – in that role she would not have any direct responsibility for interpretation services. Catherine, as do many other staff at the Trust, believes all staff are responsible for ensuring our service users have a quality experience. As a result of this dedication to doing the right thing, Catherine helped support the selection and rollout of a new Translation and Interpretation service available 24/7. Almost a year after noticing the increasing number of email requests, the Trust’s new translation and interpretation service provider; The Big Word was launched on 1 March 2017.

One of the key benefits of *The Big Word* system is that staff will be able to speak to an interpreter over the phone in a matter of seconds. Face-to-face appointments will still be available via an online booking form, but if patients need to speak to someone urgently, they will no longer have to wait for an emergency interpreter to be found.

The Trust has the assurance to know that every interpreter will be highly qualified - ensuring a quality experience for all our patients.



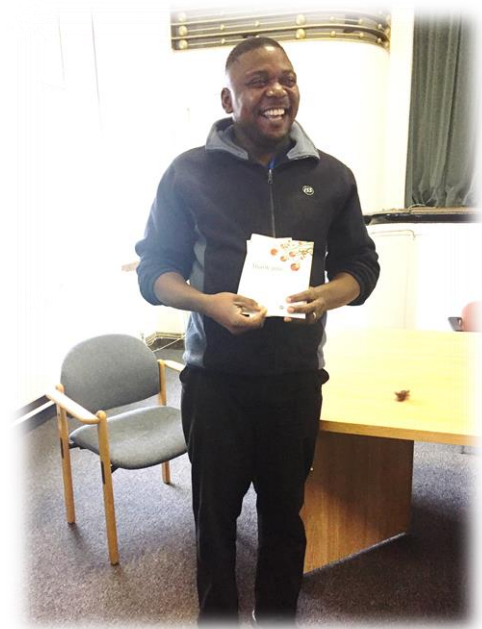
Eric Muskitelle – Catering Host ISS HH

ISS Apple Award

Eric was nominated and awarded the “Apple of the month” award for December 2016. Eric is a catering host at Harefield Hospital. The Apple award is part of ISS UK’s People Recognition Scheme. Eric was given an Apple IPAD and was delighted with the recognition. The ISS executive board recognized how much Eric had gone above and beyond his duty and made such a difference to one particular family.

The daughter of one of the HH Heart patients wrote a letter about how Eric had gone the extra mile for her father. Eric made special arrangements for food for her father; nothing being too much trouble. Eric took the time to update her on what her father had eaten before she got to the hospital; especially important as her father’s diet had been poor.

Unfortunately, her father passed away. It was during the night but because of the shift system, when the family arrived in the morning they were now dealing with a team of doctors and nurses that they had not seen previously. However as she walked through the hospital she met Eric in the corridor. He made a special effort to tell her about her father’s last night and what he had eaten. This small act of kindness moved her to write a letter of appreciation.



“I cannot express strongly enough how comforting it was to know that someone was so caring and interested in my father. And he wasn't doing this just for my dad - he had a warm and generous manner with all of the patients. In situations such as ours where my father was so unwell, you want to know that everyone caring for him feels this way. And whilst the medical teams undoubtedly do, there is an element where you feel that you are just part of the big NHS machine. People like Eric bring a much

needed human element and warmth to an otherwise stressful and traumatic experience, and it was a comfort to see him on Monday as a point of consistency in my father's care.”(Sarah Baxter).

Dr. Milissa Sanchez and Catherine Scott

In November 2015 Dr. Milissa Sanchez (psychologist in the HH Transplant program) and Catherine Scott (OT and Trust Lead for Older people), along with Susan Talbot (CNS in Cystic Fibrosis) participated in an Innovation Program sponsored by Imperial College Health Partners and facilitated by What If. Their project focus was to improve the lung transplant referral process of CF patients from RB to HH.

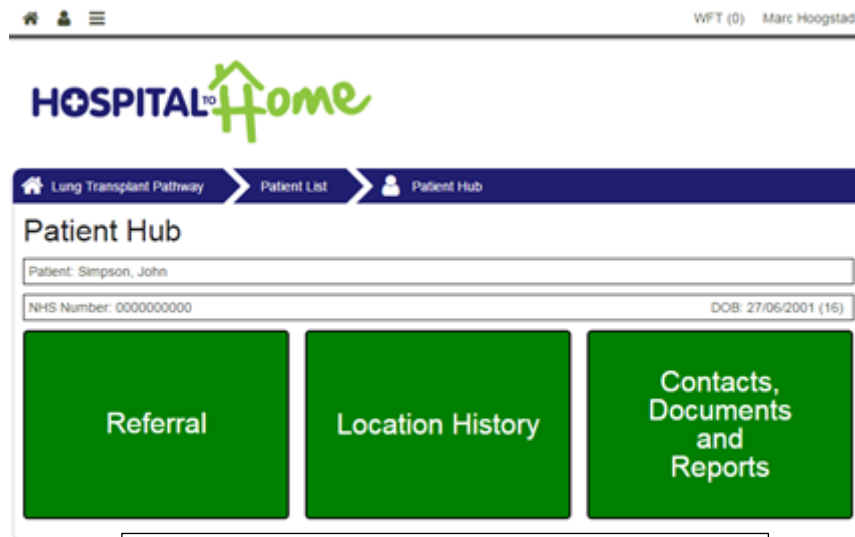
Now almost two years later and after many many meetings, conversations, hard work and support, the Hospital to Home program is



leading the development of a web enabled platform that will support referrals for Lung Transplant assessment. The team announced that testing of initial software development of the referral section is completed and functional testing is underway

Milissa, Catherine and Susan (who has since resigned her position at the Trust) consistent determination to improve the experience of these patients who were spending a third of their remaining lives waiting to get their first assessment appointment inspired this work.

Additionally Gillian Halley, Julie Coombs and the Hospital to Home team should also be acknowledged for their support and desire to spread their knowledge and skills to transform the pathway for long term ventilation, ECMO and now Lung Transplant.



Screen shot – Lung Transplant Referral pathway

Conclusion

This report was intended to demonstrate evidence that the Trust as a whole and each member of staff is dedicated to ensuring an exemplary patient experience. From the very first contact a patient has with RBHT to follow-up care at home or in the community; their experience is a priority. Sometimes we don't get it right but there is a spirit to listen and keep trying together to improve services.



References

NHS England (2016) Leading Change, Adding Value: A framework for nursing, midwifery and care staff. NHS Commissioning Board

NHS England (2012) Compassion in Practice. NHS Commissioning Board

PROMS - Contact the EuroQol Group http://www.euroqol.org/faqs/_eq-5d-web-version.html

Appendix A – PHIN Patient Feedback Questions for survey

1. How likely are you to recommend our hospital to friends and family if they need similar care or treatment?
2. Were you involved as much as you wanted to be in decisions about your care and treatment?
3. Did you find someone on the hospital staff to talk to about your worries and fears?
4. Were you given enough privacy when discussing your condition or treatment?
5. Did a member of staff tell you about medication side effects to watch for when you went home?
6. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
7. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Appendix B - PROMS

EQ5D5L and EQ VAS – European Quality of Life tools for PROMS collection



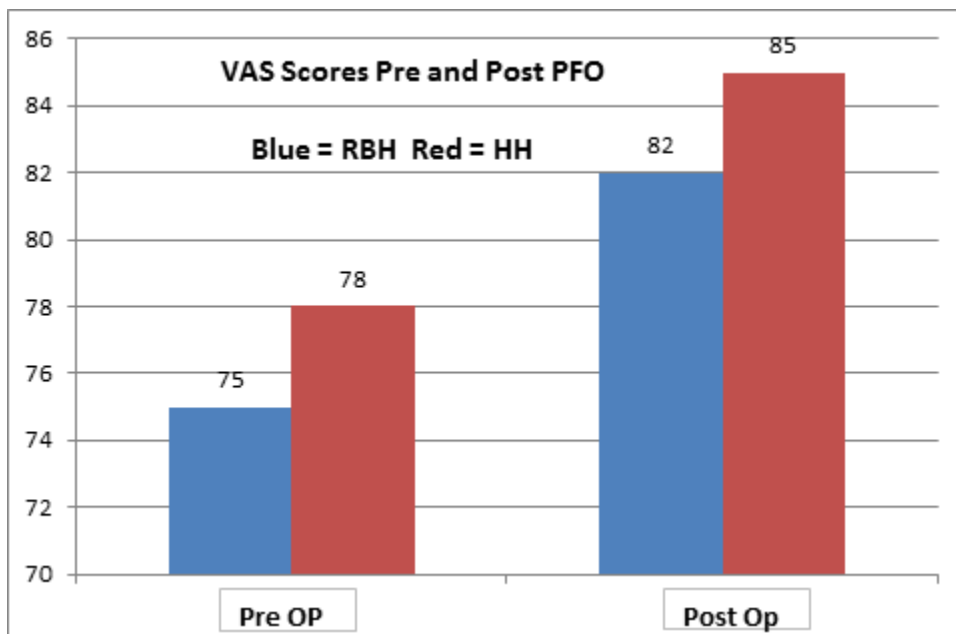
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_EQ_5D_5L Paper_Se

PFO Closures PROMS collection and results

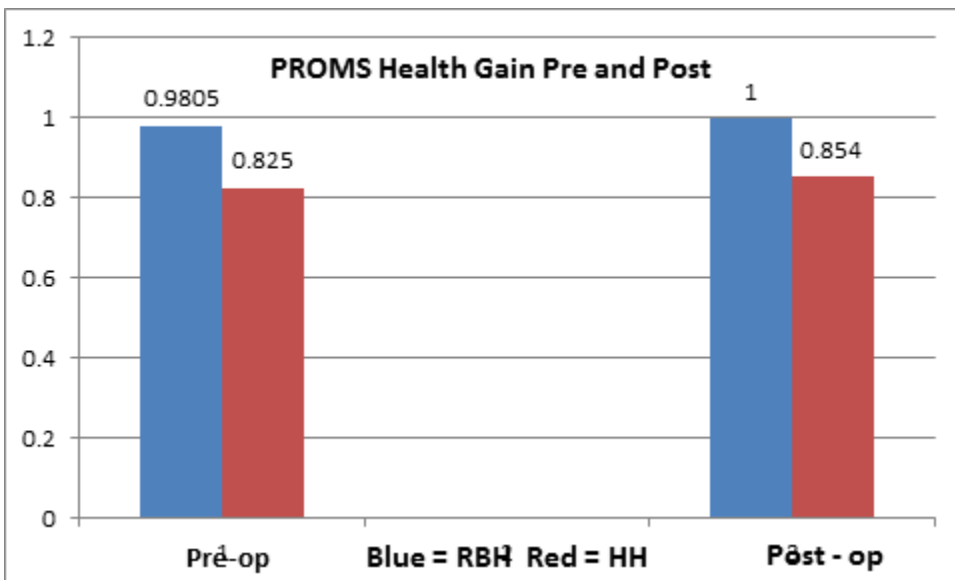
A retrospective mail out to all patients of Drs. Anselm Ubing (RBH) and Charles Isley (HH) who underwent a PFO closure, was sent to patients. A covering letter was provided by the respective consultant asking the patient to complete the enclosed surveys (VAS acuity index and EQ5D5L) based on how they felt pre procedure and then how they feel now (one year post procedure at the minimum). A freepost envelope addressed to the Trust was enclosed for them to send completed questionnaires back.

The response rate for RBH patients was 33%; slightly higher than HH at 28%
As expected the health gain was minimal (.020), HH was similar at .029

Here are RBH results compared with HH:

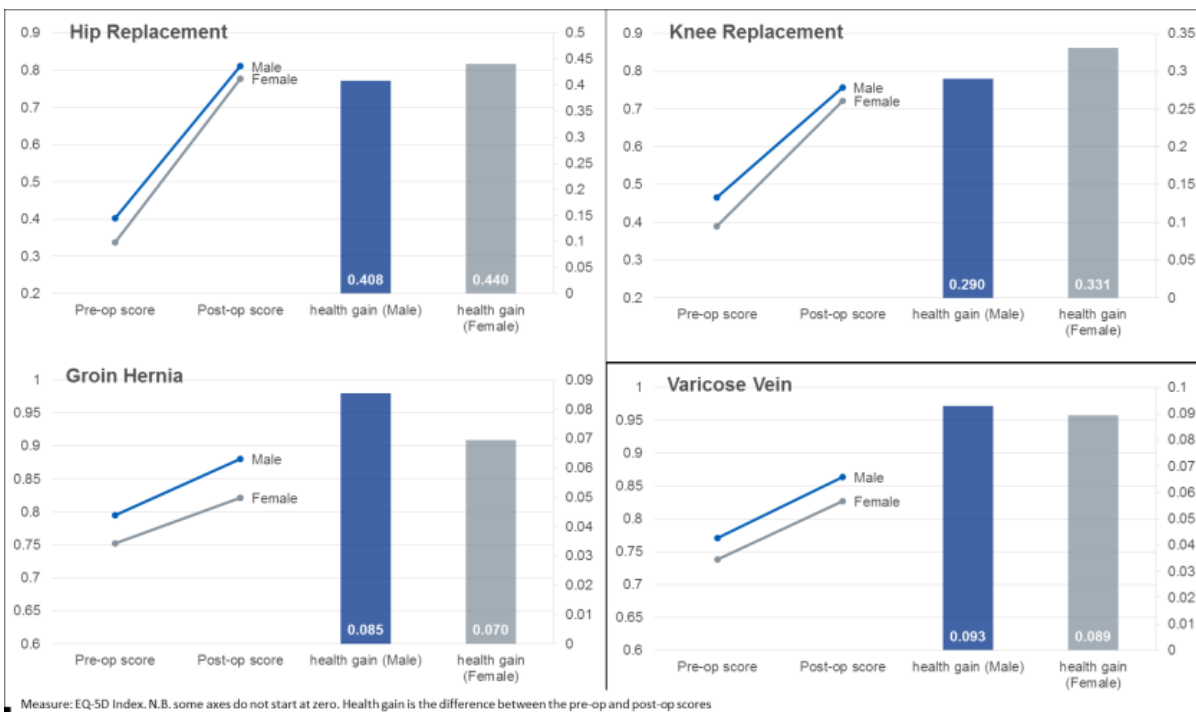


*VAS score is the patient rating themselves pre and post procedure on a scale of 0 to 100 – 0 being poor health; 100 being optimum health



*These are the EQ5D5L questionnaire results – patient assesses themselves on a scale of 1 to 5 in these domains: mobility, self-care, usual activities, pain, and anxiety/depression.

To give some context the graphs below show VAS scores via line chart and health gain via bar graph for hip and knee replacement (average for England – 2014/15 PROMs results).



TAVI – Patient Satisfaction input



RBHT CQUINs 2016
17 NHSE.pptx

PROMS Feasibility Study at HH

Emergency admissions account for 40% of hospital admissions and are an area of increasing resource usage. This is also an area where the NHS knows least about the quality of its outcome, and whether we are using resources effectively.

Patient Reported Outcomes Measures (PROMs), by measuring the patient's reported health change allows the NHS to measure clinical effectiveness rather than just its inputs and activities, and heralds a way forward for understanding the effectiveness and cost effectiveness of health services.

This study involves feasibility testing of the collection of PROMs two different medical and surgical emergency admissions in Emergency Laparotomy and acute myocardial infarction. This project will be conducted at the London School of Hygiene and Tropical Medicine (LSHTM) and data will be collected in participating NHS sites. Study lead is **Dr. Esther Kwong** Department of Health Services Research & Policy London School of Hygiene & Tropical Medicine **Alison Pottle**; consultant nurse cardiology HH **Paula Rogers**; Research Nurse Manager Cardiology HH



IRAS Phase 4
Protocol Feasibility stu

Atrial Ablation PROMS condition specific questionnaire



C-CAP scoring
instructions v1.0.pdf

Appendix C Compassionate Care Program

12 Compassionate Care Projects

Examples of 12 projects implemented across the trust from nurses who attended the 2016-2017 Compassionate Care course:

1. Marcos Ferreira

Improving Out-of-Hours Care for Non-English Speaking Patients (Sir Reginald Wilson Ward, RBH)

Evidence suggests that communication barriers in healthcare can lead to poor outcomes such as inappropriate diagnosis or poor adherence to treatment by the patients (Kaur 2014). A large majority of the private inpatient admissions on Sir Reginald Wilson Ward come from the Middle East and a great number of these patients don't speak English. During the day time (from 8am-8pm) professional trained interpreters are available on the ward, but during the night time no facilities were currently available. The aim of this project encompassing all of the 6C's, was to develop a quick interpretation tool, with the assistance of the professional interpretation team, to allow both patients and nurses to communicate and understand the main needs of the patients out of hours following patient feedback.

2. Deborah Luff

Identifying the Need for a Telephone Follow up Service Following Discharge from Surgery (Cedar Ward, HH)

Prior to going home patients often spend some time in the discharge lounge on Cedar Ward. The discharge lounge, funded by the Patient Amenities Fund, provides beverage and comfort while waiting for discharge. Staff used the discovery tools of quick feedback sheets and observation from the Compassionate Care programme to understand what was working well in the discharge lounge for patients and what could be done to improve their experience. From patient feedback the need for a telephone follow up service following discharge was identified as patients commented on feeling 'worried about going home so soon after my operation' and 'concerned about taking my medication when I get home'. It was felt that the telephone follow up would help bridge the gap between home and hospital for certain patients.

3. Linda Freeman

Compassionate Care Programme: A Journey of Discovery – The Impact of the McKinley T34 in Practice (Specialist Supportive and Palliative Care)

End of Life care (EoLC) is everyone's business (DoH 2015). The CME McKinley T34 syringe pump is a portable, battery operated device for delivering medication by continuous subcutaneous infusion (CSCI). There is Trust training and policy for using the McKinley T34 syringe pump in end of life care. This project involved the 6C's in conjunction with appreciative inquiry (Dewar 2013) introduced on the Compassionate Care Programme.

Emergent themes from feedback were that staff found caring for a dying patient can leave them feeling isolated and alone, especially when using a McKinley T34 Syringe

Pump. Also, patients and family stated when given information about end of life they often found it hard to recall what has been said. This project has developed a multi-faceted approach to training involving development of a training programme for staff that recognizes the emotional burden when they are dealing with McKinley pumps and end of life care and development of a patient information leaflet. Feedback from patient/carers/family/staff has led to small yet important service development needs.

4. Kumari Kalubowilage, Deepa Suresh, Joseph Viana

Importance of Transportation Times for Specimens in Theatres (Theatres, HH)

This project reviewed the transportation time for specimens in Theatres at Harefield. It is recognized that contaminated samples can lead to misleading results, inappropriate antibiotic use and unnecessary laboratory work (GOSH 2014). The service improvement incorporated the 6C's to achieve regular, timely collection and delivery of specimens from theatres and increased staff awareness. Initial comments on the new system are positive and staff is more proactive in monitoring specimens going to the laboratory and providing out of hours service.

5. Ramani Annalingam

Time to Take Care of the Working Service Users in the Apheresis Unit (Apheresis Unit, HH)

This service improvement project aimed to provide an apheresis service from 08.00 to 20.00 on Fridays for those patients who were finding the usual apheresis service hours difficult to attend due to work commitments. The outcomes of the project were to improve patient satisfaction, and to reduce patient stress and non-compliance with treatment by addressing a more flexible approach to patient care.

6. Caroline Vimbainashe Chinondo

Using Patient Experience to Improve the Quality of Care and Safety when Performing Lateral Transfers (Transplant Unit, HH)

In the past 2 years the transplant unit has noted that patient co-morbidities are increasing the length of stay pre and post Ventricular Assist Device (VAD) implantation and Transplant. As a result patients are immobile for long periods requiring more intense rehabilitation and an increased number of staff to enable them to be transferred, repositioned and mobilized without harm. This project addressed finding an innovative solution to meeting patient's safety, handling and lateral transfer using one specific product, thereby, increasing efficiency by reducing number of staff required to transfer patients and reducing staff sickness as a result of straining / injury related to moving and handling. After considering patient feedback and increased staff workload and patient dependency, a successful bid to the patient amenities fund was made to purchase a pump and HoverMatt Air Transfer System for the Transplant Unit.

7. Nyengeterai Tandy Bevan

Releasing Time to Care through Organised Documentation Folders (Cedar Ward, HH)

This project identified areas where service improvement could be achieved on Cedar Ward by use of a questionnaire and feedback form to staff. Staff feedback centred on improving the nursing documentation folder in the way paperwork was filed on the ward. The 6 C's framework was incorporated to take action around re-organization of nursing documentation. The outcomes so far are that staff have reported paperwork is

now easy to find, the files are more organized which aids documentation in a timely manner allowing staff to give more attention to delivering high standard patient care.

8. Noelli Marie Padilla, Sandra Brown
An Innovative Approach in Preparing and Administering Intravenous Medication (Foulis Ward, HH)

Aggressive treatment of pulmonary bacterial infection with antibiotics is the most important and effective intervention in the treatment of Cystic Fibrosis (CF). Patients with exacerbations of their CF condition are admitted to Foulis Ward to receive intravenous (IV) antibiotics and can have a minimum of 3-5 IV medications 3 to 4 times daily. The immense volume of IV antibiotics can impact of the quality of patient care due to the amount of time required for nurses to prepare and administer the medication safely. This project involved collaboration with all multidisciplinary team members to achieve the project aim acronym of DRUGS - D-Drug administration standardized approach, R-Reduce delays in administration and eliminate medication administration errors, U-Utilization of resources efficiently, G-Guidelines availability and accessibility and S-Safe and efficient drug administration.

9. Bernie Ortega
Improving Information Gathering (Children's Sleep and Ventilation Unit, RBH)

The lead nurse in the Children's Sleep and Ventilation Unit adapted the emotional touch point tool used on the Compassionate Care Programme for her paediatric population. Images of the emotional words were added to help the children to more easily recognise their feelings when describing their experience in hospital to staff. The emotion and feeling images were also used with the children's parents and other family members to understand their experience and to reflect the application of the 6C's framework at all times. This project proved a powerful way of improving information gathering in the unit by listening, learning and responding to others' experiences and enabling staff to make appropriate decisions and allow choices for children and their families. Comments from the patient and families on using the feelings and emotion card have been that they: 'felt supported'; 'found it easier to talk about concerns'; 'had fun with the cards'.

10. Jill Dunning
Improving Referrals to the Anticoagulation Clinic at Harefield Hospital for Commencing Warfarin (Anticoagulation CNS, HH)

The anticoagulation clinic at Harefield has 342 outpatients, aged between 10-94 years. There are 3 clinics running weekly and approximately 30 patients seen per clinic. Indications for patients to receive anticoagulation therapy include those with atrial arrhythmias; cardiomyopathy; mechanical heart valves; DVT/PE; cardiac thrombus. This service improvement project following patient feedback addressed the concerns of patients who felt they were waiting unnecessarily for referral to the anticoagulation clinic. The project aimed to update teachings to both nursing staff and at doctors' induction to improve the timely referral of patients to the anticoagulation clinic and to reinforce correct completion of the referral form to reduce the fears and anxiety for patients and also to reduce any delays for procedures.

11. Denise Percival**Improving Care for Patients with Dementia (ACCU, HH)**

This project looked at improving patient outcomes for people with dementia with regards to activities they could do, such as puzzles, games, reading stories, to keep them mentally active whilst inpatients on ACCU.

12. Lilian Leite**Improving the Interview Process (Rose Ward, Paediatrics, RBH)**

This project looked at improving the interview process in Paediatrics. Senior staff on the paediatric ward acknowledged that the interview process is changing and prospective employers require more information than interview alone. Assessment days were initiated for the interviewees prior to the interviews and a group introduction with image cards (a discovery tool from the Compassionate Care Programme) used as an icebreaker exercise. This project connected with the 6C's of, commitment, courage and care: to help break the ice at interview; to help the interviewees relax into conversation; to encourage communication; to enable observation of interactions with others and to support the recruitment selection process. This project will be sustained by continuing to use the image cards at interview assessment days; to roll out to other paediatric staff development days and to share information with other clinical areas and encourage use of the image cards.

Outcomes of the Compassionate Care Programme

The intended outcomes of the *Compassionate Care programme* in line with the Trust Nursing Strategy 2015-2018 are to:

1. Always strive to do our best for patients
 - Gain further insight into knowing self, patients, colleagues and the organization
 - Develop leadership skills to become more effective nurse leaders
 - Use the findings from patient / staff feedback and measurements to continually improve patient care and develop a service improvement around the 6C's in clinical area; care, compassion, competence, communication, courage, commitment.
2. Always speak in the patient's best interest
 - Strengthen your courage to speak up for patients when you have concerns
 - Clarify expectations of patients / relatives / colleagues
3. Be open and transparent with patients and colleagues at all times
 - Cultivate an open and transparent relationship with patients at all levels of their care and with colleagues
 - Deepen your relationship with patients and their families
4. Treat people with kindness and respect at all times
 - Professionalism in handling challenging situations with patients / relatives / colleagues
5. Continually develop our nursing knowledge and skills
 - Develop your presentation skills and design and prepare a service improvement poster
 - Share best practice across the Trust with a poster presentation celebration event
 - Consider how you will sustain your service improvement following the end of the programme

- Recognise the different approaches to clinical and management conversations
- Become more confident in dealing and managing the unexpected that is not a clinical situation

Appendix D – List of Patient Fund items for 2016

1. Privacy screen to provide dignity to patients awaiting procedure or waiting return to ward, beside Cath Lab 3 and 4. The current screen is not very tall and has a wide leg base which narrows the corridor.
2. 15 static bikes for multiple wards at Harefield to provide exercise and getting patients fitter for discharge. Bikes can be left in patients rooms therefore reducing infection spread and it is easier access for patients with multiple lines and attachments.
3. 20 parent camp beds to give parents the opportunity to stay with their child during admission. A decent night's sleep will improve the parent's experience in a stressful situation and help patients to feel safe.
4. Hovermatt Air Transfer System and pump to enable easier and safer moving of immobile patients and to reduce staff absences due to injury. A Barton chair requires 4 staff but with a Hovermatt only 2 are required.
5. Provide replacement and additional seating for imaging department waiting area, currently patients have to stand due to lack of chairs.
6. AtmosAir 300 Seating System with Reliant IS2 cover (for Princess Alexandra Ward). These cushions will be used for vulnerable patients at high risk of developing pressure sores and will be used on top of standard chairs.
7. Dialysis-type treatment chair for patients in the transplant unit for comfort and safety to patients and for patients who become unwell it can be laid flat.
8. Apple ipad 2 64G to help engage and educate young people in the Familial Hypercholesterolemia service to help reduce the risk of early heart disease in this population and also improve patient experience during clinic.
9. Patient paging system to give to patients in clinic when they come for their numerous tests (Echo, MRI, exercise) and allow them freedom of movement so they can be called when the consultant is ready to see them.
10. 2 Lenova Think Pads as Tablets provide more efficient and professional ways to work and help patients to complete their online applications for benefits by their bedside and many require assistance as they are not computer literate and the benefits system is complex.
11. 2 Braden 'light up' mannequins for resuscitation training which is provided to relatives. These mannequins show the effectiveness of compressions to improve the skills necessary to provide circulation to the brain.
12. 2 Phlebotomy chairs for CT to replace broken one, to reduce waiting times to cannulate patients on the CT bed and provide safer working environment for the staff and the patients.
13. SIT STOP Chairs to be installed in stairwell on Sydney street levels 3 - 6 to provide safer sessions with physio stair assessments and eliminate the need for staff to carry heavy chairs from the ward to the stairwell.
14. 6 eClean Polymer patient bedside cabinets to replace worn out stock and which may be used either side of patient's beds for comfort and ease and which has a lockable middle draw for valuables, using a card system rather than key.
15. 3 iPods for loan to family members of patients with dementia to enable them to create personal playlists as music helps people to reconnect with their identity and alleviate anxiety and agitation.
16. Stryker Prime Series patient trolley/stretchers to replace second hand one which is faulty and damaged and a comfortable and safe trolley will improve the patient journey.

17. Toilet seats and hand rails on Oak Ward to be replaced with coloured items to aid orientation and prevent falls and assist dementia patients with deteriorating eyesight.
18. Lifting chair to provide fast, safe, comfortable support in moving conscious patients who fall on the ground and can be placed into a sitting position within minutes.
19. Television with built in DVD / USB facility and wall bracket for the Cardiology dept to put in front of the CPEX treadmill machine to motivate patients during testing.
20. 200 Bespoke patient diaries to record ITU patients' journey and help them and their families to understand their treatment care and explain reasoning for decisions taken. These would replace the plain hardback notebooks which are clinical and impersonal.
21. 10 chairs and 1 bariatric chair for cardiac rehab waiting area to provide comfort for patients and improve infection control and as the chairs are stackable more space for better use of the gym area.
22. 50 Handheld fans to help patients through the home oxygen and assessment service for the Hillingdon Borough to reduce breathlessness as a significant number of patients find it difficult to go out and buy a fan.
23. Electronic bed with detachable head cushion to help get patients on and off the bed when they have scans, this will help the staff and patients and is more professional than manually adjusting the bed.
24. Comfortable and child friendly seating area for new designated paediatric waiting area as highlighted as a requirement by CQC.
25. 4 Vitalograph aerosolised inhalation machine (AIM) and accessories for COPD clinic to help guide appropriate medication prescription and the device it is delivered in and to increase patient compliance with inhaler therapy as part of inhaler counselling.
26. AtmosAir 300 Seating System with Reliant IS2 cover (for Elizabeth HDU). These cushions will be used for vulnerable patients at high risk of developing pressure sores and will be used on top of standard chairs.
27. Exercise equipment for patients on intensive care to receive exercise programmes with physio assistants.
28. 7 x 16 inch wall mounted oscillating fans for the Pulmonary Rehab Unit to circulate the cool air around the room from 3 air conditioning units, and would replace the 3 standing fans to reduce cluttering and the trip hazard and more space to move around.
29. 2 x Integrated height and weight machines to accurately measure patients and enable doctors to make more informed decisions when monitoring patients, approx. 60 patients a day are treated so two machines are needed.
30. Funds to support a 'Dream ceiling and windows' project to improve patient experience during their stay in ITU.
31. 3 computer tablets to provide information especially videos on procedures such as catheter ablation to give patients a better understanding of the procedures.
32. Patient information packs and 20 hand held fans to give out at workshops held for patients diagnosed with Idiopathic Pulmonary Fibrosis and their carers.
33. 2 Air Flex 14000 air conditioner dehumidifier and heat pump to create a cool environment for patients in summer and a warm environment in winter. It benefits patients with chronic respiratory conditions that are affected by room temperatures.

Appendix E – rb&hArts 2016-17 Activities

rb&hArts Donors:

1. Royal Brompton & Harefield Hospitals Charity
2. Arts Council England
3. The Brompton Fountain
4. Co-op Community Fund
5. Doyle Carte Charitable Trust
6. Heathrow Community Fund
7. ReBeat, Royal Borough of Kensington & Chelsea – Arts Grants Scheme
8. Samuel Gardiner Memorial Trust and
9. Youth Music

**Karen Taylor, manager of arts program has received an award of £30,000 (£10K/year for 3 years) from BBC Children in Need (<http://www.bbc.co.uk/programmes/articles/psvxkB6QDMK63pgHmP5RJF/who-you-help>) for Vocal Beats the Trust’s youth music project on Rose Ward. This will pay for a “music Assistant” who will support the delivery of the project – and provide support for resources for the young people to take home.

The Hospital Estate & Visual Arts – Improving the Healing Environment

rb&hArts has been exploring creatively what it means to be an inpatient or outpatient at the Trust and examined this across a number of visual arts projects:

Botanical Mandala, 2016 by SDNA - Harefield Theatres Patients Reception

The Theatre’s team contacted rb&hArts with a small budget to replace the existing artwork which was understood by staff and patients as ‘outdated’. Back in 2003, when commissioned, the piece by ALLOFUS was very cutting edge but making any changes would cost at least £30K. The Arts Department worked collaboratively with digital art studio SDNA to develop a new project.

Initially, it was envisaged that the project would incorporate imagery of tools used in theatres and nurses in scrubs to create a meditative and evolving digital artwork. The artwork was tested through consultation with patients and staff in May 2016. Feedback was mixed and rb&hArts felt that it was having the reverse effect to the one intended. After a creative review with the artists, a second work followed the same principles using instead botanical flowers and medicinal plants, and this has been positively received by both patients and staff.

The CQC team apparently commented that the artwork was one of the best things they’d seen, and all hospitals should have one. The artwork was featured in What’s New ‘How We Listen’ and Nick Hunt has said ‘this beautiful artwork is a great example of how we respond to patients’ needs creatively’. <http://movingimage.art/botanical-mandala-harefield-hospital/>

Island Collaborations, 2016 by Kate Hughes

Kate Hughes is both a CF patient and a visual artist. In 2015, in partnership with rb&hArts, she devised a collaborative project to depict the experience of CF patients on Foulis, living under the cross-infection rules. From other CF patients’ photographs and sound recordings, she created

short animated videos and drawings, which were exhibited at Chelsea Old Town Hall, Royal Brompton Hospital coffee shop, and Foulis Ward in 2016.

Now in its second year, Kate Hughes has received a 'Bright Ideas' award from the CF Trust to continue the project, which is on display at Royal Brompton's Fulham Wing, before moving to a poetry festival.

Developed in partnership with rb&hArts, presented as part of InTRANSIT, Creativity & Wellbeing Week, and CF Week. <https://islandcollaborations.wordpress.com/>

Everyday Landscapes, 2016 by Jacqueline Seifert

'Everyday Landscapes' aimed to "bringing the outside in" to help the ward's patients who stay regularly and for long periods feel more positive emotions. The project was developed between 2012 and 2016 by rb&hArts and the artist, in consultation with patients and clinical staff through conversations, questionnaires, brainstorming and mood-boards. As part of the initial creative design, the artist consulted the ward on interior design to ensure the colour of the walls and public spaces fitted the art scheme. The first phase was such a success that the ward invited the artist back to continue her project and create more designs, such as the reception area and corridors, as well as refresh the philosophy of the ward. The result is an uplifting and vibrant artwork providing a positive and calm atmosphere for patients and a refreshing ward. The response was excellent.



'The art is fabulous, it's vibrant, and opens up the ward. The use of colour is uplifting, which is essential in helping the patient's healing and recovery time.'
Lauren Judd, CF patient, 2016

'Everyone on the ward is delighted with Jac's artwork. It is bright, cheery, and it has got the WOW factor. It has definitely put a smile on our faces.'
Vivienne Green, Sister in Charge

Architectural Landscapes, 2017 by Will Clarke Outpatients, Fulham Wing

In 2016, Will Clarke led outpatients on a coherent journey through the Fulham Wing's ground floor. Visitors can now follow the blue themed artworks from main reception to Outpatients

East's reception and waiting room. His London architectural landscapes wrap around the pillars of the waiting room, lifting the mood with its bright block colours and clean lines. Golden artworks lead patients to Outpatients West. Additionally,



Will Clarke created a bespoke illustration of Royal Brompton’s Fulham Road building that embellishes the front desk. Will Clarke is returning in 2017 to add his artistic touch to the Transport waiting room, behind the main reception desk to complete the patient journey

Rose Ward commission, 2017, by Made by Prosper

rb&hArts has worked with the design company to create a bespoke new identity for Rose



Ward. All bays and individual rooms, entrances and corridor will receive a graphic design treatment, including renaming the bays. With the help of the Brompton Fountain, the Hospital Community School and Play services, young patients created characters that will feature within the themed landscapes for each room. In partnership with the Brompton Fountain.

RBHH Specialist Care, 77 Wimpole Street diagnostic clinic

Signage by Design by Praline and new art collection

rb&hArts worked closely with RBHH Specialist Care to devise and commission bespoke signage for the new diagnostic clinic in Wimpole St. Design by Praline created a theme based on brass and corian white stone to compliment the building’s heritage features and add a touch of elegance to the building’s beautiful interior design. The Wimpole team also selected a number of artworks to adorn the walls of the entrance, waiting areas and consultants’ rooms to give patients a welcome distraction and the centre a wow factor. The courtyard was designed to be appreciated from all internal windows and waiting rooms, creating a haven of peace and quiet.



Arts and the Patient Experience

Transplant & Life by Wynne & Wainwright

At Hunterian Museum, Royal College of Surgeons, November 2016 to May 2017

Artists often make artwork exploring the human experience and issues pertinent to health. Transplant & Life was a sonic and visual arts project investigating the experience of transplantation and organ donation with patients from Harefield and Royal Free Hospitals. It featured 5 Harefield transplant patients who had taken part in the artists’ previous project in 2006, providing a unique longitudinal study of people living with transplantation.

Hosted in the magnificent Hunterian Museum for 7 months, it was seen by 50,000 visitors. It received very positive feedback from a range of visitors and had positive reviews in The Lancet, UCL, Arts+ Health, the BMJ and others.

An interactive digital guide and catalogue enables the work and issues to still be explored online www.transplantandlife.uk. It received 7,380 unique visits (to end of May 2017) and Harefield patient experiences can be viewed there.

Justine, a Harefield patient who took part said,



“My life has been like a rollercoaster, with highs, and lows. I’ve managed to achieve incredible feats, that never would have happened if I hadn’t have had my transplant. Highlights being ... competing in the Transplant Games; I’ve also sailed round part of the world. And if I hadn’t had my transplant, I never would have done that.”

#Scrublife by Harriet Riddell

Performance artist Harriet Riddell has spent time absorbing the life and spirit of the hospitals, lifting words and imagery from conversations with patients and members of staff and observations. She then set up her mobile station to stitch a narrative onto scrubs. Stitched scrubs represent visually the Patient and staff experience in a non-clinical way, adding a bit of art, poetry, and uniqueness to an otherwise uniform outfit worn in a distressing environment. It will bring a smile to faces, act as conversation starter and soften the emotions felt by patients.



Live Music – In Residence

Throughout 2016 two musicians-in-residence, Adrian Garratt and Mark Levin, played live music weekly for adults across both sites. They provided 250 hours of music, reaching 500 patients. Live music in hospitals transforms the patient experience, aids recovery and soothes pre and post-operative patients, providing distraction, amusement and joy.



Music is particularly effective in supporting patients during their stay in hospital with evidence showing it improves the body's immune system, reduces stress and has been found to be more effective than prescription drugs in reducing anxiety before surgery.

It also acts as a conversation starter and many patients have commented how a performance has provided relief from the boredom, loneliness and anxiety of being in hospital. During an afternoon, each artist will engage with at least 20 patients. Music also has the benefit of being able to engage people of all ages whilst transcending the need for language – which means it can reach people of all ages and cultures.

Below is a selection of responses:



Barbara was recovering from major heart surgery on the Adult Surgical Wards. She had been there for 17 nights and led the singing in her bay with Mark. She told us, "It was absolutely lovely. Takes the boredom and monotony out of sitting around on a ward all day. Really cheered us all up".

"I was on Paul Wood Ward during the summer and the harpist came in and played, it was fantastic, really therapeutic and calming. All the patients seemed to relax and benefit from it and it made a real difference to our day. Thank you Brompton and to the wonderful musician that shared his time and talent to help us", Patient, Lisa Higgins

"Such an amazing and invaluable part of holistic care for patients on the Ward, Debbie Booth, Staff

Vocal Beats

This project builds on a creative music-making pilot on Rose Ward and PICU, supporting young patients develop and appreciate music. Heather McClelland, professional singer-songwriter and ukulele player leads the work on the ward, with support from Maxine Ovens and the Play Team.

In early 2017, with the support of Brompton Fountain and Youth Music, the project was expanded to include beat boxing activities (to encourage more boys to take part) and now runs two afternoons per week, providing 8 hours provision. It includes:

Bedside-Singing with babies/pre-school age patients with singing and playing music. It utilises song, props and instruments to offer distraction therapy - a recognised approach to helping a child cope with pain or a difficult medical procedure. Research has shown that bedside singing is an effective technique for reducing pain and suffering in young patients.

Parent Emma Corder, mother of 10-year-old Elisha, commented: *"Hearing Heather sing to Elisha was lovely and it's taken her mind off being in pain". Hin Ali, whose seven-month-old baby Khadijah is here for*



treatment, added: "It's definitely a good idea to have someone based here singing with the children, and I think it will be especially nice for long-term patients".

For children able to leave the bed (or if a whole ward wishes to join in), we deliver creative music-making and lyric writing activities. With a range of percussion instruments and drums, this activity aims to develop confidence, self-esteem and life skills in a fun and inclusive approach for children. It sparks imagination and creates a playful space to promote wellbeing

Vocal Coaching provides one-to-one singing and/or beatboxing workshops for patients with respiratory conditions, including cystic fibrosis. It teaches key skills (diaphragmatic breathing, relaxation, posture and singing) to bring therapeutic benefits for patients by strengthening their lungs. The workshop encourages them to focus on breathing techniques and using their (often limited) lung capacity as best they can.

rb&hArts - Improving Health Outcomes

Singing for Breathing

Singing for Breathing provides two hours of vocal coaching every week to support people living with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory diseases.

Research shows singing improves health, increases happiness and even extends life. As singing requires deep concentration on breathing, it works major muscle groups in the upper body and provides a great workout for lung and cardiovascular health. Singing is also fun! It releases endorphins which in turn diminishes stress and anxiety. It decreases feelings of depression and loneliness, making beneficiaries feel more connected with the world, which is precisely why singing with other people feels even better.

Current workshops are highly valued by beneficiaries as they include warm ups, relaxation and the teaching of new breathing techniques through breath workouts and vocal exercises, as well as singing a wide range of songs – often chosen by the singers. They are also cost effective – with evidence that they reduce dependency on drugs and visits to GPs/A&E.

It continues to be very popular and from April 2016 to end of March 2017 we recorded 1,303 instances of participation with 71 singers having registered to take part. During this time we have run 96 workshops which are attended by (on average) 13 people on each occasion.

Our on-going audit of the programme indicates that 95% of attendees feel happier after a workshop and 88% feel physically better, while 92% feel the workshops teach them something useful about breathing. Participants tell us:



'My breathing seems to be much improved. I can now walk up a hill and not get too breathless and daily feel an improvement. The singing also makes me feel better in myself'

'I would have never realised that singing could help breathing – it did!'

'I normally panic with breathing, so the singing & breathing really helped'

Rhythm and Song

rb&hArts is committed to exploring the role of arts in health and its contribution to wellbeing. In 2016, the arts team supported Anne-Marie Russell, Clinical Research Fellow and Phoebe Cave, Arts Therapist on Rhythm and song, deliver a 12 week singing and vocal coaching project for Royal Brompton patients living with Idiopathic Pulmonary Fibrosis. The sessions based on Singing for Breathing techniques ran for 90 minutes each week for 12 weeks and included a programme of music (listening, playing, composing), relaxation, awareness and correction of posture, breathing exercises, vocal technique and singing together.

Nine patients and one caregiver attended. The research conducted by Anne-Marie Russell showed the group overwhelmingly agreed that the course was a positive experience physically, emotionally and socially. The questionnaire data demonstrated that participants felt their breathlessness improved following the training. Participants also recorded lower scores for depression, anxiety and the need for help at the end of the programme and an improvement in their overall quality of life according to the St Georges respiratory questionnaire (SGRQ). There was no meaningful change in FVC as measured by spirometry, although further work is needed to confirm these findings in a larger population.

Since this project, 1 singer has become a volunteer for rb&hArts – and runs our bi-weekly Arts Market. Another entered and won a prize in the 2017 Staff & Patient Show.

Akademi & Dance Well

From 27th April to 13th July 2016 Dance Well, in partnership with rb&hArts delivered 12 weeks of South Asian dance and creative movement workshops for cardio and pulmonary outpatients and older adults in the local community.

Akademi is a South Asian Dance organisation and leading producer of South Asian dance in the UK. With funding from the Big Lottery Fund, Dance Well provides regular opportunities for older adults to attend dance and movement sessions to improve levels of health and wellbeing.



The aims of the DanceWell workshops were to increase levels of physical activity (and promote awareness of the DoH's recommended 150 minutes of moderate activity per week) and through this improve levels of fitness, mobility and posture. The workshops were inclusive and offered peer-support, opportunities to increase social capital and promote mental wellbeing.

Over the 13 weeks, the project was evaluated through weekly self-reporting. All participants were given diaries, which included healthy recipes, exercises to complete at home, and ideas for keeping active locally once the project was completed. Participants recorded the minutes they spent during the week on physical activity, and this, combined with the Warwick Edinburgh Scale, provided an insight into how effective the intervention has been.

The workshops have proven popular (with a regular core attendance of 30 people per week) and participants reported they were feeling engaged, happier, fitter, energised and more confident about themselves.

What participants said:

- *"I find South Asian dancing really enjoyable, I don't understand how much exercise I am doing [...] I feel fitter and happier at the end of the session"*
- *"The workshops are an important and much anticipated part of my weekly routine"*
- *"I come out of the sessions feeling more flexible, my energy is boosted and it is hugely uplifting mentally"*
- *"I realised that exercise doesn't have to be a chore"*
- *"The classes not only helped me with my breathing, they helped me open up and mingle as my confidence grew"*

It was also featured on the BBC Asian network

www.akademi.co.uk/akademis-dance-well-news/