

Royal Brompton and Harefield NHS Foundation
Trust

Royal Brompton Hospital

Quality Report

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

Ratings

Overall rating for this hospital

Good



Medical care

Outstanding



Medical care

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

Information about the service

This was a focused inspection of a specific ward. The current rating displayed is from the previous comprehensive inspection of medical care service published on 10 January 2017, we did not re-rate this service as part of this focused inspection. See report published on 10 January 2017 for further details around the rating.

Royal Brompton Hospital in Chelsea, West London is operated by The Royal Brompton and Harefield NHS Foundation Trust. It has more than 2,200 staff, five dedicated operating theatres, one hybrid theatre and four catheter laboratories. Royal Brompton Hospital has 312 beds, including for surgery, intensive care, respiratory, cardiology, paediatric, paediatric intensive care patients.

Our unannounced inspection was of Paul Wood ward in response to information received which raised concerns regarding assessing and responding to patient risk, nurse staffing, record keeping, patient nutrition and hydration, staff competence, multi-disciplinary team working, understanding around mental health act and consent procedures, how the ward handled complaints, leadership, culture and how the trust engaged with patients and staff.

Our inspection was conducted for a single day on the 23 July 2019.

Before the inspection visit, we reviewed information that we held about this service.

The ward we visited consisted of 30 beds arranged in five bays, a day room, a kitchen, a staff room, a quiet room, two side rooms and bathroom facilities. The ward was used primarily by four differing specialities.

During the inspection we spoke with 10 patients and their relatives, and 13 members of staff including doctors, nurses, allied health professionals, managers, support staff and administrative staff. We looked at seven sets of patient records.

Medical care

Summary of findings

This was a focused inspection of a specific ward. The current rating displayed is from the previous comprehensive inspection of medical care service published on 10 January 2017, we did not re-rate this service as part of this focused inspection. See report published on 10 January 2017 for further details around the rating.

We found the following areas of good practice:

- **Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The service had enough nursing and support staff with the right qualifications, skills and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**
- **Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural and other needs. The service made sure staff were competent for their roles. Managers appraised staff's work performance. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**
- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**
- **The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**
- **Leaders had the skills and abilities to run the service. They supported staff to develop their**

skills and take on more senior roles. Staff were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work.

We found the following areas of improvement:

- **The trust did not have an active deteriorating patient policy, however we were shown evidence of a draft copy.**
- **Staff kept records of patients' care and treatment, but records were not always clear and up-to-date.**
- **Fluid intake charts were not always completed fully and urine output was regularly omitted, this meant staff were not fully aware of patients' net fluid intake.**
- **Staff training needs regarding learning difficulties, dementia and other mental health conditions were not always met.**
- **Verbal consent was not always appropriately documented in patient care records.**
- **Staff were unsure of how to fully support patients who lacked capacity to make their own decisions.**
- **Not all staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff should deliver information to patients regarding their care and treatment in a clear and understandable way and seek to promote discussion with the patient and their families.**
- **We found little evidence to show that patients and their significant others were involved in the development of care and treatment plans.**
- **Most staff told us that leaders were not always approachable in the service for patients and staff.**
- **Some staff did not always feel respected, supported and valued by leaders.**

Medical care

Are medical care services safe?

Good



This was a focused inspection of a specific ward. The current rating displayed is from the previous comprehensive inspection of medical care service published on 10 January 2017, we did not re-rate this service as part of this focused inspection. See report published on 10 January 2017 for further details around the rating.

Assessing and responding to risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

- The ward implemented NICE guidance in relation to risk assessments. We found evidence of falls risk assessments, Venous Thromboembolism (VTE) assessments, Malnutrition universal screen tool (MUST), venflon assessment, Waterlow scoring, National Early Warning System (NEWS) and catheter in-situ assessments.
- Unplanned and emergency patient were first admitted to the high dependency unit where they were assessed by the appropriate medical team and a plan of care identified. If considered appropriate patients were then transferred to the most appropriate ward. .
- We saw evidence of the NEWS system and the associated escalation trigger protocol being used for all patients in the ward. Patients that were suspected or confirmed to have sepsis were continually assessed using the trust sepsis policy as well as NEWS system.
- We were provided with audit data to monitor the correct use of the NEWS system, the audit monitored various areas such as; an admission score is given, urine output measured, total score given, is the total score correct, monitoring frequency, recording frequency, escalation protocol followed etc. The audit results between the period of April 2019 to July 2019 were variable but did show correct use of the system for the areas audited, audit results ranged from 60% to 100% in all areas monitored during the period mentioned. The audits contained appropriate learning and action plans.

- High risk patients were able to be transferred to the hospital high dependency unit or intensive treatment unit where there were level 2 and 3 critical care beds.
- We saw evidence of a trust wide deteriorating patient flowchart which outlined a standardised approach to detection and escalation. It was displayed in the ward manager's office. Ward staff we talked to knew and understood what to do in such an event. The trust did not have an active deteriorating patient policy, but we were provided evidence of a draft copy.
- Ward staff were aware of the trust sepsis management policy and escalation process. The ward had its own sepsis care box which contained a copy of the trust policy, information regarding sepsis and the relevant equipment following the 'Sepsis 6' care bundle.
- We were shown evidence that the trust reported sepsis protocol adherence to the local commissioners every quarter. In quarter one of 2019/20 there were five patients across this hospital who triggered the sepsis protocol out of which two were possibly septic and were treated within 60 minutes.

Nursing staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

- The ward budget allowed for 38.3 WTE nursing staff, this was deemed appropriate due to fluctuations in bed use. The average bed occupancy rate was 87%. Staffing levels were adjusted daily to reflect patient acuity and activity.
- The ward had a one registered nurse to five patients ratio for day time shifts, and a one registered nurse to eight patients ratio for night time shifts.
- The ward had access to three WTE heart failure clinical nurse specialist (CNS) staff, three WTE adult congenital heart disease CNS staff, two WTE arrhythmia CNS staff, two WTE interventional CNS staff and two WTE advance nurse practitioners.
- The trust followed the Royal College of Nursing safe staffing standards and the ward we visited aimed to replicate these standards.

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- The ward utilised a baseline staffing tool to plan for staffing requirements per shift. Where permanent nursing staff were unable to fill shifts the ward utilised bank and agency staff. Staffing was reviewed bi-annually in discussion with the divisional management team, finance team and reported to the trust board.
- For the period of April 2019 to June 2019 the ward vacancy rate was between 18% to 21%, this was above the trust target of 10%.
- For the period of April 2019 to June 2019 the staff sickness rate ranged between 1% to 2%, this was less than the trust target of 3%.
- For the period of April 2019 to June 2019 bank staff hours ranged from 488 to 717.5. Agency staff hours ranged from 148 to 546.5.
- For the period of April 2019 to June 2019 the day time shift fill rate ranged from 117% to 130%. The night time shift fill rate ranged from 121% to 139%. Safe staffing levels were maintained for these periods.
- The ward utilised regular bank and agency staff and they were provided with a trust and local induction. We saw evidence that all bank and agency staff worked under supervision until they were assessed to be competent, after which they could work unsupervised.
- For the period of April 2019 to June 2019 the vacancy rate ranged between 18.2% to 20.8%.
- At the time of the inspection the ward was engaged in active recruitment and some vacant posts were filled and staff were waiting for start dates, the trust had a plan to recruit and start enough new starts so that the ward would be below 10% vacancy level by September 2019.
- Patient notes and medical records were kept securely in a locked trolley next to the nurses' station. Observational charts, medication charts, assessments and NEWS were kept in a folder by each patient bed. All staff had access to test results and diagnostic images via the trust electronic system.
- Patients living with mental health conditions, dementia, learning disabilities or other complex needs were indicated on their individual patient notes and staff were confident that they could identify these patients via their records.
- We were provided with data regarding the nursing documentation audit which was conducted on 10 patient notes every month. The audit checked a variety of subjects including general documentation, admission forms, nutrition, falls risk assessments, skin integrity, personal care, general observations and discharge. Not all the 10 notes were applicable to each subject audited. Results were variable for the period of May 2019 to July 2019.
- In May 2019 the results showed that 50% of applicable notes had updated MUST scored on a weekly basis. No applicable notes had evidence of a falls risk assessment being completed for patients at risk, 50% had recorded if a falls prevention strategy was in place, 33% had updated waterlow scores weekly or when needed. Other subjects ranged between 60% to 100%. Most subjects were above the 90% target.
- In June 2019 the results showed that 20% of applicable notes had two next of kin details, No applicable notes recorded if the MUST score indicated risk of malnutrition, 50% recorded waterlow risk action plan, 50% recorded date of cannula/ PICC removal, 50% had completed the Visual Infusion Phlebitis (VIP) score for each shift. Other subjects ranged between 80% to 100%. Most subjects were above the 90% target. There were some instances in the records we looked at, where assessments (MUST, Waterlow) were not completed.
- In July 2019 the results showed that 50% of applicable notes had two next of kin details. No applicable notes recorded a waterlow risk action plan, 50% had completed the VIP score for each shift. Other subjects ranged between 60% to 100%. Most subjects did not meet the target and were between 60% to 80%.

Records

Staff kept records of patients' care and treatment.
Records were not always clear and up-to-date.
Records were stored securely and easily available to all staff providing care.

- Patients individual care records were managed in a safe way.
- Patient care records were a combination of paper and an electronic system.
- During the inspection we looked at records for seven patients. Notes were legible, and most notes were recorded in line with national guidance, there were some instances of illegible, undated and unsigned notes.

Medical care

- The ward used pre-printed patient nursing and medical care record booklets specific to the patient's condition and care 'pathway', so all the information needed to deliver safe care and treatment was available to relevant staff in a timely and accessible way.
- A member of nursing staff assisted us in looking at the VTE assessments on the electronic patient records (EPR). Two of the four VTE assessments we sampled were partially completed and the remaining two were completed fully.
- The records we looked at contained limited evidence that patients were involved in developing and agreeing their care plan and there was no evidence of the involvement of the patient's family or significant others.

Are medical care services effective?

Outstanding



This was a focused inspection of a specific ward. The current rating displayed is from the previous comprehensive inspection of medical care service published on 10 January 2017, we did not re-rate this service as part of this focused inspection. See report published on 10 January 2017 for further details around the rating.

Nutrition and Hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for patients' religious, cultural and other needs.

- Staff conducted MUST assessments for any patient that was identified as needing help with eating or drinking in line with NICE guidance Quality standard (QS24). Patients that scored sufficiently on the MUST tool were provided with support.
- Dietitian support was available via a referral system. Dietitian staff were involved in the training of nursing staff to appropriately utilise the MUST tool and to promote nursing staff providing basic nutritional support.
- We were provided with results from the ward specific MUST audit which was conducted in March 2019, the data was collected from 16 patient records and showed

that 94% had a MUST score within 24 hours, 75% had all steps completed, 60% had the MUST repeated weekly and 81% had an appropriate management plan. The audit contained appropriate outcomes and learnings.

- The ward utilised a 'red-tray' system which indicated that patients with these trays required assistance during meal times. This also indicated to catering staff to allow extra time for these patients to finish their meals.
- The ward used a food chart and fluid intake chart to monitor patients requiring nutritional assistance or who were on fluid restriction, however we noticed not all charts were completed appropriately. Fluid charts we observed regularly omitted urine output, this meant that staff were not fully aware of patients net fluid intake.
- Dietitian staff provided training to trust catering and nursing staff every three months regarding patients that require nutritional support and patients with fluid restrictions. Nursing staff were provided with training on how to use the MUST tool every month. Ward staff we spoke with were aware of how to access this training.
- The trust was able to provide meals that met patient's cultural or religious beliefs and dietary needs.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance. Specific training needs were not always met.

- We found that staff were all suitably qualified and had correct specialist training to assess and provide care for the patients seen on the ward.
- The ward staff had access to their own dedicated full-time practice educator who had oversight of staff education and training needs.
- We saw evidence of regular training sessions that took place on the ward for different topics relevant to the clinical work of the staff. These training sessions were primarily lecture based and conducted by the practice educator or relevant clinical nurse specialist (CNS). We saw evidence that these training sessions were around subjects where a need for learning was identified in

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incident investigations and subjects related to the specialities seen on the ward. We were given examples of recent training for fluid management and accurate record keeping in response to recent incidents.

- Ward staff we spoke with told us of ward based study days that were held three to four times a year, these were designed around the specialities seen on the ward and trainers included consultants, ward managers, CNS's, and allied health professionals. We were given an example of a recent study day around deteriorating patients.
- Ward staff were given annual appraisals where they were encouraged to set goals and objectives which increased their responsibilities and helped them grow in their careers. We found that though a trust appraisal policy was in place, staff were not clear of the frequency of their appraisal and it was down to the discretion of local managers.
- Staff with poor or variable performance were managed primarily through informal one to one meetings, where goals and action plans for improvement were set. We were told by managerial staff that they would seek support from their line managers and human resources during such time. The Trust had a mediation service in place since December 2017. In 2018, 76 trust mediations took place, some as part of a formal process some as an informal solution to a workplace problem. For more complex organisational challenges, the trust used a number of accredited external organisations for mediation.
- Staff on the ward told us that they were used to seeing patients with learning disabilities, however we found that no specific training was provided to staff regarding this patient group. Managerial staff told us that learning difficulties is mentioned in other training and is discussed during team meetings, but there was no specific training provided.
- We saw evidence of de-briefing sessions held with staff after experiencing challenging or difficult behaviour from patients or their relatives. These sessions were conducted by managerial staff and the relevant CNS staff, however we did not find any evidence of specific de-escalation training provided to staff. After the inspection, we were informed that earlier this year, a training course called 'violence and aggression at work'

which covered techniques for de-escalation was put on hold. This was to review and update the training provision and a revised course will be able available for staff to book from October 2019. Most of the ward nursing staff we spoke with were unsure of how they would handle such a situation, but they were clear they would escalate the matter to managerial staff.

Managerial staff we spoke with told us they listen to the concerns of patients and their relatives and handle the situation at their discretion.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

- We found there to be a positive working relationship between medical, nursing and allied health professional staff.
- We found that all necessary staff including those on the ward and those in different teams were involved in the assessing, planning and delivery of care of patients.
- We found that all patients with complex needs received prompt screening and assessment, in line with the London Quality Standards, conducted by a relevant member of the multi professional team including; medical staff, nursing staff and allied health professional staff.
- We found that the ward utilised physiotherapy, occupational therapy and pharmacy support on a regular basis. Nursing staff we spoke with told us that the ward had good relationship with the palliative care team.
- Nursing staff were involved in ward rounds with medical staff and were encouraged to provide input.
- The ward had its own multidisciplinary team (MDT) room, however ward staff told us that this was too small to function properly, and MDT meetings had to be conducted in the adjacent ward.
- All speciality teams that used the ward had their own separate MDT meeting on a weekly basis. The meetings were consultant led and were attended by speciality consultants, paediatric consultants, surgical consultants, radiologists, clinical nurse specialists and echocardiogram team. Ward staff were welcome to join,

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and it was usually joined by the ward manager for complex patients residing on the ward or for nurses to use as an educational opportunity. We were told by staff that dietician, occupational therapy and physiotherapy staff did not attend this meeting. After the inspection, the trust explained to us that the allied health professional (AHP) disciplines were a small and specialised teams, and it would not be appropriate for them to routinely attend all MDTs. Instead they were invited if a patient relevant to their care provision was being discussed, and they liaise closely with the appropriate CNS or medical team outside of these meetings.

Consent, Mental Capacity Act and DoLS

Staff followed national guidance to gain patients' consent but it was not always documented. They were unsure of how to fully support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

- Not all ward staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff received training on the Mental Capacity Act (MCA) and DoLS as part of their mandatory training, however staff we spoke with felt this was not enough as understanding on the ward was variable. Post inspection, the trust informed us that to improve staff understanding, MCA and DoLS will be included in the heart division teaching sessions over Autumn.
- Trust safeguarding staff we spoke with also felt that ward staff were variable in their understanding of patients living with dementia, learning difficulties and other mental health conditions. We were told that patients with learning disabilities or dementia that presented with what ward staff considered to be unusual or challenging behaviour were allocated a member of staff to provide one to one care, this could result in the patient feeling 'guarded'. Staff felt they were not empowered to assess this patient group on an individual basis and instead provided one to one care for any patient with dementia, learning difficulties or other mental health condition.
- Ward staff we spoke with were unsure how they would handle patients living with dementia, learning

difficulties or other mental health conditions, they told us that these patients would usually need to be placed under DoLS. We were not assured that DoLS was being applied in a proportionate way.

- The ward staff had access to two psychology CNS staff via referral, however they were easily reachable by email for any queries. The ward was also able to refer to the on-site mental health team and on weekends there was external cover provided by the mental health team of a local acute hospital.
- We found evidence that appropriate consent forms were used for patients that lacked capacity, these were used for invasive procedures such as catheter insertions. We saw evidence in patient records that consent forms were fully completed and signed appropriately.
- For patients that were capable to consent for invasive procedures, such as catheter insertion, verbal consent was sought before the procedure, however we found that this was not always recorded appropriately in individual care records.
- We were shown a patient questionnaire and staff audit form which will be used to collect data during the trust planned consent process audit in August 2019. The previous audit took place in 2015, as a consent audit was not a regular occurrence at the trust.

Are medical care services caring?

Good



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Compassionate care:

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

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- We found that staff understood and respected the personal, cultural, social and religious needs of the patients seen on the ward. We found evidence of individual patient needs recorded in patient records as to ensure all staff were aware of them.
- Staff showed awareness of the 6 C's (compassion, courage, communication, commitment and competence) and they were assessed against them during their annual appraisal.
- Staff treated patients with dementia, learning difficulties and other mental health issues with kindness, compassion and in a non-judgemental way.
- We observed that all staff groups took the time to interact with patients and their relatives in a respectful and considerate way, however there were some concerns raised by patients regarding some individual staff members who behaved briskly or dismissively.
- We observed that staff showed a supportive attitude towards patients and helped them achieve their treatment goals.
- Most of the patients we spoke with supported our observations and told us that staff were friendly, kind and concerned about the patient well-being.
- We observed staff responding to patients who may be frightened, confused or phobic in a supportive manner, they were able to refer the patients to adequate medical, CNS or allied health staff who could alleviate concerns. Ward staff told us they would use the ward quiet room to have difficult conversations or consult patients who may be being frightened.
- Patients we spoke with told us that staff always ensured privacy and dignity was upheld especially during intimate examinations or invasive procedures. We observed staff pull curtains back when undertaking such activities. Ward staff told us that they could place patients in side rooms if required.
- We found that staff were compassionate and undertaking towards patients experiencing pain, discomfort or distress, however they did not always respond in a timely way to alleviate the issue. We were told by ward nursing staff that they were not permitted to remove catheters for patients and were encouraged to call appropriate medical staff, who would in turn attend as soon as possible based on patient priority.

The trust explained to us after the inspection that nursing staff were assessed and deemed competent to remove urinary catheters as part of their trust competencies, however, abdominal catheters would only be removed by an experienced doctor. Similarly, patients with other distresses were always referred to the appropriate team but response times from those teams were variable. Some patients we spoke with told us they felt the ward staff could do more to help in such situations.

- We were provided with the results of the Friends and Family test (FFT) for the ward during April 2019, May 2019 and June 2019. The results showed that 100%, 94% and 98% of patients would recommend the ward respectively. 0%, 2% and 2% would not recommend the ward respectively. The ward received 74, 102 and 88 responses respectively. The trust performed better than most other comparable trusts nationally in the CQC patient survey.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

- Patients and their families receiving life-changing diagnosis, difficult news or other sensitive information were talked to in the ward quiet room to ensure their privacy and dignity was maintained. They were provided with emotional support from ward staff and patients were able to be referred to appropriate mental and emotional health services. Ward staff told us that they were not aware of support that was specific to patient's families.
- Nursing staff provided emotional support to patients on the ward, but regularly referred patients to the appropriate speciality CNS or the psychology CNS staff. The psychology CNS were available via referral or informally via email and could help the patient through a difficult period and refer patients on to other helpful services.
- Ward staff were unaware if there was any inpatient counselling service available to patients or relatives.
- Patients, family members and friends could be referred to the trust psychology service if required.

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- Ward patients had access to chaplaincy services provided for most major religions and faith groups.

Understanding and involvement of patients and those close to them

Not all staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff could improve the way they deliver information to patients.

- We found the area around the nursing station to be very busy with a large amount of staff in the area, staff often wore scrubs without name badges, which made it difficult for patients or family members to identify who they could interact with. We observed instances where visitors arrived and were not acknowledged by the staff working in the area. After the inspection, we were informed that relevant staff groups will be reminded to wear name badges when they use scrubs. To improve staff comfort, use of scrubs as uniform was allowed by the trust due to high summer temperature. Medical staff varied in the way they communicated to patients and families. Patients and nursing staff we spoke with told us that some medical staff facilitated discussion with patients and families and were welcoming when it came to questions, however we were told of other medical staff who did not actively seek patient discussion or family involvement.
- Most of the patients we spoke with told us they were seen by different doctors and would prefer to see the same doctor or same team.
- All patients we spoke with told us they found the information being provided to them to be confusing and overwhelming. All patients we spoke with told us they found the terminology and language used during ward rounds and consultations difficult to understand.
- Most of the patients we spoke with told us they found ward rounds to be quick and that there was not much time to ask questions or for nursing staff to “translate” the plan explained by the doctors.
- Appropriate CNS staff were able to link patients and their families with support networks and advocacy if required.

- We found evidence that older patients and those with complex needs were discharged in a co-ordinated way involving their families, support networks and external organisations. This was facilitated by the complex discharge co-ordinator.

Are medical care services responsive?

Good



This was a focused inspection of a specific ward. The current rating displayed is from the previous comprehensive inspection of medical care service published on 10 January 2017, we did not re-rate this service as part of this focused inspection. See report published on 10 January 2017 for further details around the rating.

Learning from complaints and concerns

The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- The trust has a complaints policy which was available to staff via the intranet.
- In the period of January 2019 to June 2019 there were no formal complaints related to the ward, one informal complaint and one PALS referral.
- Patients were able to raise complaints informally with local staff, through the PALS team or formally in writing.
- We spoke with the trust’s Director of Nursing, who held trust responsibility for the management of complaints who confirmed that in the first instance, patients were encouraged to raise their concerns locally (at ward level) and where there was no resolution, complaints could be escalated as necessary. The Director of Nursing had a good oversight of complaints received and gave examples of becoming directly involved in resolution by meeting with patients and families. When necessary, the Director of Nursing appointed a senior member of nursing staff to be a specific point of contact for patients raising concerns.

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- We spoke with the PALS team who told us that the ward was not known for any significant amount of complaints.
- Patients we spoke with knew and understood how to make a complaint or raise concerns.
- We observed that there were PALS leaflets in the ward day room, this leaflet explained how patients could raise a complaint with PALS or raise one formally.
- Staff we spoke with told us that if patients wanted to complain they would refer the matter to the ward manager. The ward manager would then handle the matter locally.
- Concerns were raised with us outside the inspection that staff attitude towards patients and their families who complained became negative and unhelpful. During the inspection, four out of 13 staff members we spoke with shared this opinion and some patients we spoke with raised similar concerns.
- Some ward staff we spoke with told us that they did not believe referring patients to PALS was helpful as the procedure was for PALS to ask the managerial staff to investigate the complaint and as such they felt that ward staff can handle the situation locally.
- We observed that once patients made a complaint via PALS they were treated fairly and with compassion. PALS were able to see patients on the ward and could liaise with ward staff to improve the situation.
- Patients were provided with regular updates in person and in writing once a complaint was made. Investigations and outcomes were shared with patients and the difference between informal and formal complaints were also explained.
- Both informal complaints and formal complaints via PALS were logged in the trust incident system, however informal local complaints on the ward that were not referred to PALS were not recorded.
- Any complaint that was logged via the trust incident system had appropriate investigation and learning was distributed to the appropriate area where they were discussed in team meetings. However, for complaints that were not logged (i.e. informal complaints) there was no evidence of themes developing, learning or outcomes being shared.

Are medical care services well-led?

Outstanding



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Leadership

Leaders had the skills and abilities to run the service. They were not approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- The ward was overseen by a ward manager who was line managed by the matron. The matron had oversight of the ward we visited and several other areas alongside the deputy-matron. The matron was responsible for the ward and reported to the divisional nurse manager.
- The ward was part of Royal Brompton Hospital heart division, which included adult cardiac surgery, thoracic surgery and interventional cardiology. The divisional general manager, divisional director and divisional nurse manager formed the clinical directorate leadership team for the service.
- We found the leadership team to have the right skills, knowledge and experience for their roles. Leaders sought additional training and help in areas of weakness identified via regular appraisals or through learnings. All band six and above staff were provided with appropriate leadership training for their role.
- One of the local leaders told us they had an open-door policy and they encouraged staff to come to them if they had concerns. The leadership team spent varying amounts of weekly clinical time where they would work amongst the nursing staff on the ward.
- Leaders felt supported in their own roles by their line managers and the trust, they felt comfortable and told us they understood what their roles required.

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- Staff on the ward told us that local leaders were visible, but the trust leadership team could be more visible. Most staff on the ward told us they felt that local leaders were not approachable and that their attitude towards nursing, administrative, assistant and allied health staff was not always supportive. New staff we spoke with told us they found local leaders to be approachable and supportive.
- Some staff told us how they were reprimanded by local leaders with raised voices in front of patients. Other staff told us that could not work full time on this ward due to the leadership attitude. Most staff we spoke with did tell us that the situation was improving, and they felt it would get better. After the inspection, the trust explained to us that all current staff (nurses, healthcare assistants and administrators) on the ward were on full time contracts.
- A significant portion of nursing staff did also tell us that the local leaders were supportive of their ambitions and that they were helpful regarding career and professional development.
- Staff knew how to access the trust whistleblowing policy via the intranet, however staff were not aware of who the freedom to speak up guardian was and how to contact them. We were told by managerial staff that the freedom to speak up guardian role had recently changed hands and that the trust was trying to improve staff understanding of their role.
- Staff felt positively about working for the trust and there were variable feelings about working on the ward. Generally, staff felt they learned a lot from working in a specialist trust.
- We found that there was appropriate action taken to address behaviour or performance issues with staff regardless of seniority.
- We did not find that the culture promoted openness at all levels. Junior and administrative staff did not feel they could raise concerns about managerial staff without the situation turning very negative. Some patients felt they could not complain about the ward whilst they were inpatients in case staff treated them differently.
- We found that there were suitable mechanisms in place to identify staff learning and developmental needs and the ability to facilitate them.
- The ward was staffed with a diverse group of people from a variety of different cultures and ethnicities. All staff we spoke with felt this diversity was celebrated on the ward and that there were equal opportunities. Most staff we spoke with did not know of any support groups for staff with protected characteristics within the trust.

Engagement

The trust engaged with patients and staff to shape and improve the service.

- Staff felt supported and respected by their immediate colleagues and those from other professions. Some staff did not feel respected and valued by local leaders.
- We found staff morale to be variable on the ward, some staff cited that the ward has recently increased its workload and this was causing low morale.
- We found a culture that was based around patients and their needs, we found that staff from all professions were concerned about their patients and wanted the best outcome for them. The culture promoted teamwork and compassion.
- Patients on the ward were engaged with informally and formally. Feedback about care was taken via the friends and family test and inpatient surveys, staff at time sought feedback through conversations and fed this back to the team during meetings. Patients were able to leave feedback anonymously on comment cards. We saw evidence of a specific cardio-oncology patient feedback survey. Patient views on the catering service were gathered every month and corrective action was taken to accommodate patient opinion.
- We were told by managerial staff that patient views played an important role in the shaping of care provided on the ward and throughout the trust. Patient views were discussed during governance and board meetings. Ward staff were unsure of how patients were engaged with beyond the ward setting.

Medical care

- Staff opinion and views were gathered in a variety of ways including; shift audits as and when needed, “You said, we did” system, anonymous comment cards, Schwartz rounds, bereavement de-briefs and they could raise concerns during team days and team meetings.
- In the staff “you said, we did” feedback for the period of January 2019 to June 2019 staff complained about feeling over worked and lack of breaks due to high workload, poor staff skill mix due to new agency staff and low permanent staff and shift patterns. Staff praised team working and the nurse to patient ratio. We found that there was appropriate action taken in response to staff concerns.
- We were shown the results of the 2018 staff survey, the survey results were for the whole of the cardiology division and included nursing, allied health administrative and technical staff. The trust was unable to provide data specific to the ward. The directorate scored 8.7 out of 10 for equality, diversity and inclusion which was below the national average of 9.0, the score for health and wellbeing was 5.9 in line with the national average, 6.3 for immediate managers which was below the national average 6.8, morale was 5.8 below the national average of 6.1, quality of appraisals was 5.7 which was above the national average of 5.5, quality of care was 7.9 above the national average of 7.4, safe environment - bullying and harassment was 7.4 which was below the national average of 8.0, safe environment – violence was 9.8 above the national average of 9.4, safety culture was 6.9 above the national average of 6.7 and overall staff engagement was 7.2 above the national average of 7.0. the directorate received between 102 and 132 responses for each of the questions.
- Ward staff were unaware of any trust efforts to engage with BAME staff or staff of other protected characteristics.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital SHOULD take to improve

Should Do's:

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