



A lifetime of specialist care

Trust Board
29th September

Clinical Quality Report
M4 and M5
2020 - 21

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M1 – M5 blood stream infection rates

C. difficile	Total reported to PHE					Hospital onset – healthcare associated					Community onset - healthcare associated					Year to date reported to PHE	Year to date total hospital-onset healthcare associated and community onset healthcare associated	Lapses in care confirmed
	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5			
	0	2	1	0	0	0	2	1	0	0	0	0	0	0	0			

	Total reported to PHE					Hospital onset					Year to date reported to PHE	Year to date total hospital-onset
	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5		
MRSA BSI	1	0	0	0	0	1	0	0	0	0	1	1
MSSA BSI	0	2	0	2	2	0	1	0	2	2	6	5
E. coli BSI	0	1	0	0	0	0	1	0	0	0	1	1
Klebsiella species BSI	1	0	0	1	0	1	0	0	1	0	2	2
Pseudomonas BSI	2	0	1	0	0	2	0	1	0	0	3	3

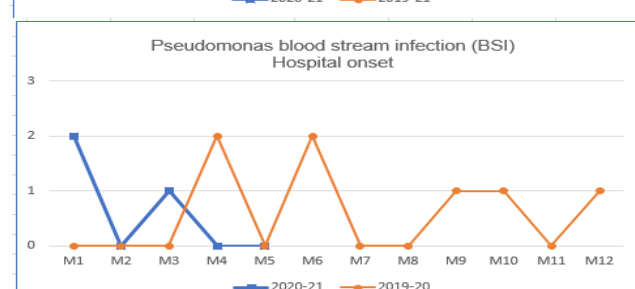
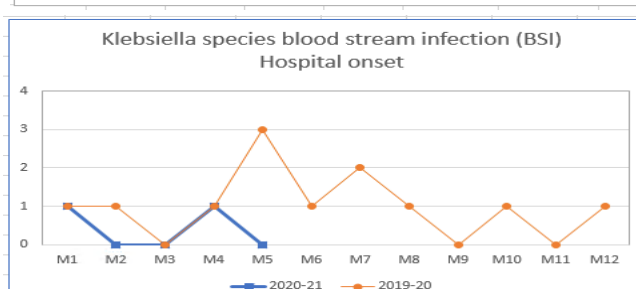
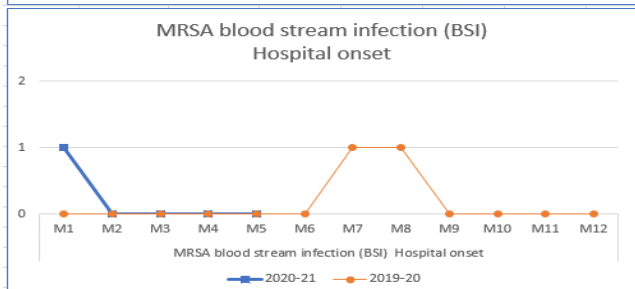
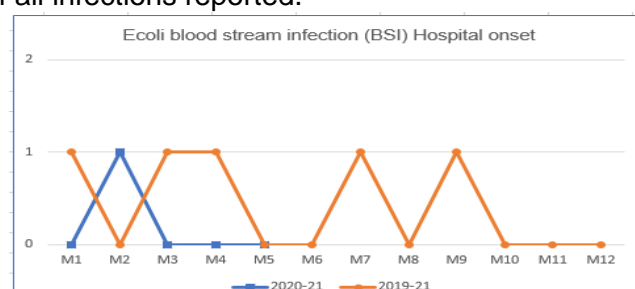
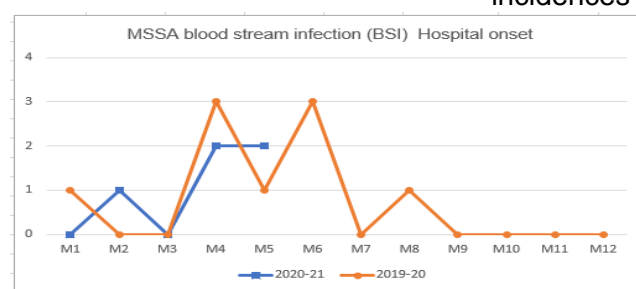
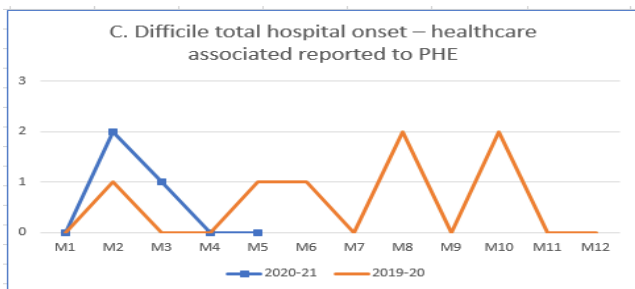
Outbreaks and Incidents

Following the three *C. difficile* cases reported during Q1, linked to Harefield Hospital ITU, no further cases have been identified. However, enhanced surveillance is being maintained in the area with a focus on hand hygiene, appropriate use of PPE and environmental decontamination. A hand hygiene audit is being undertaken.

In addition, clinicians have been prompted to ensure that they review antimicrobials prescribed and other medications that pre-dispose patients to *C. difficile* infection.

Ribotyping typing was requested, but was not undertaken as the incidence did not fit the testing criteria of the authorising body for *Clostridioides difficile*.

The IPC team continue to monitor and investigate all incidences of all infections reported.



Safe: Incident management and reporting

Data owner: Penny Mortimer, Waseem Raja and Charlotte Von Crease – Divisional Quality and Safety Leads

2020 – 21 Serious incidents

The divisional quality and safety leads have confirmed that no serious incidents were identified and reported during M4 and M5 2020 – 21.

The Risk and Safety Committee continues to have oversight of serious incidents and receives updates on learning and subsequent actions resulting from the investigation of serious incidents. This includes the following actions from recently concluded investigations:

- Updated mortuary training and competency check to include COVID body labelling.
- Updated Mortuary SOP to specify similar name check must take place before release.
- Funeral directors coming to collect a body from RBH will now be asked to first attend the PALS office for relevant confirmation checks to take place.

2020 – 21 Duty of Candour

The divisional quality teams have full oversight of local compliance with statutory Duty of Candour requirements and their report of the current position is shown in the table below. Investigations are ongoing for those incidents where stage 2 has not yet been completed.

	Red and amber incidents declared			*Total with stage 2 complete	*Total with both stages complete	*Percentage fully compliant
	Moderate harm (amber)	Severe harm (Red)	Total with stage 1 complete			
Apr-20	2	1	3	3	3	100%
May-20	2	0	2	2	2	100%
Jun-20	5	1	6	4	4	67%
Jul-20	7	0	7	5	5	71%
Aug-20	5	0	5	3	3	60%
Cumulative Total	21	2	23	17	17	74%

Safe: Staffing M4

Data owner: Peter Doyle – Divisional Lead Nurse / Associate General Manager Harefield Hospital

The senior nurses confirm that safe staffing levels were maintained and that no red flags, as per NICE red flag definitions, were triggered during M4.

Fill rates have been reported as appropriate, based on number of occupied beds and the acuity of patients.

Student nurses on extended placements are included in the Harefield Hospital registered nurse staffing levels.

Royal Brompton Hospital		Harefield Hospital	
% of registered nurse <i>day</i> hours filled as planned	94% of planned level	% of registered nurse <i>day</i> hours filled as planned	125% of planned level
% of registered nurse <i>night</i> hours filled as planned	75% of planned level	% of registered nurse <i>night</i> hours filled as planned	105% of planned level
% of unregistered care staff <i>day</i> hours filled as planned	77% of planned level	% of unregistered care staff <i>day</i> hours filled as planned	96% of planned level
% of unregistered care staff <i>night</i> hours filled as planned	66% of planned level	% of unregistered care staff <i>night</i> hours filled as planned	101% of planned level

Responsive: Operational performance metrics

Data owner: Derval Russell – Harefield Hospital Director and Ross Ellis – Royal Brompton Hospital Director

Patient prioritisation and Phase 3 targets

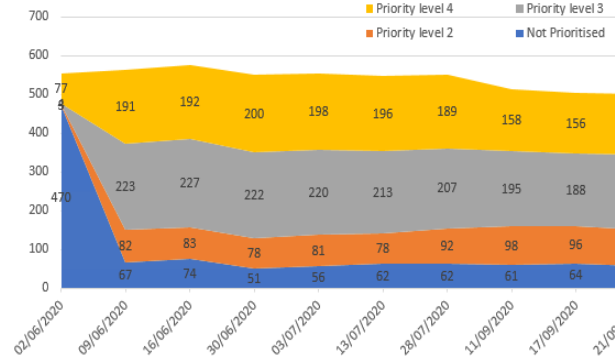
The treatment of patients continues to be in accordance with NHS England guidelines and clinical priority (1-4) definitions. A further exercise is currently underway to refresh the priority levels of those patients who remain on an admitted patient care pathway; to ensure no harm as a result of waiting. Newly referred patients have their priority level assessed as soon as possible after referral. This work is continuous, and the information shown in this report reflects the position as of September 21st 2020.

The Trust continues to reactivate clinical services in accordance with guidelines issued by NHS England. The targets set by NHS England are shown below and include cancer services. These are known as the 'Phase 3' targets. The Trust aims to meet these targets using a varied approach which will include extending the hours of services and providing services across weekends.

- In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October (while aiming for 70% in August);
- This means that systems need to very swiftly return to at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

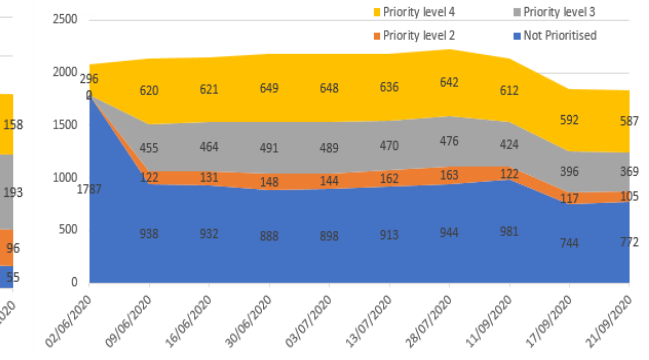
Cardiac Surgery

Count of Access Plan ID	Column Labels			
Priority		Brompton	Harefield	Grand Total
Not Prioritised		37	18	55
Priority level 2		13	83	96
Priority level 3		67	126	193
Priority level 4		99	59	158
Grand Total		216	286	502



Cardiology

Count of Access Plan ID	Column Labels				
Priority		Brompton	Harefield	Unknown	Grand Total
Not Prioritised		519	157	96	772
Priority level 2		39	62	4	105
Priority level 3		177	185	7	369
Priority level 4		263	315	9	587
Grand Total		998	719	116	1833



Referral To Treatment (RTT)

The Trust continues to monitor and report performance against the national 18 week from Referral to Treatment standard and the number of patients waiting longer than 52 weeks for treatment.

For M5 the Trust reported that 65.16% of patients were seen and treated within 18 weeks of referral to treatment – an increase from M3 and M4.

15 patients waited longer than 52 weeks for treatment – each patient is monitored by their consultant and treatment plans are in place for each patient.

M1	M2	M3	M4	M5
83.37%	74.04%	60.52%	61.01%	65.16%

Directorate and Site	<18 weeks	>18 weeks	Total Incomplete pathways as on Census date	Performance (%<18 w)
Cardiac Surgery Brompton	140	130	270	51.85%
Cardiac Surgery Harefield	130	159	289	44.98%
Cardiology Brompton	741	134	875	84.69%
Cardiology Harefield	758	677	1435	52.82%
Other	92	48	140	65.71%
Paediatrics	554	34	588	94.06%
Respiratory Medicine	1319	838	2157	61.15%
Thoracic Surgery	190	82	272	69.85%
Transplant	24	9	33	72.73%
Sum:	3948	2111	6059	65.16%

Responsive: Operational performance metrics

Data owner: Derval Russell – Harefield Hospital Director and Ross Ellis – Royal Brompton Hospital Director

Cancer

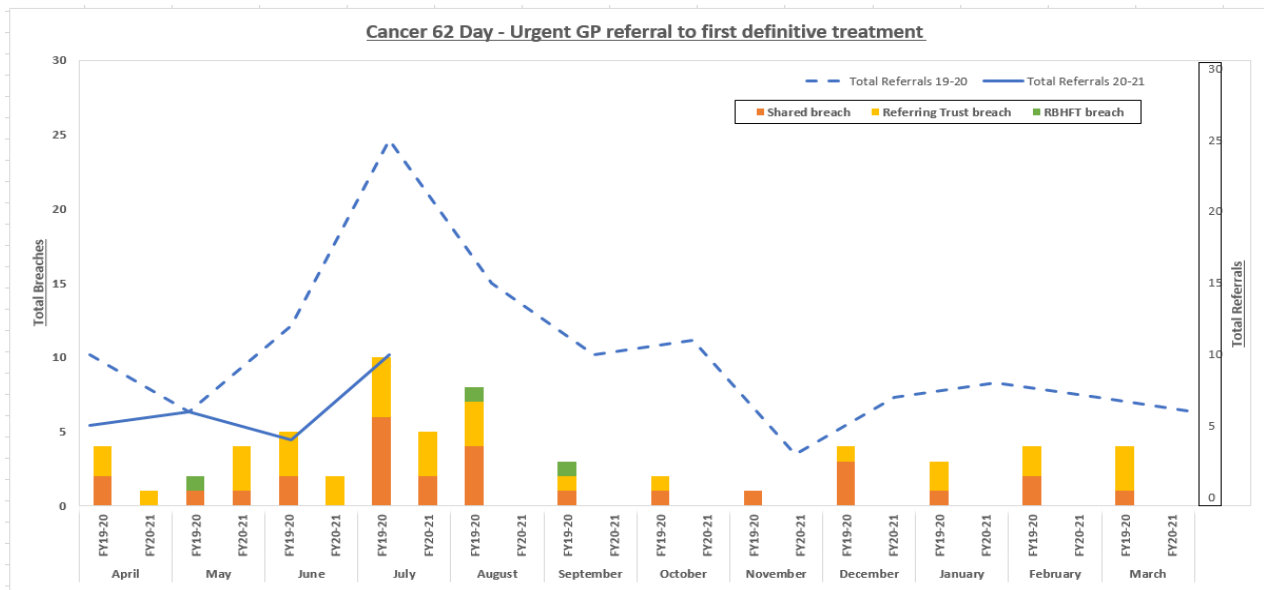
The Trust continues to work with local partners and with the Cancer Hub to ensure that our patients with cancer receive the care and treatment they require. The Trust's clinicians and cancer lead undertake a pivotal role in guiding patients through the system.

As the table below shows, during M3 4 patients were seen and treated on the 62 day referral to first definitive treatment pathway and in M4 10 patients were seen and treated on the pathway. During M4 5 of these patients were seen and treated within 62 days and 5 patients received their treatment after 62 days. 2 of the 5 pathway breaches were partially attributed to the Trust. Both patients were referred to the Trust after 62 days of their initial GP referral and both patients had complex clinical conditions that required further diagnostic testing.

Neither of the pathway breaches that occurred during M3 were attributed to the Trust.

The graph to the right shows number of 62 day referral to first definitive treatment year to date and for 2019-20 as a comparator.

Performance against the 31 day targets are shown in the tables to the right.



31 day to first definitive treatment waiting time standard

	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance (Target 96%)
April	23.0	23.0	23.0	0.0	100.00%
May	32.0	32.0	32.0	0.0	100.00%
Jun	24.0	24.0	23.0	1.0	95.83%
Jul	34.0	34.0	34.0	0.0	100.00%

62 day to first definitive treatment waiting time standard

Month 2020-21	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance
M01	5	3	2	1.0	80.00%
M02	6	3	1	4.0	33.33%
M03	4	2	1	2.0	50.00%
M04	10	5	2.5	5.0	50.00%

31 day to subsequent treatment waiting time standard

	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance (Target 94%)
April	13.0	13.0	13.0	0.0	100.00%
May	16.0	16.0	16.0	0.0	100.00%
Jun	19.0	19.0	19.0	0.0	100.00%
Jul	13.0	13.0	12.0	1.0	92.31%

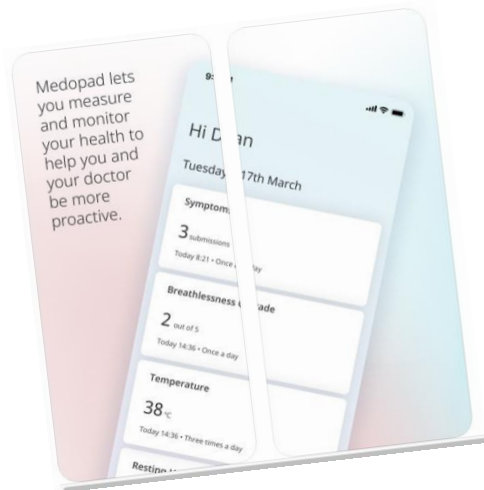
Effective: Monitoring Cardiac Surgery Patients

Data owner: Laura Stephen – Cardiac Nurse Specialist and Jag Grewal – Clinical Services Manager RBH

MEDOPAD Application on Android or iPhone

In May of this year, during the Covid-19 pandemic, a team was established across both hospital sites to develop the HUMA Medopad application for Cardiac Surgery. The purpose of this app was to allow surveillance of patients waiting for cardiac surgery, and whose condition may have deteriorated, during the lockdown period. The app allows clinicians to identify these patients quickly so that surgery could be expedited. In the initial stages of implementation there were challenges, but these were overcome very quickly and within three months, the app was working effectively. Since its launch at least 16 patients have been re-prioritised from green status to red, resulting in their consultant fast tracking their surgery.

This app has improved communication between hospital clinicians and patients. It has provided reassurance and built confidence in patients that they can contact the hospital anytime their condition deteriorates, knowing that their new symptoms will be addressed immediately. It also allows waiting patients to know that they have not been forgotten and that they can access support from the hospital at any time.



One disadvantage is that a smartphone is required. As not all patients have smart phones, the clinical team are working with the software company to introduce a web portal for patients to use.

Opportunities to develop the smartphone app approach continue to be identified and a post-operative surveillance app has now been developed and launched. This new app assists patients to prepare for discharge and continue to be followed up at home for up to 6-8 weeks after discharge from hospital, prior to attending their consultant outpatient appointment.

The app includes innovative wound surveillance and the photos taken enable the clinical team to monitor for any signs of infection whilst the patient is at home. The Harefield Hospital clinical team has reported that they have successfully identified and treated one patient whose wound infection was confirmed and managed using the app.

Caring: Patient & Public Feedback and Engagement

Data owner: Lauren Berry, Karen Taylor, Williama Allieu - Patient & Public Engagement



Friends and Family Test (FFT) M4 and M5

In April 2020 FFT changed from asking patients to recommend the Trust to their friends and family to asking, "How was your overall experience of our service?" and requesting an explanation and/or suggest improvements.

NHS England no longer publish response or recommendation rates and, instead, will now focus on collecting evidence on how the Trust is **listening** to and **acting** on feedback.

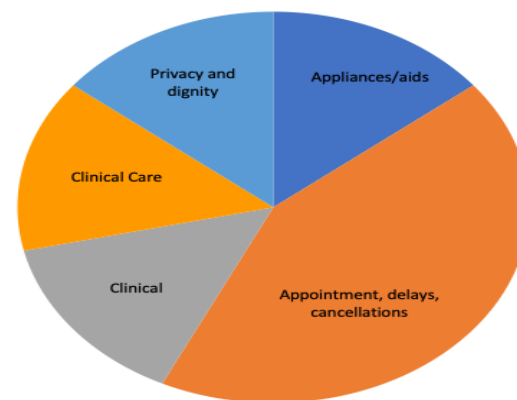
The Trust's response rate to the FFTT question is shown below.

Inpatients & Day Care	M1	M2	M3	M4	M5
Eligible patients	431	863	1197	1549	1222
Number of responses from eligible patients	133	303	403	483	372
Trust FFT response rate	31%	35%	34%	31%	30%
Trust FFT recommendation score	97%	97%	94%	95%	96%

The Patient & Public Feedback and Engagement Team are currently working with local teams to address issues raised through FFT and other feedback mechanisms. Risk and Safety Committee received the annual report detailing some of this work.

Formal Complaints

The Trust received 7 new formal complaints during M5 and 1 new formal complaint during M4. Each complaint is investigated in accordance with the Trust's Complaint Policy. Based on our learning around the management of complex complaints, we now ensure that an experienced manager leads each complaint investigation. In addition, we ensure the complainant is aware of how they can contact the lead investigator so as they can share any issues that may be concerning them.



The chart and table on this slide show numbers of complaints received year to date and the key issue of the complaints received.

		April	May	June	July	August
Complaints received in month	Number of complaints opened	3	2	9	1	7
	Number of above responded to within 3 working days	3	1	8	0	6
	Number of complaints reopened	0	0	0	0	0
Complaints closed in month	Number of complaints closed	3	1	5	0	2
	Number of above closed within 25 working days	0	0	1	0	2
PHSO	Number of complaints referred to PHSO	0	0	0	0	0
	Number of complaints confirmed as no action by PHSO	0	0	0	0	0
	Number of complaints Upheld by PHSO	0	0	0	0	0
	Number of complaints partially upheld by PSHO	0	0	0	1	1
	Number of complaints not upheld by PHSO	0	0	0	0	0

Additional Information

Single Oversight Framework Quality Metrics

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD: 2020-21
Quality metrics													
Written complaints – rate	3	2	9	1	7								
Inpatient scores from Friends and Family Test – % positive (Inpatient & Daycase)	97%	97%	94%	95%	96%								
Occurrence of any Never Event	0	0	0	0	0								
Serious incidents	0	1	0	1	0								
Patient Safety Alerts not completed by deadline	0	0	0	0	0								
Mixed-sex accommodation breaches	0	0	0	0	0								
Venous thromboembolism (VTE) risk assessment	90.89%	96.90%	97.94%	93.87%	97.95%								
<i>Clostridium difficile</i> (<i>C. difficile</i>) reported number : (no target set by NHS England)	0	2	1	0	0								
<i>Clostridium difficile</i> (<i>C. difficile</i>) healthcare associated : (no target set by NHS England)	0	2	1	0	0								
<i>Clostridium difficile</i> – infection rate per 100,000 bed days - quarterly Hospital Onset / Hospital Acquired													
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	1	0	0	0	0								
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	2	0	2	2								
<i>Escherichia coli</i> (<i>E. coli</i>) bacteraemia bloodstream infection (BSI)	0	1	0	0	0								
<i>Klebsiella</i> species BSI	1	0	0	1	0								
<i>Pseudomonas</i> BSI	2	0	1	0	0								

Single Oversight Framework Performance Metrics

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD: 2020-21
Operational performance metrics													
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	83.37%	74.04%	60.52%	61.01%	65.16%								
All cancers – maximum 62-day wait for first treatment from: a) urgent GP referral for suspected cancer													
Seen / treated	5	6	4	10	TBC								
Compliant (Using 0.5 score)	2	1	1	2.5	TBC								
Breaches (Using 0.5 score)	1	4	2	5	TBC								
Cancer Target – 31-day decision to treat to first definitive treatment													
Seen / treated	23	32	24	34	TBC								
Compliant	23	32	23	34	TBC								
Breaches	0	0	1	0	TBC								
Cancer Target – 31-day decision to treat to subsequent treatment													
Seen / treated	13	16	19	13	TBC								
Compliant	13	16	19	12	TBC								
Breaches	0	0	0	1	TBC								
Maximum 6-week wait for diagnostic procedures	88	218	143	5	3								
Cancelled operations													
Number of cancelled operations and procedures	0	9	5	17	12								
Number of cancelled operations with no offer of binding date within 28 days	0	0	0	0	0								
Number of urgent operations cancelled for a second time	0	0	0	0	0								