



# Clinical Quality Report M6 and M7 2020 – 21

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# Safe: Infection Prevention and Control

Data owner: Lucy Everett – Matron Lead - Infection Prevention and Control (IPC)

## M6 – M7 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	Potential lapses in care confirmed	
	M1	M2	M3	M4	M5	M6	M7	M1	M2	M3	M4	M5	M6	M7	M1	M2	M3	M4	M5	M6	M7				
	0	2	1	0	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0				0
	0	2	1	0	0	1	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	4	3	1

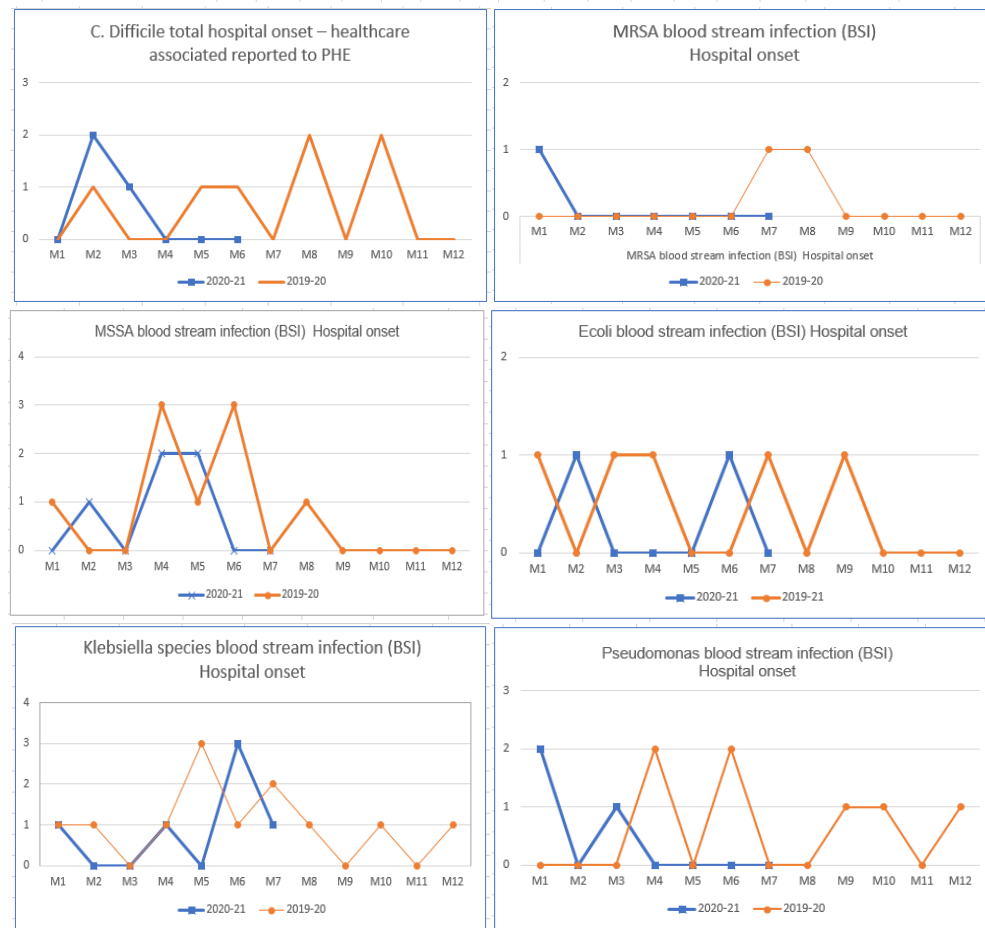
	Total reported to PHE							Hospital onset							Year to date reported to PHE	Year to date total hospital-onset
	M1	M2	M3	M4	M5	M6	M7	M1	M2	M3	M4	M5	M6	M7		
MRSA BSI	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1
MSSA BSI	0	2	0	2	2	0	0	0	1	0	2	2	0	0	6	5
E. coli BSI	0	1	0	0	0	1	0	0	1	0	0	0	1	0	2	2
Klebsiella species BSI	1	0	0	1	0	3	1	1	0	0	1	0	3	1	6	6
Pseudomonas BSI	2	0	1	0	0	0	0	2	0	1	0	0	0	0	3	3

\*M6 C.difficile reported to PHE was community onset and community acquired.

**Klebsiella Spp.** – The number of Klebsiella blood stream infections increased during M6 and M7. All cases were reviewed. 3 of the cases occurred in patients with multiple, complex clinical co-morbidities and who went on to develop lower respiratory tract infections. The IPC team was unable to identify a clear source of infection in one patient. The IPC team continue to closely monitor the occurrence of Klebsiella species.

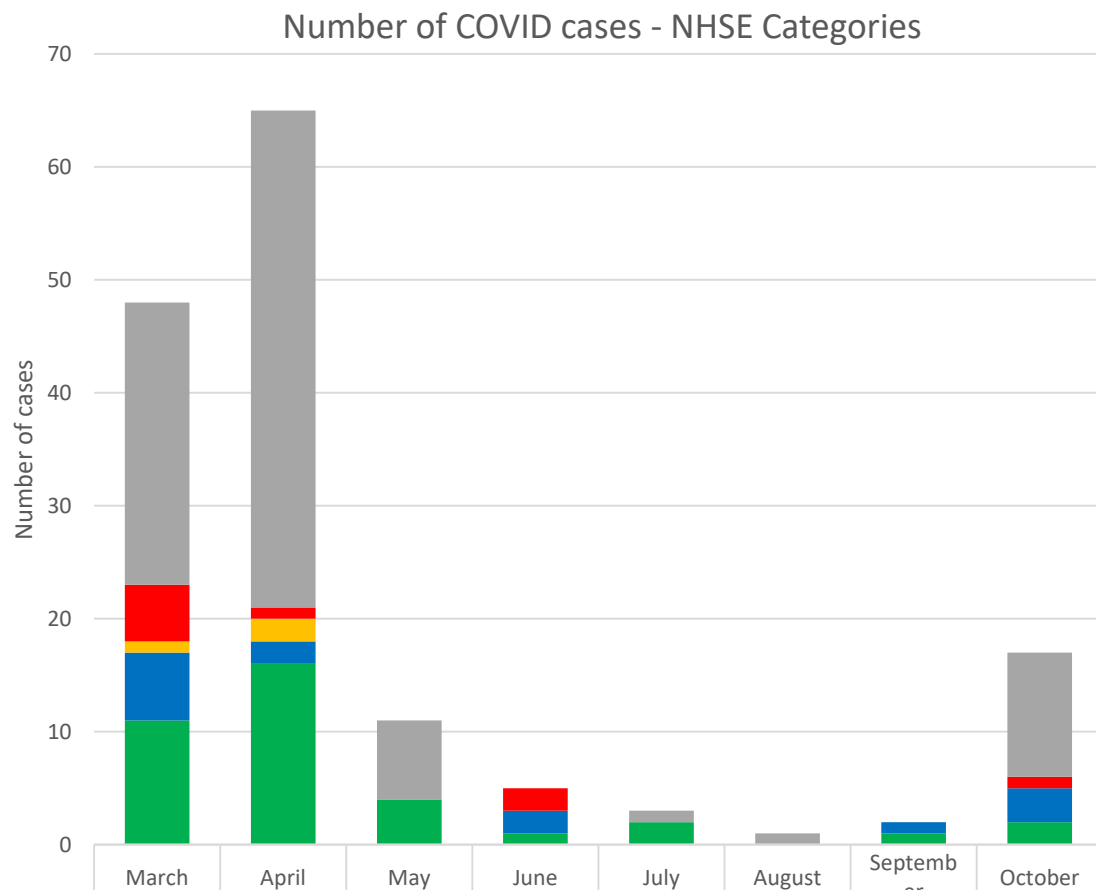
**Outbreaks and Incidents** - The Matron Lead for Infection, Prevention and Control (IPC) advises Trust Board that there will no longer be external scrutiny of C.difficile cases and that it will be for the Trust to assess if there have been any potential lapses in care and to take appropriate action. The IPC team reviewed the 3 cases of C.difficile confirmed during May and June 2020. Without the availability of typing to exclude cross infection, the IPC team have determined that there was a *potential* lapse in care in Harefield ITU that *may* have led to one case of C.difficile cross infection.

**COVID-19 cases** - Two cases of COVID-19 were identified in staff members working within the COVID testing centre at Harefield. The incident was reported to the NWL CCG and COVID-19 response centre. No further cases were identified, and all staff have returned to work. The case was closed on the 15<sup>th</sup> October. Two cases of COVID-19 were identified, that were associated in time and place, on Harefield Hospital ITU - 1 staff member and 1 patient, who acquired Covid-19 whilst in hospital. 2 further cases were later identified and 12 members of staff were required to self isolate. At the time of reporting no further cases have been identified. Staff surveillance testing continues. The incident will be closed on 21/11/2020 if no further cases occur.



# Safe: Infection Prevention and Control

Data owner: Lucy Everett – Matron Lead - Infection Prevention and Control



■ Positive on Transfer	25	44	7		1	1		11
■ HODHA	5	1		2				1
■ HOPHA	1	2						
■ HOIHA	6	2		2			1	3
■ Community Onset	11	16	4	1	2		1	2

Month of sample	Dept	HODHA	HOPHA	Grand Total
March	AICU	1		1
	FIRTRE	1		1
	FOUL	2		2
	RW	1	1	2
<b>March Total</b>		<b>5</b>	<b>1</b>	<b>6</b>
April	CEDAR	1	1	2
	ITU		1	1
<b>April Total</b>		<b>1</b>	<b>2</b>	<b>3</b>
June	ROWAN	2		2
<b>June Total</b>		<b>2</b>		<b>2</b>
October	JUNIPER	1		1
<b>October Total</b>		<b>1</b>		<b>1</b>
<b>Grand Total</b>		<b>9</b>	<b>3</b>	<b>12</b>

NHSE definitions	NHSE grouping
Community onset	Positive sample <= 2 days
Hospital-Onset Indeterminate Healthcare Associated (HOIHA)	Positive sample 3-7 days
Hospital-Onset Probable Healthcare -Associated (HOPHA)	Positive sample 8-14 days
Hospital-Onset Definite Healthcare-Associated (HODHA)	Positive sample >= 15 days

## 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 2 serious incidents were reported during M6 and 1 serious incident was reported during M7. All three incidents are under investigation in accordance with Trust policy.

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:

- Update Medicines Management Policy for the Administration of Parenteral Medicines
- Update falls management policy on assessment and prevention of falls in outpatient/preassessment departments

### 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	5	5	83%
Jul-20	7	0	7	6	6	86%
Aug-20	5	0	5	4	4	80%
Sep-20	3	0	3	1	1	33%
Oct-20	7	0	7	4	4	57%

## Safe: Staffing M5 and M6 (reported 1 month in arrears)

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 M5 or M6. Fill rates have been reported as appropriate, based on number of occupied beds and the acuity of patients.

Royal Brompton Hospital M5		Harefield Hospital M5		Royal Brompton Hospital M6		Harefield Hospital M6	
% of registered nurse <b>day</b> hours filled as planned	85% of planned level	% of registered nurse <b>day</b> hours filled as planned	113% of planned level	% of registered nurse <b>day</b> hours filled as planned	93% of planned level	% of registered nurse <b>day</b> hours filled as planned	115% of planned level
% of registered nurse <b>night</b> hours filled as planned	69% of planned level	% of registered nurse <b>night</b> hours filled as planned	95% of planned level	% of registered nurse <b>night</b> hours filled as planned	78% of planned level	% of registered nurse <b>night</b> hours filled as planned	95% of planned level
% of unregistered care staff <b>day</b> hours filled as planned	63% of planned level	% of unregistered care staff <b>day</b> hours filled as planned	79% of planned level	% of unregistered care staff <b>day</b> hours filled as planned	84% of planned level	% of unregistered care staff <b>day</b> hours filled as planned	88% of planned level
% of unregistered care staff <b>night</b> hours filled as planned	63% of planned level	% of unregistered care staff <b>night</b> hours filled as planned	64% of planned level	% of unregistered care staff <b>night</b> hours filled as planned	99% of planned level	% of unregistered care staff <b>night</b> hours filled as planned	86% of planned level

**Responsive: Operational performance metrics**

Data owners: Derval Russell – Harefield Hospital Director and Ross Ellis – Royal Brompton Hospital Director  
Aravinth Pandian – Head of Information

**Patient Prioritisation and Phase 3 Targets**

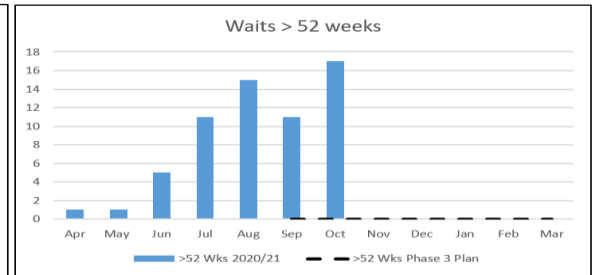
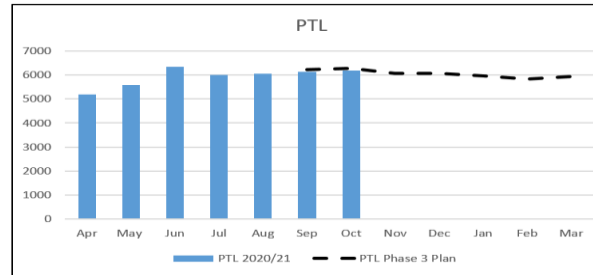
The treatment of patients continues to be in accordance with NHS England guidelines and clinical priority definitions. Work continues to refresh priority levels of patients who remain on an admitted care pathway, to ensure no harm as a result of waiting. Newly referred patients have their priority level assessed as soon as possible after referral. This work is continuous. The information shown in this report reflects the position as of November 2<sup>nd</sup> 2020.

Cardiac Surgery				Cardiology			
Priority	Brompton	Harefield	Grand Total	Priority	Brompton	Harefield	Grand Total
Not Prioritised	48	26	74	Not Prioritised	80	74	154
Priority level 2	9	80	89	Priority level 2	27	91	118
Priority level 3	63	116	179	Priority level 3	181	153	334
Priority level 4	78	43	121	Priority level 4	257	283	540
Priority level 5	2		2	Priority level 6		5	5
Priority level 6	1		1	Grand Total	545	606	1151
Grand Total	201	265	466				

**Referral To Treatment (RTT)**

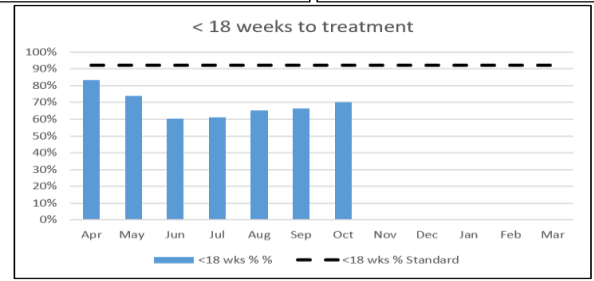
The Trust continues to monitor and report performance against the national 18 week from Referral to Treatment standard and the number of patients waiting longer than 52 weeks for treatment. The Head of Information confirms that during M6 and M7 the Trust reported a further increase in the number of patients who were seen and treated within 18 weeks of referral to treatment, with 70.14% of patients being seen and treated within 18 weeks during M7.

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PTL	2020/21	5,207	5,580	6,351	6,010	6,057	6,136	6,205					
	Phase 3 Plan						6,243	6,274	6,063	6,082	5,963	5,830	5,932
>52 Wks	2020/21	1	1	5	11	15	11	17					
	Phase 3 Plan						0	0	0	0	0	0	0
<18 wks	%	83.37%	74.04%	60.52%	61.01%	65.16%	66.40%	70.14%					
	% Standard	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%



17 – 52 week breaches were reported at the end of M7. These are broken down as follows:

- 3 patients received their treatment in November 2020
- 5 patients have treatment dates in November 2020
- 3 patients have treatment dates booked for December 2020
- 1 patient has had their clock stopped and has come off waiting list
- 5 patients have an appointment with their consultant to discuss clinical plans



## Responsive: Operational performance metrics

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

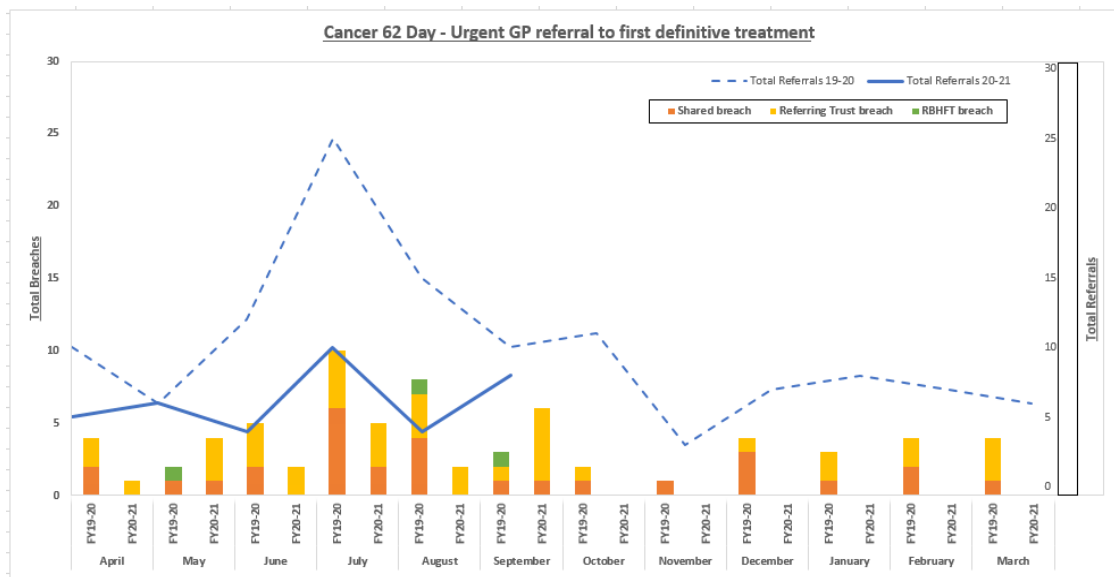
### Cancer (reported 1 month in arrears)

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.

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.

As the table below shows, during M05, 4 patients were seen and treated on a 62 day urgent GP referral to first cancer treatment pathway. 2 of these patients were seen and treated within 62 days and 2 patients received their treatment after 62 days. Of the 2 patient pathways breaching the 62 day target, neither pathway breaches were attributed to the Trust.

During M06, 8 patients were seen and treated on a 62 day urgent GP referral to first cancer treatment pathway. 2 of these patients were seen and treated within 62 days and 6 patients received their treatment after 62 days. Of the 6 patient pathways breaching the 62 day target, 1 of the breaches was partially attributed to the Trust. This patient was referred on day 103. Further tests were required to ensure the patient was fit for surgery. The patient also had to self-isolate for 2 weeks as per Covid-19 rules.



### 62 day to first definitive treatment waiting time standard

Month 2020-21	Published Figures				
	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance
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%
M05	4	2	1	2.0	50.00%
M06	8	4	1	6.0	25.00%

### 31 day to first definitive treatment waiting time standard

	Published Figures				
	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%
Aug	24.0	24.0	23.0	1.0	95.83%
Sept	39.0	39.0	39.0	0.0	100.00%

### 31 day to subsequent treatment waiting time standard

	Published Figures				
	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%
Aug	13.0	13.0	13.0	0.0	100.00%
Sept	20.0	20.0	20.0	0.0	100.00%

## Caring: Patient & Public Feedback and Engagement

Data owner: Lauren Berry, Karen Taylor, Nishanie Ramsaroop - Patient & Public Engagement



### Friends and Family Test (FFT)

Nationally mandated FFT data collection continued to be on pause during Q2. However, the Trust continued to collect feedback electronically for the question “How was your overall experience of our service?” The table below shows monthly response rate and monthly positive experience score.

Inpatients & Day Care	M1	M2	M3	M4	M5	M6	M7
Eligible patients	431	863	1197	1549	1222	1517	1797
Number of responses from eligible patients	133	303	403	483	372	499	615
Trust FFT response rate	31%	35%	34%	31%	30%	33%	34%
Trust FFT positive experience score	97%	97%	94%	95%	96%	95%	95%

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

As shown in the table below, the Trust received 10 new formal complaints during M6 and 11 during M7. Each complaint is investigated in accordance with the Trust’s Complaint Policy and learning is shared across the Trust.

		April	May	June	July	August	September	October
Complaints received in month	Number of complaints opened	3	2	9	1	7	10	11
	Number of above acknowledged within 3 working days	3	1	8	0	6	10	11
	Number of complaints reopened	0	0	0	0	0	1	3
Complaints closed in month	Number of complaints closed	3	1	5	0	2	7	8
	Number of above closed within agreed timescales	0	0	1	0	2	3	3
PHSO	Number of complaints referred to PHSO	0	0	0	0	0	0	0
	Number of complaints confirmed as no action by PHSO	0	0	0	0	0	0	0
	Number of complaints Upheld by PHSO	0	0	0	0	0	0	0
	Number of complaints partially upheld by PSHO	0	0	0	1	0	0	1
	Number of complaints not upheld by PHSO	0	0	0	0	0	0	0

### Adult Inpatient Survey Update

The findings from 2019 Adult Inpatient Survey have been widely shared across the Trust and presented at various meetings. Four multi-disciplinary working groups have been set up in response to the survey data in order to support colleagues to make improvements to patient experiences. These groups will focus their work in the following areas: Noise at night – Discharge - Patient Feedback (taking part in research, ask their views about their care and how to complain) - Shared facilities (particularly toilets/bathrooms). 3 of these groups now include patient representation and the groups will receive feedback from FFT and other sources to help inform their work.



## Caring: Patient & Public Feedback and Engagement

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

### Digital Patient Storytelling

Stories of real events are an effective approach to improvement because they provide emotive, accessible and memorable data. PPE has been working with two patient leaders to devise and deliver training for colleagues in Digital Storytelling. The scheme was piloted in September and will run again in November for 8 more people. A small Patient Amenities grant from Royal Brompton & Harefield Hospitals Charity has enabled the purchase of Zoom digital records and software. The stories collected will support improvement, enable the sharing of best practice and also celebrate success.



In partnership with Brompton Fountain, young people are scripting a film about their experience of transition from children to adult services to support others in the future. Trailblazers have also been involved in engagement activities as part of the Evelina Expansion programme. There are also further (draft) engagement plans in place to involve young people between December and March in the Kings Health Partnership Programme.

### RBH Trailblazers

Trailblazers has approximately 40 members (aged 13 to 25). Over summer younger members have taken part in a variety of activities including painting and Vocal Beats music workshops provided by rb&hArts. Members can look forward to more activities next quarter; including a Virtual Xmas party on 20 December 2020.

### Patient & Public Engagement Group

During COVID PPEG membership has increased to over 20 members. The Group continues to meet virtually every 6 weeks. Terms of reference are currently under review with plans in place to elect a patient chair in 2021. Members have given their views on many subjects including Kings Health Partnership activities, virtual appointments and attending the hospital during the pandemic.



"Managing Anxiety post Covid" was a patient event facilitated by PPE with Chris Kyriacou (Psychologist) and Charlotte Hogben (ILD CNs) for ILD/Respiratory patients. Suggested by PPEG member Margaret Williams, she introduced the meeting by sharing some of the anxieties she experienced in understanding how best to keep safe during the pandemic. Plans are in place for follow up events.

# Additional Information

## Single Oversight Framework Quality Metrics

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD: 2020-21
Written complaints – rate	3	2	9	1	7	10	11						
Inpatient scores from Friends and Family Test – % positive (Inpatient & Daycase)	97%	97%	94%	95%	96%	95%	95%						
Occurrence of any Never Event	0	0	0	0	0	0	0						
Serious incidents	0	1	0	1	0	2	1						
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0						
Mixed-sex accommodation breaches	0	0	0	0	0	0	0						
Venous thromboembolism (VTE) risk assessment	90.89%	96.90%	97.94%	93.87%	97.95%	89.34%	90.38%						
<i>Clostridium difficile</i> (C. difficile) reported number : (no target set by NHS England)	0	2	1	0	0	1	0						
<i>Clostridium difficile</i> (C. difficile) healthcare associated : (no target set by NHS England)	0	2	1	0	0	0	0						
<i>Clostridium difficile</i> – infection rate per 100,000 bed days - quarterly <b>Hospital Onset / Hospital Acquired</b>													
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	1	0	0	0	0	0	0						
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	2	0	2	2	0	0						
<i>Escherichia coli</i> (E. coli) bacteraemia bloodstream infection (BSI)	0	1	0	0	0	1	0						
Klebsiella species BSI	1	0	0	1	0	3	1						
Pseudomonas BSI	2	0	1	0	0	0	0						

A review of the VTE risk assessment data is currently underway at divisional level and will report to the December G&Q Committee

## Single Oversight Framework Performance Metrics

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD: 2020-21
<b>Operational performance metrics</b>													
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%	66.40%	70.14%						
All cancers – maximum 62-day wait for first treatment from: a) urgent GP referral for suspected cancer													
Seen / treated	5	6	4	10	4	8	TBC						
Compliant (Using 0.5 score)	2	1	1	2.5	2	1	TBC						
Breaches (Using 0.5 score)	1	4	2	5	2	6	TBC						
Cancer Target – 31-day decision to treat to first definitive treatment													
Seen / treated	23	32	24	34	24	39	TBC						
Compliant	23	32	23	34	23	39	TBC						
Breaches	0	0	1	0	1	39	TBC						
Cancer Target – 31-day decision to treat to subsequent treatment													
Seen / treated	13	16	19	13	13	20	TBC						
Compliant	13	16	19	12	13	20	TBC						
Breaches	0	0	0	1	13	20	TBC						
Maximum 6-week wait for diagnostic procedures	88	218	143	5	3	2	TBC						
Cancelled operations													
Number of cancelled operations and procedures	0	9	5	17	12	15	14						
Number of cancelled operations with no offer of binding date within 28 days	0	0	0	0	0	0	0						
Number of urgent operations cancelled for a second time	0	0	0	0	0	0	0						