A lifetime of specialist care

Royal Brompton & Harefield NHS
NHS Foundation Trust

Clinical Quality Report
M8 – M10 2019-20

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Model Hospital benchmark data is not included in tis report as no up to date data is available.

Safe: Infection Prevention and Control

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

The Trust continues to comply with the Public Health England Mandatory surveillance programme which requires reporting of incidence of the following infections:

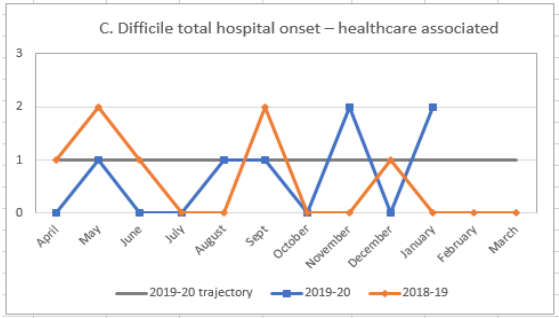
- *Clostridium difficile* infection surveillance
- MRSA (*Meticillin-resistant Staphylococcus aureus*) blood stream infection (BSI)
- MSSA (Methicillin-susceptible *Staphylococcus aureus*) BSI
- *E. coli* BSI
- *Klebsiella species* (BSI)
- *Pseudomonas aeruginosa* BSI

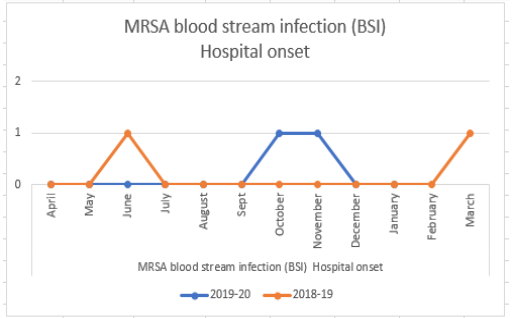
The tables below show M8 - M10, plus year to date position for infections within the surveillance programme.

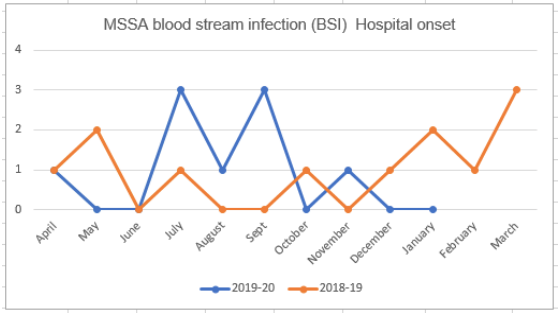
C. difficile	Total reported to PHE			Hospital onset – healthcare associated			Community onset - healthcare associated			Year to date reported to PHE	Year to date total hospital-onset healthcare associated and community onset healthcare associated	Lapses in care confirmed
	M8	M9	M10	M8	M9	M10	M8	M9	M10			
	2	0	2	2	0	2	0	0	0	9	5	0

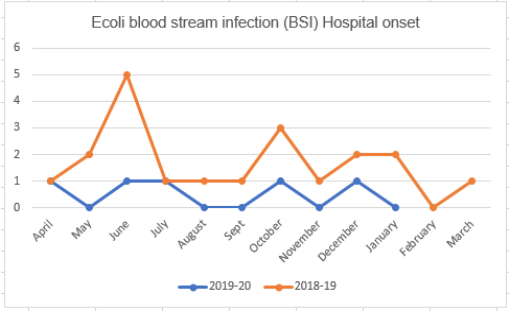
	Total reported to PHE			Hospital onset			Year to date reported to PHE	Year to date total hospital-onset
	M8	M9	M10	M8	M9	M10		
MRSA BSI	1	0	0	1	0	0	2	2
MSSA BSI	1	0	1	1	0	0	11	9
E. coli BSI	0	1	1	0	1	0	8	5
Klebsiella species BSI	3	1	1	1	0	1	16	11
Pseudomonas BSI	0	1	1	0	1	1	7	6

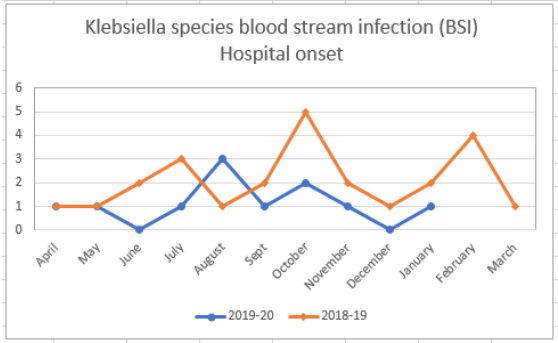
The graphs below show the hospital onset infection rates for the infections reportable under the Public Health England Mandatory surveillance programme, alongside 2018-19 hospital onset infection rates for internal benchmarking purposes. The incidence of C. Difficile remains under the annual allocated trajectory of 12 cases. All incidence of infections are fully investigated and the Infection Prevention and Control team have no areas of concern to highlight.

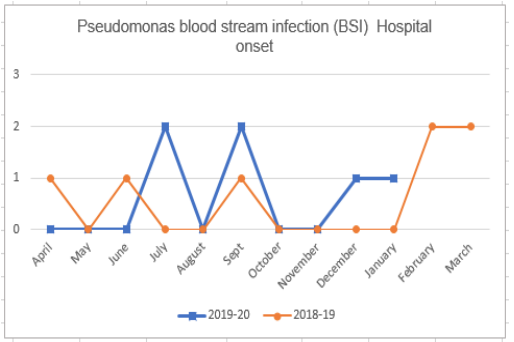












Safe: Infection Prevention and Control

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

Reviews

Work continues to review an increased incidence (more the 2 cases associated in time and place) of *Elizabethkingia miricola*. No further positive samples have been isolated in AICU patients and the investigation will be incorporated into a wider review of samples from Harefield Hospital. Genome sequencing is being undertaken to try to establish a primary source of this bacterium and results will be reviewed once received.

Outbreaks

During M9 Acorn and Oak Ward were affected by gastrointestinal episodes – Acorn had 5 patients affected – no organism identified. Oak ward had 5 patients affected, with Norovirus identified on 1 patient case. 3 staff members reported sick with associated symptoms. The primary service was unaffected and active monitoring continues to be undertaken by the Infection Prevention and Control team.

No other areas of concern have been identified.

Infection Prevention and Control (IPC) Training

As reported previously, there was a focused drive to improve Infection Prevention and Control (IPC) mandatory training compliance in October. At the time, overall Trust compliance at the time of reporting was 81%. Breakdown of data to identify ward areas and individuals has allowed the IPC team to target teams that remained below 95% and increase the compliance level further.

Trust wide performance has now increased to 94% and further work continues with identified teams to increase compliance to the target 95%.

Royal Brompton & Harefield NHS Foundation Trust Infection Prevention and Control Key Performance Indicators Dashboard											
January 20	Mandatory Reporting				Compliance with Infection Prevention and Control Policy						Training
	Total number of incidents reported				Hand Hygiene Compliance Audit (Observed /Opportunities)				PPE Compliance Audit	MRSA Screening Compliance Audit	IPC Training delivered
Division/ Ward	MRSA BSI	CDT >48 hrs*	MSSA BSI >48	E. coli BSI >48	Nurse	Dr	AHP	Total	Total	Totals	Quarter Totals
RBH	0	2	0	0	96%	91%	96%	95%	95%	97%	89%
HH	0	0	0	0	97%	95%	97%	97%	98%	94%	94%
Trust	0	2	0	0	97%	94%	96%	96%	96%	96%	94%

Coronavirus

On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China.

On 12 January 2020 it was announced that a novel coronavirus had been identified, now referred to as 2019-nCoV, and the associated disease as '2019-nCoV acute respiratory disease'.

A Trust-wide task force has been formed, chaired by The Trust's Director of Nursing and the Trust is in full preparation mode. No cases were identified, managed or suspected in January, although several staff members were excluded from work due to recent travel history.

Safe: Sepsis

Data owner: Peter Doyle - Divisional Lead Nurse / Associate General Manager, Harefield Hospital
Caterina Vlachou – Consultant Anaesthetist, Royal Brompton Hospital
Lisa Nwankwo – Specialist Pharmacist, Antimicrobials

The identification and management of sepsis is a Quality Priority for 2019-20. In addition, reporting of performance against the metrics shown in the tables to the right is a contractual requirement.

The hospital based REACT-sepsis groups consider all cases of patients who were diagnosed with suspected sepsis.

There is an individual review of each case when a patient who has been positively screened for sepsis does not receive antibiotics within one hour of diagnosis.

Learning from case reviews is used to inform future practice.

For Q3, the review of the 3 patients who had been positively screened for sepsis but did not receive antibiotics within one hour of diagnosis has been completed. Findings indicated that clinical complexity was a factor in all cases. In addition:

Patient 1 had a worsening cardiac condition that required treatment.

Patient 2 received antibiotics at 61 minutes of diagnosis.

Patient 3 was already prescribed and receiving antibiotics.

		HH	RBH	Total	% compliance
Q3					
19N_ACUTE_SEPSIS_02a	Total number of patients found to have suspected sepsis in inpatient departments who are positively screened for sepsis received IV antibiotics within 1 hour of this diagnosis.	7	2	9	75%
19N_ACUTE_SEPSIS_02b	The total number of patients who were diagnosed with suspected sepsis in inpatient departments	10	2	12	

		HH	RBH	Total	% compliance
Year to date					
19N_ACUTE_SEPSIS_02a	Total number of patients found to have suspected sepsis in inpatient departments who are positively screened for sepsis received IV antibiotics within 1 hour of this diagnosis.	32	8	40	82%
19N_ACUTE_SEPSIS_02b	The total number of patients who were diagnosed with suspected sepsis in inpatient departments	40	9	49	

Safe: Incident management and reporting

Data owner: Penny Mortimer, Manjiri Dalvi and Charlotte Von Crease – Divisional Quality and Safety Leads

Serious incidents

The divisional quality leads have confirmed that no serious incidents were reported during M8 – M10.

One serious incident was reported in early February and an investigation is now underway.

Following the investigation into the Never Event reported in M7 a range of actions have been implemented across the Trust including:

- revision of the 5 Steps to Safer Surgery checklist;
- revision of the Cardiac Cath Lab LoSSIP;
- sharing via the Patient Safety Bulletin.

Duty of Candour

	Red and amber incidents declared					
	Moderate harm (amber)	Severe harm (Red)	Total with stage 1 complete	*Total with stage 2 complete	*Total with both stages complete	*Percentage fully compliant
Apr-19	3	0	3	3	3	100%
May-19	8	1	9	9	9	100%
Jun-19	9	0	9	9	9	100%
Jul-19	6	0	6	6	6	100%
Aug-19	7	0	7	7	0	100%
Sep-19	4	0	4	4	4	100%
Oct-19	9	0	9	8	8	89%
Nov-19	3	0	3	2	2	67%
Dec-19	6	0	6	4	4	67%
Jan-20	7	0	7			0%
Cumulative Total	62	1	63	52	45	83%

Year to date**,** a total of 63 incidents have occurred where Duty of Candour regulations apply. This is an adjustment on previous reports and is a result of a number of incidents having been downgraded following investigation. Patients were kept fully briefed.

As shown in the table above, Stage 1 of the Duty of Candour process has been completed for all 63 incidents. Stage 2 of the process is complete for all incidents where investigations have concluded. There are no exceptions to report.

Safe: NHS Safety Thermometer

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

The NHS Safety Thermometer was designed to measure local improvement over time and was not intended to be used to compare specific levels of harm across organisations due to the complexity and variations in patient mix. This is just one tool used by the Trust to measure harm free care and is used alongside other measures to help understand themes, analyse findings and plan improvements in care delivery. Safety Thermometer is a snapshot of care across the Trust at a given time, on a given day.

NHS Safety Thermometer is presented one month in arrears. The table to the right shows year to date level of harm free care across the Trust and demonstrates that the level of harm free care is greater than the national average, as recorded using NHS Safety Thermometer.

Month	Number of Patients	Percentage (%)	National benchmark %
M1	295	96.38	93.8
M2	312	94	93.8
M3	251	95.2	93.5
M4	303	96.4	94
M5	295	95.8	94
M6	290	96.55	93.9
M7	306	97.00	94
M8	309	96.8	94.1
M9	312	97.1	94

Safe: Nurse staffing
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 M7 – M9.

The lead nurses report that where registered nurse fill levels are higher than planned this is due to the acuity of patient needs and due to supernumerary staff, such as new starters. Where fill rates are lower than planned this is primarily due to bed occupancy being lower than anticipated.

Fill levels for non-registered nurses are consistently lower than planned. This staff group is small in number and includes a diverse range of roles, most of which are tailored specifically for a particular clinical area, and many of which are support roles. They are difficult to recruit to, and there are limited options for finding appropriate temporary cover. Vacant roles may put increase pressure on other staff, but do not present a safety issue.

The Trust continues to review Care Hours Per Patient Day (CHPPD) data, which includes information about patient activity, along-side nurse staffing.

M7

Nurse staffing at Royal Brompton Hospital	
% of registered nurse day hours filled as planned (Hospital)	**105.2%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**57.7%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**100.4%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**73.1%** of planned level

Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	**113.5%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**61.7%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**97.8%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**74.0% of** planned level

M8

Nurse staffing at Royal Brompton Hospital	
% of registered nurse day hours filled as planned (Hospital)	**112.7%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**52.2%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**98.1%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**62.1%** of planned level

Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	**108.7%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**60.5%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**97.0%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**78.5% of** planned level

M9

Nurse staffing at Royal Brompton Hospital	
% of registered nurse day hours filled as planned (Hospital)	**106.9%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**48.5%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**106.6%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**73.6%** of planned level

Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	**107.8%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**58.7%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**97%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**78.1% of** planned level

Responsive: Cancelled operations and procedures

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

During M8 62 patients had their operation or procedure cancelled for non-clinical reasons, during M9 51 patients had their operation or procedure cancelled for non-clinical reasons and during M10 32 patients had their operation or procedure cancelled for non-clinical reasons.

All patients underwent their surgery or procedure within 28 days of cancellation. Year to date data for cancelled operations is shown in slide 15 of this report.

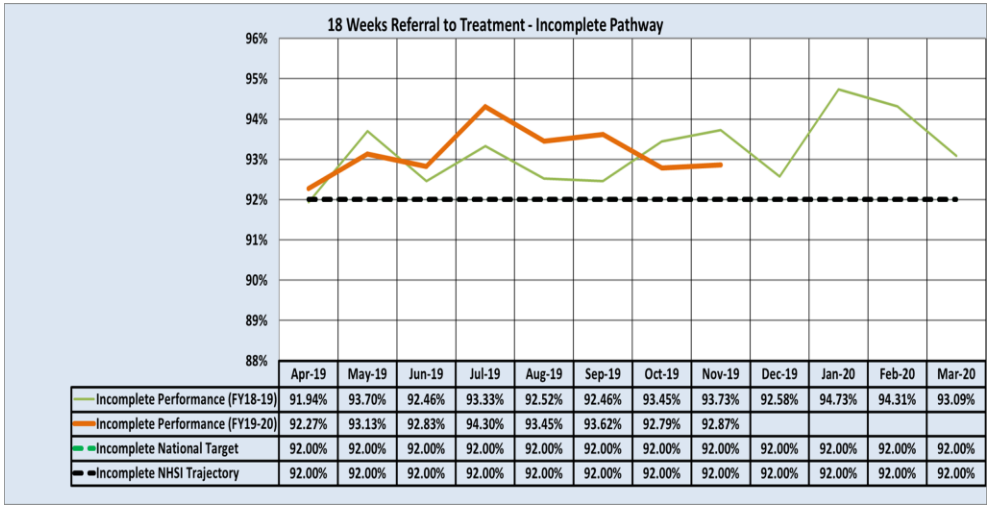
Responsive: 18-week referral to treatment time targets

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

One 52 week pathway breach occurred during M10. The Hospital Director is leading a Root Cause Analysis (RCA) for the pathway breach and the clinical team are in contact with the patient.

52 Week Pathway Breaches: 2019-20											
M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Patient A: 06P- NHS LUTON CCG	Patient A: 06P- NHS LUTON CCG	Patient A: 06P- NHS LUTON CCG	Patient A: 06P- NHS LUTON CCG	Patient A: 06P- NHS LUTON CCG	Patient A: 06P- NHS LUTON CCG	No breach	No breach	No breach	Patient B: 04F- NHS MILTON KEYNES CCG	-	-

M8 Incomplete pathway performance



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Incomplete Performance (FY18-19)	91.94%	93.70%	92.46%	93.33%	92.52%	92.46%	93.45%	93.73%	92.58%	94.73%	94.31%	93.09%
Incomplete Performance (FY19-20)	92.27%	93.13%	92.83%	94.30%	93.45%	93.62%	92.79%	92.87%				
Incomplete National Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Incomplete NHSI Trajectory	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

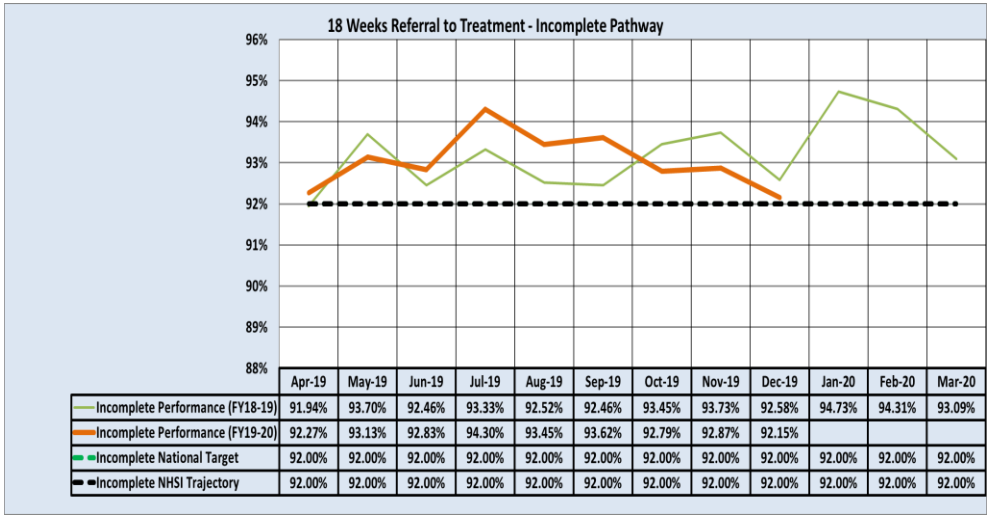
		Incomplete			
National Specialty	Specialty	< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	388	7	395	98.23%
	Cardiology (Harefield)	1,160	90	1,250	92.80%
Cardiology		**1,548**	**97**	**1,645**	**94.10%**
Thoracic Medicine		**2,212**	**195**	**2,407**	**91.90%**
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	217	36	253	85.77%
	Cardiac Surgery (Harefield)	204	44	248	82.26%
	Thoracic Surgery	229	10	239	95.82%
Cardiothoracic Surgery		**650**	**90**	**740**	**87.84%**
Other	Paediatrics	644	9	653	98.62%
	Transplant	28	3	31	90.32%
	Other	86	3	89	96.63%
Other		**758**	**15**	**773**	**98.06%**
		5,168	**397**	**5,565**	**92.87%**

M9 and M10 Incomplete pathway performance is shown on the following slide.

Responsive: 18-week referral to treatment time targets

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

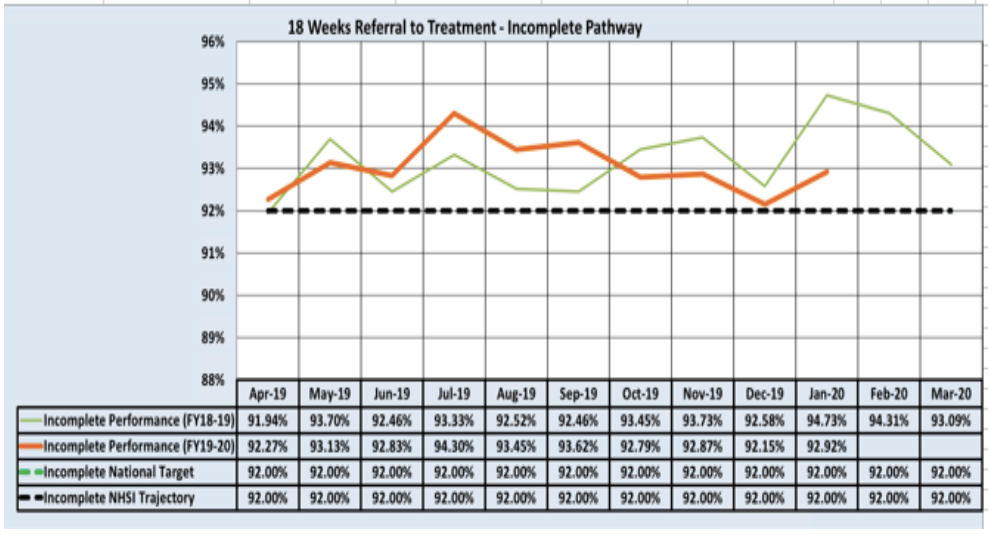
M9 Incomplete pathway performance



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Incomplete Performance (FY18-19)	91.94%	93.70%	92.46%	93.33%	92.52%	92.46%	93.45%	93.73%	92.58%	94.73%	94.31%	93.09%
Incomplete Performance (FY19-20)	92.27%	93.13%	92.83%	94.30%	93.45%	93.62%	92.79%	92.87%	92.15%			
Incomplete National Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Incomplete NHSI Trajectory	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

		Incomplete			
National Specialty	Specialty	< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	286	4	290	98.62%
	Cardiology (Harefield)	1,226	114	1,340	91.49%
Cardiology		**1,512**	**118**	**1,630**	**92.76%**
Thoracic Medicine		**2,032**	**194**	**2,226**	**91.28%**
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	160	39	199	80.40%
	Cardiac Surgery (Harefield)	215	50	265	81.13%
	Thoracic Surgery	212	3	215	98.60%
Cardiothoracic Surgery		**587**	**92**	**679**	**86.45%**
Other	Paediatrics	665	4	669	99.40%
	Transplant	29	2	31	93.55%
	Other	96	9	105	91.43%
Other		**790**	**15**	**805**	**98.14%**
		4,921	**419**	**5,340**	**92.15%**

M10 Incomplete pathway performance



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Incomplete Performance (FY18-19)	91.94%	93.70%	92.46%	93.33%	92.52%	92.46%	93.45%	93.73%	92.58%	94.73%	94.31%	93.09%
Incomplete Performance (FY19-20)	92.27%	93.13%	92.83%	94.30%	93.45%	93.62%	92.79%	92.87%	92.15%	92.92%		
Incomplete National Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Incomplete NHSI Trajectory	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%

		Incomplete			
National Specialty	Specialty	< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	447	6	453	98.68%
	Cardiology (Harefield)	1,081	100	1,181	91.53%
Cardiology		**1,528**	**106**	**1,634**	**93.51%**
Thoracic Medicine		**2,140**	**156**	**2,296**	**93.21%**
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	164	54	218	75.23%
	Cardiac Surgery (Harefield)	187	48	235	79.57%
	Thoracic Surgery	169	4	173	97.69%
Cardiothoracic		**520**	**106**	**626**	**83.07%**
Other	Paediatrics	673	8	681	98.83%
	Transplant	37	2	39	94.87%
	Other	90	2	92	97.83%
Other		**800**	**12**	**812**	**98.52%**
		4,988	**380**	**5,368**	**92.92%**

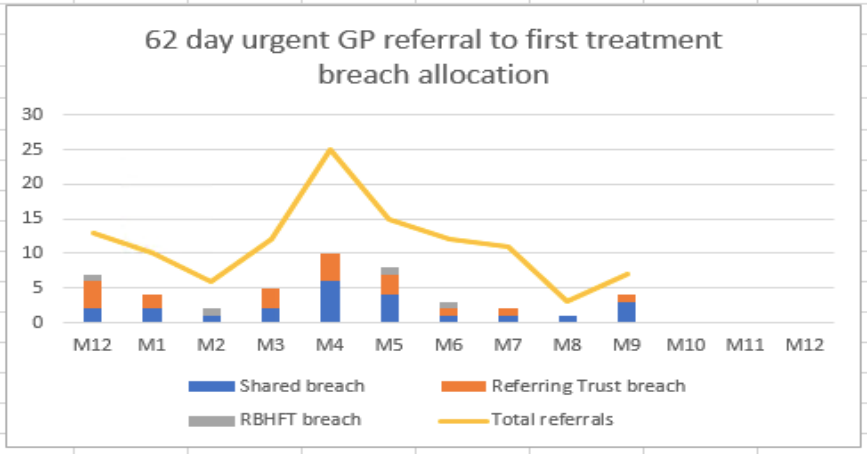
Responsive: 62 day urgent GP referral to first treatment cancer target

Data owner: John Pearcey – Assistant General Manager, lung division

The cancer performance data presented in slides 10-12 was accurate at the time it was report to NHS Digital. Referring trusts are able to edit data within NHS Digital after the publication date and changes made by referring trusts may impact on the Trust's reporting and performance.

The table and graph below show the year to date total number of 62 day urgent GP referrals for surgery for cancer and demonstrates the allocation of breaches.

Month 2019-20	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Unadjusted Performance (Target 85%)
M1	10	5.5	3.5	2	63.60%
M2	6	3	2	2	66.70%
M3	12	6	3.5	5	58.33%
M4	25	12	7	10	58.33%
M5	15	7.5	3.5	8	46.70%
M6	12	6	4.5	3	75%
M7	11	5.5	4.5	2	81.80%
M8	3	1.5	1	1	66.70%
M9	7	3.5	1.5	4	42.90%



During M7, 11 patients were seen and treated on a 62 day urgent GP referral to first cancer treatment pathway.

9 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, 1 of the breaches was partially attributed to the Trust and was due to the complexity of the patient's clinical condition and the need for further diagnostics.

Patient	CCG Code	CCG Name	Referring Trust & Hospital	Delay Reason Referral To Treatment (Cancer)	Day Referral Received by RBHFT	No. of days from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment	Breach Allocation
Patient 1	08Y	NHS WEST LONDON CCG	Chelsea And Westminster Hospital NHS Foundation Trust Chelsea And Westminster Hospital	7	58	37	95	Shared breach
Patient 2	15D	NHS EAST BERKSHIRE CCG	Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	7	44	20	64	100% of breach allocated to referring trust

Responsive: 62 day urgent GP referral to first treatment cancer target

Data owner: John Pearcey – Assistant General Manager, lung division

As the table on the previous side shows, 3 patients were seen and treated on a 62 day urgent GP referral to first cancer treatment pathway during M8.

2 of these patients were seen and treated within 62 days and 1 patient received their treatment after 62 days and this pathway breach was partially attributed to the Trust. The Trust's cancer lead has reported that the pathway breach occurred due to the complex nature of the clinical pathway and patient choice.

As the table on the previous side shows, 7 patients were seen and treated on a 62 day urgent GP referral to first cancer treatment pathway during M9.

3 of these patients were seen and treated within 62 days and 4 patients received their treatment after 62 days. 3 of these pathway breaches were partially attributed to the Trust.

The Trust's cancer lead has reported the following for each pathway breach:

Patient 1: Complex clinical condition requiring multiple diagnostic tests.

Patient 2: Plastic surgeon also required for the surgery. The arrangements for this delayed the date of surgery.

Patient 3: Three specialist surgeons required to jointly operate. The arrangements for this delayed the date of surgery.

Patient	CCG Code	CCG Name	Referring Trust & Hospital	Delay Reason Referral To Treatment (Cancer)	Day Referral Received by RBHFT	No. of days from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment	Breach Allocation
Patient 1	07R	NHS CAMDEN CCG	Royal Free London NHS Foundation Trust Royal Free Hospital - Ral01	7	83	36	119	Shared breach

Patient	CCG Code	CCG Name	Delay Reason Referral To Treatment (Cancer)	Referring Trust & Hospital	Day Referral Received by RBHFT	No. of days from receipt of referral at RBHFT to treatment	No. of days from GP referral to treatment	Breach Allocation
Patient 1	04F	NHS MILTON KEYNES CCG	7	Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital - Rd816	139	25	164	Shared breach
Patient 2	09N	NHS GUILDFORD AND WAVERLEY CCG	5	Royal Surrey County Hospital NHS Foundation Trust Royal Surrey County Hospital	43	42	85	Shared breach
Patient 3	06K	NHS EAST AND NORTH HERTFORDSHIRE CCG	3	Royal National Orthopaedic Hospital NHS Trust The Royal National Orthopaedic Hospital (Stanmore)	53	65	118	Shared breach

Responsive: 62 day urgent GP referral to first treatment cancer target and 31 day cancer pathway targets

Data owner: John Pearcey – Assistant General Manager, lung division

31 day to first definitive treatment waiting time standard

A total of 34 patients were treated on the 31 day to definitive treatment cancer pathway during M7. All 34 patients were treated within the 31 day target.

A total of 35 patients were treated on the 31 day to definitive treatment cancer pathway during M8. 34 patients were treated within the 31 day target and 1 patient was treated after 31 days. This patient's surgery was cancelled on the day of surgery due to insufficient theatre capacity and underwent surgery on day 32.

A total of 28 patients were treated on the 31 day to definitive treatment cancer pathway during M9. 25 patients were treated within the 31 day target and 3 patients were treated after 31 days.

Patient 1: Cancelled due to the operating theatre schedule over running.

Patient 2: Insufficient theatre capacity.

Patient 3: Insufficient theatre capacity.

	Published Figures				
	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance (Target 96%)
April	34	34	33	1	97.10%
May	28	28	28	0	100%
June	33	33	32	1	96.70%
July	56	56	55	1	98.20%
August	39	39	39	0	100%
September	29	29	29	0	100%
October	34	34	34	0	100%
November	35	35	34	1	97.10%
December	28	28	25	3	89.30%

To note:

The Trust's cancer lead ensures that all cancer pathway breaches undergo a full review and that learning informs operational and clinical practice.

31 day to subsequent treatment waiting time standard

A total of 11 patients were treated on the 31 day to subsequent treatment cancer pathway during M7. 10 patients were treated within the 31 day target and 1 patient was treated after 31 days. This breach occurred as an urgent operation in theatres over ran.

A total of 14 patients were treated on the 31 day to subsequent treatment cancer pathway during M8. 11 patients were treated within the 31 day target and 3 patients were treated after 31 days.

Patient 1: This patient's pathway breached due to the time required to coordination the availability of plastic surgeon from a second trust. Decision to treat to patient receiving treatment was 103 days.

Patient 2: This patient's surgery was cancelled due to staff shortages in theatres. The patient underwent surgery on day 33.

Patient 3: This patient had a range of complex clinical conditions that needed treating prior to surgery. Decision to treat to patient receiving treatment was 107 days.

A total of 10 patients were treated on the 31 day to subsequent treatment cancer pathway during M9. All 10 patients were treated within the 31 day target.

	Published Figures				
	Total Seen/Treated	Total Accountable	Total Compliant	Total Breached	Performance (Target 94%)
April	17	17	15	2	88.20%
May	16	16	15	1	93.80%
June	16	16	15	1	93.80%
July	23	23	21	2	91.30%
August	20	20	20	0	100.00%
September	12	12	10	2	83.30%
October	11	11	10	1	90.10%
November	14	14	11	3	78.60%
December	10	10	10	0	100.00%

Caring: Patient experience

Data owner: Karen Taylor - Patient & Public Engagement and Williama Allieu - Complaints Lead

Complaints

The Trust received 37 new complaints during M8-M10 and 2 of these have since been de-escalated to formal concerns in agreement with the complainants. 33 of the complaints were acknowledged within 3 working days.

All complaints are investigated in accordance with Trust policy and when it is not possible to close complaints within the initial agreed timeframe complainants were kept informed.

Learning from complaints during Q3 included the need to improve communication following procedures and action has been taken locally to address issues identified.

Friends and Family Test

Year to date inpatient Friends and Family Test (FFT) results are shown below.

Inpatients & Day Care	M1	M2	M3	M4	M5	M6	M7	M8	M9
Eligible patients	3030	3332	3032	3442	3006	3017	3632	3291	2830
Number of responses from eligible patients	1071	1194	1091	1114	1000	999	1107	1100	845
Trust FFT response rate	36%	36%	36%	32%	33%	33%	30%	33%	30%
Trust FFT recommendation score	97%	96%	97%	96%	96%	96%	96%	97%	95%

Feedback from FFT responses identified that waiting times were of concern to patients. Where these comments can be linked back to services comments are shared with local managers so as changes can be made if possible.

RB&H Trailblazers youth forum

- Tom and Harrison advocated for young people and TRAILBLAZERS at the Brompton Fountain Ball.
- The group now meet online monthly (3rd Tuesday of every month at 5pm for a “check-up”). Chaired by a different young person at each session.
- 2020 programme agreed with social, learning and recreational activities.
- Trailblazers outlined key issues they faced transitioning to adult services and are now working with Brompton Fountain and Clinicians on devising a “I wish I had known this” film for other young people. Four Trailblazers have volunteered to support the development of the film further.
- TRAILBLAZERs supported the Trust’s Transition Event at Chelsea Football Club.
- Harefield Hospital out-patient service have invited Trailblazers to attend clinics to recruit additional young people to get involved.

Patient story telling

This is a new initiative funded by Royal Brompton & Harefield Hospital Charity’s Patient Amenity Fund to facilitate patient voice, provide opportunities for learning from patient experiences and celebrate and share examples of excellent care.

Storytelling empowers patients to share experiences of care in their own words and at a time/approach that suits them, providing new insights.

Patient and Public Engagement (PPE) Strategy & Launch

The PPE Strategy was launched on 16 January. Over 50 patients and staff enjoying a range of presentations providing an over-view on the Trust’s 5 key PPE outcomes (leadership, organisations culture, collecting feedback, analysis & triangulation and reporting & publication) and shared patient stories.

Additional Performance Data

Responsive: Cancelled operations and procedures

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

Denominator	Cancelled operations and procedures																
Area/Site	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Q1**	**Q2**	**Q3**	**Q4**	**19/20 YTD**
Theatres (inc Bronchoscopy)	9	14	11	8	16	9	17	16	12	8	0	0	34	33	45	8	120
Catheter Labs	6	12	6	13	8	10	5	9	4	11	0	0	24	31	18	11	84
RB Total	**15**	**26**	**17**	**21**	**24**	**19**	**22**	**25**	**16**	**19**	**0**	**0**	**58**	**64**	**63**	**19**	**204**
Theatres (inc Bronchoscopy)	9	19	13	24	19	13	23	18	15	8	0	0	41	56	56	8	161
Catheter Labs	10	8	6	12	6	5	10	19	20	5	0	0	24	23	49	5	101
HH Total	**19**	**27**	**19**	**36**	**25**	**18**	**33**	**37**	**35**	**13**	**0**	**0**	**65**	**79**	**105**	**13**	**262**
Trustwide	**34**	**53**	**36**	**57**	**49**	**37**	**55**	**62**	**51**	**32**	**0**	**0**	**123**	**143**	**168**	**32**	**466**

Numerator	Number of breaches of the pledge to offer another binding date within 28 days																
Area/Site	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Q1**	**Q2**	**Q3**	**Q4**	**19/20 YTD**
Theatres (inc Bronchoscopy)	1	0	2	0	0	0	0	0	0	0	?1		3	0	0	0	3
Catheter Labs	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
RBH Total	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**
Theatres (inc Bronchoscopy)	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
Catheter Labs	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0
HH Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Trustwide	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**0**	**0**	**3**

	Performance against indicator E.B.S.2 - No. of operations and procedures not rescheduled and carried out within 28 days																
Site	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Q1**	**Q2**	**Q3**	**Q4**	**19/20 YTD**
RB Total	6.67%	0.00%	11.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			5.17%	0.00%	0.00%	0.00%	1.47%
HH Total	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			0.00%	0.00%	0.00%	0.00%	0.00%
Trustwide	2.94%	0.00%	5.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			2.44%	0.00%	0	0.00%	0.64%

Urgent operations cancelled for the 2nd or more time (adjusted SITREP) 2019/20

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD Total
Brompton	0	0	0	0	0	0	0	0	0	0	0	0	0			0	**0**
Harefield	0	0	0	0	0	1	0	1	0	0	0	0	0			0	**1**
Trust Total	**0**	**0**	**0**	0	**0**	**1**	**0**	1	**0**	**0**	**0**	0	**0**	**0**	**0**	0	**1**

Total Urgent operations cancelled (Unify2 SITREP) 2019/20

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD Total
Brompton	0	0	0	0	0	0	0	0	0	0	0	0	0			0	**0**
Harefield	0	5	8	13	7	8	2	17	4	6	2	12	2			2	**44**
Trust Total	**0**	**5**	**8**	13	**7**	**8**	**2**	17	**4**	**6**	**2**	12	**2**	**0**	**0**	2	**44**

Caring: Seasonal Flu Vaccination Programme

Data owner: Adam Van Huet: HR Systems Project Manager

The annual flu vaccination programme continues and further awareness raising campaigns are underway, including information on the Trust's intranet and in What's New. In addition, the Trust's Medical Director continues to support consultants in increasing the uptake from doctors.

January 2019-20

FRONTLINE Staff Only	Total	Received vaccination		Declined vaccination		Vaccinated Elsewhere		Not Vaccinated	
Staff Group	Headcount	Headcount	% Headcount	Headcount	% Headcount	Headcount	% Headcount	Headcount	% Headcount
All Doctors (excluding GPs)	494	290	58.70%	7	1.42%	3	0.61%	194	39.27%
All other professionally qualified clinical staff	416	249	59.86%	9	2.16%	4	0.96%	154	37.02%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1417	856	60.41%	48	3.39%	14	0.99%	499	35.22%
Support to clinical staff	579	269	46.46%	25	4.32%	7	1.21%	278	48.01%
Grand Total	2906	1664	57.26%	89	3.06%	28	0.96%	1125	38.71%

ALL Staff	Total	Received vaccination		Declined vaccination		Vaccinated Elsewhere		Not Vaccinated	
Staff Group	Headcount	Headcount	% Headcount	Headcount	% Headcount	Headcount	% Headcount	Headcount	% Headcount
All Doctors (excluding GPs)	494	290	58.70%	7	1.42%	3	0.61%	194	39.27%
All other professionally qualified clinical staff	416	249	59.86%	9	2.16%	4	0.96%	154	37.02%
Non-Frontline	878	355	40.43%	15	1.71%	9	1.03%	499	56.83%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1417	856	60.41%	48	3.39%	14	0.99%	499	35.22%
Support to clinical staff	579	269	46.46%	25	4.32%	7	1.21%	278	48.01%
Grand Total	3784	2019	53.36%	104	2.75%	37	0.98%	1624	42.92%

January 2018-19

PHE Staff Groups (including Non-Frontline)	Total Headcount	Received (Headcount)	% Received	Referred to GP (Headcount)	% Referred to GP	Declined (Headcount)	% Declined	Not Vaccinated (Headcount)	% Not Vaccinated
All Doctors (excluding GPs)	505	266	52.67%	19	3.76%	17	3.37%	203	40.20%
All other professionally qualified clinical staff	424	270	63.68%	9	2.12%	42	9.91%	103	24.29%
Non-Frontline	894	352	39.37%	19	2.13%	70	7.83%	453	50.67%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1370	777	56.72%	30	2.19%	117	8.54%	446	32.55%
Support to Clinical Staff	501	260	51.90%	18	3.59%	92	18.36%	131	26.15%
Grand Total	**3694**	**1925**	**52.11%**	**95**	**2.57%**	**338**	**9.15%**	**1336**	**36.17%**

PHE Staff Groups (Frontline only)	Total Headcount	Received (Headcount)	% Received	Referred to GP (Headcount)	% Referred to GP	Declined (Headcount)	% Declined	Not Vaccinated (Headcount)	% Not Vaccinated
All Doctors (excluding GPs)	505	266	52.67%	19	3.76%	17	3.37%	203	40.20%
All other professionally qualified clinical staff	424	270	63.68%	9	2.12%	42	9.91%	103	24.29%
Qualified Nurses, Midwives and Health Visitors (excluding GP practice nurses)	1370	777	56.72%	30	2.19%	117	8.54%	446	32.55%
Support to Clinical Staff	501	260	51.90%	18	3.59%	92	18.36%	131	26.15%
Grand Total	**2800**	**1573**	**56.18%**	**76**	**2.71%**	**268**	**9.57%**	**883**	**31.54%**

Single Oversight Framework Quality Metrics

	M12 -18/19 (Cancer Data)	M1	M2	M3	Q1	Threshold	M4	M5	M6	Threshold	M7	M8	M9	Threshold	M10
		Quarter 1: 2019/20					Quarter 2: 2019/20				Quarter 3: 2019/20				Quar
Quality metrics															
Written complaints – rate		7	4	9	20		9	6	14		14	14	9		14
Staff Friends and Family Test % recommended – care															
Inpatient scores from Friends and Family Test – % positive (Inpatient & Daycase)		96%	96%	96%		30%	96%	96%	96%		96%	97%	95%		TBC
CQC inpatient survey															
Occurrence of any Never Event		0	0	0	0	*Zero Tolerance*	0	0	0	*Zero Tolerance*	1	0	0	*Zero Tolerance*	0
Patient Safety Alerts not completed by deadline		0	0	0	0		0	0	0		0	0	0		0
Potential under- reporting of patient safety incidents - quarterly					6 monthly					TBC					
Mixed-sex accommodation breaches		0	0	0	0	> 0	0	0	0	> 0	0	0	0	> 0	0
Venous thromboembolism (VTE) risk assessment		97.6%	97.70%	98.74%	97.91%	*Quarterly 95%*	98.70%	99%	99%	*Quarterly 95%*	98.20%	96.60%	99.90%	97.60%	98.51%
Clostridium difficile (C. difficile) plan: *C.difficile* actual variance from plan *(actual number v plan number)2*		0	1	0	1	*Performance Standard Dept. Health Trajectory = 12*	0	2	1	*Performance Standard Dept. Health Trajectory = 23*	1	2	0	*Performance Standard Dept. Health Trajectory = 23*	2
Clostridium difficile – infection rate *per 100,000 bed days - quarterly*					3.48 28772 bed days no lapse in care					TBC				TBC	
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate		0	0	0	0	*Zero Tolerance*	0	0	0	*Zero Tolerance*	1	1	0	*Zero Tolerance*	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias		1	0	0	1	*No Standard Set*	4	1	3	*No Standard Set*	0	1	0	*No Standard Set*	1
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI)		1	0	1	2	*No Standard Set*	1	1	0	*No Standard Set*	1	0	1	*No Standard Set*	1
Klebsiella species BSI		1	1	0	2	*No Standard Set*	1	4	1		2	3	1		1
Pseudomonas BSI		0	0	0	0	*No Standard Set*	2	0	1		1	0	1		1

Single Oversight Framework Performance Metrics

	M12 -18/19 (Cancer Data)	M1	M2	M3	Q1	Threshold	M4	M5	M6	Threshold	M7	M8	M9	Threshold	M10
		Quarter 1: 2019/20					Quarter 2: 2019/20				Quarter 3: 2019/20				Quar
Operational performance metrics															
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway		92.27%	93.13%	92.83%		**92%**	94.30%	93.55%	93.62	**92%**	92.79	92.87%	92.15%	**92%**	92.92%
All cancers – maximum 62-day wait for first treatment from: a) urgent GP referral for suspected cancer										**85%**				**85%**	
Seen / treated	13	10	6	12	28		25	15	12		11	3	7		
Compliant (Using 0.5 score)	7	5.5	3	3.5	12		7.5	3.5	4.5		4.5	1	1.5		
Breaches (Using 0.5 score)	7	3.5	2	5	10.5		10	8	3		2	1	4		
Cancer Target – 31-day decision to treat to first definitive treatment										**96%**				**96%**	
Seen / treated	40	34	28	33	95		56	39	29		34	35	28		
Compliant	40	33	28	32	93		55	39	29		34	34	25		
Breaches	0	1	0	1	2		1	0	0		0	1	3		
Cancer Target – 31-day decision to treat to subsequent treatment										**94%**				**94%**	
Seen / treated	12	17	16	16	49		23	20	12		11	14	10		
Compliant	11	15	15	15	45		21	0	12		10	11	10		
Breaches	1	2	1	1	4		2	0	2		1	3	0		
Maximum 6-week wait for diagnostic procedures		0	4	0	4	**1%**	1	0	0	**1%**	0	0	0	**1%**	0

For information: Cancer pathways overview