

Introduction

This report details the Trust's M8, M9 and M10 2018/19 position against key quality and performance measures.

The report also provides an overview on initiatives happening across the Trust to maintain high standards of clinical care with a focus on patient experience.

The report continues to be structured around the five CQC domains:

- **Safe** Protecting patients from abuse and avoidable harm;
- **Effective** Ensuring care, treatment and support achieves good outcomes, helps patients to maintain quality of life and is based on the best available evidence;
- **Caring** Staff involve and treat patients with compassion, kindness, dignity and respect;
- **Responsive** Services are organised so that they meet patient needs.
- **Well led** The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around a patient's individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Section 1: Safe

1.1 Infection prevention and control

HCAI mandatory surveillance

The Trust continues to comply with the reporting requirements of the Public Health England Mandatory enhanced MRSA, MSSA and Gram-negative bacteraemia, and Clostridium difficile infection (CDI) surveillance programme.

The table below shows the infections reported to Public Health England (PHE) by the Infection Prevention and Control Team for M8, M9 and M10 under the requirements of the HCAI mandatory surveillance programme.

	Total reported to PHE			Hospital onset			Year to date reported to PHE	Year to date total hospital-onset	Lapses in care confirmed
	M8	M9	M10	M8	M9	M10			
C. difficile	1	1	0	0	1	0	11	7	0
MRSA BSI	0	0	0	0	0	0	1	1	
MSSA BSI	0	1	2	0	1	2	11	8	
E. coli BSI	1	3	2	1	2	2	22	19	
Klebsiella species BSI	3	1	2	2	1	2	22	20	
Pseudomonas BSI	0	0	1	0	0	0	4	3	

No outbreaks were identified in the three months covered by this report however:

- In December one cluster of Norovirus was identified in Paediatrics with two confirmed cases identified. The cluster was contained, and no further spread identified.
- In January the seasonal rise in Influenza cases prompted AICU to open a dedicated Flu Bay for a period of time to accommodate cases and enable patient flow.

Post infection reviews, led by the Infection Prevention and Control Team, are undertaken for all Hospital Onset MRSA, MSSA, E. coli and Klebsiella sp. BSI and all C. difficile infections. Outcomes and learning from these reviews are presented to the Infection Control Committee and also to the divisional quality and safety committees, who have oversight of the implementation of local action plans.

Key points to note are:

- Post infection review outcomes for MSSA cases identified some documentation issues. These have been discussed at the IV Therapy Advisory Group and work has been undertaken to simplify the documentation process.
- Three E. coli bacteraemias were investigated and, in all three cases, no practice issues were identified.
- Two C. difficile cases were reviewed, and it was identified that Trust Policy was not followed in one patient case. It was noted that the patient was symptomatic on admission and a sample should have been sent in the day of admission. However, the patient was in a side room so did not present an infection risk. A ward-based education session has been undertaken to ensure staff are aware of correct sampling requirements.
- All C. difficile cases have now been reviewed by NHS England and no lapses in care contributing to the infections were identified.
- The incidence of *Klebsiella* spp. BSI has increased in the Trust in the last year. This reflects the nationally reported data trends in both incidence and patient age distribution. Risk factors for acquisition are a predominate feature of care that our patient group identifies with. The Lead Matron will be presenting data to the ICC in January 2019 (Q3) and is also working with the Quality Lead for Paediatrics to agree key strategies to attempt to reduce incidences of these infections.
- The post infection review of the MRSA blood stream infection (BSI) experienced by a patient discharged from RBHT to another provider concluded that the source of the BSI was most likely to have been the infected drain site track and empyema. The post infection review confirmed that all antimicrobials prescribed at RBHT were overseen by the Consultant Microbiologist and Antimicrobial Pharmacist Team and were in line with local guidelines. However, the post infection review did identify that documentation relating to the drain could have been improved. This feedback has been referred to the ward matron and clinical team. In addition, the Infection Prevention and Control Team are supporting the clinical staff to ensure that this learning helps improve future practice.
- Six hospital onset *E. coli* BSI and eight *Klebsiella* spp. BSI were reported in Q3. A review of all cases was undertaken, and lack of documentation was identified as a learning point in two of the cases. This has been reported at the Divisional Quality and Safety Meetings and actions are being taken to make improvements based on the learning.
- One *C. difficile* case was identified in Q3 and the review is currently in progress.

1.2 Incident management and reporting

Serious incidents and Never Events

The divisional quality leads have confirmed that two serious incidents were reported during M8, none were reported during M9, and that three serious incidents were reported during M10.

The investigation of both M8 incidents have been investigated in accordance with Trust policy and are near to conclusion. The learning from these investigations has informed the actions shown below. The implementation of these actions will be monitored through the quality governance structure in place within the Trust.

- Compilation of a list of available CVC devices agreed cross site.
- Revision of the CVC LocSSip to include a question regarding requirement for consultant operator.
- Update the site-based protocols for cardiopulmonary bypass in cardiac surgery.
- Remind all Trust anaesthetic staff to ensure hand-over to another anaesthetist rather than an ODP.
- Renew current Trust policy on nasogastric & nasojejunal tubes.

One of the serious incidents reported in M10 related to a fire at the EDM warehouse and has since been deescalated following a preliminary internal review that reported that there was no risk to patients due to any data loss.

The two remaining incidents reported during M10 are currently being investigated in accordance with Trust policy:

- Patient suffered neurological injury after a procedure and has since been transferred to a specialist hospital for rehabilitative therapy;
- Patient sustained a bony injury following a fall and has since been discharged home.

At the time of writing the Trust has not reported any serious incidents during February.

Duty of Candour

As reported in the M5 2018/19 Clinical Quality Report, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 requires that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

This requirement includes communicating with patients or other relevant persons when a notifiable safety incident has occurred. There are systems in place across the Trust to ensure that this requirement is fulfilled by the clinical teams.

To strengthen the corporate governance aspect of this requirement, the divisional quality teams have now developed a dashboard to aid reporting against the Duty of Candour requirements – shown below.

	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-18	5	0	5	5	5	100%
May-18	9	0	9	9	9	100%
Jun-18	4	0	4	4	4	100%
Jul-18	6	1	7	7	7	100%
Aug-18	7	0	7	7	7	100%
Sep-18	6	0	6	5	5	83%
Oct-18	5	0	5	4	4	80%
Nov-18	4	1	5	0	0	0%
Dec-18	1	0	1	0	0	0%
Jan-19	5	0	5	0	0	0%
Cumulative Total	52	2	54	41	41	76%

To note: Incidents with Stage Two outstanding are still under investigation.

1.3 Nurse safe staffing

The national reporting template, including care hours per patient day (CHPPD) is located in section 7 of this report. The Board is advised that this is a snapshot only of staffing levels recorded at midnight.

The lead nurse and senior matrons have confirmed that safe staffing levels were maintained throughout all three months covered by this report.

The lead nurse has confirmed that where staffing levels were lower than planned this was primarily due to reduced clinical activity or reduced acuity of patients. The senior nurses confirm that no red flags, as per NICE red flag definitions, were triggered.

Where staffing levels were higher than planned this was due to higher clinical activity, higher acuity of patients or supernumerary staff such as new starters receiving orientation/training.

As reported in the M5 clinical quality report, the national programme for CHPPD is now being implemented in specialist trusts. The lead nurse has confirmed that once this work is complete, further detail will be available in this report.

1.4 NHS Safety Thermometer

The Trust continues to submit data to the national NHS Safety Thermometer programme. 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. This is a snapshot of care across the Trust at a given time, on a given day.

Using Safety Thermometer, the care of 340 patients was audited in M8, the care of 303 patients was audited during M9 and the care of 327 patients was audited in M10. A summary of the results of this snapshot audit is shown below.

Harms	Trust Monthly number and %						National %
	M8		M9		M10		
	Number of patients	%	Number of patients	%	Number of patients	%	
All Pressure Ulcers	3	0.88%	5	1.66%	2	0.6	4.3%
Falls with Harm	0	0.00%	1	0.33%	0	0	1.5%
Catheter & UTI	0	0.00%	4	1.32%	0	0	0.8%
New VTE	6	1.76%	8	2.64%	5	1.5	0.4%
Harm Free	331	97.35%	285	94.06%	320	98%	94.3%

The % of harm free care in M9 was slightly below the national rate due to the rate of new VTEs. Further information relation to the occurrence of new VTEs is detailed in section 2.1 of this report.

1.5 Ionising Radiation (Medical Exposure)

The radiology service managers confirm that one exposure to ionising radiation was reported to the CQC during the three months covered by this report. The incident related to a patient who underwent a CT scan rather than an MRI scan. The root cause of the incident was a human error in transcribing. The patient received a full apology and explanation. A duty of candour letter was sent to the patient following the face to face discussion. The investigation indicated that this is an isolated incident: however, the service manager is reviewing whether the size of font on the referral form can be changed. The CQC have closed the incident and written to the Chief Executive.

Section 2: Effective

2.1 Venous Thromboembolism (VTE)

Prevention of venous thromboembolism (VTE) is a NICE Quality Standard (QS3) and VTE Risk Assessment is a National Quality Requirement within the NHS standard contract for acute services, with a requirement for >95% of all admitted patients to have had a documented assessment within 24 hours of admission. In addition, the Trust is required to review all cases of Hospital Associated Thrombosis (any VTE event occurring within 90 days of a hospital admission) to determine the root cause and identify whether the event was preventable.

Dr Deepa Arachchillage, consultant haematologist and VTE lead for the Trust, has undertaken a review of VTE occurrences within the Trust during 2017/18. This review identified that the number of VTE events classifiable as Hospital Associated Thrombosis (HAT) for RBHT is 19 and confirmed that 12 of these patients received appropriate thromboprophylaxis or thromboprophylaxis was contraindicated due to high risk of bleeding.

The cases of 2 patients could not be reviewed due to incomplete or missing medical records. The remaining 5 cases underwent a full clinical review and it was determined that optimal thromboprophylaxis might have prevented these VTE episodes. However, the review highlights that the patients who suffered HAT events had highly complex clinical conditions, with major risk factors for both thrombosis and bleeding. This report has been discussed at Governance and Quality Committee to ensure that learning is disseminated throughout the Trust.

The Board is asked to note that the number of VTE events considered preventable remains small and of a similar proportion of the total events compared with previous years. Over the period of the review, the number of hospital spells was 43,223 with a rate of 0.44/1000 hospital spells. The rate is therefore compared to previous years (0.6/1000 hospital spells in 2015-2016 with 0.7/1000 in 2014-2015. The national rate reported at the All Party Parliamentary Thrombus Group (APPTG) meeting Nov 2012 was 5-7/1000 spells.

Section 3: Caring

3.1 Patient Experience monthly update

M8	M9	M10
957 responses of 3116 eligible patients	806 responses of 2628 eligible patients	1247 responses of 3213 eligible patient
Trust FFT Response Rate: 31%	Trust FFT Response Rate: 31%	Trust FFT Response Rate – 39%
Trust Recommendation score for FFT: 97%	Trust Recommendation score for FFT: 97%	Trust Recommendation score for FFT – 96%
Negative Response: 2%	Negative Response: 2%	Negative Response: 2%
All comments: 787	All comments: 615	All comments 937
Positive Comments: 740 – 94%	Positive Comments: 604 – 98%	Positive Comments – 905 (97%)
Negative Comments: 15 – 2%	Negative Comments: 4 – 1%	Negative Comments – 4 (0.5%)

The Interim Patient Experience Project Manager has reported that there are a significant number of patients misunderstanding the FFT text message prompts they receive and do not rate the Trust, although they do leave a glowing comment. The FFT contractor amended the text message information and in December this led to an additional 34 “Excellent” ratings included in the NHSE submission.

Work continues on adapting approaches to collect FFT responses. In particular, the Harefield Hospital Matrons have developed a range of actions to improve the number of FFT responses and Rowen and Fir Tree wards will pilot the use of iPads for 3 months.

Collecting data via an iPad has made a significant difference on Lind Day Case Unit. From Jul-Dec 2018 the Unit’s average response rate was 269. In January 2019 this increased to 426. Although there is a minimal cost initial outlay for the kit (iPad and Toughpac), once purchased, there are no other costs incurred for data collection. This approach has a number of benefits including allowing additional questions to be incorporated into the FFT survey and helping ensure that data is immediately available. In addition, the kit can also be used for other local/national surveys as required.

FFT information collected from Cherry Tree, Oak & Acorn wards is now being presented at the Cardiology Working Group every month. As a result of this focused work, length of time waiting is being addressed as part of the Darwin programme with staggered admissions being implemented. Also, noise level at night was highlighted in ward newsletters, with staff reminded to speak quietly – earplugs are available for patients if required due to the disturbance from the emergencies.

National guidance on changes to FFT is expected to be published in March/April 2019.

From March 2018 Lauren Berry (Lead Nurse Specialist Supportive and Palliative Care/ Lead for Chaplaincy / Lead for Patient Experience) will be seconded full-time to lead Trust-wide Patient-Public Engagement activity.

A Patient-Public Engagement Strategy is in development. Three patient representatives have been recruited via the Patient Advisory Group – and others will be found via existing patient working groups and /or Foundation Trust members. Once recruited, patients will meet in Spring to support the Trust develop new patient-led outcomes for the Trust. This, along with a new staff champions group will support the development of the new strategy and action plan.

Complaints

The Trust received a total of 11 new complaints in M8 which included 6 complaints from private patients and 1 complaint being led by another organisation. In M9 the Trust received a total of 11 new complaints, including 2 private patient complaints and 1 complaint being led by another organisation. The Trust received 9 new complaints in M10 including 1 complaint being led by another organisation. 6 of these complaints relate to Harefield Hospital and 3 relate to Royal Brompton Hospital. In addition, 4 previously closed complaints were reopened in M10. These complaints are currently being re-investigated.

The Trust's lead for complaints notes an upward trend in the number of complaints being made to the Trust in the second half of 2018, for both NHS and private patients. Whilst it has not been possible to establish a particular theme or issue to account for the increase, a further review will be carried out at the end of Q4.

3.2 Trust Initiatives

Big Youth Forum Meet Up 2018 - Mental Health & Well-being: The Future is Young, 10 Nov 2018



Karen Taylor and Chloe Kazantis (NHSE Youth Forum and Patient Advisory Group member) attended the 2nd NHS Youth Forum conference. It brought together a range of Youth Forums from across England and was hosted by Derby Teaching Hospital NHS Foundation Trust. With several speakers and breakout workshops the day offered a fun, inspiring way of involving young people in health service improvements. Karen and Chloe will develop further plans throughout 2019.

Sing for CF

RB&HArts has been awarded a grant of over £70,000 to support young people (13 to 25 years old) with CF. The grant awarded from Co-Op Foundation, as part of their government supported Building Connections Fund, will support young people with CF in both clinical and community settings. It aims to use innovative online technology to reduce isolation experienced through group singing. The project also includes the recruitment and training of 5 youth ambassadors and supporting them develop project outcomes and indicators that are important to them. The project will feed into the development of a new youth forum at the Trust, in partnership with the Brompton Fountain.

The Voice of Upper Airways

Dr Julia Selby launched a new patient-led initiative at a public event in Sydney Street Coffee Shop on 17 January 2019. The “Voice of Upper Airways” is a support group for people with throat, voice and breathing difficulties. There are three meetings a year, led by both patients and the Upper Airway Speech and Language Therapy team at Royal Brompton Hospital.

Inpatient Surveys Update

Field work for the 2018 Adult Inpatient Survey is now complete with early indications on results expected in February/March (from the contractor, Picker) and a full report by CQC in May 2019. These findings will be shared widely across the Trust.

Sampling is underway (from 1,250 eligible patients) for the Bi-Annual Children and Young People’s Survey 2018. Field work will be undertaken between 11 Feb 2019 to 14 June 2019 with results expected late in 2019/early 2020.

Kings Health Partners

In January 2019 a sample of 1,200 patients were invited to give their views on the Kings Health Partnership’s proposal to transform cardiovascular treatment. Three listening events have been hosted (one by each partner) and a webinar. Patients, carers and guardians have also been invited to give feedback online via a questionnaire and comments form. Once completed, a summary will be published and presented to NHS England as part of their consultation.

NHS England & National Congenital Heart Disease

This NHS England survey continues to capture patient experience feedback from people of all ages living with Congenital Heart Disease. There are 6 different surveys in total (in and out patients of all ages and guardians). It aims to capture experience data on the whole patient journey with a view to informing future service improvements.

The survey started in January 2018 and to date, RBHT has collected 108 responses. New iPads have been purchased for Paediatrics and will be followed up with a site visit by? staff collect additional data. Further discussions are planned with Adult CHD services and a request has been made to Sommerville Foundation/Brompton Fountain to raise awareness of the Survey on their closed Facebook groups. Survey information has also been included on all patient screens across the Trust.

Trust / QTR 3 by survey type/ TOTALS	Adult IP	Guard IP	Adult OP	Guard OP	Paed IP	Paed OP	Total Q3	Total Q2	Total Q1	Total
Grand Total	38	15	422	69	13	47	604	757	903	2264
University Hospital Southampton	14	4	220	15	3	1	257	332	405	994
University Hospitals Birmingham	6	0	107	2	0	0	115	148	59	322
Leeds Teaching Hospitals	5	3	53	30	4	35	130	134	155	419
Newcastle upon Tyne Hospitals	1	0	0	0	0	1	2	42	60	104

Royal Brompton & Harefield	1	3	12	7	2	3	28	34	46	108
Guy's and St Thomas'	4	1	21	3	0	3	32	15	33	80
University Hospitals of Leicester	0	0	0	0	0	0	0	14	31	45
University Hospitals Bristol	3	1	8	2	0	0	14	13	40	67
Barts Health	1	0	1	1	0	0	3	11	20	34
Alder Hey	3	3	0	8	4	4	22	10	19	51
Birmingham Women's and Children's	0	0	0	0	0	0	0	3	23	26
Great Ormond Street Hospital	0	0	0	1	0	0	1	1	12	14

The Singing Hospital

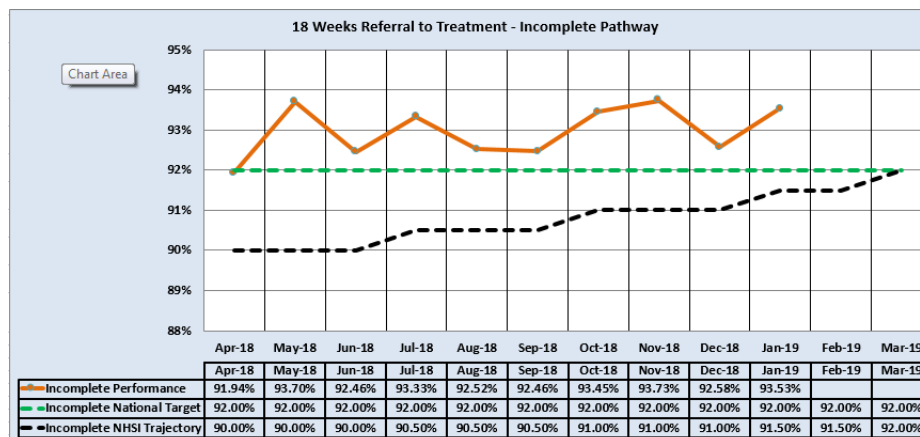
On Tuesday 30 April rb&hArts is marking 10 years of Singing for Breathing - the Trust's much admired (and copied) weekly singing workshops for older adults living with COPD – with a very special performance. You are invited to the world premiere by Victoria Hume, sung by our three groups. Places are free but book early to avoid disappointment history@rcplondon.ac.uk

Section 4: Responsive

4.1 18-week Referral to Treatment Time Targets

Performance against the NHS Improvement Trajectory

The graph below presents that Trust's year to date position against the 18-week Referral to Treatment (RTT) performance measure. The M10 *provisional* performance is 93.53%, exceeding the national threshold of 92% for RTT and the Trust threshold of 91.50% agreed with NHSI during the annual activity planning exercise.



18 weeks RTT by National Specialty – Incomplete Pathways November 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	775	30	805	96.27%
	Cardiology (Harefield)	1,231	152	1,383	89.01%
Cardiology		2,006	182	2,188	91.68%
Thoracic Medicine		2,046	55	2,101	97.38%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	224	16	240	93.33%
	Cardiac Surgery (Harefield)	216	46	262	82.44%
	Thoracic Surgery	163		163	100.00%
Cardiothoracic Surgery		603	62	665	90.68%
Other	Other	145	9	154	94.16%
	Paediatrics	700	57	757	92.47%
Other	Transplant	48	6	54	88.89%
	Other	893	72	965	92.53%
		5,448	371	5,819	93.73%

18 weeks RTT by National Specialty – Incomplete Pathways December 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	800	36	836	95.69%
	Cardiology (Harefield)	1,146	160	1,306	87.75%
Cardiology		1,946	196	2,142	90.85%
Thoracic Medicine		2,052	53	2,105	97.48%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	224	27	251	89.24%
	Cardiac Surgery (Harefield)	220	39	259	84.94%
	Thoracic Surgery	178	3	181	98.34%
Cardiothoracic Surgery		622	69	691	90.01%
Other	Other	120	10	130	92.31%
	Paediatrics	685	103	788	86.93%
Other	Transplant	40	7	47	85.11%
	Other	845	120	965	87.56%
		5,465	438	5,903	92.58%

18 weeks RTT by National Specialty – Incomplete Pathways January 2019

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	907	43	950	95.47%
	Cardiology (Harefield)	1,144	134	1,278	89.51%
Cardiology		2,051	177	2,228	92.06%
Thoracic Medicine		1,960	44	2,004	97.80%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	205	45	250	82.00%
	Cardiac Surgery (Harefield)	196	41	237	82.70%
	Thoracic Surgery	235	3	238	98.74%
Cardiothoracic Surgery		636	89	725	87.72%
Other	Other	133	4	137	97.08%
	Paediatrics	648	51	699	92.70%
	Transplant	36	13	49	73.47%
Other		817	68	885	92.31%
		5,464	378	5,842	93.53%

During the three months covered by this report, 1 patient waited longer than 52 weeks for the start of their treatment.

M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
No breach reported	No breach reported	Patient A -X24- NHS England	Patient C - X24- NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	Patient C - X24-NHS England	No Breach	No Breach	Patient D -8G - NHS Hillingdon CCG
		Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG	Patient B -8G - NHS Hillingdon CCG					

This breach occurred in the cardiology service at Harefield Hospital and has been investigated by the Hospital Director.

The RTT pathway started on 17th January 2018 and, due to various personal circumstances, the patient needed to cancel multiple outpatient appointments. The patient underwent the necessary diagnostic procedure on December 10th, 2018 and has an outpatient appointment booked for March 1st, 2019. At this time the patient will have been waiting 58 weeks.

As this patient has not yet been seen by the Inherited Cardiac Conditions (ICC) service it has not been possible to assess the impact of the cancellation of multiple outpatient appointments.

4.2 Cancer Targets

62 days to 1st Treatment

62 Day Urgent GP referral breaches October (M7)

There were eight 62-day pathway breaches in M7 - however one of these patients was treated within the Trust's 24-day referral to treatment window and is therefore excluded from this exception report. A summary of the remaining 7 patient pathway breaches is shown below:

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
East & North Hertfordshire NHS Trust Lister Hospital	35	39	74
East & North Hertfordshire NHS Trust Hertford County Hospital	57	32	89
East & North Hertfordshire NHS Trust Lister Hospital	64	34	98
Great Western Hospitals NHS Foundation Trust - The Great Western Hospital	56	29	85
Heatherwood And Wexham Park Hospitals NHS Foundation Trust Wexham Park Hospital	64	43	107
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	28	52	80
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	22	60	82

- Patient 1: Operational issue – the patient was cancelled due to an emergency in theatre. The patient was rescheduled for the next available list.
- Patient 2: Patient choice.
- Patient 3: Operational issue - referred on day 64 with a complex clinical condition which elongated pathway.
- Patient 4: Clinical reasons – required procedure prior to surgery.
- Patient 5: Patient choice.
- Patient 6: Operational issue - delay was due to clinic capacity and theatre capacity at RBH.
- Patient 7: Patient choice.

62 Day Urgent GP referral breaches November (M8)

There were five 62-day pathway breaches in M8 however, two of these patients were treated within the Trust's 24-day referral to treatment window and are therefore excluded from this exception report. A summary of the remaining 3 patient pathway breaches is shown below:

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
West Hertfordshire Hospitals NHS Trust Hemel Hempstead Hospital	90	26	116
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	63	92	155
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	86	46	132

- Patient 1: Clinical reasons – patient underwent a complex diagnostic pathway to confirm diagnosis
- Patient 2: Clinical reasons – patient had other conditions which required surgery at the referring trust. Transfer date to be reviewed with referring trust.
- Patient 3: Clinical reasons – patient was not fit for surgery at time of referral. Transfer date to be reviewed with the referring trust.

62 Day Urgent GP referral breaches November (M9)

There were zero 62-day breaches in M9.

Cancer Target – 31-day decision to treat to subsequent treatment

One patient pathway breached the 31-day decision to treat to subsequent treatment target during M8.

This breach occurred due to clinical capacity issues. The patient has since undergone surgery and was reassessed in the follow-up clinic where no harm to the patient was identified. The patient will continue to undergo routine follow-up in clinic.

Revalidation of M9 cancer data has taken place and the service manager has been confirmed that there were 2 31-day decision to treat to subsequent treatment (Surgery) breaches in M9

Patient 1: Clinical capacity at RBH. Service manager is reviewing to ensure a similar incident doesn't reoccur. The patient was treated on day 33.

Patient 2: Clinical reasons. Complexity of condition required a plastic surgeon to be present at the time of surgery. The patient was treated on day 69.

4.3 Cancelled Operations

The Darwin team have been asked to refocus efforts and revisit initiatives in theatres to address cancellations and overall theatre utilization; a staff consultation has begun to address extending hours of operation as almost half of cancellations are related to running out of time. The new theatre scheduling tool introduced at HH has helped to identify and quantify this issue.

Urgent operations cancelled for a second time (E.B.S.6)

During the three months covered by this report no patients had an urgent operation cancelled for a 2nd time.

	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	YTD Total
Brompton	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harefield	0	0	0	0	0	0	1	1	3	0	0	3	0	4
Trust Total	0	0	0	0	0	0	1	1	3	0	0	3	0	4

Cancelled Operations - E.B.S.2

Detail of Numerator – Cancelled Operations (28-day rescheduled bookings)

Numerator: No. of operations and procedures not rescheduled and carried out within 28 days.

Zero 28-day rescheduling breaches occurred during M8, M9 and M10 2018/19.

Cancelled Operations - E.B.S.2

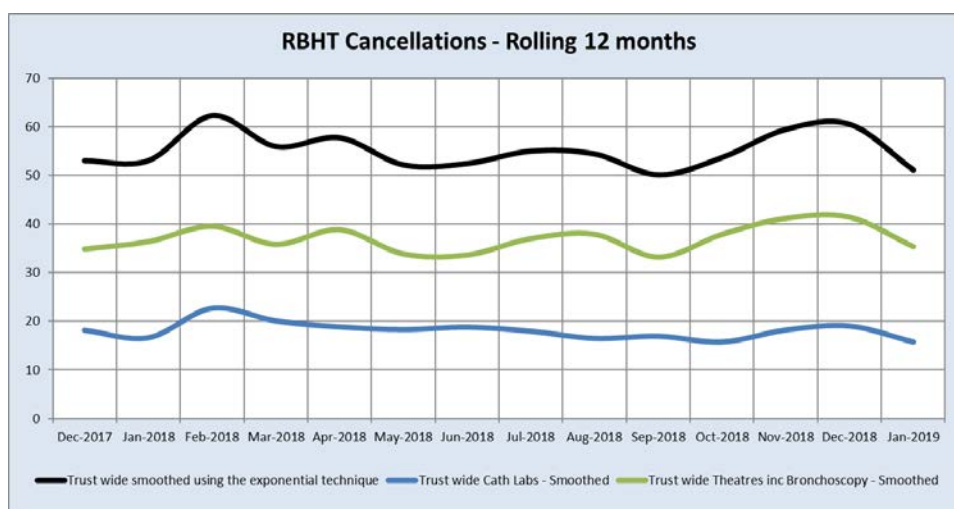
Detail of Denominator – Cancelled Operations and procedures

Denominator: The number of patients whose operation was cancelled at the last minute by the hospital, for non-clinical reasons.

M8	M9	M10
There were 63 patients	There were 29 patients	There were 48 patients

whose operation or procedure was cancelled in November 2018 - 14 at Royal Brompton Hospital and 49 at Harefield Hospital.	whose operation or procedure was cancelled in December 2018 - 15 at Royal Brompton Hospital and 14 at Harefield Hospital.	whose operation or procedure was cancelled in January 2019; 24 at Royal Brompton Hospital and 24 at Harefield Hospital.
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Cancellation trend in rolling 12 months



Exponential Smoothing is a statistical technique that uses a weighted mean to remove the peaks and troughs from past values. More recent values are given higher weights. So, the older data is smoothed while the variation within the more recent data is preserved.

Quarter 3 Performance 2018/19

Cancelled operations data is reported to NHS Digital on a quarterly basis. The table below details the Trust's 2018/19 year to date data.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days													
Area/Site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1	Q2	Q3	18/19 YTD
Theatres (inc Bronchoscopy)	0	0	1	2	0	0	0	0	0	0	1	2	0	6
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH Total	0	0	1	2	0	0	0	0	0	0	1	2	0	3
Theatres (inc Bronchoscopy)	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
HH Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Trustwide	0	0	1	2	0	0	0	0	0	0	1	2	0	3

Denominator	Cancelled operations and procedures													
Area/Site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1	Q2	Q3	18/19 YTD
Theatres (inc Bronchoscopy)	4	11	19	16	10	14	15	8	9	16	34	40	32	122
Catheter Labs	10	10	12	7	9	8	10	6	6	8	32	24	22	86
RB Total	14	21	31	23	19	22	25	14	15	24	66	64	54	208
Theatres (inc Bronchoscopy)	18	22	26	24	12	35	34	34	12	19	66	71	80	236
Catheter Labs	7	10	4	6	9	5	14	15	2	5	21	20	31	77
HH Total	25	32	30	30	21	40	48	49	14	24	87	91	111	313
Trustwide	39	53	61	53	40	62	73	63	29	48	153	155	165	521

Performance against indicator E.B.S.2														
Site	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Q1	Q2	Q3	18/19 YTD
RB Total	0.00%	0.00%	3.23%	8.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.52%	3.13%	0.00%	1.44%
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%
Trustwide	0.00%	0.00%	1.64%	3.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.65%	1.29%	0	0.58%

A renewed focus on scheduling processes and theatre utilisation through the Darwin Programme is expected to have a positive impact on the number of cancellations during 2018/19.

4.5 Mixed sex accommodation breaches

The divisional quality teams confirm that there were no mixed sex accommodation breaches during the three months covered by this report.

Section 5: Well led

5.1 Kings Health Partnership

As part of the Trust proposals to work with King's Health Partners, we have now commenced active engagement with our patients to gather their input to the proposals.

In March 2018 the first patient and public reference group meeting was held as an introduction to the KHP proposals. Since early November 2018, the Engagement and Communications leads for the Trust have held weekly meetings with their equivalents from the KHP group, to work collectively on engaging with our patients and the public.

Two PPE events are planned at Royal Brompton Hospital in January –

- 1) 22nd January - Patient & Public Engagement Reference Group – representatives from each of the KHP organisations (including Governors and patients), charities and patient clinical interest groups with a cardiac/respiratory interest will meet to discuss terms of reference and the outline proposals.
- 2) 29th January - Patient & Public Event at RBH – an opportunity for our patients to find out more about the KHP proposals, meet with members of the executive team and representatives from the KHP partner organisations (replica events are being held within the same week at St Thomas' Hospital and King's College Hospital)

On 8th January we sent out 606 invites to a representative sample of our patients, to attend the PPE event on 29th January. Along with the event to the event, a proposal letter was included giving information about the KHP proposal. We also sent out a further 607 questionnaires to an additional sample of patients. In order to get an appropriate proportional representation of our patient cohort we completed a demographic exercise (in December 2018) that gave us a large amount of meaningful data regarding where our patients live, their gender/age/sex/ethnicity mix, and this can be further subdivided into cardiac or respiratory problems (also presented at the Operational Leaders' Forum in December). This exercise was important because in order to take a truly representative sample for some of the engagement work, we needed to ensure our sample reflected the diversity of our patient population

In addition, staff forums are planned for Jan 28th & 29th and information about the KHP proposals are available on the Trust intranet. A webinar is also being organised and throughout February and March, a number of senior medical staff will give interviews/articles which will be circulated on the intranet and staff bulletins.

5.2 Seasonal flu vaccination campaign

Work continues on the seasonal flu vaccine programme. The programme is delivered across the Trust in a variety of ways including site-based visits and walk-in clinics. The senior management team receive weekly progress reports and are actively involved in engaging with staff and, where required, asking staff to complete the necessary documentation should they not wish to receive the vaccine.

A summary of the current take-up of the flu vaccine is shown in Section 8 of this report.

Section 6: Operational Performance Metrics and Quality Indicators
Month 10 2018/19 – period ending 31st January 2019

NHS Improvement - Single Oversight Framework							
Indicator	Total Reported to PHE M10	Hospital onset confirmed M10	Total Reported to PHE M10 YTD	Hospital onset confirmed M10 YTD	Target / Trajectory		Variance from Target / Trajectory M8 Position
<i>Clostridium difficile</i>	0	0	11	7	Lapses in care = 0 M10 YTD	Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	0	0	1	1	Zero tolerance		Met for M10
E coli	2	2	22	19	No Standard Set		
MSSA	2	2	11	8	No Standard Set		
Indicator	M10		M10 Target		Variance from Target / Trajectory M10 Position		
18 weeks RTT Incomplete	93.53%		92%		Target met for M10		
Number of diagnostic tests waiting 6 weeks+ (%)	2 (0.61%) Total Wait List = 330		1%		Target met for M10		
*Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	0 breaches 100%		M9 Trajectory = 71.30%		Trajectory met for M9		
VTE Risk assessments	Q3 = 97.87%		95%		Target met for Q3 18/19		
Never Events	M10 0	YTD M10 0	Zero tolerance		Zero breaches for M10		

NHS England - NHS Standard Contract				
Urgent operations cancelled for the 2nd time	0		Zero tolerance	0 breaches for M10
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0		Zero tolerance of no readmission within 28 days	Zero breaches for M10
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M10
52 week breaches	1		Zero tolerance	1 breach for M10
*Cancer – 14 day Urgent GP Referral	No. of cases M9 2018/19 = 0 100%		93%	Target met for M9
*Cancer – 31 day 1st treatment	17 patients 100%		96%	Target met for M9
*Cancer – 31 day subsequent treatment	25 patients With 2 pathway breaches 92%		94%	Target not met for M9
Incidents				
	18/19 M10		18/19 YTD Incidents at M10	
Outbreaks of Infection	0		0	
Serious Incidents	3		12	

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Month 9 2018/19

NHS Improvement - Single Oversight Framework							
Indicator	Total Reported to PHE M9	Hospital onset confirmed M9	Total Reported to PHE M9 YTD	Hospital onset confirmed M9 YTD	Target / Trajectory		Variance from Target / Trajectory M8 Position
<i>Clostridium difficile</i>	1	1	11	7	Lapses in care = 0 M9 YTD	Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	0	0	1	1	Zero tolerance		Met for M9
E coli	3	2	20	17	No Standard Set		
MSSA	1	1	9	6	No Standard Set		
Indicator	M9		M9 Target		Variance from Target / Trajectory M9 Position		
18 weeks RTT Incomplete	92.58%		92%		TBC		
Number of diagnostic tests waiting 6 weeks+ (%)	0%		1%		Target met for M9		
*Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	12 patients 76.92%		M8 Trajectory = 71.30%		Trajectory met for M8		
VTE Risk assessments	Q2 = 97.71%		95%		Target met for Q2 18/19		
Never Events	M9 0	YTD M9 1	Zero tolerance		Zero Never Events for M9		

NHS England - NHS Standard Contract				
Urgent operations cancelled for the 2nd time	0		Zero tolerance	0 breaches for M9
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0		Zero tolerance of no readmission within 28 days	Target met for M9
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M9
52 week breaches	0		Zero tolerance	Zero breaches for M9
*Cancer – 14 day Urgent GP Referral	No. of cases M8 2018/19 = 2 100%		93%	Target met for M8
*Cancer – 31 day 1st treatment	37 patients 97.30%		96%	Target met for M8
*Cancer – 31 day subsequent treatment	24 patients 100%		94%	Target met for M8
Incidents				
	18/19 M9		18/19 YTD Incidents at M9	
Outbreaks of Infection	0		0	
Serious Incidents	0		9	

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Month 8 2018/19

NHS Improvement - Single Oversight Framework							
Indicator	Total Reported to PHE M8	Hospital onset confirmed M8	Total Reported to PHE M8 YTD	Hospital onset confirmed M8 YTD	Target / Trajectory		Variance from Target / Trajectory M8 Position
<i>Clostridium difficile</i>	1	0	10	6	Lapses in care = 0 M7 YTD	Performance Standard Dept. Health Trajectory = 23	-23 Met
MRSA Bacteraemia	0	0	1	1	Zero tolerance		Met for M8
E coli	1	1	17	15	No Standard Set		
MSSA	0	0	8	5	No Standard Set		
Indicator	M8		M8 Target		Variance from Target / Trajectory M8 Position		
18 weeks RTT Incomplete	93.73		91.0%		Target met for M8		
Number of diagnostic tests waiting 6 weeks+ (%)	0%		1%		Target met for M8		
*Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	14 patients 35.29%		M7 Trajectory = 71.30%		Trajectory not met for M7		
VTE Risk assessments	Q2 = 97.71%		95%		Target met for Q2 18/19		
Never Events	M8 1	YTD M8 1	Zero tolerance		Zero breaches for M8		

NHS England - NHS Standard Contract				
Urgent operations cancelled for the 2nd time	0		Zero tolerance	0 breaches for M8
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0		Zero tolerance of no readmission within 28 days	Target met for M8
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M8
52 week breaches	0		Zero tolerance	Zero breaches for M8
*Cancer – 14 day Urgent GP Referral	No. of cases M7 2018/19 = 1 100%		93%	Target met for M7
*Cancer – 31 day 1st treatment	41 patients 97.56%		96%	Target met for M7
*Cancer – 31 day subsequent treatment	23 patients 95.65%		94%	Target met for M7
Incidents				
	18/19 M8		18/19 YTD Incidents at M8	
Outbreaks of Infection	0		0	
Serious Incidents	2		9	

* Cancer Performance is based on published NHS Digital data and is reported a month in arrears on this report

Section 7: Nurse staffing and CHPPD

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
PICU	6417	6642	1515	576	6417	5711	357	196	103.5%	38.0%	89.0%	54.9%	407	30.4	1.9	32.2
Rose	5348	5865	1515	576	5348	4623	357	196	109.7%	38.0%	86.4%	54.9%	787	13.3	1.0	14.3
AICU	7487	8218	1300.5	641	7487	8062	341	97	109.8%	49.3%	107.7%	28.4%	476	34.2	1.6	35.8
Princess Alexandra	2604	3147	1301	668	1705	1749	341	416	120.9%	51.3%	102.6%	122.0%	794	6.2	1.4	7.5
Elizabeth	4464	3792	1301	641	4092	2442	341	163	84.9%	49.3%	59.7%	47.8%	404	15.4	2.0	17.4
Paul Wood	2412	2508	1301	641	1364	1232	341	97	104.0%	49.3%	90.3%	28.4%	581	6.4	1.3	7.7
Sir Reginald Wilson	3720	2774	1301	641	1705	1298	341	130	74.6%	49.3%	76.1%	38.1%	541	7.5	1.4	9.0
York	2316	1655	1301	677	1705	979	341	317	71.5%	52.0%	57.4%	93.0%	256	10.3	3.9	14.2
Foulis	2136	2648	930	470	1705	1903	0	0	124.0%	50.5%	111.6%	-	791	5.8	0.6	6.3
Victoria	2232	2744	518	405	1364	1540	242	330	122.9%	78.2%	112.9%	136.4%	361	11.9	2.0	13.9
Cedar	2496	2194	713	702	1783	1582	713	566	87.9%	98.5%	88.7%	79.4%	493	7.7	2.6	10.2
Rowan/Fir Tree	3922	4091	1178	781	3069	2918	714	506	104.3%	66.3%	95.1%	70.9%	841	8.3	1.5	9.9
HDU HH	2139	1910	0	0	2139	1783	0	0	89.3%	-	83.4%	-	180	20.5	0.0	20.5
ITU	8913	10588	1258.5	638	9813	9098	357	357	118.8%	50.7%	92.7%	100.0%	624	31.5	1.6	33.1
Maple	1783	1660	713	727	1023	1070	713	529	93.1%	102.0%	104.6%	74.2%	382	7.1	3.3	10.4
Oak/Acorn	5580	5087	2418	1136	3751	3100	682	446	91.2%	47.0%	82.6%	65.4%	839	9.8	1.9	11.6
Juniper	2404	2464	1083	909	2496	1990	713	449	102.5%	83.9%	79.7%	63.0%	209	21.3	6.5	27.8

Month 9 2018/19

Main 2 Specialties on each ward		Day				Night				Care Hours Per Patient Day (CHPPD)					Day		Night		
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours										
Ward name	Specialty 1																		
PICU	171 - PAEDIATRIC SURGERY	6417	5952	1501	464	6417	5361	357	132	485	23.3	1.2	0.0	0.0	24.6	92.8%	30.9%	83.5%	37.0%
Rose Ward	321 - PAEDIATRIC CARDIOLOGY	5348	5336	1501	464	5348	4340	357	132	943	10.3	0.6	0.0	0.0	10.9	99.8%	30.9%	81.2%	37.0%
AICU	192 - CRITICAL CARE MEDICINE	7487	7521	1302	624	7487	7326	341	101	549	27.0	1.3	0.0	0.0	28.4	100.5%	47.9%	97.8%	29.6%
Princess Alexandra Ward	170 - CARDIOTHORACIC SURGERY	2604	2918	1302	656	1705	1463	341	255	999	4.4	0.9	0.0	0.0	5.3	112.1%	50.4%	85.8%	74.8%
Elizabeth ward	170 - CARDIOTHORACIC SURGERY	4464	3751	1302	624	4092	2629	341	134	547	11.7	1.4	0.0	0.0	13.0	84.0%	47.9%	64.2%	39.3%
Paul Wood Ward	320 - CARDIOLOGY	2364	2202	1302	624	1364	1045	341	112	624	5.2	1.2	0.0	0.0	6.4	93.1%	47.9%	76.6%	32.8%
Sir Reginald Wilson	320 - CARDIOLOGY	3720	2411	1302	624	1705	1177	341	101	554	6.5	1.3	0.0	0.0	7.8	64.8%	47.9%	69.0%	29.6%
York Ward	320 - CARDIOLOGY	2244	1591	1302	624	1705	979	341	145	572	4.5	1.3	0.0	0.0	5.8	70.9%	47.9%	57.4%	42.5%
Foulis Ward	340 - RESPIRATORY MEDICINE	2112	2556	930	533	1705	1793	0	0	828	5.3	0.6	0.0	0.0	5.9	121.0%	57.3%	105.2%	-
Victoria Ward	340 - RESPIRATORY MEDICINE	2232	2970	473	278	1364	1752	231	220	702	6.7	0.7	0.0	0.0	7.4	133.1%	58.8%	128.4%	95.2%
Cedar Ward	170 - CARDIOTHORACIC SURGERY	2496	2156	713	621	1783	1530	713	495	620	5.9	1.8	0.0	0.0	7.7	86.4%	87.1%	85.8%	69.4%
Rowan/Fir Tree	170 - CARDIOTHORACIC SURGERY	3922	3851	1178	688	3069	2645	714	633	895	7.3	1.5	0.0	0.0	8.7	98.2%	58.4%	86.2%	88.7%
HDU Harefield Ward	170 - CARDIOTHORACIC SURGERY	2139	1927	0	0	2139	1737	0	0	253	14.5	0.0	0.0	0.0	14.5	90.1%	-	81.2%	-
ITU	170 - CARDIOTHORACIC SURGERY	8913	11217	1220.5	853	8913	9706	357	391	739	28.3	1.7	0.0	0.0	30.0	125.8%	69.9%	108.9%	109.5%
Maple Ward	170 - CARDIOTHORACIC SURGERY	1783	1508	713	421	1023	1047	713	506	508	5.0	1.8	0.0	0.0	6.9	84.6%	59.0%	102.3%	71.0%
Oak/Acorn	320 - CARDIOLOGY	5580	4564	2418	1129	3751	2659	682	322	1034	7.0	1.4	0.0	0.0	8.4	81.8%	46.7%	70.9%	47.2%
Juniper	320 - CARDIOLOGY	2381	2384	1112	822	2415	1932	713	518	382	11.3	3.5	0.0	0.0	14.8	100.1%	73.9%	80.0%	72.7%

Month 8 2018/19

Ward name	Main 2 Specialties on each ward	Day				Night				Care Hours Per Patient Day (CHPPD)						Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Specialty 1	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours										
PICU	171 - PAEDIATRIC SURGERY	6210	6275	1465	504	6210	5536	345	132	503	23.5	1.3	0.0	0.0	24.7	101.0%	34.4%	89.1%	38.3%
Rose Ward	321 - PAEDIATRIC CARDIOLOGY	5175	5691	1465	504	5175	4570	345	132	1038	9.9	0.6	0.0	0.0	10.5	110.0%	34.4%	88.3%	38.3%
AICU	192 - CRITICAL CARE MEDICINE	7245	7107	1260	680	7245	6969	330	101	499	28.2	1.6	0.0	0.0	29.8	98.1%	54.0%	96.2%	30.6%
Princess Alexandra Ward	170 - CARDIOTHORACIC SURGERY	2520	2866	1260	726	1650	1529	330	376	1204	3.7	0.9	0.0	0.0	4.6	113.7%	57.6%	92.7%	113.9%
Elizabeth ward	170 - CARDIOTHORACIC SURGERY	4320	4076	1260	680	3960	2829	330	134	594	11.6	1.4	0.0	0.0	13.0	94.4%	54.0%	71.4%	40.6%
Paul Wood	320 - CARDIOLOGY	2328	2511	1260	680	1320	1243	330	123	945	4.0	0.8	0.0	0.0	4.8	107.9%	54.0%	94.2%	37.3%
Sir Reginald Wilson	320 - CARDIOLOGY	3600	2634	1260	680	1650	1243	330	123	723	5.4	1.1	0.0	0.0	6.5	73.2%	54.0%	75.3%	37.3%
York Ward	320 - CARDIOLOGY	2232	1700	1260	680	1650	1089	330	101	529	5.3	1.5	0.0	0.0	6.7	76.2%	54.0%	66.0%	30.6%
Foulis Ward	340 - RESPIRATORY MEDICINE	2064	2695	900	402	1650	1716	0	0	880	5.0	0.5	0.0	0.0	5.5	130.6%	44.7%	104.0%	-
Victoria Ward	340 - RESPIRATORY MEDICINE	2160	2905	495	248	1320	1749	242	429	762	6.1	0.9	0.0	0.0	7.0	134.5%	50.1%	132.5%	177.3%
Cedar Ward	170 - CARDIOTHORACIC SURGERY	2415	2352	690	633	1725	1693	678.5	518	850	4.8	1.4	0.0	0.0	6.1	97.4%	91.7%	98.1%	76.3%
Rowan/Fir Tree	170 - CARDIOTHORACIC SURGERY	3795	3847	1178	722	2970	2638	714	693	951	6.8	1.5	0.0	0.0	8.3	101.4%	61.3%	88.8%	97.1%
HDU Harefield Ward	170 - CARDIOTHORACIC SURGERY	2070	2055	0	0	2070	1923	0	0	323	12.3	0.0	0.0	0.0	12.3	99.3%	-	92.9%	-
ITU	170 - CARDIOTHORACIC SURGERY	8625	11990	1213	933	8625	10289	345	368	708	31.5	1.8	0.0	0.0	33.3	139.0%	76.9%	119.3%	106.7%
Maple Ward	170 - CARDIOTHORACIC SURGERY	1725	1502	690	424	990	1048	690	504	469	5.4	2.0	0.0	0.0	7.4	87.1%	61.4%	105.9%	73.0%
Oak/Acorn	320 - CARDIOLOGY	5400	4999	2340	1050	3630	3129	660	257	1302	6.2	1.0	0.0	0.0	7.2	92.6%	44.9%	86.2%	38.9%
Juniper	320 - CARDIOLOGY	2323	2678	1108	756	2415	2001	713	587	468	10.0	2.9	0.0	0.0	12.9	115.3%	68.2%	82.9%	82.3%

Section 8: Annual Flu Campaign

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%

Section 9: Patient comments

“The main reason for the score given is as follows. During my hospital stay, over three days, I came into contact with Drs, nurses, phlebotomist, pharmacists. Administrators, Lung technicians, radiographers, transport, porters, caterers. All friendly, supportive and caring in their different ways. I never felt a nuisance at any time. I felt supported and cared for. I felt safe. Thank you all so much”, Lind DCU

“Care Received - I love the hospital and the staff there, they are so helpful and can't do enough for you, I just love them all. Thank you so much”, Cherry Tree Ward

“I was treated and looked after so well, from the receptionist to the consultant. Every stage of my operation was explained in detail, the staff were very friendly and professional and really made me feel safe and less anxious about my operation. The room I was put in was lovely, very clean and with my own TV. Throughout my time I was always monitored by the nurses and given my drugs on time. The staff who cleaned the room, brought the water and the food, were very friendly and helpful, and the food itself fantastic. I really cannot praise the staff and the hospital too much, I'm just very thankful”, Paul Wood Ward.

“I collected my father in law from Oak Ward last night after he suffered a sudden heart attack and had a stent fitted. He was kept in for 48hrs. I was told he would be discharged at 6pm and I arrived at 6pm. The nurse arrived immediately to process his discharge and was so thorough in her explanation of each of his medications and when he should take them. I was overwhelmed by the compassion shown by the staff. Every member of staff we passed said goodbye and good luck. A few said they never wanted to see him again which is something we also hope for. I am a senior nurse manager in an NHS Trust”, Oak Ward

“Because everyone from cleaners, breakfast, nurses, doctors, patients partners, Cameron the vicar and if the outcome was better I would of been fine cos lungs are perfect it was the cancer that got me so they gave me 2 months but I will be going home xxxx”, Rowan Ward

“Over the years I have had experienced a number of hospitals. None of them without exception have ever matched the quality of the care, treatment, professionalism that I experienced in the few days that I was in the hospital”, Maple Ward

Comments – Positive

“The staff were absolutely brilliant throughout the day that I spent at the hospital for my procedure. Kind, caring, considerate and a credit to the NHS. Special mention to Juan and Barbara from the Squire centre and Emily from the Paul Wood Ward. Outstanding”, Paul Wood Ward

“The staff are amazing, caring and friendly. I was looked after extremely well and I am so grateful to the doctors and staff for the quick response in making me better. It's an amazing hospital”, ACORN WARD

“Kind, considerate and caring nursing staff, excellent professional medical team with a world-renowned reputation, and a strong sense that I have been treated with dignity as a real person. Thank you so much”! MAPLE

“The commitment and dedication the staff was second to none. I feel I owe my life in part to their constant attention to my wellbeing”, FIR

“The Nursing staff were outstanding! I cannot express our gratitude enough towards all staff who were involved in my daughter’s care. Everyone was so kind and hard working. There was such a pleasant atmosphere on the ward and wonderful facilities for the children. My daughter was so well cared for by such a highly skilled and competent team. We would like to thank all staff for the incredible job they are doing”! ROSE WARD

“You have a good team working there and they all obviously enjoy working. Better than I had envisaged previously. Thank you very much”, OAK WARD

“Lynd ward normally runs efficiently my last appointment was super-fast, they managed to complete the whole thing in 60mins which included check-in, blood test, x-ray, a visit to physio and pharmacy dept. and a consultation with Barbara who a fantastic clinician! All the staff very helpful polite and caring! No wonder the NHS is admired around the world and my American relative confirm this! Many thanks Chris”, LIND DCU

“Great treatment by all the team very attentive a pleasure to be looked after by the nursing team. Excellent treatment and support from consultant”, JUNIPER

“I spent four nights in the Royal Brompton Hospital for a lung Condition called COPD I was well looked after by the Doctors and nurses i felt as though i was in a private Hospital all areas of my four nights stay was good and I would recommend Brompton to any one, I gave top scorer to Brompton because of the care and passion of the staff Especially the Doctors and nurses BIG UP BROMPTON UP UP UP and thank you very much”, VICTORIA WARD

“Brilliant staff and treatment | Staff, while being totally professional, are caring and can’t do enough to give one a relaxed pleasant experience. The en-suite facilities are excellent. Certainly, the place to be for best medical assessment and treatment”, ADULT CENTRE FOR SLEEP

Negative Comments

15 negative comments were received in M8 however, there was insufficient detail in these comments to allow actions to be taken.

There were 4 negative comments received in M9. Two of these had sufficient detail to allow actions to be taken and these have been forwarded to the relevant matrons to address.

“Pleasant staff. Good room but sooooo cold and noisy overnight” and “No attention to the patients no choices of food” (Maple Ward)

Three negative comments were received during M10. Two noted waiting times on Lind DCU and Rose ward, although each comment lacked sufficient detail to action.

One comment related to the cleanliness and communication on Oak Ward and this comment has been shared with the relevant Matron for action.

“Poor level of cleanliness. Not enough staff - things not done or passed on because staff trying to do too many things at once. Poor communication between staff. Actual staff really nice with one exception”.