



## Operational Performance Metrics and Quality Indicators

### Month 1 2017/18 – period ending 30<sup>th</sup> April 2017

#### NHS Improvement - Single Oversight Framework

Indicator	M1	YTD M1	YTD M1 Cases under review	Performance Standard	Variance from Threshold
<i>Clostridium difficile</i>	0	0	0	Dept. Health Trajectory = 23	-23 YTD
<b>MRSA Bacteraemia</b>	0	0	0	Zero tolerance	0 cases reported to PHE for M1
<b>18 weeks RTT Incomplete</b>	92.42%			92.0%	Target met for M1
<b>52 week breaches</b>	0			Zero tolerance	Target met for M1
<b>Number of diagnostic tests waiting 6 weeks+ (%)</b>	0%			1%	Target met for M1
<b>Cancer - 62 day Urgent GP referral to first definitive treatment</b>	9 patients 80.00%			M1 Trajectory = 65.40%	Target met for M1
<b>Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting</b>	9 patients 90.91%			M1 Trajectory = 65.40%	Target met for M1
<b>VTE Risk assessments</b>	Q4 = 95.42%			95%	Target met for Q4

#### NHS England - NHS Standard Contract

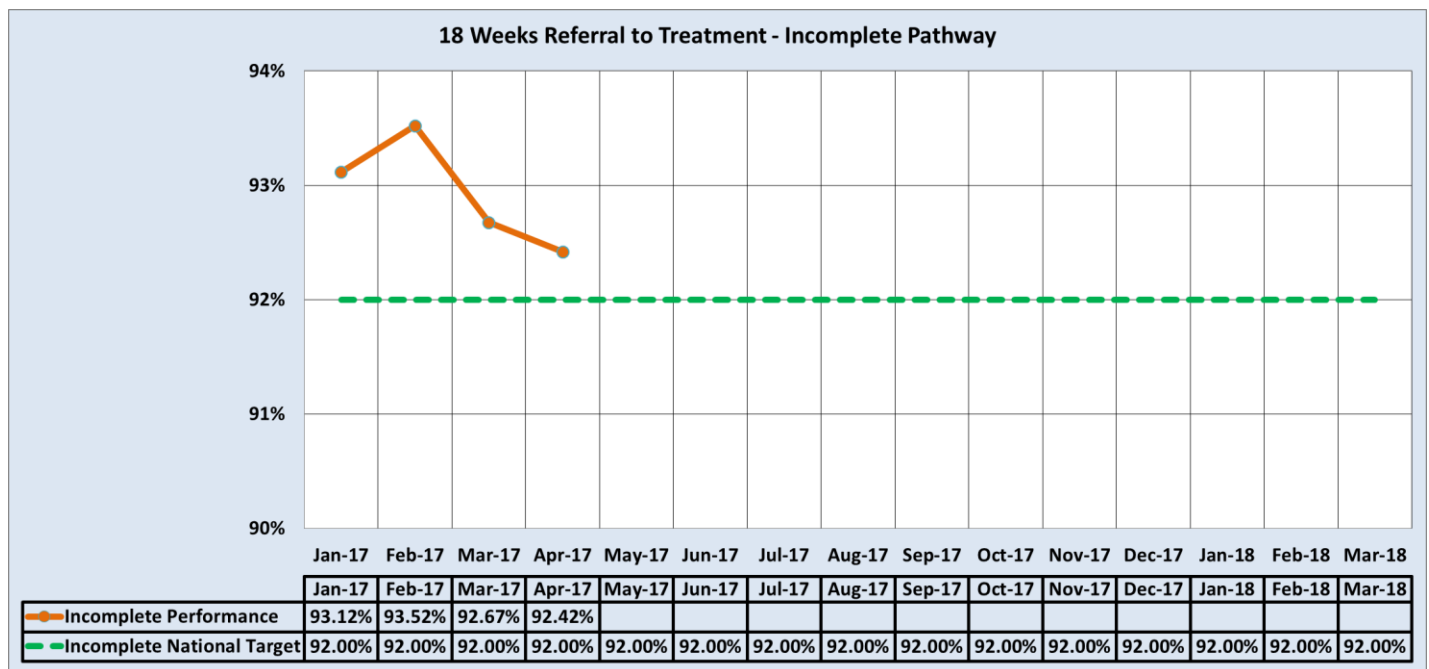
<b>Urgent operations cancelled for the 2nd time</b>	0		Zero tolerance	Zero breaches for M1
<b>Cancelled Operations; not carried out within 28 days (Theatres &amp; Bronchoscopy)</b>	2		Zero tolerance of no readmission within 28 days	Two breaches for M1
<b>Cancelled Procedures; (Catheter Labs); not carried out within 28 days</b>	0		Zero tolerance of no readmission within 28 days	Target met for M1
<b>Cancer – 14 day Urgent GP Referral</b>	No. of cases M1 2017/18 = 2 100%		93%	Target met for M1
<b>Cancer – 31 day 1st treatment</b>	21 patients 100%		96%	Target met for M1
<b>Cancer – 31 day subsequent treatment</b>	22 patients 100%		94%	Target met for M1

#### Incidents

	17/18 M1	16/17 Total Incidents	16/17 YTD Incidents at M1	17/18 YTD Incidents at M1	Δ
<b>Outbreaks of Infection</b>	1	4	0	1	+1
<b>Serious Incidents</b>	1	11	4	1	-3
<b>Never Events</b>	0	0	0	0	0

## 18 week Referral to Treatment Time Targets

### Performance against the Sustainability and Transformation Fund (STF) trajectory



### 18 weeks RTT by National Specialty – Incomplete Pathways April 2017

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,165	151	1,316	88.53%
	Cardiology (Harefield)	1,520	150	1,670	91.02%
<b>Cardiology</b>		<b>2,685</b>	<b>301</b>	<b>2,986</b>	<b>89.92%</b>
<b>Thoracic Medicine</b>		<b>1,397</b>	<b>2</b>	<b>1,399</b>	<b>99.86%</b>
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	216	58	274	78.83%
	Cardiac Surgery (Harefield)	325	94	419	77.57%
	Thoracic Surgery	176	0	176	100.00%
<b>Cardiothoracic Surgery</b>		<b>717</b>	<b>152</b>	<b>869</b>	<b>82.51%</b>
Other	Other	222	13	235	94.47%
	Paediatrics	910	18	928	98.06%
	Transplant	77	7	84	91.67%
<b>Other</b>		<b>1,209</b>	<b>38</b>	<b>1,247</b>	<b>96.95%</b>
		<b>6,008</b>	<b>493</b>	<b>6,501</b>	<b>92.42%</b>

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 92.42% for April 2017.

The PAS Implementation Group is overseeing two related work streams aimed at improving data quality:

- Technical/system changes, both within the Trust and involving the system supplier (CSC):
  - A tracker, maintained by the IT Department, is used to follow progress with technical and configuration issues. The status of the tracker is reviewed at every meeting of the PAS Implementation Group.
- Development and dissemination of new training materials to improve knowledge and use of Lorenzo processes, consistent application of RTT data standards and business processes:
  - The Trust is considering whether to develop in house training materials, or whether to procure training from an external specialist who is able to supply material previously developed elsewhere;
  - A seminar has been identified as the appropriate forum for the dissemination of training and is to be scheduled for a clinical governance half day.

## 1.1 Cancer Target - 62 days to 1st Treatment

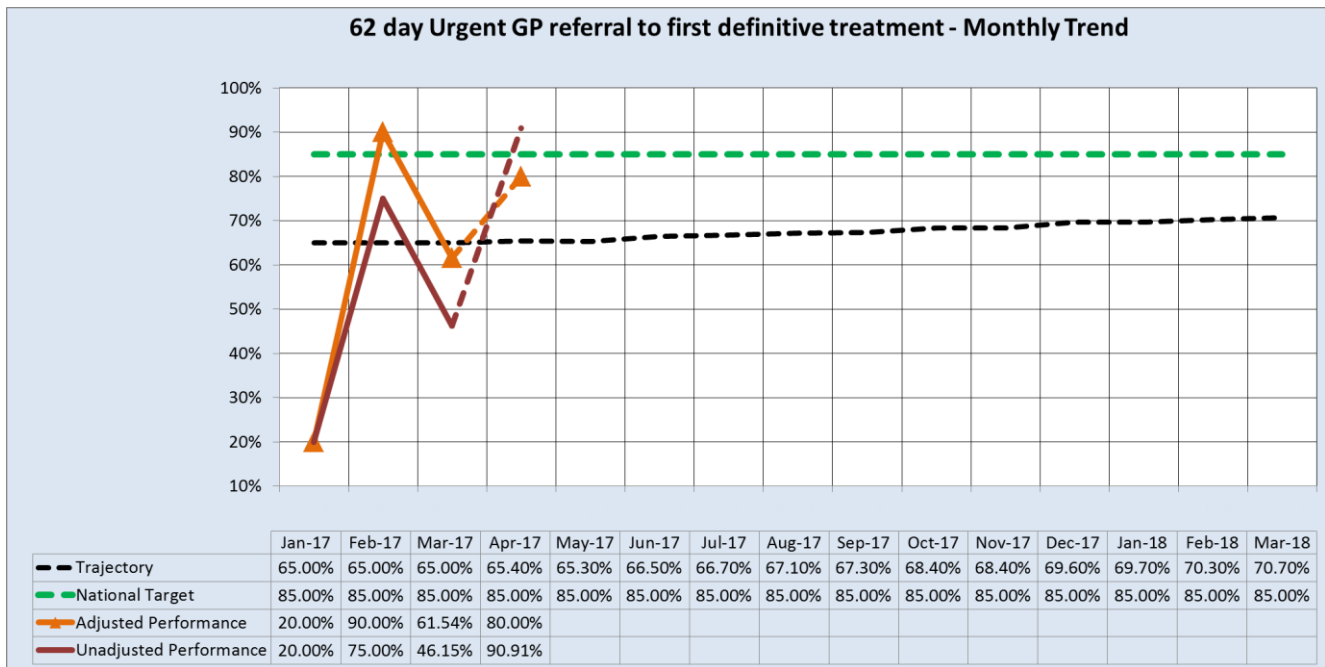
### Trust Actions – Update:

- The work being undertaken, in conjunction with Boston Consulting Group, will improve the efficiency and effectiveness of the use of resources, including theatre time and in-patient beds. This is expected to help ensure that delays to the treatment of cancer patients due to capacity constraints are minimised.

### Referral Centre Actions – Update:

- The Department of Health published the Government’s mandate to NHS England for 2017-18 in March 2017. The mandate sets out the expectation that NHS England will deliver the recommendations of the Independent Cancer Taskforce and in particular make preparations for the introduction of the new 28 day faster diagnosis standard, which is to begin in April 2018.
- The Trust’s interest in, and support for, the introduction of the faster diagnosis standard, which when implemented should mean that patients are diagnosed more rapidly in secondary care, was raised with NHS England at the Clinical Quality Review Group meeting held on 2<sup>nd</sup> May 2017 and with NHS Improvement at the Provider Oversight meeting held on 4<sup>th</sup> May 2017.
- Completion of diagnostics, at referring centres, and referral to the Trust by day 28 would allow the Trust 34 days to treat the patient within the 62 day target.

Performance against the trajectory agreed with NHSI with breach allocations taken into account (Shadow Reporting) and without breach allocations.



●●●● Provisional data for M1 (April)

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For M1; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (65.40%) is met based upon the provisional figures.

## Cancer Target - 62 days to 1<sup>st</sup> Treatment

### Detail of all 62 Day Urgent GP referral (breach + non breach) M1

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	Allocation Status				
				Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Buckinghamshire Healthcare NHS Trust Wycombe Hospital	10	38	48		✓			
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	102	56	158					✓
East And North Hertfordshire NHS Trust Lister Hospital	44	18	62	✓				
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	36	17	53		✓			
	55	17	72				✓	
Royal Brompton & Harefield NHS Foundation Trust Harefield Hospital	0	55	55		✓			
	0	36	36		✓			
Royal Free London NHS Foundation Trust Royal Free Hospital	49	10	59	✓				
West Hertfordshire Hospitals NHS Trust Watford General Hospital	29	3	32		✓			

During M1 two patients breached the 62 day target.

Only one patient waited more than 24 days for treatment following receipt of their referral. This patient contracted pneumonia, which needed to be treated before their lung cancer treatment could be started and this extended the pathway.

The second patient who breached the target was referred to the Trust on day 55 of their pathway and was treated within 17 days of the Trust receiving the referral.

**Performance using pre breach allocation /national breach allocation up to the end of month 1  
NHS Improvement guidance requires reporting of:**

**i) Performance without breach allocation:**

Period	Total treated	Total treated in time	Unadjusted Performance
Apr - 2017	5	4	80.00%

**ii) Performance using national breach allocation guidance published April 2016.**

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Apr - 2017	5	1	3	0	0.5	0.5	90.91%

- The table above shows performance in the currency used by the national IT system Open Exeter.
- For the 62 day cancer target, the starting point is that each breach is shared. Therefore, each patient is shown as 0.5.
- In making the breach allocations, the Trust has used an algorithm agreed with NHS Improvement for shadow reporting.
- Of 9 patients treated during M1, 7 were treated in time (scenario 1 + scenario 2).
- Of 9 patients treated during M1, 0 were allocated to RBHFT (scenario 3).
- Of 9 patients treated during M1, under the new breach allocation guidance, 1 was allocated to the referring provider (scenario 4).
- Of 9 patients treated during M1, under the new breach allocation guidance, 1 shared allocation between the trust and referring provider (scenario 5).
- The data for M1 (April 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 5<sup>th</sup> June 2017.

## 1.2 Cancelled Operations

### E.B.S.6: Urgent operations cancelled for a second time

- The number of patients whose urgent operation was cancelled for the 2nd time in M1 was 0.
- The number of patients whose urgent operation was cancelled for the 2nd time YTD is 0.

### E.B.S.2: Cancelled Operations

**Definition;** all patients who have operations cancelled; on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days of the patient's treatment to be funded at the time and hospital of the patient's choice.

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

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

#### **M1, April 2017**

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

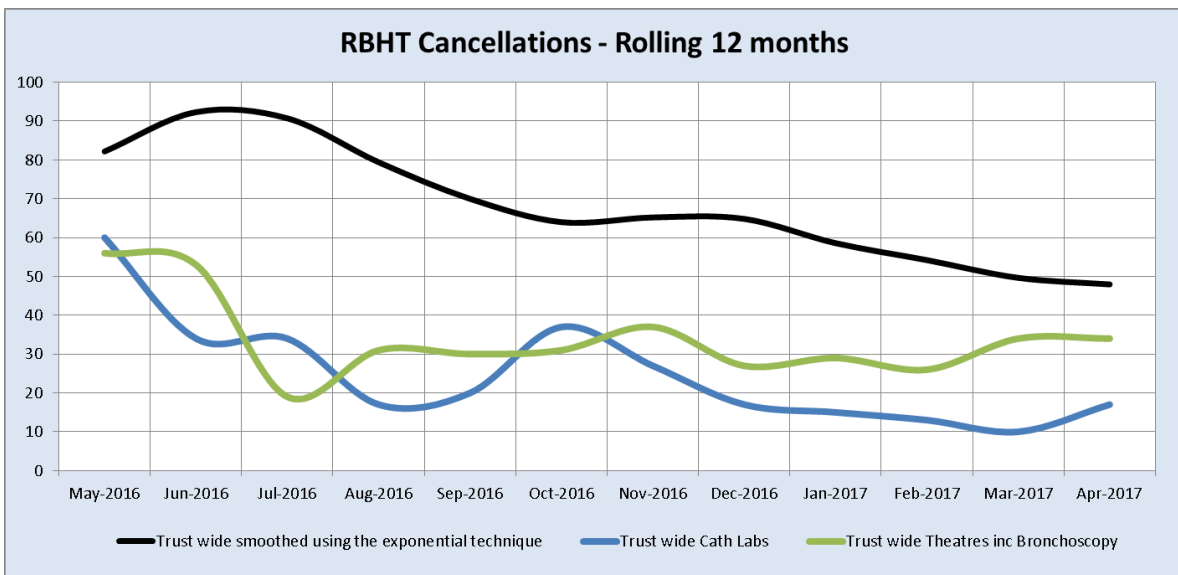
During M1, there were 2 breaches of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

- **Breach 1 (Brompton Theatres)** – a patients surgery was cancelled on 21/03/2017 due to no theatre time (list overrunning). Unfortunately an alternative date was not offered within 28 days of cancellation. The patient is still waiting for surgery and a new date has been agreed for 24/05/2017.
- **Breach 2 (Brompton Bronchoscopy Suite)** – A patients procedure was cancelled on 29/03/2017 due to an emergency patient taking priority. An alternative date was not offered within 28 days of cancellation. This patient has now been treated.

#### **Detail of Denominator – Cancelled Operations and procedures**

There were 51 patients whose operation or procedure was cancelled in April 2017; 27 at Royal Brompton Hospital and 24 at Harefield Hospital.

### **Graph below: Cancellation trend in rolling 12 months**



## Quarter 1 Performance 2017/18

Cancelled operations data is reported to Unify on a quarterly basis. This is known as the QMCO report. The date for submission for Quarter 1 data is 26<sup>th</sup> July 2017.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days			
Area/Site	Jan-2017	Feb-2017	Mar-2017	Apr-2017
Theatres (inc Bronchoscopy)	0	0	0	2
Catheter Labs	0	0	0	0
<b>RBH Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Theatres (inc Bronchoscopy)	0	0	1	0
Catheter Labs	0	0	0	0
<b>HH Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Trustwide</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>

Denominator	Cancelled operations and procedures			
Area/Site	Jan-2017	Feb-2017	Mar-2017	Apr-2017
Theatres (inc Bronchoscopy)	13	6	9	20
Catheter Labs	13	9	4	7
<b>RB Total</b>	<b>26</b>	<b>15</b>	<b>13</b>	<b>27</b>
Theatres (inc Bronchoscopy)	16	20	25	14
Catheter Labs	2	4	6	10
<b>HH Total</b>	<b>18</b>	<b>24</b>	<b>31</b>	<b>24</b>
<b>Trustwide</b>	<b>44</b>	<b>39</b>	<b>44</b>	<b>51</b>

Performance against indicator E.B.S.2				
Site	Jan-2017	Feb-2017	Mar-2017	Apr-2017
<b>RB Total</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>7.41%</b>
<b>HH Total</b>	<b>0.00%</b>	<b>0.00%</b>	<b>3.23%</b>	<b>0.00%</b>
<b>Trustwide</b>	<b>0.00%</b>	<b>0.00%</b>	<b>2.27%</b>	<b>3.92%</b>

Under the NHS Standard contract, the penalty for each breach of the requirement to offer another binding date within 28 days is loss of income for that spell of care.

### 1.3 Incidents

#### Outbreak of Infection

Following an identified increase in ESBL producing *Klebsiella pneumoniae* cases an audit of Rose and PICU wards (going back to July 2016) identified 10 ESBL KP cases in total. It was concluded that these cases were linked in time and place and therefore potentially part of an outbreak. Isolates from these 10 patients were sent to Colindale for testing and the report from Colindale 12<sup>th</sup> April 2017 has identified that 7 of the 10 cases are identical. The last of these cases was identified in March 2017.

A new case of the same organism was identified on 24<sup>th</sup> April 2017 and this specimen has been sent to the reference laboratory to establish if this case is part of the outbreak.

As of 11th May 2017 four inpatients affected by the latest outbreak have been moved to side rooms or are in a cohort bay. Enhanced cleaning and infection precautions have been put in place as well as weekly outbreak meetings being held to manage the outbreak.

Note:

*ESBL - These bacteria produce enzymes known as Extended Spectrum Beta-Lactamases or ESBLs for short. The ESBL enzyme breaks down and destroys most antibiotics causing them to be inactive, which is why they are not effective against infections caused by these types of bacteria.*

## Section 2 – The Friends and Family Test

### Patient Experience - Monthly update – April 2017

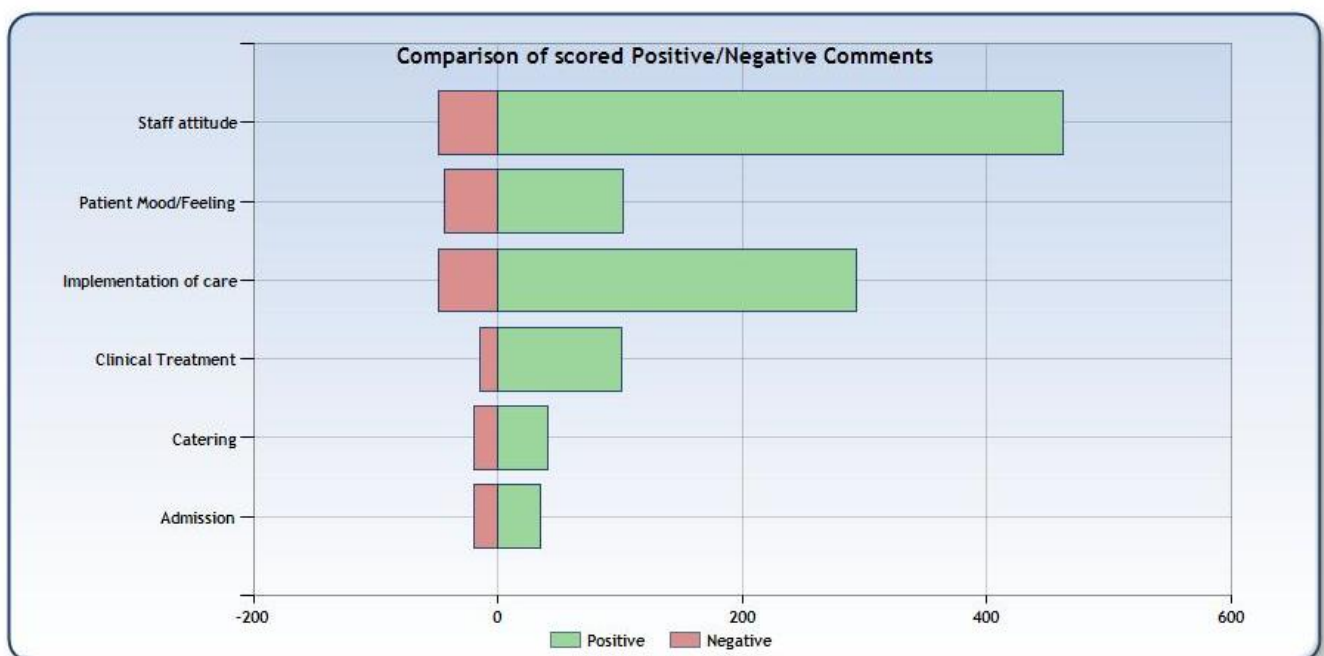
**Trust Recommendation score for FFT - 96%**

**Negative Comments – 2%**

The Trust changed supplier for FFT in December 2016 and since then we have seen a significant increase in the response rate resulting in putting us in line with both Liverpool Heart and Chest and Papworth Hospitals.

All inpatients now receive the FFT survey via SMS or IVM (Integrated Voice Messaging) in the absence of a mobile phone number. Patients are also given the opportunity to leave messages.

The new portal also has improved reporting functionality including sentiment analysis, word and theme reports.



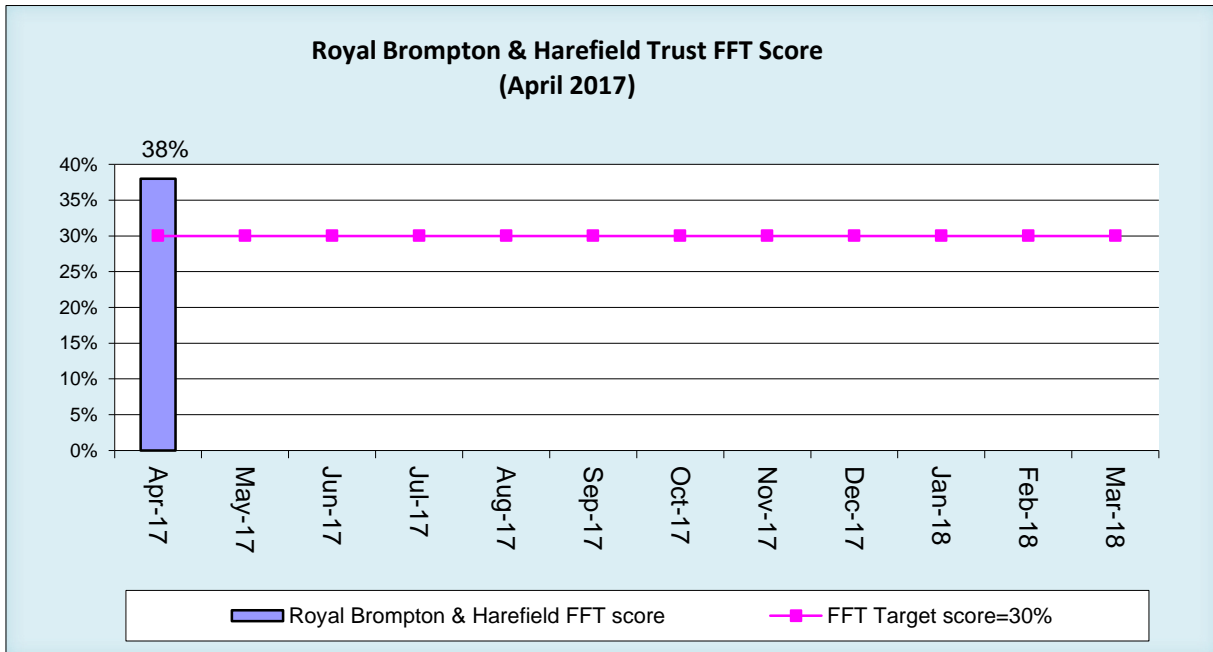
+ Positive		- Negative	
1. Staff	349	1. Food	8
2. Care	204	2. Time	7
3. Good	100	3. Still	6
4. Nurses	98	4. Hours	5
5. Friendly	98	5. Harefield	5
6. Excellent	88	6. Staff	5
7. Extremely	80	7. Work	4
8. Received	71	8. Procedure	4
9. Caring	71	9. Seen	3
10. Treatment	70	10. Waiting	3

+ Positive		- Negative	
1. Staff attitude	607	1. Staff attitude	16
2. Staff	389	2. Implementation of care	12
3. Implementation of care	384	3. Patient Mood/Feeling	11
4. Patient Mood/Feeling	146	4. Waiting time	9
5. Clinical Treatment	134	5. Staff	7
6. Environment	94	6. Clinical Treatment	7
7. Waiting time	60	7. Admission	6
8. Catering	59	8. Catering	6
9. Admission	55	9. Environment	5
10. Communication	53	10. Communication	5

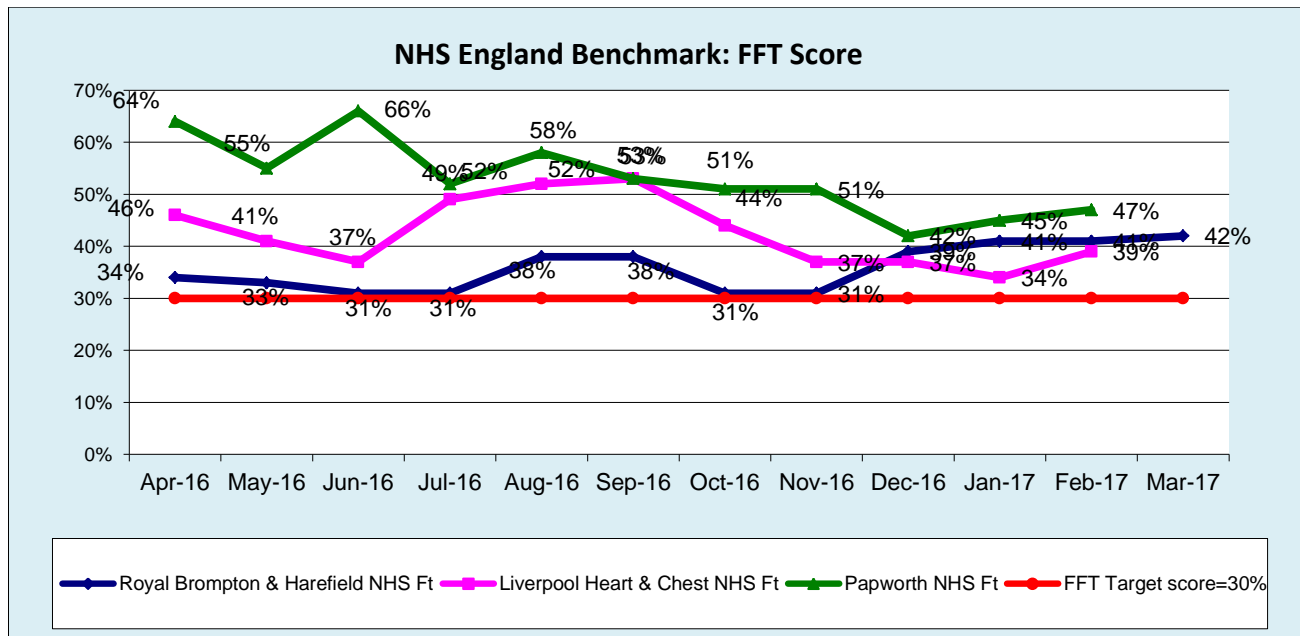


**Friends and Family Test Update – April 2017**

**1. Royal Brompton & Harefield NHS Ft: FFT Score**



**2. NHS England FFT Benchmark data:** (Source NHS England)



Number of responses received via each mode of collection					
SMS/Text/Sma rtphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcar d given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
580	0	173	145	7	905

## Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Apr 2017. This reflects what RBHT submitted to Unify. This information will eventually be published on NHS Choices.

Nurse staffing at Royal Brompton Hospital		Nurse staffing at Harefield Hospital	
% of registered nurse day hours filled as planned (Hospital)	<b>93.7%</b> of planned level	% of registered nurse day hours filled as planned (Hospital)	<b>107.9%</b> of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	<b>68.5%</b> of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	<b>61.5%</b> of planned level
% of registered nurse night hours filled as planned (Hospital)	<b>89.3%</b> of planned level	% of registered nurse night hours filled as planned (Hospital)	<b>97.2%</b> of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	<b>60.3%</b> of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	<b>92.8%</b> of planned level
<p>Registered nurse staffing at the Brompton site averaged 93.7% (days) and 89.3% (nights). This was the result of below plan activity in AICU / HDU and in private patients. Activity / acuity levels in the lung division were on plan.</p> <p>Unregistered care staff levels were 68.5% (days) and 60.3% (nights). This group make up a small percentage of the nursing workforce on the Brompton site, and the Matrons reported that the numbers of registered nurses were sufficient to ensure the delivery of safe care.</p> <p>Staffing was maintained at safe levels throughout the month.</p>		<p>Registered nurse staffing at the Harefield site averaged 107.9% on days, and 97.2% on nights. This was the result of 'on-plan' activity across the site apart from in HDU where activity was slightly reduced. High levels of supernumerary staffing were required due to the arrival of new graduates and internationally recruited staff.</p> <p>Unregistered care staff levels were 61.5% (days) and 92.8% (nights). Sufficient registered nurses (including supernumerary staff) were present on days to ensure that safe staffing was maintained.</p> <p>Staffing was maintained at safe levels throughout the month.</p>	

**Peter Doyle, Divisional Lead Nurse / Associate General Manager, Heart Division, Harefield Hospital.**  
**18<sup>th</sup> May 2017**