



A lifetime of specialist care

Operational Performance Metrics and Quality Indicators

Month 10 2017/18 – period ending 31st January 2018

NHS Improvement - Single Oversight Framework

<i>Clostridium difficile</i>	M10 0	YTD M10 14	YTD M10 Cases under review 0	Performance Standard Dept. Health Trajectory = 23	-22 Met
MRSA Bacteraemia	M10 0	YTD M10 0		Zero tolerance	Met
Indicator	M10		M10 Target		Variance from Target / Trajectory M10 Position
18 weeks RTT Incomplete	93.51%		92.0%		Target met for M10
Number of diagnostic tests waiting 6 weeks+ (%)	0%		1%		Met
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	9 patients 100%		M10 Trajectory = 69.70%		Trajectory met for M10
VTE Risk assessments	Q3 = 96.20%		95%		Target met for Q3
Never Events	M10 0	YTD M10 1	Zero tolerance		Zero breaches for M10

NHS England - NHS Standard Contract

Urgent operations cancelled for the 2nd time	0	Zero tolerance	Zero breaches for M10
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	2	Zero tolerance of no readmission within 28 days	Two 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	0	Zero tolerance	Zero breaches for M10
Cancer – 14 day Urgent GP Referral	No. of cases M10 2017/18 = 0 100%	93%	Target met for M10
Cancer – 31 day 1st treatment	21 patients 100%	96%	Target met for M10
Cancer – 31 day subsequent treatment	24 patients 100%	94%	Target met for M10

Incidents

	17/18 M10	16/17 Total Incidents	16/17 YTD Incidents at M10	17/18 YTD Incidents at M10	Δ
Outbreaks of Infection	0	4	3	1	-2
Serious Incidents	0	11	11	6	-5

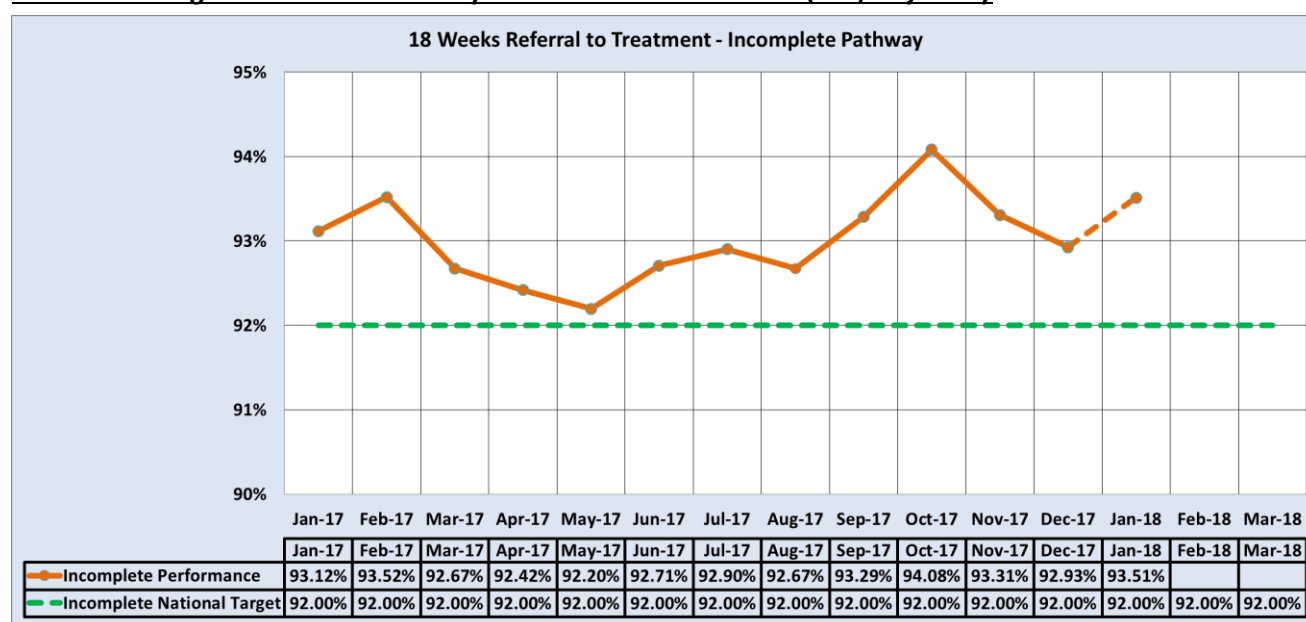
1.1 *Clostridium difficile*

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	17/18 YTD Total
Total Cases reported to PHE	0	3	2	5	1	2	0	0	1	0	14
No. Cases apportioned to Trust	0	3	2	5	1	1	0	0	0	0	12
No. Cases apportioned as non-Trust (other Trust or community related)	0	0	0	0	0	1	0	0	1	0	2
Cases under review	0	0	0	0	0	0	0	0	0	0	0
Cases due to lapses of care	0	1	0	0	0	0	0	0	0	0	1
2016-17 cumulative monthly trajectory	2	4	6	8	10	12	14	16	18	20	23
Variance against cumulative monthly trajectory	-2	-3	-5	-7	-9	-11	-13	-15	-17	-19	-22

- There were no cases of *Clostridium difficile* during M10
- Fourteen cases of *Clostridium difficile* have been reported to Public Health England in the first 10 months of the financial year.
- All fourteen of these cases have been reviewed by the Trust Infection Control Team and NHS England and one of the cases was deemed to have been due to a lapse of care.
- Only lapses in infection control procedures identified by NHS England will count against the NHS Improvement target trajectory of 23.
- No cases are awaiting review by NHS England.

1.2 18 week Referral to Treatment Time Targets

Performance against the Sustainability and Transformation Fund (STF) trajectory



18 weeks RTT by National Specialty – Incomplete Pathways January 2018 (Provisional as of 16/2/2018)

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,243	35	1,278	97.26%
	Cardiology (Harefield)	1,357	170	1,527	88.87%
Cardiology		2,600	205	2,805	92.69%
Thoracic Medicine		1,090	15	1,105	98.64%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	213	37	250	85.20%
	Cardiac Surgery (Harefield)	284	87	371	76.55%
	Thoracic Surgery	140	0	140	100.00%
Cardiothoracic Surgery		637	124	761	83.71%
Other	Other	127	8	135	94.07%
	Paediatrics	816	17	833	97.96%
	Transplant	106	4	110	96.36%
Other		1,049	29	1,078	97.30%
		5,376	373	5,749	93.51%

As at 16th February 2018, data extracted from the patient administration system (PAS) shows performance of 93.51% for January 2018.

It is important to note that data quality concerns persist and that a considerable amount of work is being done to improve data quality. The Trust received the final report of the Elective Care Intensive Support Team (IST) of NHS Improvement on 12th January 2018. All 21 recommendations contained in the report have been accepted by the Trust.

The IST has visited the Trust on several occasions during January / February to assist with delivery of the Trust's action plan associated with the recommendations. Twice monthly meetings, chaired by the Interim Chief Operating Officer, are being held to keep the action plan under review.

1.2.1 52-week Referral-to-Treatment (RTT) breaches

During M10 there were no breaches of the National Quality Requirement that no-one waits over 52 weeks as shown in the RTT return to Unify (Department of Health)¹.

One patient who had waited more than 52 weeks was included in the report for M9.

- **Breach Summary** – In January 2016, the patient was reviewed in an outpatient clinic at Harefield Hospital by a Consultant Cardiologist. The patient was referred for a cardiology procedure following this appointment and a paper referral was written. This referral was filed in the patient notes in error rather than being sent to the cardiology schedulers to be added to a waiting list and booked. The patient telephoned the hospital at the end of November 2017 to ask what was happening about the procedure. The patient explained that they had not called the hospital sooner to 'chase up' the procedure because they had been away a lot travelling. The Clinical Nurse Specialist that spoke to the patient immediately notified the Scheduling Manager and the General Manager of the issue. The patient was reviewed in clinic in mid- December 2017. After this consultation the patient was placed into active monitoring because although a procedure is being contemplated it is not expected to be carried out straight away. The patient will be reassessed when they return again to the UK in February 2018.

The recommendations made by the General Manager following the investigation, and lessons learned, will be followed up via the Governance & Quality Committee.

¹ Schedule 4 Quality Requirements NHS Standard Contract 17/18

1.3 Cancer Target - 62 days to 1st Treatment

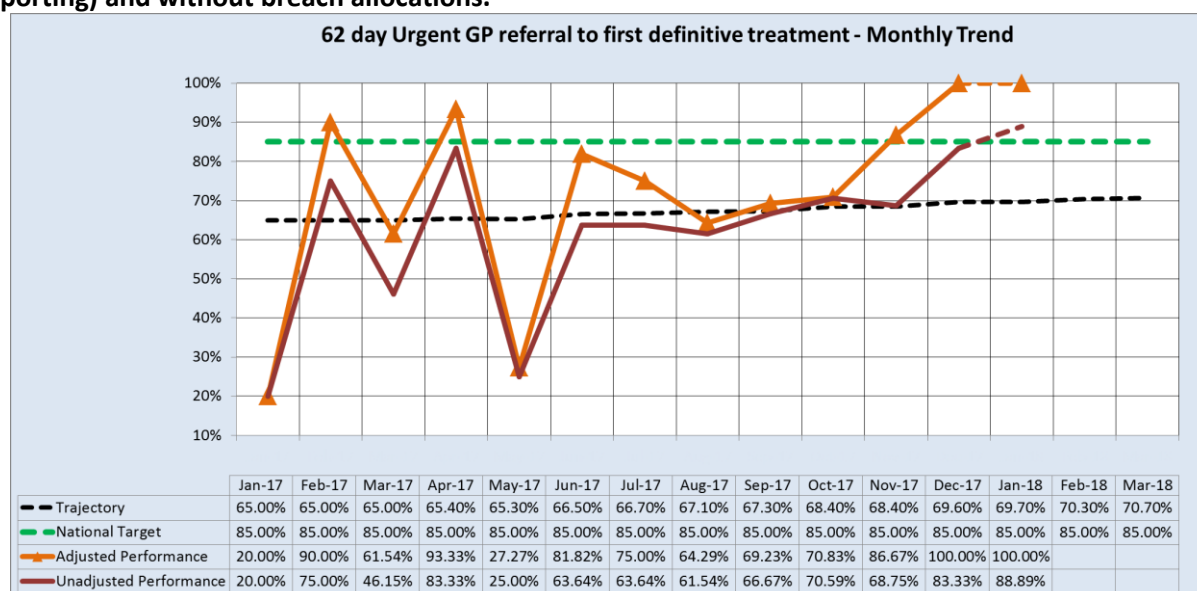
Trust Actions – Update:

- As part of the Trusts involvement with the Royal Marsden Partners (RMP) Delivery Board we were successful in being awarded funding to support the delivery of the 62 day performance target - this should be confirmed in March 2018.
- The low dose CT scan pilot steering project has also been awarded funding from the RMP Delivery Board following the sign off of the Memorandum of Understanding contract in February 2018. This will now allow the process to begin staffing the pilot.
- The Cancer Manager attended the 'Regional COSD Roadshow' London in January 2018, which detailed the new system being put in place to collect the new data items for the cancer waiting times reporting, as well as new data items for the COSD submissions. A series of planned meetings with the providers of the Trust Cancer Database software (Infoflex) have been put in place to ensure the upgrade is fit for purpose with an April 2018 deadline.

Referral Centre Actions – Update:

- The Cancer Team and lead Consultant Thoracic Surgeon met with the new MDT Clinical Lead and Assistant General Manager at Watford District General on 14th February 2018. The meeting was set up to look at further improving the pathway for lung cancer patients, there will be on going work in year looking at electronic transfer of data and as well a review of the administrative functions of the WGH MDT to provide a more robust and efficient MDT service.

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



Provisional data for M10 (January)

Provisional data for M10 (January)

For M10; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (69.70%) is met based upon the provisional figures from the Trust Infoflex system.

Cancer Target - 62 days to 1st Treatment

Detail of all 62 Day Urgent GP referral (breach + non breach) M10

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	47	7	54	✓				
	42	19	61	✓				
	59	16	75				✓	
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	50	6	56	✓				
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	29	29	58		✓			
	50	12	62	✓				
	41	21	62	✓				
	53	5	58	✓				
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	27	19	46		✓			

One patient waited longer than 62 days in January. The patient was referred to the Trust on day 59 and was treated within 16 days. This is within the target time of 24 days for treatment once the referral has been received by the Trust; therefore the breach was wholly allocated to the referring Trust.

Performance using pre breach allocation /national breach allocation up to the end of month 3
NHS Improvement guidance requires reporting of:

i) Performance without breach allocation:

Period	Total treated	Total treated in time	Unadjusted Performance
Jan - 2018	4.5	4.0	88.89%
YTD	61	41.5	68.60%

ii) Performance using national breach allocation guidance published April 216.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Jan - 2018	4.5	3	1	0	1	0	100.00%
YTD	61	14	27	4	7	9	77.62%

- 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 M10, 8 were treated in time (scenario 1 + scenario 2).
- Of 9 patients treated during M10, 0 were allocated to RBHFT (scenario 3).
- Of 9 patients treated during M10, under the new breach allocation guidance, 2 were allocated to the referring provider (scenario 4).
- Of 9 patients treated during M10, under the new breach allocation guidance, 0 shared allocations between the trust and referring provider (scenario 5).
- The data for M10 (January 2018) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 5th March 2018.

1.3.1 Cancer Target - 31 day Pathways

31 day - decision to treat to subsequent treatment (Surgery)

	Provisional Figures			Published Figures		
	Total Treated	No. Treated within time	Performance	Total Treated	No. Treated within time	Performance
Apr	22	22	100.00%	9	8	88.89%
May	25	24	96.00%	13	11	84.62%
June	24	24	100.00%	12	10	83.33%
July	16	16	100.00%	9	9	100.00%
Aug	8	8	100.00%	4	4	100.00%
Sept	8	8	100.00%	7	7	100.00%
Oct	19	19	100.00%	15	15	100.00%
Nov	21	21	100.00%	15	15	100.00%
Dec	24	22	91.67%	22	20	90.91%
Jan (Provisional)	24	24	100.00%	N/A		

For M10 (January) all of the patients on the 31 day cancer pathway for subsequent treatment were treated within the target time based on provisional data from the Trust Inflex system.

For M9 (December) there were two breaches of the 31 day cancer target for subsequent treatment:

- One patient required the use of the hybrid theatre and delay in accessing this theatre led to the pathway breaching by 9 days
- One patient chose to stay with their original surgeon, which extended their pathway

Both patients had an uneventful admission and both were admitted and home within 5 days

1.4 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 M10 was 0
- The number of patients whose urgent operation was cancelled for the 2nd time YTD is 1

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.

M10, January 2018

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

During M10, there were two occasions when patients were not offered another binding date within 28 days of the patients operation being cancelled for the first time.

- **M10 - Breach 1** – A patient waiting for paediatric congenital surgery had their procedure cancelled at the start of December 2017 due to a shortage of PICU beds. The patient was not rescheduled within the 28 day time period due to the consultant having 3 urgent neonatal inpatients requiring surgery. The patient was treated in the middle of January 2018.
- **M10 - Breach 2** – A patient waiting for congenital surgery had their procedure cancelled in the middle of December 2017 due to a shortage of PICU beds. The patient was not rescheduled within the 28 day time period due to the consultant having urgent neonatal inpatients requiring surgery. The patient was treated in the middle of January 2018.

For M8, there was 1 breach of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

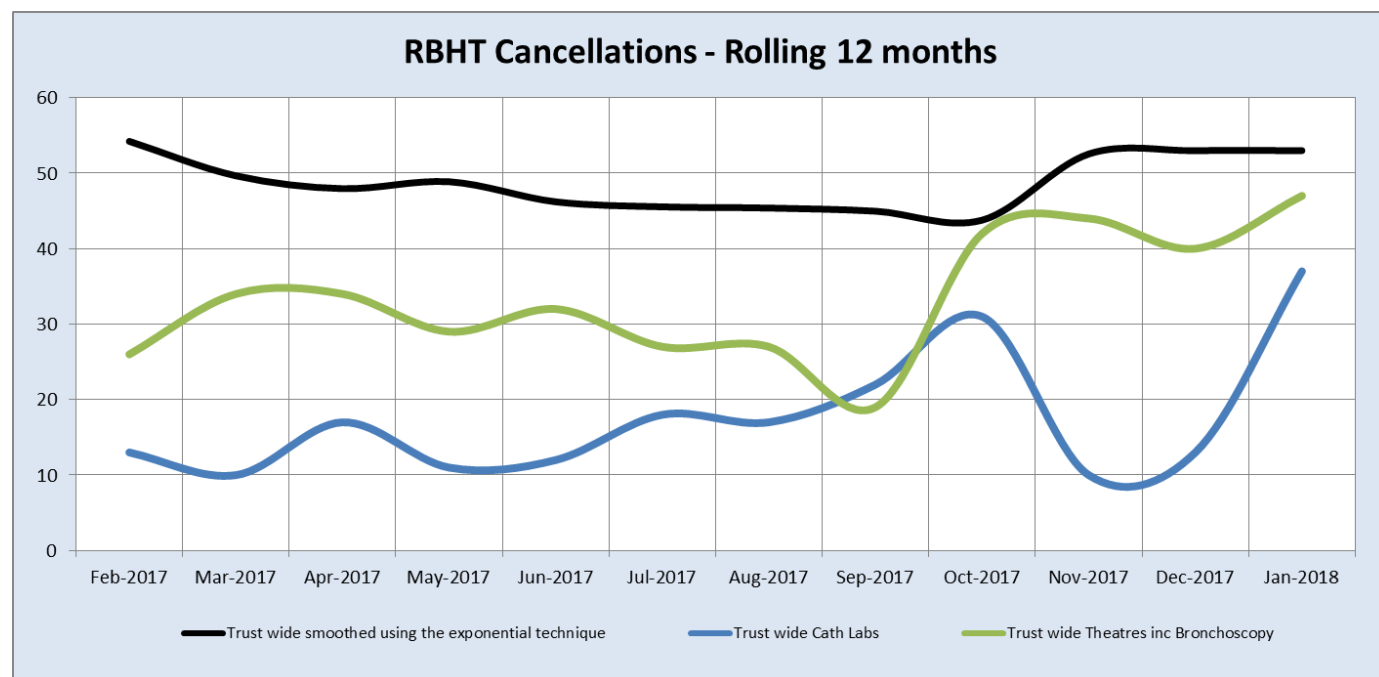
- **M8** - A patient waiting for thoracic surgery was due to have their operation on 1st Nov 2017; however the surgery was cancelled because no high dependency care bed was available. Unfortunately the procedure was not re-booked within 28 days and therefore breached the target.

The patient was treated successfully at the end of November 2017. The treatment was undertaken by a different surgeon in order to ensure that the procedure could be carried out as soon as possible. Upon review no clinical harm was caused to the patient; the procedure went ahead without complication and the patient was discharged home for follow up in clinic.

Detail of Denominator – Cancelled Operations and procedures

There were 84 patients whose operation or procedure was cancelled in January 2018; 29 at Royal Brompton Hospital and 55 at Harefield Hospital.

Graph below: Cancellation trend in rolling 12 months



Quarter 4 Performance 2017/18

Cancelled operations data is reported to NHS Digital on a quarterly basis. This is known as the QMCO report. The date for submission for Quarter 4 data is 25th April 2018.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days														
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Q1	Q2	Q3	Q4	YTD
Theatres (inc Bronchoscopy)	2	1	1	0	1	0	1	1	0	2	4	1	2	2	9
Catheter Labs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBH Total	2	1	1	0	1	0	1	1	0	2	4	1	2	2	9
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
Trustwide	2	1	1	0	1	0	1	1	0	2	4	1	2	2	9

Denominator	Cancelled operations and procedures														
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Q1	Q2	Q3	Q4	YTD
Theatres (inc Bronchoscopy)	20	16	22	7	13	13	26	18	10	15	58	33	54	15	160
Catheter Labs	7	4	7	5	4	12	14	5	6	14	18	21	25	14	78
RB Total	27	20	29	12	17	25	40	23	16	29	76	54	79	29	238
Theatres (inc Bronchoscopy)	14	13	10	20	14	6	16	26	30	32	37	40	72	32	181
Catheter Labs	10	7	5	13	13	10	17	5	7	23	22	36	29	23	110
HH Total	24	20	15	33	27	16	33	31	37	55	59	76	101	55	291
Trustwide	51	40	44	45	44	41	73	54	53	84	135	130	180	84	529

Performance against indicator E.B.S.2															
Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Q1	Q2	Q3	Q4	YTD
RB Total	7.41%	5.00%	3.45%	0.00%	5.88%	0.00%	2.50%	4.35%	0.00%	6.90%	5.26%	1.85%	2.53%	6.90%	3.78%
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	3.92%	2.50%	2.27%	0.00%	2.27%	0.00%	1.37%	1.85%	0.00%	2.38%	2.96%	0.77%	1.11%	2.38%	1.70%

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.

1.5 Serious Incidents & Never Events

For M10 (January); no serious incidents were reported.

For M9 (December); one serious incident was reported to commissioners via the Strategic Executive Information System (STEIS).

December Incident Summary

A patient underwent cardiac surgery at Harefield Hospital in October 2017. Her post-operative course was complex and a fungal infection was diagnosed. Antifungal drug treatment was commenced. Unfortunately the patient sustained a cardiac arrest during the main dose administration from which she could not be resuscitated. Her death was reported to the Coroner. No post mortem was performed (and therefore no toxicology) but an inquest is awaited.

In the original investigation there appeared to be no obvious clinical or service delivery issues based on the information available at the time. However new information has come to light in two statements which have been presented in December 2017 which suggest that there was a drug administration error.

For M8 (November); one serious incident was reported to commissioners via the Strategic Executive Information System (STEIS).

November Incident Summary

A patient suffered a major persistent neurological injury following aortic valve surgery.

These incidents will be reviewed through the Trust's clinical governance processes and any learning points will be identified, shared across the clinical teams, and reported through the Governance and Quality and Risk and Safety Committees.

Section 2 – The Friends and Family Test

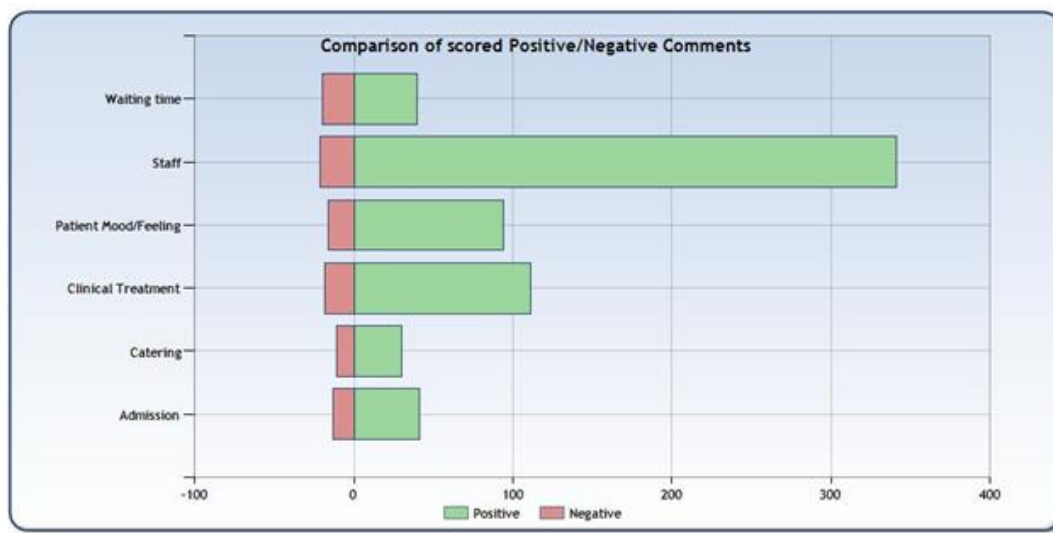
Patient Experience - Monthly update – January 2018

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.

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

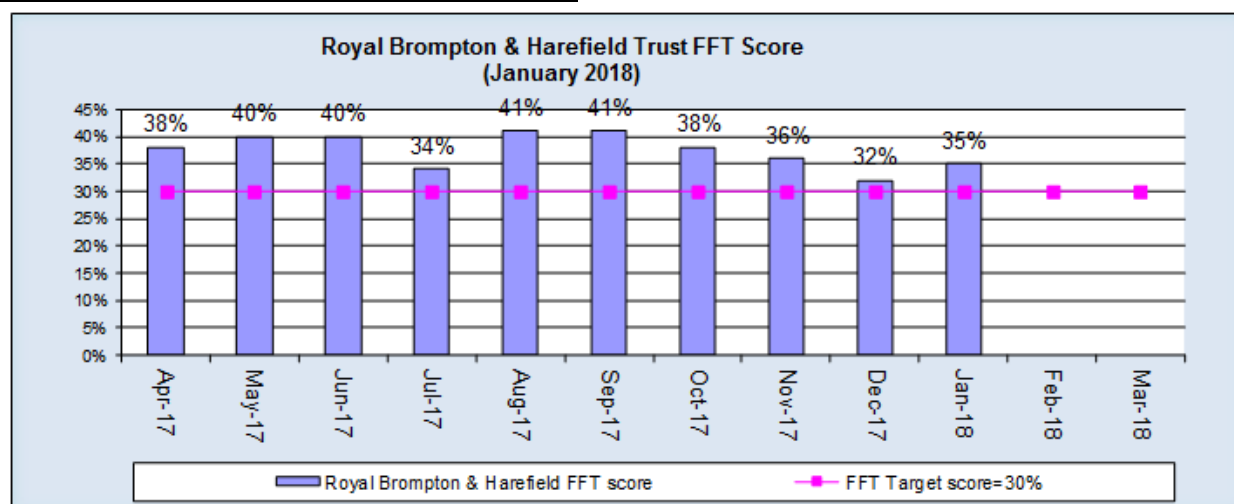


Top 10 Words			
+ Positive		- Negative	
1. Staff	331	1. Treatment	7
2. Care	196	2. Process	3
3. Friendly	128	3. Clinical	3
4. Excellent	100	4. Seen	3
5. Helpful	87	5. Nurse	3
6. Good	82	6. Staff	3
7. Treatment	75	7. Likely	2
8. Nurses	75	8. Discharge	2
9. Received	73	9. Letter	2
10. Extremely	67	10. Good	2

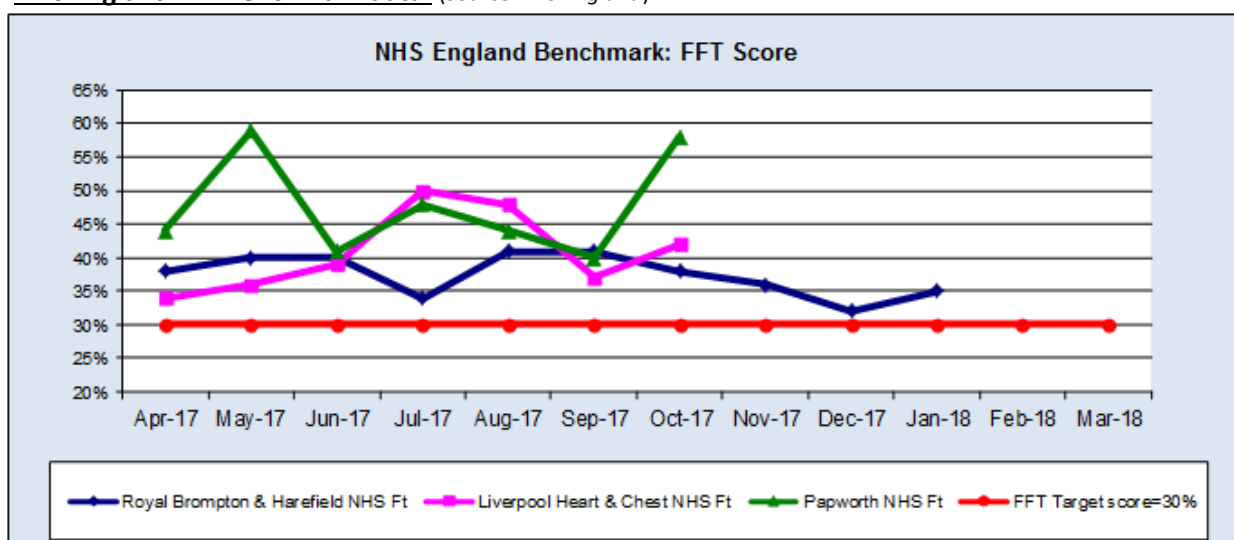
Top 10 Themes			
+ Positive		- Negative	
1. Staff attitude	678	1. Staff attitude	10
2. Implementation of care	425	2. Clinical Treatment	9
3. Staff	417	3. Admission	8
4. Clinical Treatment	149	4. Staff	7
5. Patient Mood/Feeling	111	5. Waiting time	6
6. Environment	102	6. Implementation of care	5
7. Waiting time	56	7. Environment	4
8. Admission	54	8. Patient Mood/Feeling	4
9. Communication	51	9. Communication	3
10. Catering	42	10. Catering	3

Friends and Family Test Update – January 2018

1. Royal Brompton & Harefield NHS Ft: FFT Score



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



Inpatient FFT Responses

Number of responses received via each mode of collection					
SMS/Text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
703	0	81	193	68	1045

Outpatient FFT Responses

Number of responses received via each mode of collection					
SMS/Text/Smartphone app	Electronic tablet/kiosk at point of discharge	Paper/Postcard given at point of discharge	Telephone Survey Once Patient is Home	Online Survey Once Patient is home	Total
0	0	101	0	0	101

We have received notice from the commissioners that we are now required to reach a response rate of 6% for outpatient services. We will monitor outpatient activity for the next few months and if no improvement is seen using the paper cards, other options will be discussed.

We have found that based on average of outpatient visits over the last 6 months we receive 10,000 patients a month. This gives us a target of 600 FFT response cards to work towards.

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Jan. 2018. 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)	99.0% of planned level	% of registered nurse day hours filled as planned (Hospital)	99.7% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	49.7% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	67.1% of planned level
% of registered nurse night hours filled as planned (Hospital)	94.5% of planned level	% of registered nurse night hours filled as planned (Hospital)	101.0% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	29.3% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	85.3% of planned level
<p>Registered nurse staffing at the Brompton site averaged 99% (days) and 94.5% (nights). This was the result of increased capacity / activity in AICU and Elizabeth HDU following the completion of refurbishment works and the effects of flu related activity. Occupancy of the private patients ward also increased this month.</p> <p>Unregistered care staff levels were 49% (days) and 29% (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 100% on days and 101% on nights. This was the result of high activity in ITU where capacity has increased, and reduced activity / capacity elsewhere. These reductions include the impact of Darwin related schemes.</p> <p>Unregistered care staff levels were 67% (days) and 85% (nights). Sufficient registered nursing staff (including super-numery 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.

Peter Doyle, Divisional Lead Nurse / Associate General Manager, Heart Division, Harefield Hospital.

Section 5 – Complaints

Complaints Responded against response date agreed with the complainant

The table below displays the monthly number of RBHFT complaints responded to within agreed timescales and the percentage performance broken down by site.

NHS regulations no longer stipulate a specific time scale for response to but the Trust has retained an internal metric of 25 days for simple complaints. Where a complaint is intermediate or complex and is unlikely to be responded to within 25 days, the complainant is advised of the expected date of response by the investigating manager. Complainants are kept informed either by telephone or by letter if there are any delays.

Site	KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Q1	Q2	Q3	Q4	2017/18 YTD
Brompton	% Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Met within agreed timescales	3	5	0	2	4	1	6	5	5	5	8	7	16	5	36
	Not met within agreed timescales	2	1	0	2	1	1	1	1	0	0	3	4	2	0	9
	Total	5	6	0	4	5	2	7	6	5	5	11	11	18	5	45
	%	60.0%	83.3%		50.0%	80.0%	50.0%	85.7%	83.3%	100.0%	100.0%	72.7%	63.6%	88.9%	100.0%	80.0%
Harefield	% Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Met within agreed timescales	1	3	2	3	2	1	1	3	3	0	6	6	7	0	19
	Not met within agreed timescales	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1
	Total	1	3	3	3	2	1	1	3	3	0	7	6	7	0	20
	%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		85.7%	100.0%	100.0%		95.0%
Trust	% Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Met within agreed timescales	4	8	2	5	6	2	7	8	8	5	14	13	23	5	55
	Not met within agreed timescales	2	1	1	2	1	1	1	1	0	0	4	4	2	0	10
	Total	6	9	3	7	7	3	8	9	8	5	18	17	25	5	65
	%	66.7%	88.9%	66.7%	71.4%	85.7%	66.7%	87.5%	88.9%	100.0%	100.0%	77.8%	76.5%	92.0%	100.0%	84.6%

- All of the complaints in M10 were responded to within the agreed timescales.
- M10 Trust performance stands at 100%.
- 2017/18 YTD Trust performance stands at 84.6%.

Eve Cartwright (Mrs)
Patient Advice & Liaison Service Manager

6th February 2018

Section 6 – CQC Insight Dashboards

CQC Insight brings together in one place the information that CQC have gathered together about the Trust. It contains information at provider, location, or core service level.

The CQC use CQC Insight to decide what, where and when to inspect.

The CQC Insight monitoring report was updated by CQC on 5th January 2018 and the following pages contain the high level summary sections following this most recent update.

Key messages noted by the CQC are:

- The overall performance is about the same
- Well led performance is improving
- Caring, effective, safe and responsive performance is stable
- Medical care performance is improving
- Surgery performance is declining. This is due to the inclusion of one never event since the last report. This never event was reported to the Trust Board in September 2017 and involved the retention of a swab following surgery. The metrics CQC include in their assessment of surgical performance are included on page 16 of this report.
- Outpatient and diagnostic imaging performance is stable

Royal Brompton and Harefield NHS Foundation Trust

Ratings overview

National Guardian
Freedom to Speak Up



27 December 2017

FACTS, FIGURES & RATINGS		TRUST AND CORE SERVICE ANALYSIS		FEATURED DATA SOURCES			DEFINITIONS		27 December 2017		
TRUST	LOCATION	URGENT & EMERGENCY	MEDICAL CARE	SURGERY	CRITICAL CARE	MATERNITY	CHILDREN & YOUNG PEOPLE	END OF LIFE CARE	OUTPATIENTS	RATINGS	
<p>This page displays the latest ratings and the direction of travel for core service and trust level key question intelligence indicators. Click on the arrows to see the indicator detail.</p> <p>Key messages</p> <p>Intelligence indicates that</p> <ul style="list-style-type: none">Overall performance for this trust is about the sameWell led performance is improvingCaring, Effective, Safe, Responsive performance is stableMedical care performance is improvingSurgery performance is decliningOutpatients and diagnostic imaging performance is stable		Overall		Safe	Effective	Caring	Responsive	Well led	Overall		
				RI 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	G 10/1/2017	RI 10/1/2017		
		Urgent and emergency care	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA	NA
			Royal Brompton Hospital	NA	NA	NA	NA	NA	NA	NA	NA
		Medical care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	
			Royal Brompton Hospital	G 10/1/2017	O 10/1/2017	G 10/1/2017	G 10/1/2017	O 10/1/2017	O 10/1/2017	O 10/1/2017	
		Surgery	Harefield Hospital	RI 10/1/2017	O 10/1/2017	O 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	
			Royal Brompton Hospital	RI 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	RI 10/1/2017	RI 10/1/2017	RI 10/1/2017	
		Critical care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	
			Royal Brompton Hospital	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	RI 10/1/2017	RI 10/1/2017	
Maternity	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA	NA		
	Royal Brompton Hospital	NA	NA	NA	NA	NA	NA	NA	NA		
Children and young people	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA	NA		
	Royal Brompton Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	O 10/1/2017	G 10/1/2017	G 10/1/2017			
End of life care	Harefield Hospital	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017			
	Royal Brompton Hospital	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017			
Outpatients	Harefield Hospital	G 10/1/2017	NA	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017			
	Royal Brompton Hospital	G 10/1/2017	NA	G 10/1/2017	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017			

Royal Brompton and Harefield NHS Foundation Trust

Trust and core service analysis > Trust composite of key indicators

National Guardian
Freedom to Speak Up

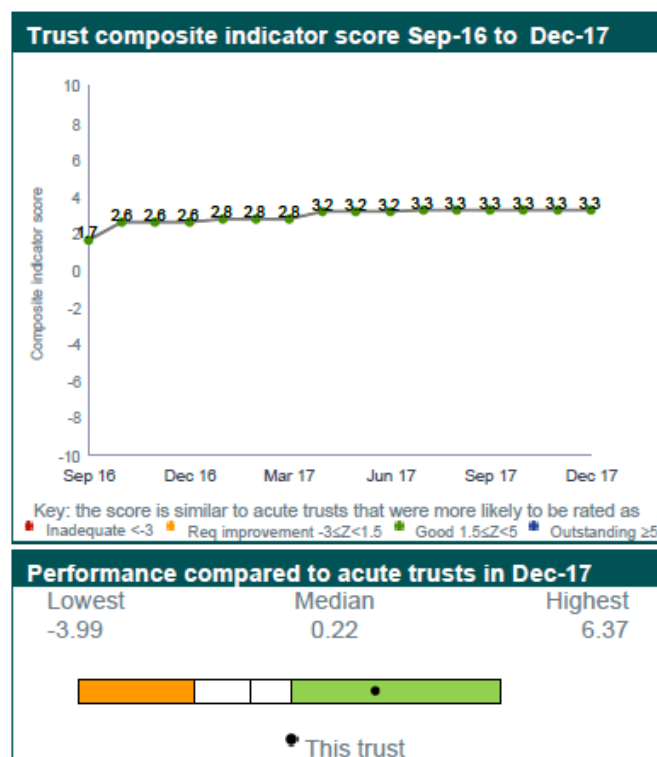


27 December 2017

FACTS, FIGURES & RATINGS		TRUST AND CORE SERVICE ANALYSIS			FEATURED DATA SOURCES		DEFINITIONS		27 December 2017	
OVERVIEW	TRUST COMPOSITE INDICATOR	TRUST WIDE	URGENT & EMERGENCY	MEDICAL CARE	SURGERY	CRITICAL CARE	MATERNITY	CHILDREN & YOUNG PEOPLE	END OF LIFE CARE	OUTPATIENTS

The trust composite is a pilot indicator created from 12 specific indicators within Insight. The composite indicator score helps to assess a trust's overall performance but it is not a rating nor a judgement. The composite should be used alongside other evidence in monitoring trusts.

- The latest trust rating is requires improvement published on 10/1/2017 (last inspection date is not available)
- This trust's composite score is among the highest 25% of acute trusts



Indicator	Performance			National comparison
	Previous	Latest	Change	
Cancelled operations as a percentage of elective activity (%) Department of Health (DH) - Cancelled Operations (QMCO) (22 Nov 2017)	1.7% Jul 16 - Sep 16	1.5% Jul 17 - Sep 17	➡	S
Flu vaccination uptake (%) Department of Health - HCW Seasonal Influenza Vaccination Programme (07 Jun 2017)	46.5% Sep 15 - Feb 16	61.3% Sep 16 - Feb 17	⬆	S
Support from immediate managers (1-5) NHS England - NHS Staff Survey (29 Mar 2017)	3.74 Sep 15 - Dec 15	3.78 Sep 16 - Dec 16	➡	S
Patient-led assessment of privacy, dignity, and well being (%) Information Centre for Health & Social Care (IC) - Patient-led assessments of the care environment (29 Aug 2017)	88.8% Feb 16 - Jun 16	93.4% Mar 17 - Jun 17	➡	S
Treatment with respect and dignity CQC - Inpatient survey (30 May 2017)	9.5 Jun 15 - Aug 15	9.4 Jun 16 - Aug 16	➡	S
Communication between senior management and staff (%) NHS England - NHS Staff Survey (24 Mar 2017)	40.7% Sep 15 - Dec 15	42.9% Sep 16 - Dec 16	➡	B
Fairness and effectiveness of reporting (1-5) NHS England - NHS Staff Survey (29 Mar 2017)	3.89 Sep 15 - Dec 15	3.96 Sep 16 - Dec 16	⬆	B
Confidence and trust in the doctors CQC - Inpatient survey (30 May 2017)	9.6 Jun 15 - Aug 15	9.6 Jun 16 - Aug 16	➡	B

Royal Brompton and Harefield NHS Foundation Trust

Trust and core service analysis > Surgery indicators

Insight



27 December 2017

FACTS, FIGURES & RATINGS		TRUST AND CORE SERVICE ANALYSIS		FEATURED DATA SOURCES		DEFINITIONS				
OVERVIEW	TRUST COMPOSITE INDICATOR	TRUST WIDE	URGENT & EMERGENCY	MEDICAL CARE	SURGERY	CRITICAL CARE	MATERNITY	CHILDREN & YOUNG PEOPLE	END OF LIFE CARE	OUTPATIENTS

What's the current performance of surgery indicators?



Key question	KLOE	Indicator	National average	Performance			National comparison
				Previous	Latest	Change	
Safe	S5	Falls with harm in surgical wards (per 100 patients sampled) Safety thermometer - Safety thermometer (02 Nov 2017)	-	0.4 Jul 16 - Sep 16	0.0 Jul 17 - Sep 17		
	S5	Never events in Surgery NHS Improvement - STEIS (06 Dec 2017) National Guardian Freedom to Speak Up	-	0 Nov 15 - Oct 16	1 Nov 16 - Oct 17	↓	
	S5	New pressure ulcers in surgical wards (per 100 patients sampled) Safety thermometer - Safety thermometer (02 Nov 2017)	-	0.9 Jul 16 - Sep 16	1.6 Jul 17 - Sep 17		
	S5	New UTIs in catheterised patients on surgical wards (per 100 patients sampled) Safety thermometer - Safety thermometer (02 Nov 2017)	-	0.9 Jul 16 - Sep 16	0.6 Jul 17 - Sep 17		
Caring	C1	Patients recommending the trust - Surgery inpatients (%) NHS England - Friends and Family Test (01 Nov 2017)	-	97.6% Jun 16 - Aug 16	95.4% Jun 17 - Aug 17	→	
Responsive	R3	Cancelled operations as a percentage of elective activity (%) Department of Health (DH) - Cancelled Operations (QMCO) (22 Nov 2017)	1.0%	1.7% Jul 16 - Sep 16	1.5% Jul 17 - Sep 17	→	S
	R3	Cancelled operations not treated within 28 days of non-clinical cancellation (%) Department of Health (DH) - Cancelled Operations (QMCO) (22 Nov 2017)	6.8%	0.7% Jul 16 - Sep 16	0.8% Jul 17 - Sep 17	→	S
Well led	W7	Response rate - Surgery inpatients (%) NHS England - Friends and Family Test (01 Nov 2017)	-	40.8% Sep 15 - Aug 16	42.9% Sep 16 - Aug 17	→	

Section 7 – Learning from Deaths

The following table shows Trust data on Learning from Deaths for the period 1st April – 31st December 2017.

This data was reviewed at the Risk and Safety Committee on 6th February 2018 and is included here to fulfil the requirement that it be reported to a public meeting of the Trust Board.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Please note: deaths are being graded according to Bristol Mortality Grading System, and then this grades are being retrospectively fitted to the new RCP methodology score

Bristol Scale Grade 1: < adequate care - different management would have made a difference to outcome = RCP Score 1 or 2 or 3: Definitely avoidable; Strong evidence of avoidability; Probably avoidable (more than 50:50)

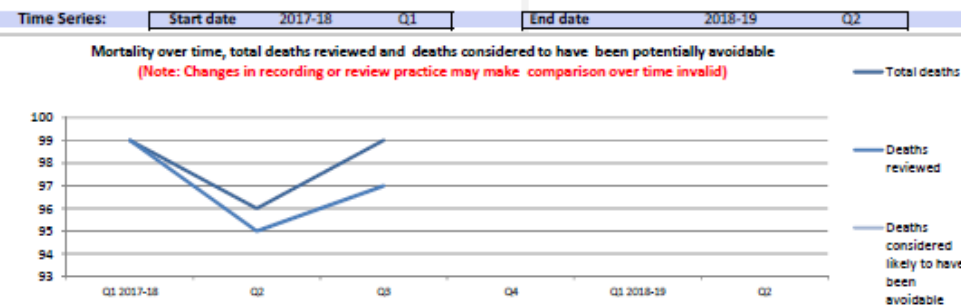
Bristol Scale Grade 2: < adequate care - but different management might have made a difference to outcome = RCP Score 4: Probably avoidable but not very likely

Bristol Scale Grade 3: < adequate care - but different management would have made no difference to outcome = RCP Score 5: Slight evidence of avoidability

Bristol Scale Grade 4: Adequate Care = RCP Score 6: Definitely not avoidable

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
26	34	25	32	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
99	96	97	95	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
294	0	291	0	0	0



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable	Score 2 Strong evidence of avoidability	Score 3 Probably avoidable (more than 50:50)	Score 4 Probably avoidable but not very likely	Score 5 Slight evidence of avoidability	Score 6 Definitely not avoidable
This Month 0 0.0%	This Month 0 0.0%	This Month 0 0.0%	This Month 0 0.0%	This Month 1 4.2%	This Month 23 95.8%
This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 0 0.0%	This Quarter (QTD) 2 2.1%	This Quarter (QTD) 6 6.3%	This Quarter (QTD) 88 91.7%
This Year (YTD) 0 0.0%	This Year (YTD) 0 0.0%	This Year (YTD) 0 0.0%	This Year (YTD) 4 1.4%	This Year (YTD) 18 6.2%	This Year (YTD) 268 92.4%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
0	0	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1	0	1	0	0	0

