Operational Performance Metrics and Quality Indicators
Month 12 2017/18 – period ending 31st March 2018

NHS Improvement - Single Oversight Framework					
Clostridium difficile	M12 1	YTD M12 17	YTD M12 Cases under review 3	Performance Standard Dept. Health Trajectory = 23	-22 Met
MRSA Bacteraemia	M12 0		YTD M12 0	Zero tolerance	Met
Indicator	M12			M12 Target	Variance from Target / Trajectory M12 Position
18 weeks RTT Incomplete	91.86%			92.0%	Target not met for M12
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	Target met for M12
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	8 patients 75.00%			M12 Trajectory = 70.70%	Trajectory met for M12
VTE Risk assessments	Q3 = 96.20%			95%	Target met for Q3
Never Events	M12 0		YTD M12 1	Zero tolerance	Zero breaches for M12

NHS England - NHS Standard Contract			
Urgent operations cancelled for the 2nd time	0	Zero tolerance	Zero breaches for M12
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	0	Zero tolerance of no readmission within 28 days	Zero breaches for M12
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0	Zero tolerance of no readmission within 28 days	Zero breaches for M12
52 week breaches	1	Zero tolerance	One breach for M12
Cancer – 14 day Urgent GP Referral	No. of cases M12 2017/18 = 0 100%	93%	Target met for M12
Cancer – 31 day 1st treatment	20 patients 100%	96%	Target met for M12
Cancer – 31 day subsequent treatment	18 patients 100%	94%	Target met for M12

Incidents					
	17/18 M12	16/17 Total Incidents	16/17 YTD Incidents at M12	17/18 YTD Incidents at M12	Δ
Outbreaks of Infection	2	4	4	3	-1
Serious Incidents	1	11	11	8	-3

1.1 *Clostridium difficile*

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	17/18 YTD Total
Total Cases reported to PHE	0	3	2	5	1	2	0	0	1	0	2	1	**17**
No. Cases apportioned to Trust	0	3	2	5	1	1	0	0	0	0	2	0	**14**
No. Cases apportioned as non-Trust (other Trust or community related)	0	0	0	0	0	1	0	0	1	0	0	1	**3**
Cases under review	0	0	0	0	0	0	0	0	0	0	2	1	**3**
Cases due to lapses of care	0	1	0	0	0	0	0	0	0	0	Pending Review	0	**1**
2016-17 cumulative monthly trajectory	2	4	6	8	10	12	14	16	18	20	22	23	**23**
Variance against cumulative monthly trajectory	-2	-3	-5	-7	-9	-11	-13	-15	-17	-19	-21	-22	**-22**

- There was 1 case of *Clostridium difficile* during M12

- Seventeen cases of *Clostridium difficile* have been reported to Public Health England in the 2017/18 financial year.

- Fifteen 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.

- Two cases are awaiting review by NHS England. The review is scheduled to take place on 26th April 2018.

1.2 18 week Referral to Treatment Time Targets

Performance against the Sustainability and Transformation Fund (STF) trajectory

18 Weeks Referral to Treatment - Incomplete Pathway

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Incomplete Performance	93.12%	93.52%	92.67%	92.42%	92.20%	92.71%	92.90%	92.67%	93.29%	94.08%	93.31%	92.93%	93.41%	92.51%	91.86%
Incomplete National Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
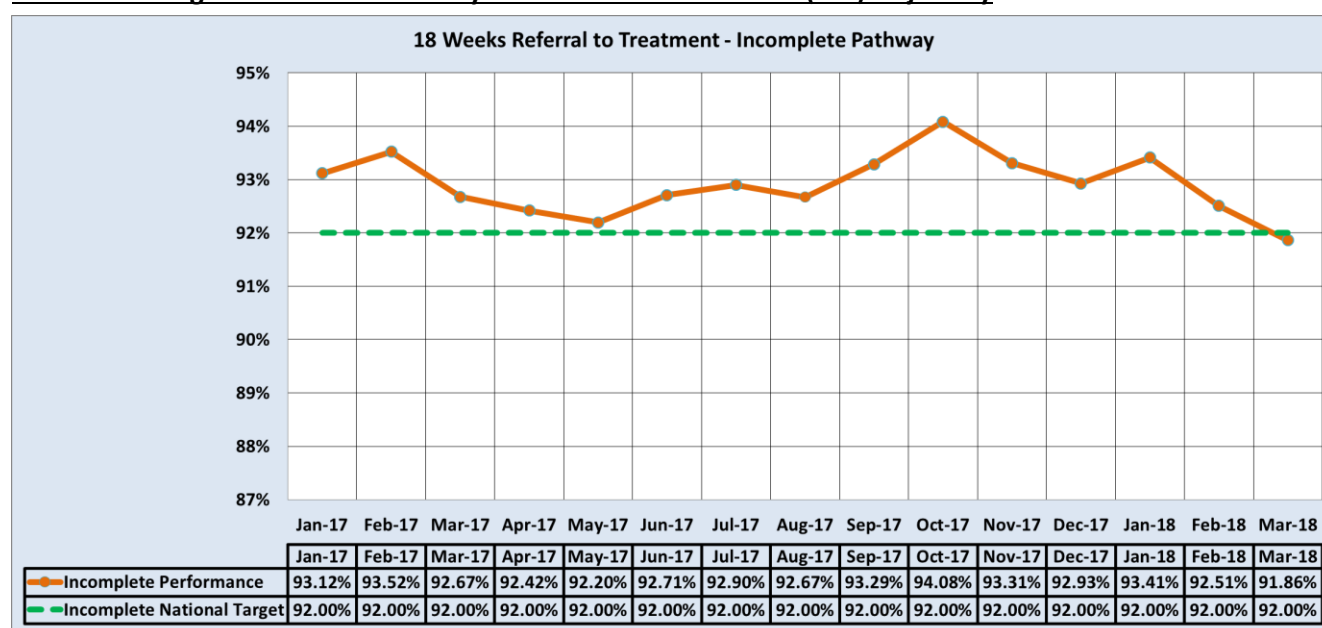
18 weeks RTT by National Specialty – Incomplete Pathways March 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,337	38	1,375	97.24%
	Cardiology (Harefield)	1,232	161	1,393	88.44%
Cardiology		**2,569**	**199**	**2,768**	**92.81%**
Thoracic Medicine		**1,318**	**33**	**1,351**	**97.56%**
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	173	52	225	76.89%
	Cardiac Surgery (Harefield)	245	70	315	77.78%
	Thoracic Surgery	134	1	135	99.26%
Cardiothoracic Surgery		**552**	**123**	**675**	**81.78%**
Other	Other	142	8	150	94.67%
	Paediatrics	612	93	705	86.81%
	Transplant	66	10	76	86.84%
Other		**820**	**111**	**931**	**88.07%**
		5,259	**466**	**5,725**	**91.86%**

As at 19th April 2018, data extracted from the patient administration system (PAS) shows performance of 91.86% for March 2018. This does not meet the national standard of 92%.

Data Quality concerns persist.

Section 1.2.1 on the following page summarises the background to the data quality concerns and details the sequence of events during 2017/18. This summary has been included within Quality Report 2017/18.

1.2.1   RTT Data Quality

Background

In July 2016, the Trust's Patient Administration System (PAS) was changed from the original iexpress PAS to the new Lorenzo PAS system. Data was migrated from iexpress to Lorenzo and the staff who enter data were provided with training on how to use the new system.

From October 2016, the PAS Board which had overseen the implementation of the new PAS was transformed into the PAS Implementation Group (PIG) in order to provide continuing executive oversight for the project following the initial deployment.   The PIG was chaired by the Chief Operating Officer and brought together personnel from IT, Performance and Information and from the operational teams. Initially, the PIG met fortnightly and then moved to monthly meetings throughout 2017.

2017/18

During the summer of 2017, the Trust took part in a national audit of data quality, carried out by NHS Improvement. The data audited was that underpinning the management of all elective care including planned care, patients waiting for Out-patient follow up / diagnostic tests as well as the reporting of the referral to treatment time (RTT) target. This audit raised questions about the integrity of the data within the Trust's Lorenzo PAS system and NHS Improvement issued a report which set out matters that needed to be investigated and addressed.

In November 2017, The Chief Operating Officer invited the Elective Care Intensive Support Team (IST) of NHS Improvement to get involved in the work required to take forward the report's recommendations. An Action Plan was developed in conjunction with the IST and work began in January 2018 on what is expected to be a programme of work extending over twelve months.

Although a better understanding of the data quality position has been achieved during 2017/18, significant numbers of RTT pathways continue to be started on the Lorenzo PAS for patients who are not on an RTT pathway and there is uncertainty as to whether clock stops are being applied correctly. The presence of these pathways within the reports means that the Trust has been unsighted on the correct numbers of patients on RTT pathways and this could be obscuring performance issues.

The current validation process involves a team of validators based in the Divisions. Every month 750 – 800 records of patients who have waited over 18 weeks are checked. As a result of this validation process around 300 – 400 pathways are closed every month. The main reason for closing these pathways is that patients should not have been started on an 18 week pathway in the first place. The other main category of error discovered at validation is that a clock stop has not been applied when it should have been.

The continual opening of new pathways with data quality errors, followed by their closing after validation has meant that overall, for the past year, the Trust has been in a position of stasis. The total number of open pathways was 5,725 at M12.

The report issued by the IST, its recommendations and the resulting action plan identify improvements that need to be made to break out of this cycle. Chief amongst these is the need to retrain operational staff in data entry to the Lorenzo PAS so that the data is entered correctly at source and the provision of patient tracking information which covers the whole of elective care.

Patients on an RTT Pathway who waited more than 52 weeks

Five patients on RTT pathways waited more than 52 weeks for treatment during 2017/18.

Four of these cases involved patients under the care of the Heart Division at Harefield Hospital. Three of these cases were due to incorrect data entry to the Lorenzo PAS system and one case involved paper records being filed rather than being acted upon.

One case involved a patient under the care of the Heart Division at the Royal Brompton Hospital. In this case, incorrect data entry to the Lorenzo PAS was a contributing factor to the delayed treatment.

In all five cases, a clinical review will be undertaken six months after treatment has been completed in order to determine whether any harm resulted from the long waiting time.

Plan for 2018/19

On 3rd April 2018 a Programme Director for RTT and Planned Care came into post for an initial six month secondment from the Intensive Support Team.

A programme to retrain operational staff in data entry to the Lorenzo PAS system has been designed and delivery of the training is expected to commence during May 2018.

As part of the Operational Plan for 2018/19, the Trust has submitted a trajectory for RTT which shows performance beginning at 90% and rising to 92% by the end of the year (31st March 2019). The rationale behind this trajectory is that a combination of training and validation is expected to remove around 1, 500 shorter patient pathways that should either not be classified as RTT, or should have been clock stopped. At the same time increased productivity and efficiency during 2018/19, driven through the Darwin Programme, is expected to release capacity which will enable the Trust to treat more patients who have waited over 18 weeks. This will bring the target back into compliance by the end of the year.

1.2.2   52-week Referral-to-Treatment (RTT) breaches

During M12 there was one breach of the National Quality Requirement that no-one waits over 52 weeks as shown in the RTT return to Unify (Department of Health)[1].

Breach Summary –   This patient was first referred to Harefield Hospital in 2008. She was discharged back to the care of her GP in 2011, with an annual direct access echo at Harefield Hospital so that her condition could be monitored. She was referred for review by the Aortic Valve team in the summer of 2016. Unfortunately, her record was merged on the Lorenzo PAS with an earlier pathway which had been entered as not being an RTT pathway. This meant that no RTT clock was running and therefore the patient was not tracked against the 18 week or 52 week standards. The patient contacted the Trust in September 2017 to find out what was happening and she has since been seen in out-patients and is currently being actively monitored in order to keep track of her symptoms and the treatment options.

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

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[1] Schedule 4 Quality Requirements NHS Standard Contract 17/18

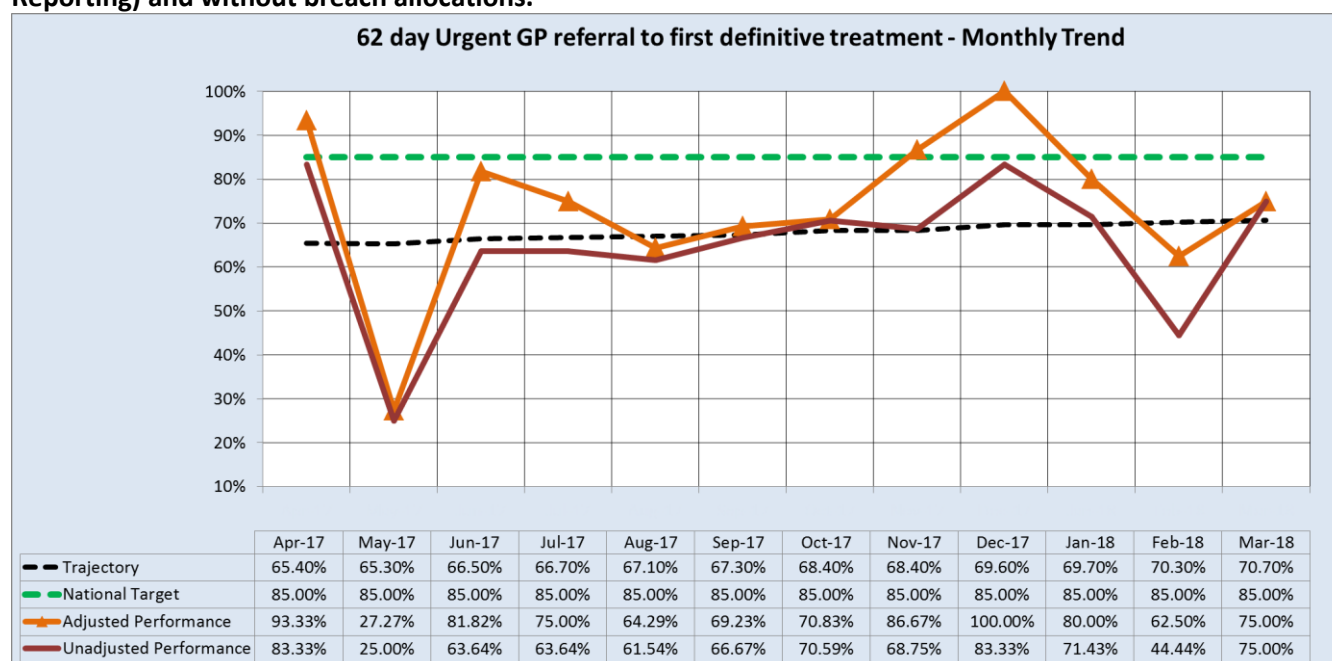## 1.3 Cancer Target - 62 days to 1st Treatment

Trust Actions – Update:

- In preparation for the implementation of the new National Cancer Waiting Times Monitoring Data Set (which replaces Open Exeter from July 2018) work has been ongoing in the background to ensure our Infoflex reporting system is ready for data collection and reporting from May 2018. This includes several new data items that have not been previously collected.

- In addition the Trust cancer team has also engaged with the E-Referral Implementation Lead for Cancer in London to ensure that, whilst small numbers, when this goes live later in the year we are able to effectively manage all 2 week wait referrals for suspected lung cancer via this new electronic route.

Referral Centre Actions – Update:

- There are no new referral centre actions or issues to report.

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

62 day Urgent GP referral to first definitive treatment - Monthly Trend

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Trajectory	65.40%	65.30%	66.50%	66.70%	67.10%	67.30%	68.40%	68.40%	69.60%	69.70%	70.30%	70.70%
National Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
Adjusted Performance	93.33%	27.27%	81.82%	75.00%	64.29%	69.23%	70.83%	86.67%	100.00%	80.00%	62.50%	75.00%
Unadjusted Performance	83.33%	25.00%	63.64%	63.64%	61.54%	66.67%	70.59%	68.75%	83.33%	71.43%	44.44%	75.00%

▪▪▪▪ *Provisional data for M12 (March)*
▪▪▪▪ *Provisional data for M12 (March)*

For M12; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (70.70%) 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) M12

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
West Hertfordshire Hospitals NHS Trust Watford General Hospital	104	32	136					✓
Royal National Orthopaedic Hospital NHS Trust The Royal National Orthopaedic Hospital (Stanmore)	44	38	82					✓
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	29	15	44		✓			
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	0	46	46		✓			
	34	13	47		✓			
	23	25	48		✓			
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	23	33	56		✓			
University College London Hospitals NHS Foundation Trust	20	40	60		✓			

Two patients waited more than 62 days for treatment in March. Both of these patients were referred after day 38.

Of the two patients referred to the Trust after day 38:

- One patient was referred on day 104 and treated at the trust after 32 days. The extended pathway was due to the patient wanting to stay with the original consultant they were referred to.
- One patient was referred on day 44 and treated at the trust after 38 days. The patient required further investigations before proceeding with surgery, this extended the pathway.

Performance using pre breach allocation /national breach allocation

NHS Improvement guidance requires reporting of:

i)   **Performance without breach allocation:**

Period	Total treated	Total treated in time	Unadjusted Performance
Mar - 2018	4.0	3.0	75.00%
YTD	68	45	66.18%

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
Mar - 2018	4.0	0	3	0	0	1	75.00%
YTD	68	13	31.5	4.5	8	10	74.84%

- 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 8 patients treated during M12, 6 were treated in time (scenario 1 + scenario 2).
- In two cases, the breach was shared between the trust and referring provider (scenario 5).
- The data for M12 (March 2018) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 3rd May 2018.

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 M12 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.

M12, March 2018

Detail of Numerator – Cancelled Operations (28 day rescheduled bookings)
During M12, there were zero occasions when patients were not offered another binding date within 28 days of the patients operation being cancelled for the first time.

Detail of Denominator – Cancelled Operations and procedures
There were 62 patients whose operation or procedure was cancelled in March 2018; 29 at Royal Brompton Hospital and 33 at Harefield Hospital.

Graph below: Cancellation trend in rolling 12 months
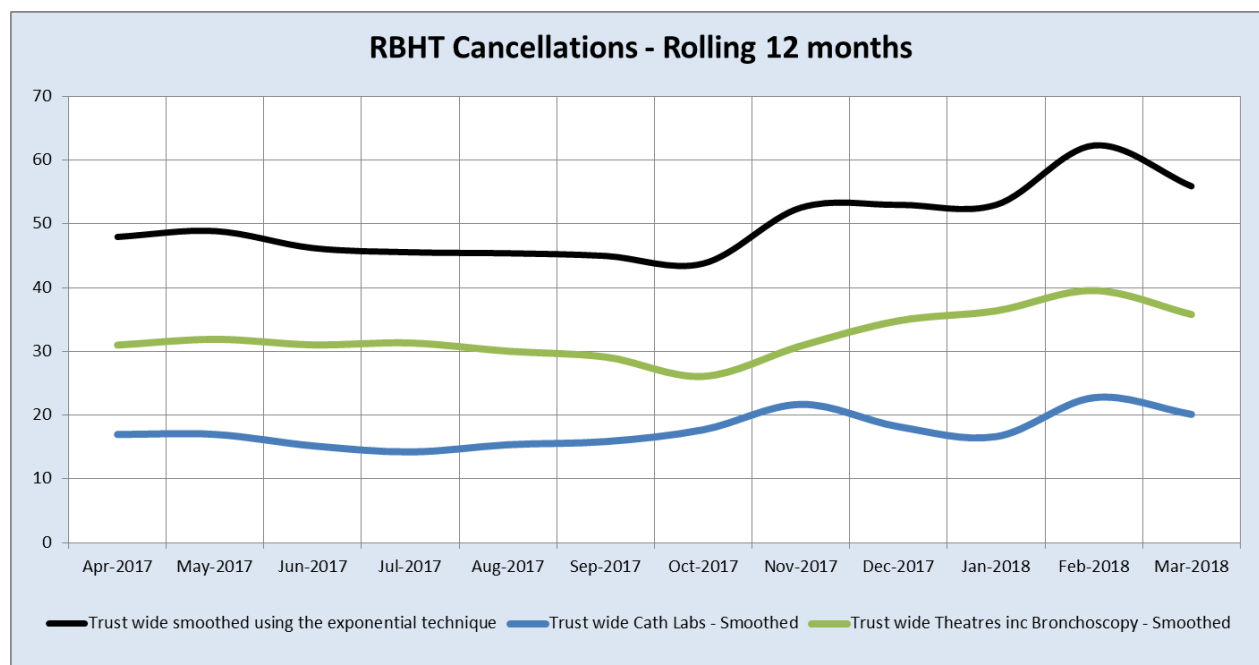
Exponential Smoothing is a statistical technique that uses a weighted mean to remove the peaks and troughs from past values. More recent values are given higher weights. So, the older data is smoothed while the variation within the more recent data is preserved.

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	Feb	Mar	Q1	Q2	Q3	Q4	YTD
Theatres (inc Bronchoscopy)	2	1	1	0	1	0	1	1	0	2	0	0	4	1	2	2	9
Catheter Labs	0	0	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	0	0	4	1	2	2	9
Theatres (inc Bronchoscopy)	0	0	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	0	0
HH Total	0	0	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	0	0	4	1	2	2	9

Denominator	Cancelled operations and procedures																
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	YTD
Theatres (inc Bronchoscopy)	20	16	22	7	13	13	26	18	10	15	11	22	58	33	54	48	193
Catheter Labs	7	4	7	5	4	12	14	5	6	14	9	7	18	21	25	30	94
RB Total	27	20	29	12	17	25	40	23	16	29	20	29	76	54	79	78	287
Theatres (inc Bronchoscopy)	14	13	10	20	14	6	16	26	30	32	16	24	37	40	72	72	221
Catheter Labs	10	7	5	13	13	10	17	5	7	23	5	9	22	36	29	37	124
HH Total	24	20	15	33	27	16	33	31	37	55	21	33	59	76	101	109	345
Trustwide	51	40	44	45	44	41	73	54	53	84	41	62	135	130	180	187	632

Performance against indicator E.B.S.2																	
Site	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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%	0.00%	0.00%	5.26%	1.85%	2.53%	2.56%	3.14%
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%	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%	0.00%	0.00%	2.96%	0.77%	1.11%	1.07%	1.42%

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.

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.

1.5   Incidents

1.5.1   Outbreak of infection

There were 2 outbreaks of infection in M12 (March). Public Health England were informed and supported the Trust throughout the short episode. Summaries of both outbreaks below:

- **Outbreak Influenza A /Influenza A H1N1 Paediatrics:**

  A total of 7 patients were confirmed as positive: 3 influenza A cases and 4 influenza A H1N1. 5 cases were diagnosed on Rose ward, one on PICU. 1 staff member was diagnosed with H1N1. Parents of 3 children on PICU reported flu like symptoms. A sibling (twin) of an asymptomatic child on PICU was admitted to C&W with Influenza A.

  12 cases of paediatric staff reported 'flu like' symptoms but were not tested as reporting from home. There were no associated deaths.

  It is likely that there was cross infection as all cases were linked in time and place. The probable source was the community.

- **Outbreak Rotavirus and Adenovirus Paediatrics:**

  A total of 2 patients were confirmed as positive with Rotavirus (one of these patients also had adenovirus). 4 staff members reported GI symptoms but no samples were taken as they reported sick from home.

  9 patients reported symptoms but were not tested or tested negative. All cases were linked in time and place. There were no associated deaths.

  Typing has been requested and at the time of the report is pending.

1.5.2   Serious Incidents & Never Events

For M12 (March); one serious incidents was reported to commissioners via the Strategic Executive Information System (STEIS).

December Incident Summary
This incident involved a patient, mobilising with two walking sticks, who had an unwitnessed fall whilst mobilising. The patient sustained a fractured femur. The patient underwent orthopaedic surgery at Chelsea and Westminster NHS FT to pin her femur. Whilst in ITU at Chelsea & Westminster Hospital she became hypoxic on weaning and had a cardiac arrest from which she was successfully resuscitated. She was then transferred back to Royal Brompton Hospital but unfortunately developed renal failure with anuresis. The patient had confirmed she did not want resuscitation or ICU admission again and subsequently she died.
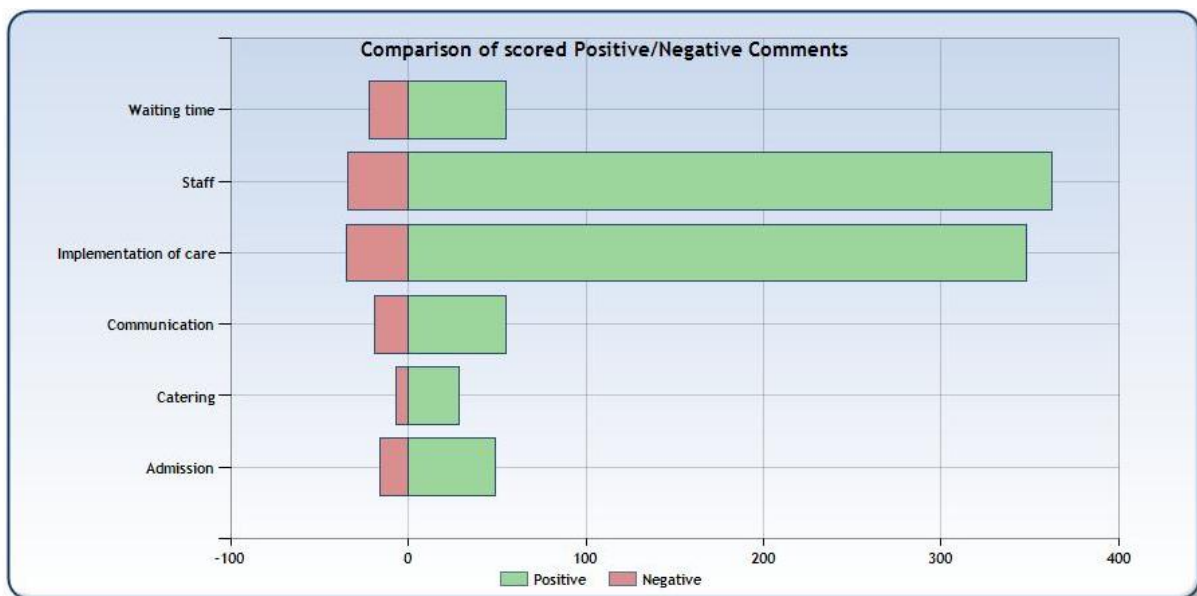
Patient Experience - Monthly update – March 2018

Trust Recommendation score for FFT - 96%
Negative Comments – 2.2%

Positive and negative themes captured during March 2018

Comparison of scored Positive/Negative Comments

Top 10 Words			
+ Positive		**− Negative**	
1. Staff	361	1. Staff	8
2. Care	213	2. Test	7
3. Friendly	103	3. Reception	5
4. Excellent	100	4. Home	4
5. Extremely	83	5. Waiting	4
6. Treatment	83	6. Consultant	4
7. Caring	77	7. Professional	4
8. Received	77	8. Care	3
9. Thank	77	9. Received	3
10. Service	71	10. Friendly	3

Top 10 Themes			
+ Positive		**− Negative**	
1. Staff attitude	697	1. Staff attitude	16
2. Implementation of care	439	2. Implementation of care	14
3. Staff	429	3. Staff	12
4. Clinical Treatment	173	4. Clinical Treatment	9
5. Patient Mood/Feeling	117	5. Communication	8
6. Environment	113	6. Patient Mood/Feeling	7
7. Waiting time	72	7. Waiting time	7
8. Communication	69	8. Environment	7
9. Admission	60	9. Admission	6
10. Catering	35	10. Catering	4

Friends and Family Test Update – March 2018

1. **Royal Brompton & Harefield NHS Ft: FFT Score**
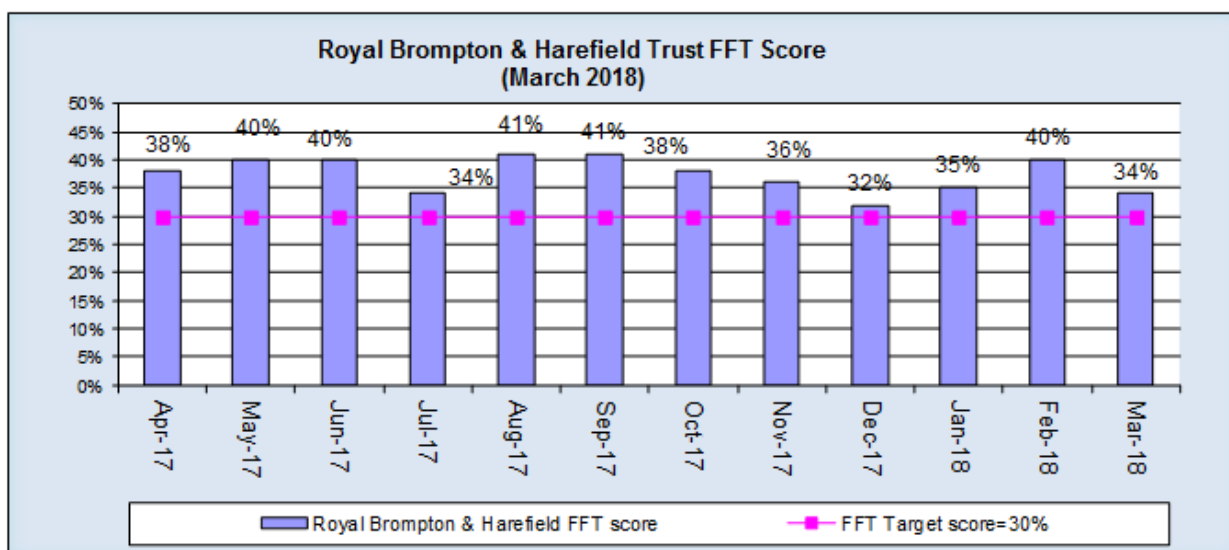
2. **NHS England FFT Benchmark data:** *(Source NHS England)*

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
792	0	0	176	0	958

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	96	0	73	169

Patient Comments:

Positive Comments

"The care and dedication one receives from all members of staff in the Brompton hospital is second to none." – **Paul Wood Ward**

"To be in a large hospital, miles away from home, I was scared and lonely, the care and dedication I received, made the experience bearable and less traumatic than I had expected, I was never made to feel less than important as a patient, treated with respect and dignity, all my fears were lessened by first class treatment by very human staff.." – **York Ward**

"Every single member of staff was absolutely kind, lovely, polite, helpful and friendly. Never had such a wonderful experience in a hospital." – Radial Lounge – **Cherry Tree Day Case Unit**

"The communication beforehand was organised and clear. When I arrived everything was in place for me. Every member of staff was kind and caring. Although I felt a bit worried their demeanour and calm approach to everything put me at ease. Nothing was too much trouble." – **Acorn Ward**

Negative Comments

"It was so noisy that I couldn't sleep- the whole point of being there." – **Sleep Centre**
- Comment has been sent to Department head to review.

"Lack of preparation from ward, junior doctor upsetting 2 year old with inability to cannulate" – **Rose Ward**
- Comment has been sent to Ward Sister to review incident and feedback any actions taken.

Updates from February Report:

There were 6 negative comments received with regards to catering in February. March has seen a small improvement with only 2 negative comments received.

Section 3 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for March 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)	**95.6%** of planned level	% of registered nurse day hours filled as planned (Hospital)	**100.6%** of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	**48.0%** of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	**70.3%** of planned level
% of registered nurse night hours filled as planned (Hospital)	**92.3%** of planned level	% of registered nurse night hours filled as planned (Hospital)	**100.1%** of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	**41.3%** of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	**86.3%** of planned level

Registered nurse staffing at the Brompton site averaged 95.6% (days) and 92.3% (nights). This was the result of high activity in Fulham Road and slightly reduced activity in Sydney Street.

Unregistered care staff levels were 48% (days) and 41% (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 safe delivery of care.

Staffing was maintained at safe levels throughout the month.

Registered nurse staffing at the Harefield site averaged 100% on both days and nights. This was the result of high activity in ITU where capacity has increased, and reduced activity / capacity elsewhere where Darwin schemes are taking effect and private activity was low.

Unregistered care staff levels were 70% (days) and 86% (nights). Sufficient registered nursing staff (including super-numery staff and students) was present on days to ensure that safe staffing was maintained. Darwin schemes have also reduced the demand for this group of staff in some areas (ACCU).

Staffing was maintained at safe levels throughout the month.

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

Section 4 – 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 16th March 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
- Caring, Effective, Well led, Safe, Responsive performance is stable
- Surgery performance is declining. This is due to the inclusion on one never event within the reporting period, and also inclusion of RTT performance for the surgical specialty.
- Medical care, Children and young people, Outpatients and diagnostic imaging performance is stable

Extract 1

Royal Brompton and Harefield NHS Foundation Trust
Ratings overview

National Guardian Freedom to Speak Up — Insight — CareQuality Commission

| FACTS, FIGURES & RATINGS | TRUST AND CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS | 13 March 2018 |

| TRUST | LOCATION | URGENT & EMERGENCY | MEDICAL CARE | SURGERY | CRITICAL CARE | MATERNITY | CHILDREN & YOUNG PEOPLE | END OF LIFE CARE | OUTPATIENTS | RATINGS |

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.

Key messages

Intelligence indicates that

- Overall performance for this trust is about the same

- Caring, Effective, Well led, Safe, Responsive performance is stable

- Surgery performance is declining

- Medical care, Children and young people, Outpatients and diagnostic imaging performance is stable

Service	Hospital	Safe	Effective	Caring	Responsive	Well led	Overall	Direction
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
	Royal Brompton Hospital	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	→
	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	
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	↓
	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	
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	NA
	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	
Maternity	Harefield Hospital	NA	NA	NA	NA	NA	NA	NA
	Royal Brompton Hospital	NA	NA	NA	NA	NA	NA	
Children and young people	Harefield Hospital	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	
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	NA
	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	
Outpatients	Harefield Hospital	G 10/1/2017	NA	G 10/1/2017	RI 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	

Extract 2

Royal Brompton and Harefield NHS Foundation Trust
Trust and core service analysis > Trust composite of key indicators

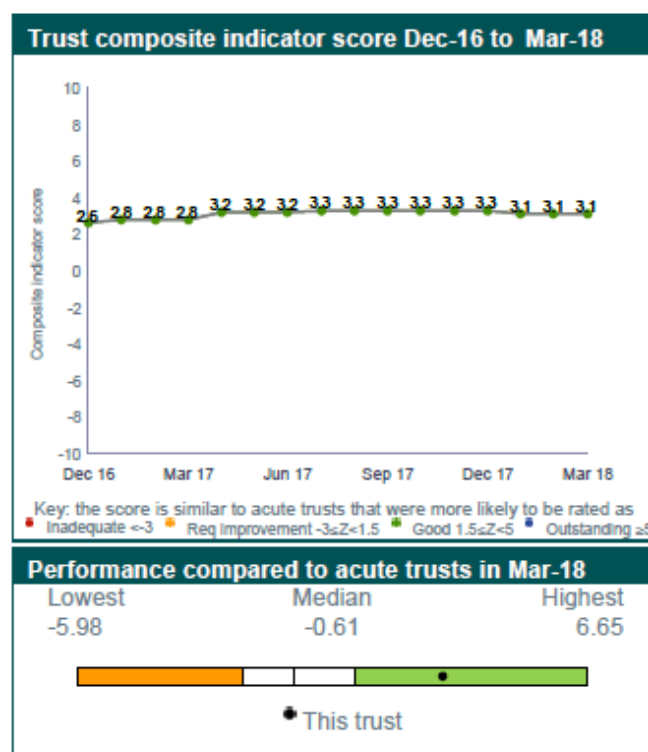**National Guardian Freedom to Speak Up**

Insight Acute NHS

CareQuality Commission

FACTS, FIGURES & RATINGS	TRUST AND CORE SERVICE ANALYSIS	FEATURED DATA SOURCES	DEFINITIONS	13 March 2018

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

Trust composite indicator score Dec-16 to Mar-18

Key: the score is similar to acute trusts that were more likely to be rated as
Inadequate <-3   Req Improvement -3≤Z<1.5   Good 1.5≤Z<5   Outstanding ≥5

Performance compared to acute trusts in Mar-18

Lowest	Median	Highest
-5.98	-0.61	6.65

● This trust

	Performance			National comparison
Indicator	**Previous**	**Latest**	**Change**	
Cancelled operations as a percentage of elective activity (%) Department of Health (DH) - Cancelled Operations (QMCO) (01 Mar 2018)	2.2% Oct 16 - Dec 16	2.0% Oct 17 - Dec 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	→	●
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	⬆	●
Confidence and trust in the doctors CQC - Inpatient survey (30 May 2017)	9.6 Jun 15 - Aug 15	9.6 Jun 16 - Aug 16	→	●

18

Extract 3

Royal Brompton and Harefield NHS Foundation Trust
Trust and core service analysis > Surgery indicators

Insight Acute NHS

CareQuality Commission

| FACTS, FIGURES & RATINGS | TRUST AND CORE SERVICE ANALYSIS | FEATURED DATA SOURCES | DEFINITIONS | 13 March 2018 |

| 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?

Safe

Effective

Caring

Responsive

Well led

0   1   2   3

No. of indicators

Key question	KLOE	Indicator	National average	Performance		Change	National comparison
				Previous	**Latest**		
Safe	S5	**Falls with harm in surgical wards (per 100 patients sampled)** Safety thermometer - Safety thermometer (07 Mar 2018)	-	0.2 Oct 16 - Dec 16	0.4 Oct 17 - Dec 17		
	S5	**Never events in Surgery** NHS Improvement - STEIS (07 Mar 2018) National Guardian Freedom to Speak Up	-	0 Feb 16 - Jan 17	1 Feb 17 - Jan 18	⬇	
	S5	**New pressure ulcers in surgical wards (per 100 patients sampled)** Safety thermometer - Safety thermometer (07 Mar 2018)	-	1.1 Oct 16 - Dec 16	1.0 Oct 17 - Dec 17		
	S5	**New UTIs in catheterised patients on surgical wards (per 100 patients sampled)** Safety thermometer - Safety thermometer (07 Mar 2018)	-	0.8 Oct 16 - Dec 16	0.4 Oct 17 - Dec 17		
Caring	C1	**Patients recommending the trust - Surgery inpatients (%)** NHS England - Friends and Family Test (09 Mar 2018)	-	96.4% Oct 16 - Dec 16	93.1% Oct 17 - Dec 17	➡	
Responsive	R3	**Cancelled operations as a percentage of elective activity (%)** Department of Health (DH) - Cancelled Operations (QMCO) (01 Mar 2018)	1.1%	2.2% Oct 16 - Dec 16	2.0% Oct 17 - Dec 17	➡	S
	R3	**Cancelled operations not treated within 28 days of non-clinical cancellation (%)** Department of Health (DH) - Cancelled Operations (QMCO) (01 Mar 2018)	7.3%	1.7% Oct 16 - Dec 16	1.1% Oct 17 - Dec 17	➡	S
	R3	**Referral to treatment, on completed admitted pathways in Surgery, within 18 weeks (%)** NHS England - Referral to Treatment Waiting Times (01 Mar 2018)	71.5%	89.8% Dec 16	78.8% Dec 17	⬇	S
Well led	W7	**Response rate - Surgery inpatients (%)** NHS England - Friends and Family Test (09 Mar 2018)	-	41.2% Jan 16 - Dec 16	42.3% Jan 17 - Dec 17	➡	