



Operational Performance Metrics and Quality Indicators

Month 3 2017/18 – period ending 30th June 2017

NHS Improvement - Single Oversight Framework

Indicator	M3	YTD M3	YTD M3 Cases under review	Performance Standard	Variance from Threshold
<i>Clostridium difficile</i>	2	5	5	Dept. Health Trajectory = 23	-23 YTD
MRSA Bacteraemia	0	0	0	Zero tolerance	0 cases reported to PHE for M3
18 weeks RTT Incomplete	92.71%			92.0%	Target met for M3
52 week breaches	0			Zero tolerance	Target met for M2
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	Target met for M3
Cancer - 62 day Urgent GP referral to first definitive treatment	10 patients 50.00%			M3 Trajectory = 66.50%	Target not met for M3
Cancer - 62 day Urgent GP referral to first definitive treatment - shadow reporting	10 patients 75.00%			M3 Trajectory = 66.50%	Target met for M3
VTE Risk assessments	Q1 = 95.85%			95%	Target met for Q1

NHS England - NHS Standard Contract

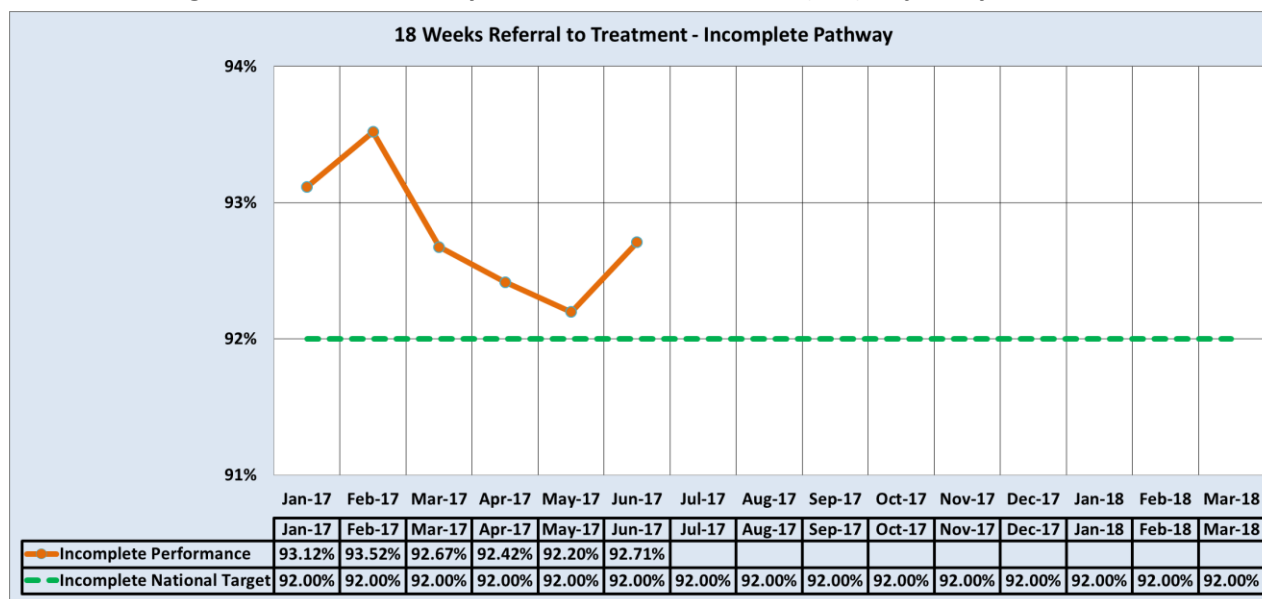
Urgent operations cancelled for the 2nd time	0		Zero tolerance	Zero breaches for M3
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	1		Zero tolerance of no readmission within 28 days	One breach for M3
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Target met for M3
Cancer – 14 day Urgent GP Referral	No. of cases M3 2017/18 = 0 100%		93%	Target met for M3
Cancer – 31 day 1st treatment	26 patients 100%		96%	Target met for M3
Cancer – 31 day subsequent treatment	24 patients 100%		94%	Target met for M3

Incidents

	17/18 M3	16/17 Total Incidents	16/17 YTD Incidents at M3	17/18 YTD Incidents at M3	Δ
Outbreaks of Infection	0	4	0	1	+1
Serious Incidents	0	11	4	1	-3
Never Events	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 June 2017

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,182	104	1,286	91.91%
	Cardiology (Harefield)	1,480	149	1,629	90.85%
Cardiology		2,662	253	2,915	91.32%
Thoracic Medicine		1,462	10	1,472	99.32%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	257	64	321	80.06%
	Cardiac Surgery (Harefield)	326	99	425	76.71%
	Thoracic Surgery	191	0	191	100.00%
Cardiothoracic Surgery		774	163	937	82.60%
Other	Other	255	18	273	93.41%
	Paediatrics	902	35	937	96.26%
	Transplant	73	3	76	96.05%
Other		1,230	56	1,286	95.64%
		6,128	482	6,610	92.71%

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 92.71% for June 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 assessing training materials provided by an external specialist;
 - 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

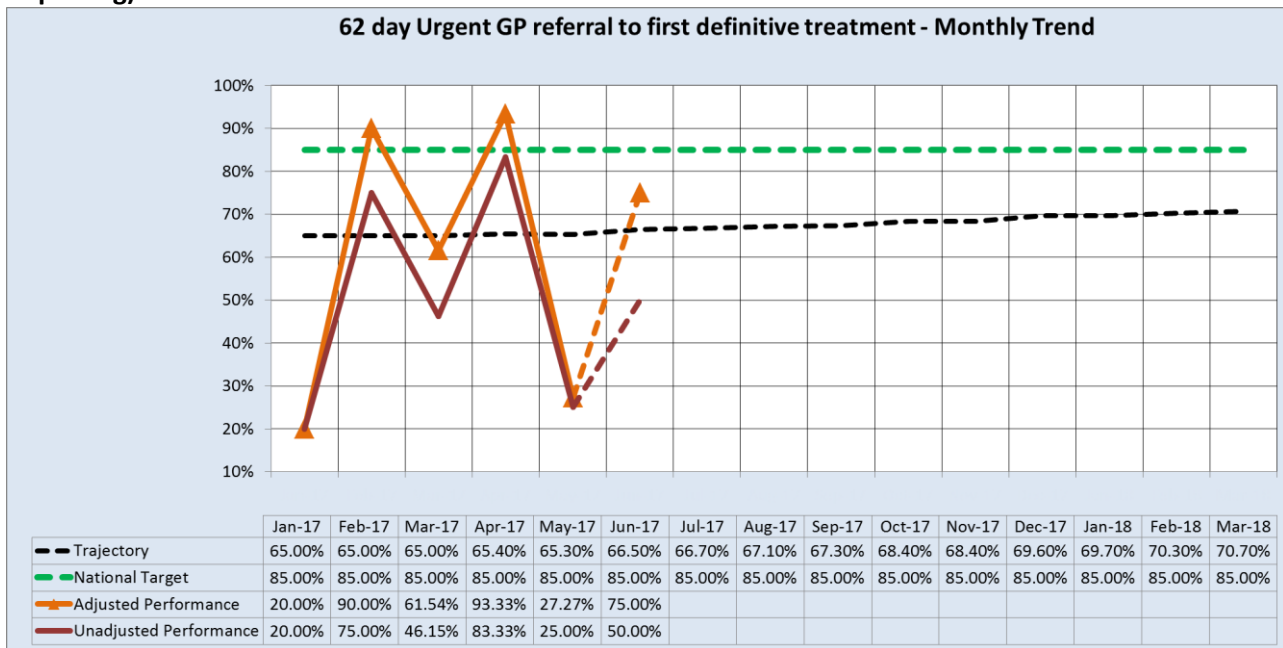
Trust Actions – Update:

- The Trust has been engaged in the National Optimal Lung Cancer Pathway group as part of the Royal Marsden Partners Vanguard. This work group is looking at how to reduce treatments times overall and diagnose lung cancers sooner in the pathway with the aim of doing so by day 28.

Referral Centre Actions – Update:

- The Trust continues to take an interest in, and will provide support for, the introduction of the faster diagnosis standard, which when implemented will mean that patients are diagnosed by day 28.
- As part of on-going work with our referring centres there is a programme of meetings with cancer managers and MDT teams during 2017/18 to see if there are any parts of the pathways externally that RBH can help or assist with.

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



▲▲▲▲ Provisional data for M3 (June)

■■ Provisional data for M3 (June)

For M3; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (66.50%) is met based upon the provisional figures from the Trust Infocflex system.

Cancer Target - 62 days to 1st Treatment

Detail of all 62 Day Urgent GP referral (breach + non breach) M3

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	71	5	76				✓	
	63	5	68				✓	
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	55	28	83					✓
East And North Hertfordshire NHS Trust Lister Hospital	60	27	87					✓
Great Western Hospitals NHS Foundation Trust - The Great Western Hospital	29	21	50		✓			
Royal Free London NHS Foundation Trust - Royal Free Hospital	32	21	53		✓			
West Hertfordshire Hospitals NHS Trust Watford General Hospital	54	5	59	✓				
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	58	5	63				✓	
	37	22	59		✓			
Buckinghamshire Healthcare NHS Trust Stoke Mandeville Hospital	21	17	38		✓			

There were 4 breaches of the 62 day pathway in June all of these patients were referred after day 38 and had long complex diagnostic pathways. Two of these patients had waited more than 62 days before they were referred to the Trust for surgery. These patients had their operations within 5 days of the referral being received by the Trust.

Two of the patients waited more than 24 days for treatment at the Trust following receipt of their referral. One patient was treated within 27 days of their referral being received and the second within 28 days.

All patients listed above have received their treatment, have been discharged from the Trust, and will be followed up locally.

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
Jun - 2017	5	2.5	50.00%

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
Jun - 2017	5	0.5	2	0	1.5	1	75.00%

- 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 10 patients treated during M3, 5 were treated in time (scenario 1 + scenario 2).
- Of 10 patients treated during M3, 0 were allocated to RBHFT (scenario 3).
- Of 10 patients treated during M3, under the new breach allocation guidance, 3 were allocated to the referring provider (scenario 4).
- Of 10 patients treated during M3, under the new breach allocation guidance, 2 shared allocation between the trust and referring provider (scenario 5).
- The data for M3 (June 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 3rd August 2017.

1.2 Cancer Target -31 day Pathways

31 day decision to treat to first definitive treatment

	Total Treated	No. Treated within time	Performance
Apr	24	23	95.83%
May	29	26	89.66%
June (provisional)	26	26	100.00%

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

	Total Treated	No. Treated within time	Performance
Apr	9	8	88.89%
May	13	11	84.62%
June (provisional)	24	24	100.00%

The 31 day pathways are currently under review comparing the data uploads to Open Exeter and that of Trust internal cancer database (Infoflex) - this work will be completed by the end of August 2017.

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 M3 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.

M3, June 2017

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

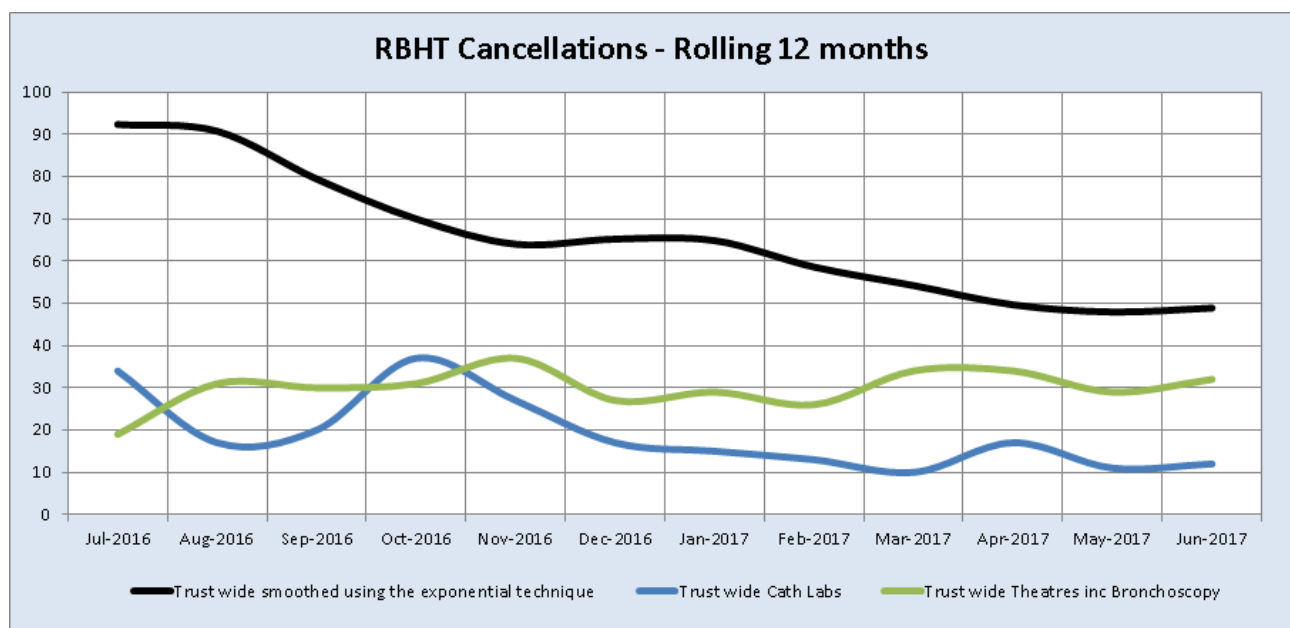
During M3, there was one breach of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

- **M3 Breach (Brompton Theatres)** – a patient's bronchoscopy was cancelled on 08/05/2017 due to no ward bed being available. Unfortunately an alternative date not offered within 28 days of cancellation due to the patient waiting for a particular consultant to undertake the procedure. This was carried out on 19/06/17.

Detail of Denominator – Cancelled Operations and procedures

There were 44 patients whose operation or procedure was cancelled in June 2017; 29 at Royal Brompton Hospital and 15 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 26th July 2017.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days				
Area/Site	Apr	May	Jun	Q1	YTD
Theatres (inc Bronchoscopy)	2	1	1	4	4
Catheter Labs	0	0	0	0	0
RBH Total	2	1	1	4	4
Theatres (inc Bronchoscopy)	0	0	0	0	0
Catheter Labs	0	0	0	0	0
HH Total	0	0	0	0	0
Trustwide	2	1	1	4	4

Denominator	Cancelled operations and procedures				
Area/Site	Apr	May	Jun	Q1	YTD
Theatres (inc Bronchoscopy)	20	16	22	58	58
Catheter Labs	7	4	7	18	18
RB Total	27	20	29	76	76
Theatres (inc Bronchoscopy)	14	13	10	37	37
Catheter Labs	10	7	5	22	22
HH Total	24	20	15	59	59
Trustwide	51	40	44	135	135

Performance against indicator E.B.S.2					
Site	Apr	May	Jun	Q1	YTD
RB Total	7.41%	5.00%	3.45%	5.26%	5.26%
HH Total	0.00%	0.00%	0.00%	0.00%	0.00%
Trustwide	3.92%	2.50%	2.27%	2.96%	2.96%

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.

Richard Connett; Director of Performance & Trust Secretary

20th July 2017

Section 2 – The Friends and Family Test

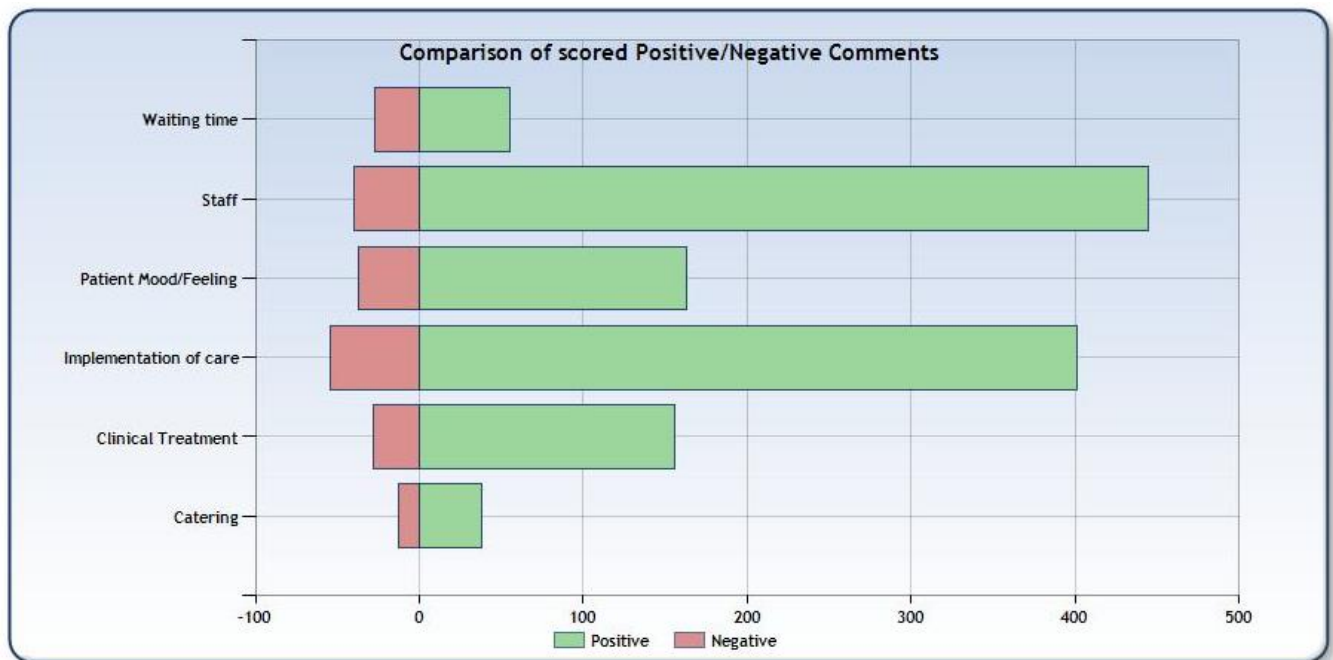
Patient Experience - Monthly update – June 2017

Trust Recommendation score for FFT - 96%

Negative Comments – 1%

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

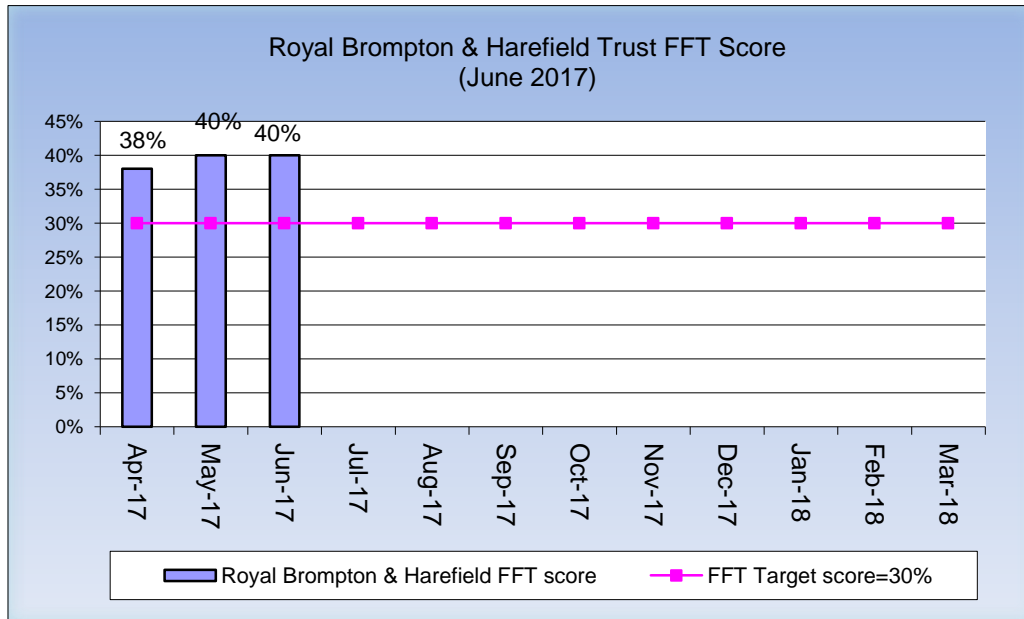
+ Positive		- Negative	
1. Staff	466	1. Time	5
2. Care	269	2. Well	5
3. Friendly	186	3. Staff	5
4. Good	144	4. Pain	5
5. Excellent	134	5. Home	5
6. Helpful	132	6. Good	4
7. Treatment	112	7. Left	4
8. Professional	103	8. Waiting	4
9. Nurses	101	9. Nurses	4
10. Caring	100	10. Ward	4

Top 10 Themes

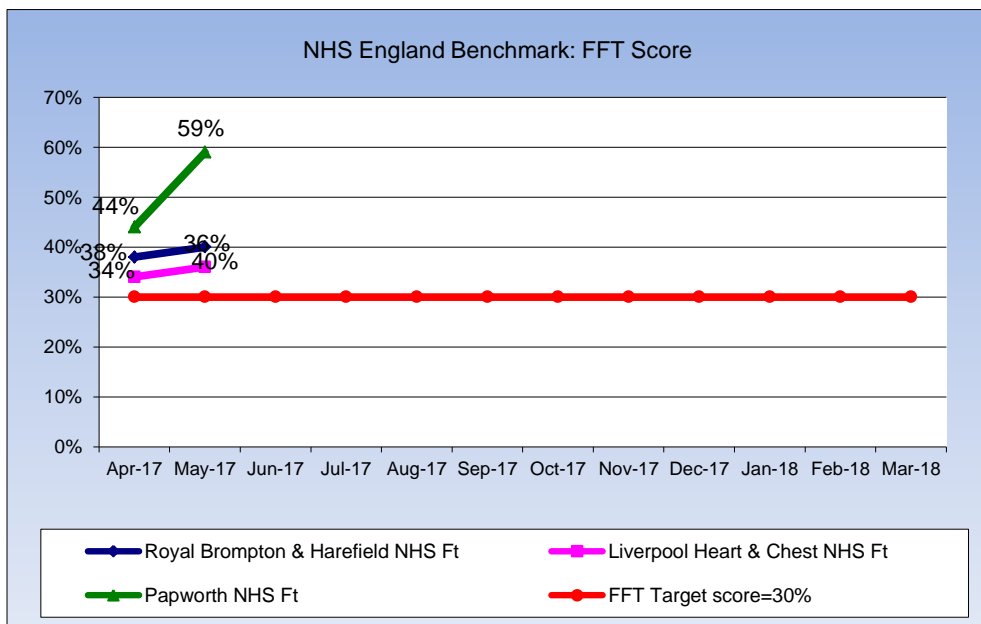
+ Positive		- Negative	
1. Staff attitude	866	1. Staff attitude	15
2. Staff	543	2. Implementation of care	14
3. Implementation of care	520	3. Clinical Treatment	11
4. Clinical Treatment	209	4. Waiting time	9
5. Patient Mood/Feeling	206	5. Patient Mood/Feeling	8
6. Environment	144	6. Staff	8
7. Waiting time	81	7. Communication	7
8. Admission	76	8. Environment	7
9. Communication	68	9. Admission	5
10. Catering	58		

Friends and Family Test Update – June 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/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
751	0	160	157	106	1174

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for June 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)	89.1% of planned level	% of registered nurse day hours filled as planned (Hospital)	106.6% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	47.9% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	61.8% of planned level
% of registered nurse night hours filled as planned (Hospital)	85.3% of planned level	% of registered nurse night hours filled as planned (Hospital)	99.3% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	45.3% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	89.1% of planned level
<p>Registered nurse staffing at the Brompton site averaged 89% (days) and 85% (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 48% (days) and 45% (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% on days, and 99% on nights. This was the result of 'on-plan' activity across the site apart from in cardiology wards where two beds were closed for essential repairs to flooring. High levels of supernumerary staffing were required in surgery and ITU where turnover rates have been high.</p> <p>Unregistered care staff levels were 62% (days) and 89% (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.