

Trust Board

25th July 2018

Clinical Quality Report M03

Introduction

The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. Schedule 4 of the NHS Standard Contract details the quality requirements that the Trust is mandated to report on and details the frequency of reporting.

This report to the Board details the Trust's M3 2018/19 position against the mandated quality requirements.

Additional areas of quality and patient outcomes are also included in the report, including those referenced in the June 2018 refresh of the Care Quality Commission (CQC) Insight report for the Trust.

The report has been structured around the five CQC domains:

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

Section 1: Safe

1.1 HCAI mandatory surveillance

Clostridium difficile toxin positive cases trajectory

Four toxin positive cases of *Clostridium difficile* have been reported on the Public Health England (PHE) Data Capture System (DCS) by the Trust in Quarter 1. Each case is reviewed by a representative from NHS England to determine if there has been any lapse in care by the Trust. This review was pending at the time of this report.

Only Trust apportioned *Clostridium difficile* toxin positive cases that may be due to lapses in care by the Trust will affect the 'baseline threshold' agreed within Schedule 4 of the NHS Standard Contract. The Trust's baseline threshold is 22.

Other alert organisms

The Trust has also reported the following to Public Health England in accordance with mandatory reporting requirements:

M3 MRSA BSI Total Reported to PHE	0	Trust apportioned	0	The number of MRSA cases M3 YTD 18/19 = 1
M3 MSSA BSI Total Reported to PHE	0	Trust apportioned	0	The number of MSSA cases M3 YTD 18/19 = 6
M3 E.coli BSI Total Reported to PHE	6	Trust apportioned	5	The number of <i>E.coli</i> cases M3 YTD 18/19 = 10
M3 IPC Incidents	1	On the 4 th June 2018 a case of unexplained diarrhoea was reported on PICU. Further cases followed over the next few days with both PICU and Rose Ward affected. Appropriate infection control procedures were put in place and the outbreak was closed on 22 nd June 2018. In total, 7 patient cases were reported with 5 laboratory confirmed Norovirus cases. 12 staff members reported sick with associated symptoms but no specimens were analysed.		
MRSA Blood Stream Infections (BSI) are no longer assessed through a Post Infection Review process and are now apportioned to the Trust if the blood culture was taken 48 post admission.				
*Any blood stream infections (BSI) identified following 48 hours of admission are deemed 'Trust apportioned'. The 'Total' figure includes all BSI identified pre and post 48 hours.				

1.2 Serious incidents and never events

During M3 (June 2018) no serious incidents or never events occurred across the Trust.

A total of three serious incidents have occurred year to date and have previously been reported in the clinical quality report. All three incidents are currently being investigated in accordance with Trust policy. Once the investigations conclude, outcomes will be reported to the relevant divisional quality and safety group, the Trust's Governance and Quality Committee and to the Trust's Risk and Safety Committee.

1.3 Nurse safe staffing

The site report below presents nurse staffing information for M3 - June 2018 and reflects the information the Trust submitted to NHS Digital. 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)	90.8% of planned level	% of registered nurse day hours filled as planned (Hospital)	102.9% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	51.0% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	69.1% of planned level
% of registered nurse night hours filled as planned (Hospital)	85.7% of planned level	% of registered nurse night hours filled as planned (Hospital)	102.5% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	51.2% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	89.5% of planned level
<p>Registered nurse staffing at the Brompton site averaged 91% (days) and 86% (nights). The reduced staffing requirements were the result of reduced activity in Sydney Street (with the exception of Alex ward). Lung division wards averaged 106% staffing due to slightly increased levels of acuity.</p> <p>Unregistered care staff levels were 51% on both days and 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.</p> <p>Ward managers and Matrons reported that staffing was maintained at safe levels throughout the month.</p>		<p>Registered nurse staffing at the Harefield site averaged 103% on both days on 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.</p> <p>Unregistered care staff levels were 69% (days) and 89% (nights). Sufficient registered nursing staff (including super-numery staff and students) were present to ensure that safe staffing was maintained. Darwin schemes have also reduced the demand for this group of staff in some areas (eg cardiology).</p> <p>Ward managers and Matrons reported that staffing was maintained at safe levels throughout the month.</p>	

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

1.4 NHS Safety Thermometer

The NHS Safety Thermometer is a national tool designed to be used as a local improvement tool for measuring, monitoring, and analysing patient harms and developing systems that then provide 'harm free' care. Designed to be used by frontline healthcare professionals, it measures a once a month 'snapshot' of harm from pressure ulcers, falls with harm, urinary infection in patients with catheters (UTI) and treatment for blood clots (VTE). These harms are measured in two ways, harms which are old and sustained prior to admission and new harms which occurred whilst the patient was receiving care.

The level of harm free care within the Trust compares favourably with the national comparator of 93% -

For the period April 2017 – April 2018, the Trust surveyed the care of 4,384 patients using Safety Thermometer and 4,261 (97%) of these patients received harm free care.

NHS Safety Thermometer is just one of the tools used by the Trust to measure patient outcomes and is used alongside other outcome measures to help understand themes, analysis findings and plan improvements in care delivery.

The June 2018 CQC Insight report details a snapshot of findings from Safety Thermometer from April 2017 – April 2018. However, there is a discrepancy between the data the Trust has reported, the data published by Safety Thermometer and the data published in the CQC Insight report. This is currently being reviewed with a view to ensuring that all published data aligns with the data reported by the Trust.

1.5 Ionising Radiation (Medical Exposure)

The Trust has a statutory duty under the Ionising Radiation (Medical Exposure) Regulations 2017 to investigate any exposures to ionising radiation significantly greater than expected and, if necessary report these to the Care Quality Commission.

The Trust has a clear procedure in place for managing and reporting significantly greater than expected ionising radiation exposure. This procedure includes reporting to the Chief Executive, who has overall accountability for radiation protection within the Trust.

The Trust's Radiation Protection Committees have oversight of all greater than expected ionising radiation exposure incidents and monitor action implementation, learning and trends.

Two exposures to ionising radiation significantly greater than expected occurred within the Trust during M3 2018/19.

Incident 1 The cause of the incident has been identified and procedures have been changed to prevent a similar incident from reoccurring. A preliminary report has been submitted to the CQC and discussed at the Radiation Protection Committee. The final report will be submitted to the CQC within the timescales allowed. Learning will be shared across the Trust.

Incident 2 The cause of this incident has been identified will be discussed at the Radiation Protection Committee. Learning from the incident will be shared at local staff

meetings and has been shared across the Trust. A report has been submitted to CQC and the level of harm to the patient has been determined as 'no harm'.

Section 2: Effective

2.1 Paediatric Intensive Care


2014 – 2016 Paediatric Intensive Care Audit Network report

The Paediatric Intensive Care Audit Network Audit (PICANet) is a powerful tool for supporting clinical governance in paediatric intensive care (PICU) and allows comparison of PICU activity at a local level with national benchmarks. PICANet data provides an important evidence base on patient outcomes, processes and structures that permits planning for future practice, audit and interventions.

The 2014 – 2016 PICANet audit report was published in November 2017 and a snapshot of the audit findings is reported in the June CQC Insight report, shown below.

Metric	CQC Key Question	2016 ¹ Report	2017 ² Report	National Aggregate (UK)	National Aspirational Standard	Comparison to other hospitals	
Not eligible for this metric	Proportion of emergency retrievals with mobilisation time <1 hour	Responsive	Not eligible for this metric	Not eligible for this metric	73.9%	95%**	Not eligible for this metric (none out of 3 eligible NHS units met the standard)
n/a	Crude number of qualified nurses per bed (Wte)	Safe	6.3 ³	3.77 ⁴	5.52 Wte	7.01 Wte*	Did not meet the aspirational standard (4 out of 25 eligible NHS units met the standard)
2006 cases	Crude 48 hour emergency readmission ratio	Effective	1.03	0.8	1	none	0 Within expected range 9.2
587 cases	Risk-adjusted standardised mortality ratio	Effective	0.96	0.57	n/a	none	0 Within expected range 9

Case ascertainment was 99.9% for all units and is therefore not presented separately.



data provided by PICANet

KEY:

Positive outlier (below 99.8% control limit) Trust Negative outlier (above 99.8% CL)

■ Within expected range

¹ Jan 13 - Dec 15

² Jan 14 - Dec 16

³ Nov 15

⁴ Nov 16

* Paediatric Intensive Care Society standard

** NHS England's Specialised Services Quality Dashboard

As shown in the table above, the 2014 – 2016 PICANet audit report indicated that the 'Crude number of qualified nurses per bed (WTE)' was below the national aggregate (UK) for paediatric intensive care. This data has therefore undergone further scrutiny within the Trust.

It has now been confirmed that there was an error in the reporting at the time of the audit and that the paediatric intensive care unit nurse staffing levels were in line with national aggregate levels at the time the data was collected (2016), as shown below:

Full nursing establishment, including supernumerary nurses	5.9
Nurses providing direct patient care, including bank and agency	5.4
Number of nurses employed directly by the Trust	4.4

NHS England Specialist Services Quality Dashboard

In addition to outcome data submitted to PICANet, the Trust submits clinical quality outcome data for paediatric intensive care to the NHS England Specialist Services Quality Dashboard. The quarterly reports published from the dashboard are considered within the division and exceptions are reported to the divisional quality and safety group.

The Q3 2017/18 report demonstrated that the Trust performed well against all seven-eligible metrics, with no negative alerts and four positive outcome alerts. The positive outcome alerts are shown below.

Ref	Description	Data Period	Num	Denom	Value	National Average	Chart	Trend
PIC03	Cancellation of elective paediatric surgery on day of surgery due to bed unavailability	Oct 17 - Dec 17	*	*	6.94	Mean: 15.0		
PIC04	Emergency readmissions to PICU within 48 hours of a previous discharge / transfer from PICU	Oct 17 - Dec 17	0.00	186.0	0.00	Mean: 1.20		
PIC09	Proportion of death reviews conducted within 3 months	Oct 17 - Dec 17	*	*	100.0	Mean: 93.7		
PIC10	Proportion of data submissions within 3 months of discharge	Oct 17 - Dec 17	186.0	186.0	100.0	Mean: 93.9		

The Q4 report for 2017/18 is currently being finalised nationally and will be considered by the division once published.

2.2 Lung Cancer

National Lung Cancer Audit 2017

The National Lung Cancer Audit (NLCA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and is currently run by Royal College of Physicians (RCP). The purpose of the audit is to review the quality of lung cancer care, to highlight areas for improvement and to reduce variation in practice.

The NLCA annual report 2017 was published in January 2018 and covers patients with lung cancer first diagnosed in 2016.

The Trust submits data to NLCA and all audit reports are considered within the Lung Division. However, the audit combines Trust data with referring hospital data and patient outcomes are based on this combined data.

Lung Cancer Clinical Outcomes Publication (LCCOP)

The Lung Cancer Clinical Outcomes Publication (LCCOP) is a mandatory audit of outcomes after surgery for lung cancer within the NHS in England. It is also commissioned by HQIP but does not combine Trust data with referring hospital data. This allows Trust specific patient outcomes to be identified and reviewed.

On behalf of the Lung Division Quality and Safety Group, the divisional quality team are currently reviewing LCCOP data for the following three patient outcomes:

- Proportion of patients seen by a cancer nurse specialist;
- Crude one-year survival rate;
- Percentage of patients with Non Small Cell Lung Cancer (NSCLC) receiving surgery.

The findings of this work will be presented to the September 2018 Quality and Safety Group.

Section 3: Caring

3.1 Patient Experience monthly update – June 2018

Trust FFT Response Rate – 35%

Positive Comments – 863

Trust Recommendation score for FFT – 96%

Negative Comments - 3

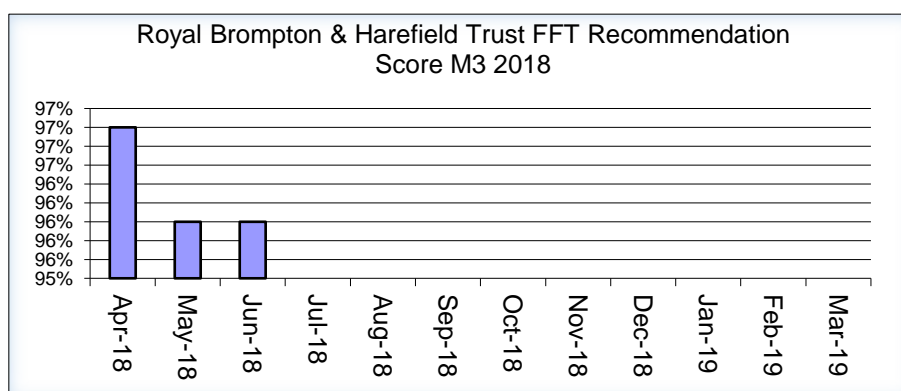
Negative Response – 2%

3.2 NHS Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

The FFT asks people if they would recommend the services they have used. The principle question within the FFT is “How likely are you to recommend our service to friends and family if they needed similar care or treatment?” The Trust has agreed an internal target of a 95% recommendation rate for this question and has consistently achieved this target over last 3 years.

The graph below shows the 2018/19 recommendation rate for the question “How likely are you to recommend our service to friends and family if they needed similar care or treatment?”



Benchmarking the Trust’s FFT recommendation score against similar organisations is helpful for the Trust. The table below shows the latest benchmarking information published by NHS England and shows that the number of patients who would recommend the Trust is in line with similar organisations.

Trust	April-18	May-18
Royal Brompton and Harefield NHS Foundation Trust	97%	TBC
Liverpool Heart and Chest NHS Foundation Trust	99%	TBC
Papworth NHS Foundation Trust	97%	TBC

3.3 Trust Initiatives

The Trust undertakes a wide range of initiatives aimed at helping to improve patient care and gathering patient feedback. One such initiative is **the musician in residence initiative**. Live music complements the clinical work at the Trust, offering opportunities for distraction, engagement, conversation and the promotion of wellbeing. It transcends the need for language, is appropriate for people of all ages and can induce feelings of calm.

The Trust has two musicians in residence, Stac Dowdeswell - Ukulele player, at Royal Brompton Hospital and Adrian Garratt - Violinist, at Harefield Hospital. Both musicians take requests from patients and play each week, providing 6 hours of musical interaction for patients.

Recent patient feedback shows that patients are finding this initiative uplifting and soothing, especially patients who are unable to leave their room/ward. The following comments have been received from patients and family members:

- It certainly brightened up our day. Both my sister and I were here to visit Dad. All of us were uplifted!
- Really soothing and cheered me up! Beautiful
- Lovely birthday in hospital. Music made my day. Lovely!!!!
- Really helped to cheer me up today. I love music so this was a lovely surprise today. What a lovely lady and such an amazing voice!, Thanku x



NHS 70: Thanks for Everything is a commemoration of the history of care provided in our hospitals to mark the 70th anniversary of the National Health Service. It includes a participatory heritage programme with an exhibition themed on the history of gratitude - often felt by patients who receive life-saving treatment at the Trust.

'Thanks for Everything', an exhibition by visual artist Carrie Reichardt, is on display in the Sydney Street coffee shop. Shown as work-in-progress, the ceramic tiles use Trust archival imagery found by volunteers in the Royal London Hospital Archives. In addition to the exhibition, a tea party was for held on Thursday 5th July which included a performance from the Singing for Breathing team.

As part of NHS 70, feedback from both staff and patients about their experiences at the Trust over the last 70 years is in the process of being gathered by interview and feedback forms. The comments are currently being collated and include:

"I have so much to thank the NHS for – especially Harefield. They saved my life. All the staff are amazing, from the people that look after your teas and coffees and clean, to the doctors and nurses that administer lifesaving services. Thank you. Harefield and Happy Birthday NHS"

"When my son was 5 weeks old he came to the Brompton and they said they couldn't do anything for him and expected him to die. However, he didn't and after 3 more months they decided they would try to operate, despite their concern he would not survive. We are here today for his annual check - he is now 34 years old - well after 3 major operations here, the last one in 2002. We have nothing but praise and thanks to all the staff over the years at the Brompton Hospital."

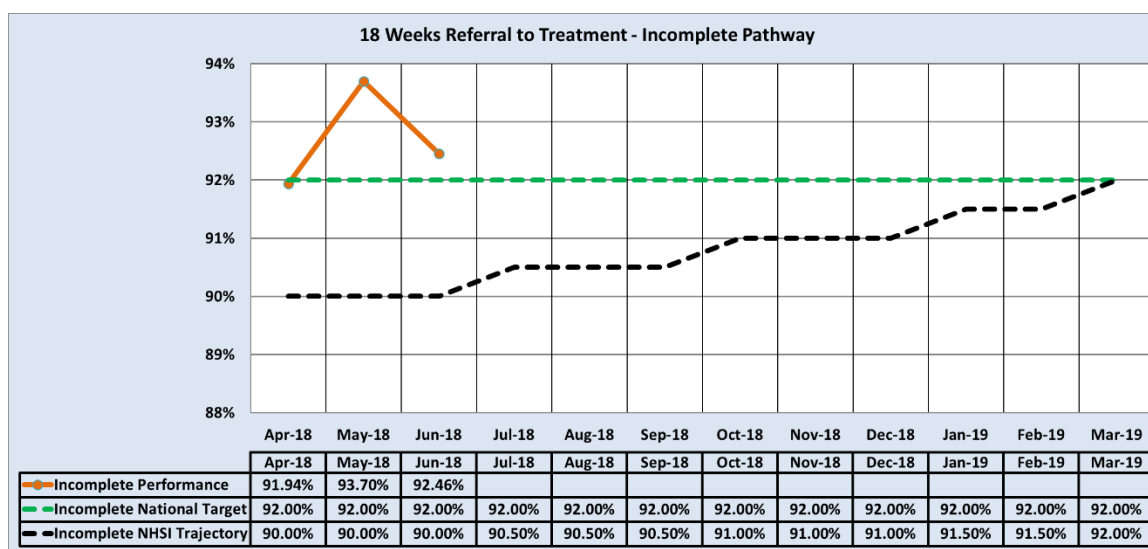
Section 4: Responsive

4.1 18-week Referral to Treatment Time Targets

Performance against the NHS Improvement Trajectory

The data below presents that Trust's M3 final position against the 18 week Referral to Treatment (RTT) performance measure.

M3 performance is 92.46% which exceeds the national threshold of 92% for RTT and the Trust threshold of 90% agreed with NHSI during the annual activity planning exercise.



18 weeks RTT by National Specialty – Incomplete Pathways June 2018

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	910	53	963	94.50%
	Cardiology (Harefield)	1,383	165	1,548	89.34%
Cardiology		2,293	218	2,511	91.32%
Thoracic Medicine		1,448	33	1,481	97.77%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	187	48	235	79.57%
	Cardiac Surgery (Harefield)	326	45	371	87.87%
	Thoracic Surgery	199	2	201	99.00%
Cardiothoracic Surgery		712	95	807	88.23%
Other	Other	128	13	141	90.78%
	Paediatrics	732	73	805	90.93%
	Transplant	80	8	88	90.91%
Other		940	94	1,034	90.90%
		5,393	440	5,833	92.46%

During M3, a total of 2 patients waited longer than 52 weeks for the start of their treatment. Both cases are currently being investigated by the operational team.

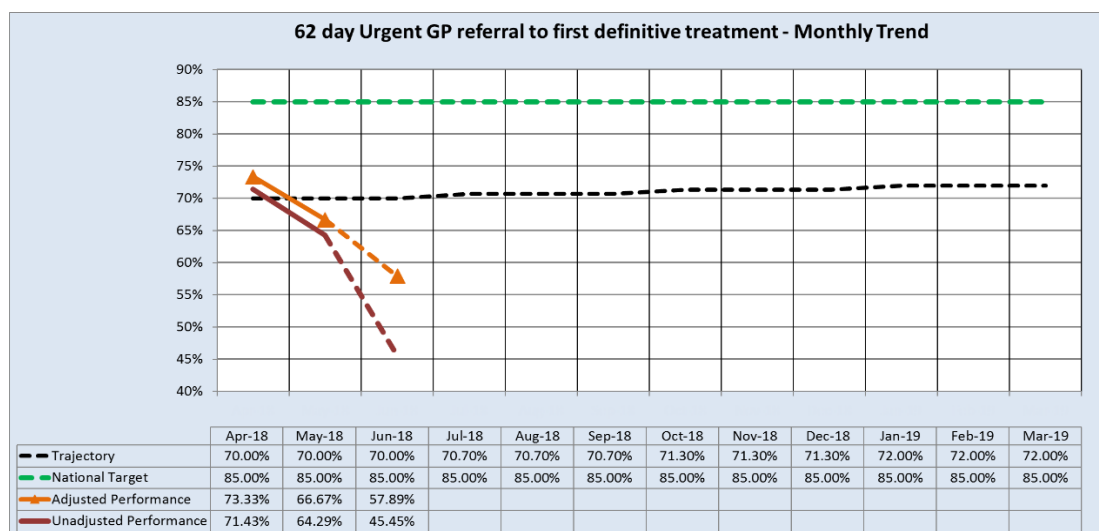
The Trust is continuing to implement the action points agreed with NHSI Intensive Support team to address data quality concerns.

4.2 Cancer Target - 62 days to 1st Treatment

Trust Actions – Update:

There is still outstanding work required to update the Infocflex Cancer System which has slipped in July 2017 this has been escalated internally to ensure that the system can extract to the new Cancer Wait Times database – currently the upload is being carried out manually which ensures accuracy but is time consuming.

Performance against the trajectory agreed with NHSI with breach allocations taken into account (Shadow Reporting) and without breach allocations * Provisional data for M3 (June)



For M3, the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (70.00%) is not met based upon the provisional figures from the Trust Infocflex system.

Finalised M3 data will be published by NHS Digital on 02 August 2018.

Performance using pre-breach allocation /national breach allocation

Row Labels	Total treated	Total treated in time	Unadjusted Performance	Adjusted Performance*
Jun-2018	5.5	2.5	45.45%	57.89%

* Adjusted performance is performance reported using the new Faster Diagnosis Standard pathway scenario's (Addendum to the National Cancer Waiting Times Monitoring Dataset Guidance v9.0)

NB: The table above shows performance in the currency used by the national IT system NHS Digital. For the 62-day cancer target, the starting point is that each breach is shared. Therefore, each patient is shown as 0.5.

The data for M3 (June 2018) is still provisional and will be finalised and made available for report generation by the national system, NHS Digital, on 2nd August 2018.

An overview of the details for the six patients who waited more than 62 days for treatment in June 2018 is shown below. All six of these patients were referred to the Trust after day 38 and three of these patients had already waited more than 62 days.

June 2018 62 Day Urgent GP referral breaches 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
East and North Hertfordshire NHS Trust Lister Hospital	42	65	107
West Hertfordshire Hospitals NHS Trust Watford General Hospital	81	4	85
Luton And Dunstable Hospital NHS Foundation Trust	61	5	66
	136	10	146
Royal National Orthopaedic Hospital NHS Trust	39	24	63
Heatherwood And Wexham Park Hospitals NHS Foundation Trust Wexham Park Hospital	66	54	120

Of the six breaches five were due to clinical complexities and one was due to patient choice:

- Patient (referred on day 42) had a complex cardiac history and cardiac review was required however unfortunately the patient declined several dates for a myoview scan which extended the pathway.
- Patient (referred on day 81) was being considered for chemotherapy and was unwell from the beginning of their pathway, however once referred was treated within 4 days.
- Patient (referred on day 61) required several investigations prior to confirming lung cancer, however once referred was treated within 5 days.
- Patient (referred on day 136) also required several investigations during the pathway before a lung cancer was confirmed, once referred was treated within 10 days.
- Patient (referred on day 39) decided that they wanted to be treated after the bank holiday and to stay with the same surgeon, currently being reviewed by the team to see if an appropriate pause can be added, but at present is a patient choice breach.
- Patient (referred on day 66) was due to be operated on in April however was admitted locally prior to this date with AF and Pneumonia, therefore required time to recover before fit for surgery and was admitted at the earliest clinically appropriate time.

4.3 Cancelled Operations - E.B.S.2

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

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

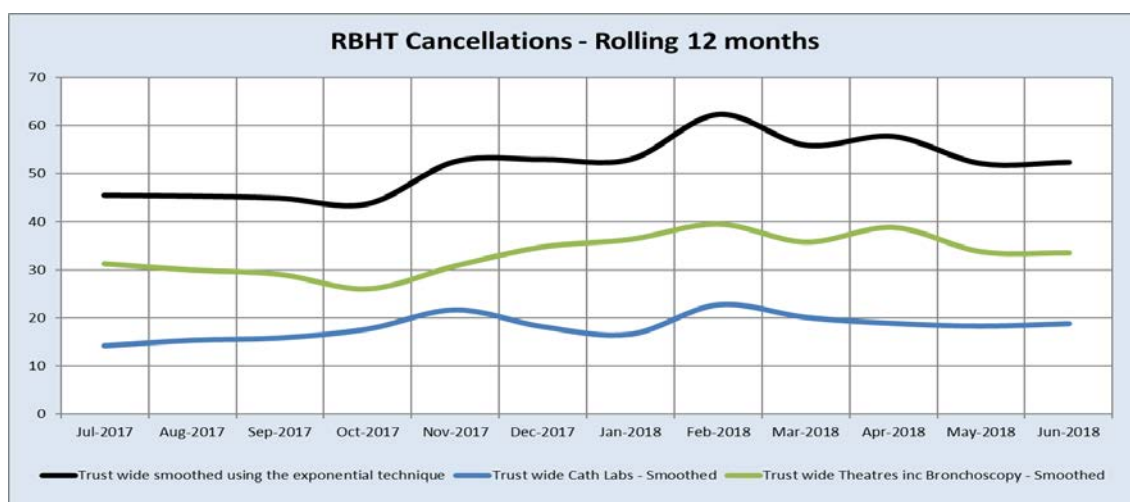
No new 28 day rescheduling breaches occurred during M3 2018/19. However, following validation, the breach reported in M2 has been confirmed as a M3 breach.

Detail of Denominator – Cancelled Operations and procedures

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

There were 61 patients whose operation or procedure was cancelled in June 2018; 31 at Royal Brompton Hospital and 30 at Harefield Hospital.

Cancellation trend in rolling 12 months



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

Quarter 1 Performance 2018/19

Cancelled operations data is reported to NHS Digital on a quarterly basis. The table below details the Trust's Q1 2018/19 data.

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)	0	0	1	1	1
Catheter Labs	0	0	0	0	0
RBH Total	0	0	1	1	1
Theatres (inc Bronchoscopy)	0	0	0	0	0
Catheter Labs	0	0	0	0	0
HH Total	0	0	0	0	0
Trustwide	0	0	1	1	1

Denominator	Cancelled operations and procedures				
Area/Site	Apr	May	Jun	Q1	YTD
Theatres (inc Bronchoscopy)	4	11	19	34	34
Catheter Labs	10	10	12	32	32
RB Total	14	21	31	66	66
Theatres (inc Bronchoscopy)	18	22	26	66	66
Catheter Labs	7	10	4	21	21
HH Total	25	32	30	87	87
Trustwide	39	53	61	153	153

Performance against indicator E.B.S.2					
Site	Apr	May	Jun	Q1	YTD
RB Total	0.00%	0.00%	3.23%	1.52%	1.52%
HH Total	0.00%	0.00%	0.00%	0.00%	0.00%
Trustwide	0.00%	0.00%	1.64%	0.65%	0.65%

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

4.4 Mixed sex accommodation breaches

There were no mixed sex accommodation breaches reported during M3.

Section 5: Well led

5.1 Quality priorities

The Trust's quality priority commitment for 2018/19 included:

- Implementing NEWS2 across the organisation;
- Aiming for > 95% compliance with the Sepsis Six System for the identification and management of sepsis in adult and paediatric patients;
- Reducing the incidence of avoidable new onset acute kidney injury (AKI) by 50%.

A cross-Trust, multidisciplinary taskforce (REACT) has been set up to help ensure that these commitments are achieved and ensure that an effective and standardised approach is adopted to the Response, Escalation and Coordination of acutely unwell patients.

The taskforce is currently focussing on the above three quality priorities, some of which are also linked to the CQUIN measures for the Trust.

NEWS2	The roll-out of NEWS2 is reliant on the electronic reporting of clinical observations for patients. The Trust I&T Committee has given approval to engage suppliers in a selection process – and for a proposal to return to the I&T Committee once a preferred supplier is selected and total costs are known.
Sepsis	The sepsis workstream is in place with local clinical leads/MDT representation and work to develop the sepsis pathway is making good progress. The process to appoint a clinical lead for sepsis is has now started.
AKI	The AKI workstream is in place with local clinical leads/MDT representation. The process to appoint a clinical lead for AKI is underway.

The REACT taskforce reports into the Governance and Quality Committee. The Committee has now formally asked the REACT taskforce to review the arrangements for critical care outreach on each site.

Section 6: Operational Performance Metrics and Quality Indicators

Month 3 2018/19 – period ending 30th June 2018

NHS Improvement - Single Oversight Framework

<i>Clostridium difficile</i>	M3 1	YTD M3 4	YTD M3 Cases under review 4	Performance Standard Dept. Health Trajectory = 22	-22 Met
MRSA Bacteraemia	M3 0		YTD M3 1	Zero tolerance	Met for M3
E coli	M3 6		YTD M3 10	No Standard set	
MSSA	M3 0		YTD M3 6	No Standard set	
Indicator	M3			M3 Target	Variance from Target / Trajectory M3 Position
18 weeks RTT Incomplete	92.46%			90.0%	Target met for M3
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	Target met for M3
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	11 patients 57.89%			M3 Trajectory = 70.0%	Target not met for M3
VTE Risk assessments	Q4 (17-18) = 96.21%			95%	Target met for Q4 17/18
Never Events	M3 0		YTD M3 0	Zero tolerance	Zero breaches for M3

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	Target not met for M3
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0	Zero tolerance of no readmission within 28 days	Zero breaches for M3
52 week breaches	2	Zero tolerance	Two breaches for M3
Cancer – 14 day Urgent GP Referral	No. of cases M3 2018/19 = 0 100%	93%	Target met for M3
Cancer – 31 day 1st treatment	32 patients 100%	96%	Target met for M3
Cancer – 31 day subsequent treatment	22 patients 31.82%	94%	Target not met for M3

Incidents

	18/19 M3	17/18 Total Incidents	17/18 YTD Incidents at M3	18/19 YTD Incidents at M3	Δ
Outbreaks of Infection	0	3	1	0	-1
Serious Incidents	0	8	1	3	+2