

Operational Performance Metrics and Quality Indicators

Month 5 2017/18 – period ending 31st August 2017

NHS Improvement - Single Oversight Framework

Indicator	M5	YTD M5	YTD M5 Cases under review	Performance Standard	
<i>Clostridium difficile</i>	1	11	6	Dept. Health Trajectory = 23	-22 Met
MRSA Bacteraemia	0	0	0	Zero tolerance	Met
Indicator	M5			M5 Target	Variance from Target / Trajectory M5 Position
18 weeks RTT Incomplete	92.67%			92.0%	Met
Number of diagnostic tests waiting 6 weeks+ (%)	0%			1%	Target met for M4
Cancer - 62 day Urgent GP referral to first definitive treatment – with breach allocations	10 patients 75.00%			M5 Trajectory = 67.10%	Trajectory met for M5
VTE Risk assessments	Q1 = 95.85%			95%	Target met for Q1
Never Events	0		1	Zero tolerance	Zero breaches for M5

NHS England - NHS Standard Contract

Urgent operations cancelled for the 2nd time	0		Zero tolerance	Zero breaches for M5
Cancelled Operations; not carried out within 28 days (Theatres & Bronchoscopy)	1		Zero tolerance of no readmission within 28 days	One breach for M5
Cancelled Procedures; (Catheter Labs); not carried out within 28 days	0		Zero tolerance of no readmission within 28 days	Zero breaches for M5
52 week breaches	1		Zero tolerance	1 breach reported in M5 Unify return
Cancer – 14 day Urgent GP Referral	No. of cases M5 2017/18 = 2 100%		93%	Target met for M5
Cancer – 31 day 1st treatment	23 patients 100%		96%	Target met for M5
Cancer – 31 day subsequent treatment	8 patients 100%		94%	Target met for M5

Incidents

	17/18 M5	16/17 Total Incidents	16/17 YTD Incidents at M5	17/18 YTD Incidents at M5	Δ
Outbreaks of Infection	0	4	1	1	0
Serious Incidents	0	11	7	2	-5

1.1 *Clostridium difficile*

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

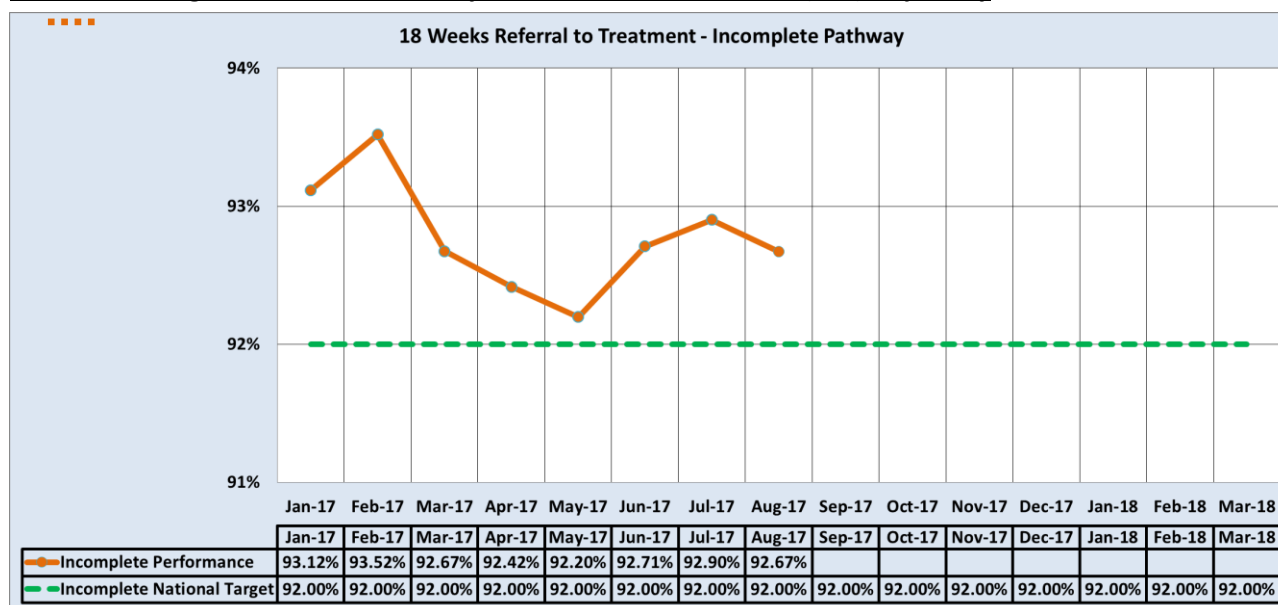
- Eleven cases of *Clostridium difficile* have been reported to Public Health England in the first 5 months of the financial year.
- Five of these cases have been reviewed by the Trust Infection Control Team and NHS England and one of the cases was deemed to have been due to a lapse of care:

In May two patients on Maple Ward developed *C. difficile* infection. Both had been in the same bay at the same time. The first patient developed diarrhoea but was not isolated for approximately 36 hours. Several days later the other patient developed diarrhoea. Both isolates were sent to the Reference Laboratory and have been confirmed to be of the same type. NHS England judged that the failure to isolate the first patient as soon as they developed diarrhoea, thus exposing the second patient to environmental *C. difficile* spores for an unnecessary length of time, constituted a lapse in care.

- Only lapses in infection control procedures identified by NHS England will count against the NHS Improvement target trajectory of 23.
- Six cases, reported to Public Health England await review.

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 August 2017

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,121	107	1,228	91.29%
	Cardiology (Harefield)	1,401	137	1,538	91.09%
Cardiology		2,522	244	2,766	91.18%
Thoracic Medicine		1,543	13	1,556	99.16%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	248	66	314	78.98%
	Cardiac Surgery (Harefield)	325	110	435	74.71%
	Thoracic Surgery	165	0	165	100.00%
Cardiothoracic Surgery		738	176	914	80.74%
Other	Other	256	7	263	97.34%
	Paediatrics	927	35	962	96.36%
	Transplant	72	4	76	94.74%
Other		1,255	46	1,301	96.46%
		6,058	479	6,537	92.67%

Performance against the 18-week Referral-to-Treatment (RTT) standard is reported as approx. 92.67% for August 2017 (as of 14th September 2017). The M5 RTT Unify submission deadline is 19th Sept 2017.

The PAS (Lorenzo) Implementation Group continues to oversee work-streams on the quality of data and reporting:

- Technical/system changes, both within the Trust and involving the system supplier (DXC, formerly CSC). A tracker, maintained by the IT Department, is used to follow progress with technical and configuration issues, including replacement of the data warehouse with effect from October 2017. The status of the tracker is reviewed at every meeting of the PAS Implementation Group.
- Additional work on data validation, and further training to improve knowledge and use of Lorenzo functionality, and consistent application of RTT data standards and processes. The Trust has commissioned an experienced, 3rd-party RTT provider to deliver a bespoke training package to staff, incorporating key Lorenzo RTT transactions (e.g. patient referrals). This exercise includes the review of Standard Operating Procedures (SOPs) for these tasks to ensure they remain fit-for-purpose and build on our experience of using Lorenzo.

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

For M4 (July); two patients breached the 52-week pathway limit and were included in the month 4 report to Unify as below:

- **Patient 1** – First seen in an ‘outreach’ clinic in September 2015 by a Harefield cardiac surgeon. The patient required referral to a respiratory physician before surgery and the patient was then cleared for surgery in February 2016, which should have been the ‘clock-start’ date. However, a subsequent mistake in data validation led to the clock-start date being incorrectly set for October 2016. The patient was admitted to Harefield for surgery in July 2017, but discharged untreated. In error, the patient was placed in ‘active monitoring’ rather than on a ‘continuing pathway’. Routine validation at the end of July detected the error, and the correct clock-start of February 2016 (and consequent breach of the 52-week threshold) was identified. The patient successfully underwent surgery at Harefield on 13th August 2017. The patient’s surgeon will conduct an assessment of the impact of the extended pathway on the patient’s outcome.
- **Patient 2** – Admitted to Harefield through the PPCI (primary angioplasty) service in June 2016. The patient was subsequently seen in out-patients in July 2016 by a cardiac surgeon, who asked that the patient be placed on his waiting-list for coronary artery (CABG) surgery. However, out-patient staff entered the wrong code to the Lorenzo PAS system, indicating a decision not to treat and the secretary did not add the patient to the waiting list or refer the patient to the pre-op assessment clinic. In August 2017 the patient contacted the Trust to query progress, and the error (and breach of the 52-week threshold) was identified. Additional diagnostic tests have been completed and the patient was admitted to Harefield Hospital for treatment during September. As above, the patient’s surgeon, will conduct an assessment of the impact of the extended pathway on the patient’s outcome.

Both of the above have been reported and investigated via the Trust’s incident reporting/risk management system (Datix). The identified errors and circumstances differ, but both involve incorrect data recorded in the Trust’s Lorenzo PAS system for cardiac surgical patients at Harefield. As a consequence, a further check has been carried out of all Harefield cardiac surgical patients seen in clinic for a 3-month period incorporating Lorenzo ‘go-live’ in mid-2016, and we have confirmed that all patients seen and recommended for surgery were appropriately recorded and added to waiting-lists. This review has been extended to ‘outreach’ clinics for the same period: results of this additional review will be available by 11th September 2017.

For M5 (August); Patient 2, above, breached the 52 week standard for a second time because they were still waiting on the census date, 31st August 2017. The fitness for surgery pre operative assessment took place on 13th September 2017 as planned and the outcome is currently being assessed.

1.3 Cancer Target - 62 days to 1st Treatment

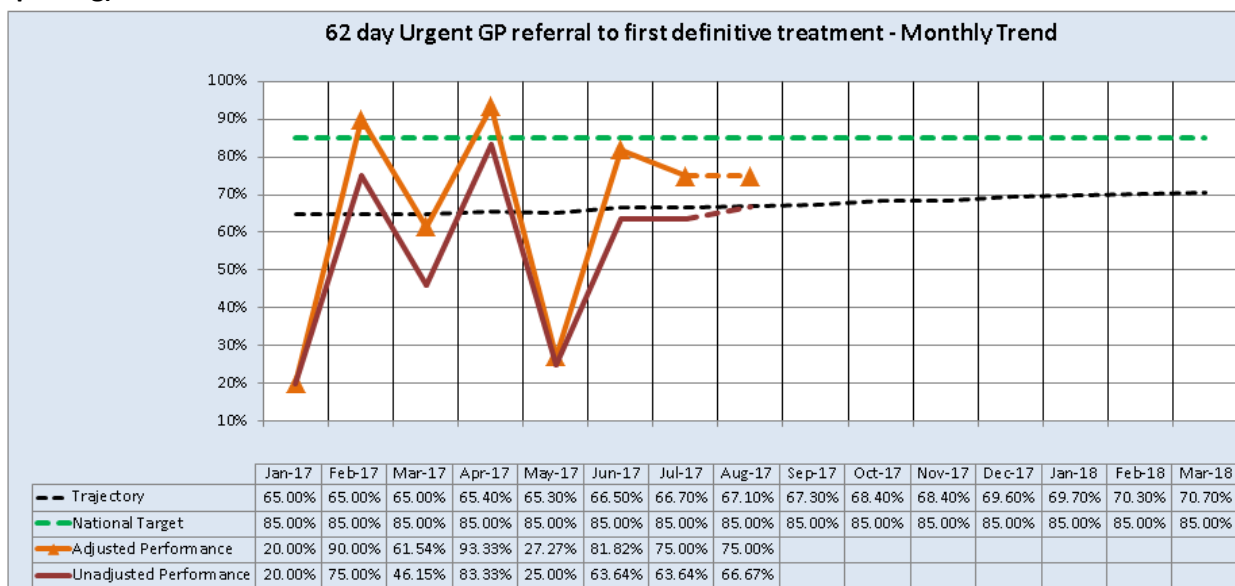
Trust Actions – Update:

- The Trust has appointed two Consultant Thoracic Surgeons Miss Sofina Begum at the Royal Brompton Hospital and Mr Jonathan Finch at Harefield Hospital. This follows a recent retirement at Royal Brompton Hospital and one surgeon relocating from Harefield Hospital.
- As part of working with the cancer vanguard, RM Partners, the Trust is due to submit a joint bid in September 2017 to look at a pilot for early diagnosis of lung cancer for a cohort of at risk patients in a local CCG. This will be a proof of concept pilot, so that learning can be shared across the RM Partners.
- The cancer team along with Dr Gillian Halley are also working towards a submission in response to an open call from SBRI Healthcare, an NHS England initiative led by the Academic Health Science Networks, to develop technology solutions for known healthcare challenges. The aim is to look at a joint IT platform for the lung cancer pathway that can be replicated across not just lung cancer, but all tumour sites. This closes on the 4th September 2017.

Referral Centre Actions – Update:

- On the 18th August 2017 Professor Chris Harrison, National Clinical Director for Cancer, NHS England, issued new guidance for Trust to support the optimal lung cancer pathway which focuses on early referral to the treatment centre. This guidance will inform the work plans for each referring centre and the Trust’s cancer team will be making contact with the other centres to see if there is any further support that can be provided.
- Following the letter from Prof Harrison, the cancer team met with the cancer team at Watford District General (WGH) on 29th August 2017 and plans are in place to review the Inter hospital transfer forms as well as looking at finding clinic space at WGH so the Harefield Hospital Consultant Thoracic Surgeon can provide a new clinic after the Multi-disciplinary team meeting at WGH – this is work in progress and is part of trying to deliver earlier diagnosis and treatment and reduced waiting times.

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



●●●● Provisional data for M5 (August)

●●●● Provisional data for M5 (August)

For M5; the trajectory target for urgent GP referral for suspected cancer to first definitive treatment (67.10%) 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) M5

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	29	18	47		✓			
	48	12	60	✓				
Royal Brompton & Harefield NHS Foundation Trust Harefield Hospital	0	29	29		✓			
	0	60	60		✓			
Royal Free London NHS Foundation Trust Royal Free Hospital	38	17	55		✓			
	33	30	63			✓		
	57	21	78				✓	
West Hertfordshire Hospitals NHS Trust Watford General Hospital	92	31	123					✓
The Hillingdon Hospitals NHS Foundation Trust Hillingdon Hospital	91	24	115				✓	
Frimley Park Hospital NHS Foundation Trust Frimley Park Hospital	22	24	46		✓			

There were 4 breaches of the 62 day pathway in August: three of these patients were referred after day 38 (day 57, day 91 and day 92) and one was referred on day 33.

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

- One patient was referred on day 92; this patient chose to stay with the consultant who received the referral. The consultant was on leave for part of the time and this led to the patient being treated 31 days after the referral was received, this was due to patient choice.
- One patient was referred on day 57 and treated within 21 days of the referral being received by the Trust.
- One patient was referred on day 91 and treated in within 24 days.

The remaining patient (referred on day 33) required a period of rehabilitation before they were considered fit for surgery; this resulted in some delay to the pathway.

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
Aug - 2017	6	4	66.67%

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
Aug - 2017	6	0.5	3.5	0.5	1	0.5	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 M5, 6 were treated in time (scenario 1 + scenario 2).
- Of 10 patients treated during M5, 1 was allocated to RBHFT (scenario 3).
- Of 10 patients treated during M5, under the new breach allocation guidance, 2 were allocated to the referring provider (scenario 4).
- Of 10 patients treated during M5, under the new breach allocation guidance, 1 shared allocations between the trust and referring provider (scenario 5).
- The data for M5 (August 2017) is still provisional and will be finalised and made available for report generation by the national system, Open Exeter, on 4th September 2017.

1.3.1 Cancer Target -31 day Pathways

31 day decision to treat to first definitive treatment

	Provisional Figures			Published Figures		
	Total Treated	No. Treated within time	Performance	Total Treated	No. Treated within time	Performance
Apr	21	21	100%	24	23	95.83%
May	30	29	96.67%	29	26	89.66%
June	26	26	100%	35	32	91.43%
July	24	24	100%	29	29	100%
Aug (Provisional)	23	23	100%	N/A		

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%	9	8	88.89%
May	25	24	96%	13	11	84.62%
June	24	24	100%	12	10	83.33%
July	16	16	100%	9	9	100%
Aug (Provisional)	8	8	100%	N/A		

The review of data supporting the reporting of both 31 day targets was undertaken during August / September and is currently being analysed by the Cancer Services Team.

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 M5 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.

M5, August 2017

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

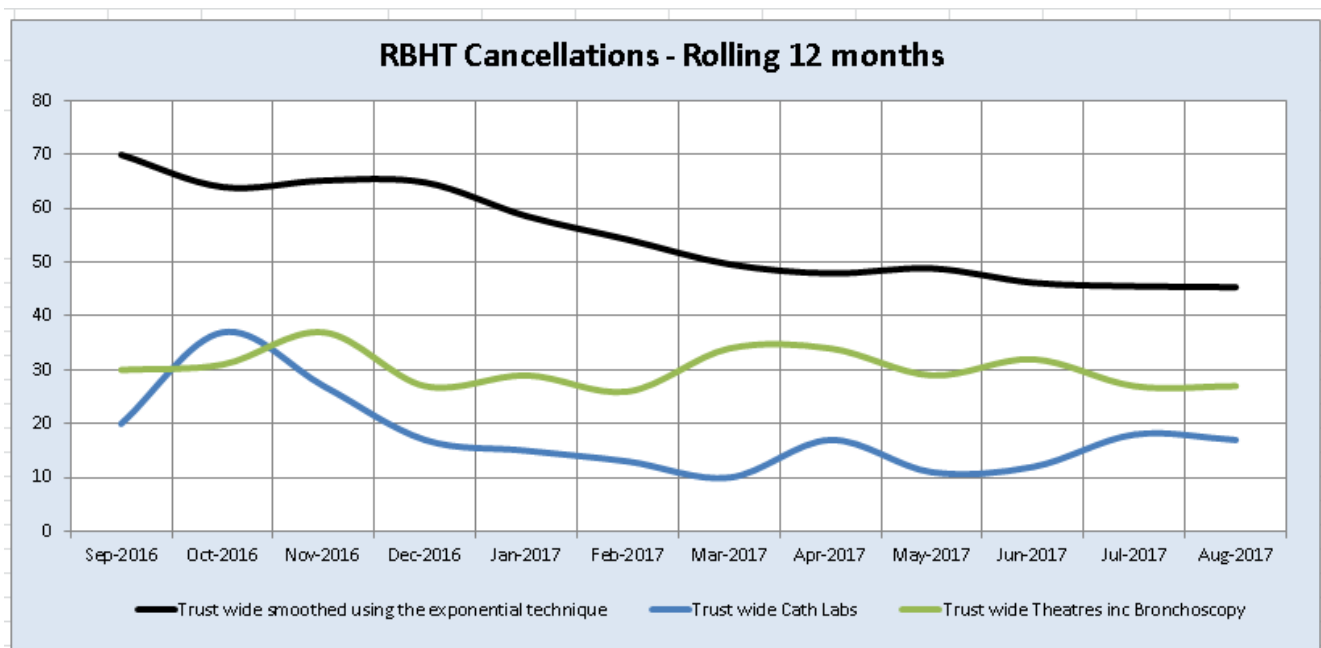
During M5, there was one breach of the pledge to offer another binding date within 28 days of the patients operation being cancelled for the first time.

- **M5 Breach (Brompton Theatres)** - This patient was due to undergo a complex aortic procedure on 19/7/17, which had to be cancelled in favour of an urgent case on the day. Unfortunately, because the procedure required the participation of three consultants (two surgeons and a cardiologist), the first date on which the patient and all three consultants were available was more than 28 days from the date of the cancellation. The operation was carried out successfully on 24/8/17.

Detail of Denominator – Cancelled Operations and procedures

There were 44 patients whose operation or procedure was cancelled in August 2017; 17 at Royal Brompton Hospital and 27 at Harefield Hospital.

Graph below: Cancellation trend in rolling 12 months



Quarter 2 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 2 data is 25th October 2017.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days							
Area/Site	Apr	May	Jun	Jul	Aug	Q1	Q2	YTD
Theatres (inc Bronchoscopy)	2	1	1	0	1	5	1	5
Catheter Labs	0	0	0	0	0	0	0	0
RBH Total	2	1	1	0	0	4	0	4
Theatres (inc Bronchoscopy)	0	0	0	0	0	0	0	0
Catheter Labs	0	0	0	0	0	0	0	0
HH Total	0	0	0	0	0	0	0	0
Trustwide	2	1	1	0	0	4	0	4

Denominator	Cancelled operations and procedures							
Area/Site	Apr	May	Jun	Jul	Aug	Q1	Q2	YTD
Theatres (inc Bronchoscopy)	20	16	22	7	13	58	20	78
Catheter Labs	7	4	7	5	4	18	9	27
RB Total	27	20	29	12	17	76	29	105
Theatres (inc Bronchoscopy)	14	13	10	20	14	37	34	71
Catheter Labs	10	7	5	13	13	22	26	48
HH Total	24	20	15	33	27	59	60	119
Trustwide	51	40	44	45	44	135	89	224

Performance against indicator E.B.S.2								
Site	Apr	May	Jun	Jul	Aug	Q1	Q2	YTD
RB Total	7.41%	5.00%	3.45%	0.00%	0.00%	5.26%	0.00%	3.81%
HH Total	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%	0.00%	2.96%	0.00%	1.79%

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 M5 zero serious incidents & never events.

For M4 one serious incident was reported to commissioners via the Strategic Executive Information System (STEIS) in July 2017. Unfortunately this incident was also classified as a Never Event.

A patient underwent surgery to his chest for empyema on 18/7/2017, after which the swab count was documented as being correct. Post-operatively the patient was transferred to the Intensive Care Unit. On 24/7/2017 a shadow was noticed on the chest X-ray and the patient was taken back to the operating theatre for a wash out of his right chest. A retained large swab was identified and removed.

The patient had a prolonged post-operative intensive care stay due to respiratory failure and delirium and was transferred back to the referring district general hospital on 2/8/2017. It does not appear that the retained swab has significantly contributed to the patient's ventilator insufficiency or delirium. A full SI report will be submitted to NHSE in due course.

Richard Connett; Director of Performance & Trust Secretary

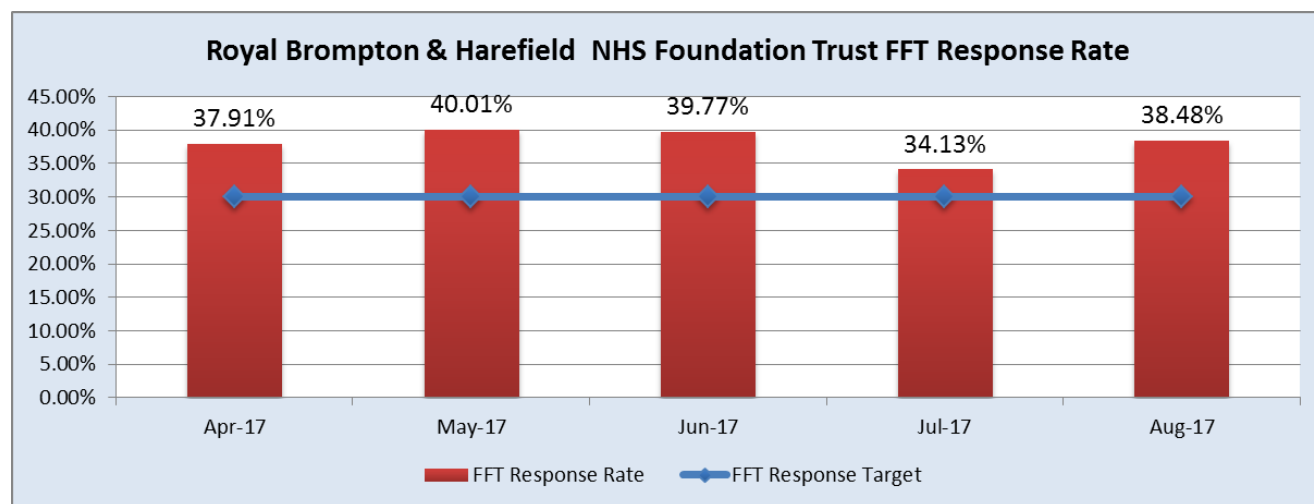
11th September 2017

Section 2 – The Friends and Family Test

Friends and Family Test - Monthly update – August 2017

Trust Recommendation score for FFT - 95.20%

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 the Trust in line with both Liverpool Heart and Chest and Papworth Hospitals.



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
671	0	260	154	37	1122

Section 4 – Nurse Safe Staffing

The site reports below covers Nurse Staffing Information for Aug. 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)	87.9% of planned level	% of registered nurse day hours filled as planned (Hospital)	97.2% of planned level
% of Unregistered care staff day hours filled as planned (Hospital)	41.2% of planned level	% of Unregistered care staff day hours filled as planned (Hospital)	61.7% 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)	95.8% of planned level
% of Unregistered care staff night hours filled as planned (Hospital)	30.3% of planned level	% of Unregistered care staff night hours filled as planned (Hospital)	95.3% of planned level
<p>Registered nurse staffing at the Brompton site averaged 88% (days) and 86% (nights). This was the result of below plan activity in the heart division, particularly in private patients and in critical care where refurbishment works continue. Activity / acuity levels in the lung division were on plan.</p> <p>Unregistered care staff levels were 41% (days) and 30% (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 97% on days, and 96% on nights. This was the result of below plan activity across the site apart from on the transplant wards where activity and acuity remains high.</p> <p>Unregistered care staff levels were 62% (days) and 95% (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.

Section 5 – CQC Insight Dashboards

During August 2017, CQC launched CQC Insight which is used to monitor potential changes to the quality of care that Trusts provide.

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 reports will be refreshed when new data is available so no formal timetable has yet been published.

The following pages contain the high level summary sections from the report dated 4th September 2017.

Royal Brompton and Harefield NHS Foundation Trust

Ratings overview

National Guardian
Freedom to Speak Up



04 September 2017

FACTS, FIGURES & RATINGS		TRUST AND CORE SERVICE ANALYSIS			FEATURED DATA SOURCES		DEFINITIONS			RATINGS	
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 same Well led performance is improving Caring, Effective, Safe, Responsive performance is stable Medical care performance is improving Surgery, Outpatients 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	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	G 10/1/2017
			Royal Brompton Hospital	G 10/1/2017	O 10/1/2017	G 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	NA
			Royal Brompton Hospital	RI 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	G 10/1/2017	RI 10/1/2017	RI 10/1/2017	NA
		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	G 10/1/2017	O 10/1/2017	G 10/1/2017	NA
		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	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	G 10/1/2017	NA
		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

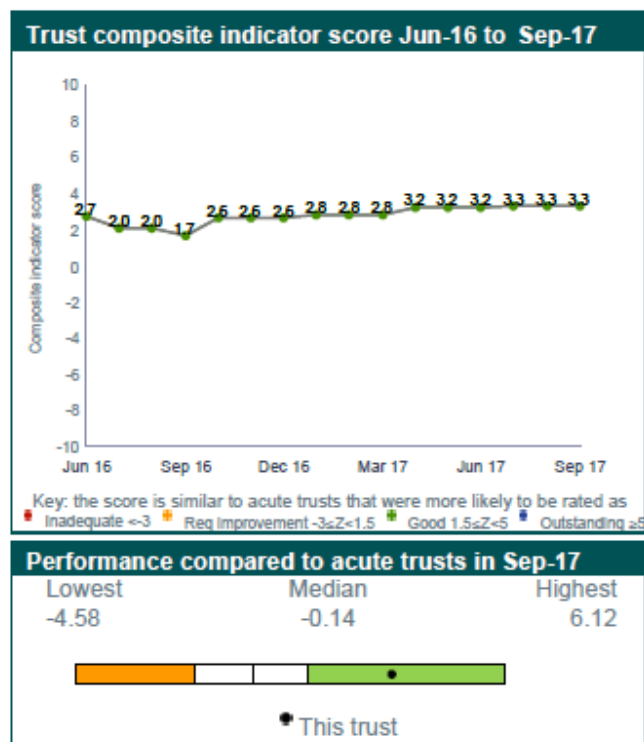


04 September 2017

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

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)
- The current composite indicator score is similar to other acute trusts that were more likely to be rated as good
- 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) (30 Aug 2017)	3.4% Apr 16 - Jun 16	1.6% Apr 17 - Jun 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