

Clinical Quality Report

Month 6 2016/17 – period ending 30th September 2016

Section 1 - Key Performance Indicators



1.1 NHS Improvement; Risk Assessment Framework

<i>Clostridium difficile</i>	M6 2	YTD M6 7	YTD M6 Cases under review 7	YTD M6 Confirmed lapses of care; to count against the threshold 0	Performance Standard NHSI threshold = 12	▼ -12 YTD	Met
Indicator	Threshold		15/16 Performance M6	16/17 Performance M6	QTD	Variance from Threshold	Q2 Forecast
18 weeks RTT Incomplete Pathway	92%		92.36%	90.34%	89.06% ¹	▼ -2.94%	Not Met
Cancer – 14 day Urgent GP Referral	93%		No. of cases Q2 2016/17 = 3				Not assessed
Cancer – 31 day 1st treatment	96%		100%	15 patients 93.33%	96.94% ²	▲ +0.94%	Met
Cancer – 31 day subsequent treatment	94%		100%	28 patients 100%	96.36%	▲ +2.36%	Met
Cancer - 62 day Urgent GP referral to first definitive treatment (with breach allocation)	85%		64.29%	10 patients 66.67%	74.47%	▼ -10.53%	Not Met



1.2 CQC Registration

CQC – Inspection	14 th -17 th June 2016 Draft Inspection Report currently awaited
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¹ NHS Improvement; Risk Assessment Framework (March 2015); 'any failure in one month is considered to be a quarterly failure'.

² 31 day decision to treat to first definitive treatment performance is the average monthly performance in the quarter.

Section 1 - Key Performance Indicators

1.3 NHS Standard Contract (NHS England)

<i>Clostridium difficile</i>	M6 2	YTD M6 7	YTD M6 Cases under review 7	YTD M6 Confirmed lapses of care; to count against the threshold 0	Performance Standard Dept. Health Trajectory = 23	YTD M6 Threshold = 12	Variance from Threshold ▼ -12YTD	
Indicator	M6		M6 YTD		M6 Target		Variance from Target	M6 Position
MRSA	0		0		Zero tolerance		◆ 0	Met
Mixed Sex Accommodation	0		0		Zero tolerance		◆ 0	Met
Urgent operations cancelled for the 2nd time	0		0		Zero tolerance		◆ 0	Met
Cancelled Operations; not carried out within 28 days	0		4		Zero tolerance of no readmission within 28 days		▲ 4	Met
Cancelled Procedures; (Catheter Labs, Transplant Assessment and Bronchoscopy Suite); not carried out within 28 days	0		2		Zero tolerance of no readmission within 28 days		▲ 2	Met
52 week breaches	0		3		Zero tolerance		▲ +3	Met
18 weeks RTT Incomplete National Specialty Level	See page 12 for details		Not applicable		92%			Not met
Cancer - 62 day Urgent GP referral to first definitive treatment (pre breach allocation)	66.67%		Not applicable		85%		▼ -18.33%	Not Met
Cancer – 62 day Consultant Upgrade to first definitive treatment	No. treated 2	No. treated in time 2	No threshold set in NHS Contract				Not applicable	Not assessed

Incidents

	16/17 M6	15/16 Total Incidents	15/16 YTD Incidents at M6	16/17 YTD Incidents at M6	Δ
Outbreaks of Infection	0	2	0	1	▲ +1
Serious Incidents	0	24	15	7	▼ -8
Never Events	0	0	0	0	◆ 0
Radiation Safety incident's	3	7	2	8	▲ +6

1.4 Clinical Outcomes

HSMR Ratio	95.98 (1 Year Period : June 2015 - May 2016)	Slightly below average, And within the expected range published by Dr Foster
Complaints	The Complaints and PALS Annual Report 2015/16 was reviewed by the Risk and Safety Committee on 6 th July 2016	

1.5 Workforce Targets (set by the Trust)

	Current Year Target	15/16 YTD Position	16/17 Position	Δ	YTD Variance from Target	M5 Position
Staff Sickness	3%	Aug 15 2.68 %	Aug 16 2.75 %	+ 0.07 %	▼ -0.15%	Met
Staff Turnover	12%	Sep 15 10.3 %	Sep 16 10.7 %	+ 0.4 %	▼ -1.3%	Met

Section 2 – Exception Reports

Note: Exception reports are included where performance for indicator falls outside the expected range, or where there is a particular need for focus. The numbering of exception reports follows the same hierarchy as given in the key performance indicator tables in section 1 in order to facilitate cross referencing of sections 1 and 2.

2.1 NHS Improvement; NHS Provider Licence Compliance

2.1.1 *Clostridium difficile*

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	16/17 YTD Total
Total Cases reported to PHE	0	0	1	2	2	2	7
No. Cases attributable to Trust	0	0	1	2	2	2	7
No. Cases not attributable to Trust	0	0	0	0	0	0	0
Cases under review	0	0	1	2	2	2	7
Cases due to lapses of care	0	0	0	0	0	0	0
Variance against target of 12	-12	-12	-12	-12	-12	-12	-12

- 2 cases of *Clostridium difficile* were reported to Public Health England for M6.
- The 2016/17 YTD total number of cases reported to PHE is 7.
- For 2016/17 YTD, total number of cases involving a lapse of care is 0.
- Only lapses in infection control procedures identified by NHS England will count against the NHS Improvement de minimis of 12.

2.1.3 Cancer Target - 62 days to 1st Treatment

A. Delivery of the Clinical Service

The action plan derived from the review of cancer services undertaken by Dr Shah, Dr Popat and Mr John Pearcey is being developed in conjunction with NHS England.

Trust Actions – Update:

- The 2016 update on the Trust's Cancer Action Plan was presented to the Risk and Safety Committee on 17th October 2016 and the action plan was circulated to Board members on that date.

Referral Centre Actions – Update:

- To continue engaging with trusts that have an average day of referral above the recommended day 38
- A comprehensive review to be undertaken in-year by each referring MDT to ensure resection rate data is robust to assist the national lung cancer audit

B. Measurement

National Cancer Breach Allocation Guidance, published in April 2016, has now been implemented across the NHS.

Day 38 has been chosen as the cut-off date for referral to specialist centres, so specialist centres have 24 days to treat.

Breaches will be allocated thus:

Scenario	Referral timeframe	Total timeframe	Allocation
1	> 38 days	< 62 days	100% of success allocated to the treating provider
2	< 38 days	< 62 days	50% of success allocated to the referring provider and 50% allocated to the treating provider
3	< 38 days	>62 days	100% of breach allocated to the treating provider
4	> 38 days	> 62 days, but treating trust treats within 24 days	100% of breach allocated to the referring provider
5	> 38 days	> 62 days and treating trust treats in >24 days	50% of breach allocated to the referring provider and 50% allocated to the treating provider

Detail of all 62 Day Urgent GP referral (breach + non breach) M6

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 Stoke Mandeville Hospital	49	52	101					✓
Colchester Hospital University NHS Foundation Trust Colchester General Hospital	20	20	40		✓			
East And North Hertfordshire NHS Trust Lister Hospital	42	18	60	✓				
	41	20	61	✓				
	57	60	117					✓
Luton And Dunstable Hospital NHS Foundation Trust Luton And Dunstable Hospital	81	29	110					✓
Milton Keynes Hospital NHS Foundation Trust Milton Keynes Hospital	14	16	30		✓			
	52	N/A	26	✓				
West Hertfordshire Hospitals NHS Trust Watford General Hospital	106	20	126				✓	
	44	66	110					✓

Patient details relating to some of the cases above:

- 86yr old patient, who was referred and was not fit for surgery – was a complex patient, however went onto to have successful Radio Frequency Ablation (RFA).
- 65yr old patient was referred and then went on holiday for 5wks before an out-patient appointment and an admission date could be arranged – the patient had a complex cardiac history, however went on to have a successful curative treatment.

- 81yr old patient had slight delay in out-patient appointment at local trust, however went on to have a curative treatment.
- 81yr old patient, with ischaemic heart disease, diabetes, bladder cancer – went on to have a successful curative treatment
- 67yr old patient, previous history of renal cancer, borderline lung function. Patient was not contactable for several weeks. However went on to have successful curative treatment.

Performance against the Sustainability and Transformation Fund trajectory agreed with NHSI

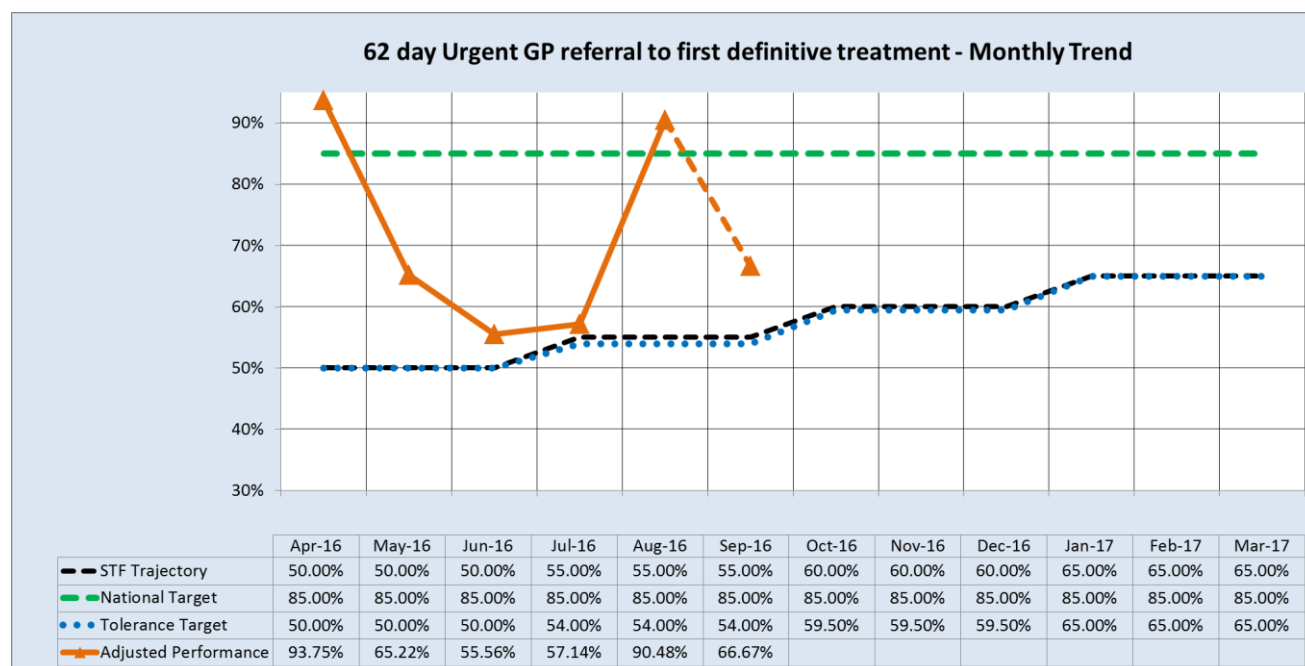


Table below sets out the proposed tolerance levels that will be applied to the Improvement Trajectories relating to 62 day Cancer.

Period	Tolerance
Quarter 1	None as fund allocated on agreement of trajectories only
Quarter 2	1.0%
Quarter 3	0.5%
Quarter 4	No tolerance

For M6; the Sustainability and Transformation Target (55%) has been met.

Richard Connett; Director of Performance & Trust Secretary
John Pearcey; Assistant General Manager Lung Division

25th October 2016

Performance against the Monitor Target up to the end of month 6 (Q2)
NHS Improvement guidance requires reporting of:

i) Performance pre breach allocation:

Period	Total treated	Total treated in time	Unadjusted Performance
Jul-2016	8.5	3	35.29%
Aug-2016	9	7	77.78%
Sep-2016	5	2.5	50.00%
Q2	22.5	12.5	55.56%

ii) Performance using national breach allocation guidance published 13th September 2016.

Period	Total treated	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Adjusted Performance
Jul-2016	8.5	1	2	0.5	3	2	57.14%
Aug-2016	9	2.5	4.5	0	1	1	90.48%
Sep-2016	5	1.5	1	0	0.5	2	66.67%
Q2	22.5	5	7.5	0.5	4.5	5	74.47%

- 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. The calculation using the algorithm has been verified by analysts at NHS England. However, the commissioning leads for NHS England indicated at the CQRG held on 7th June 2016 that they require performance to be reported without breach reallocation.
- NHS Improvement has indicated that the Trust can comply with the Risk Assessment Framework by using the new breach allocation guidance for reporting purposes.
- Of 45 patients treated during Q2, 25 were treated in time (scenario 1 + scenario 2).
- Of 45 patients treated during Q2, under the new breach allocation guidance, 9 were allocated to the referring provider (scenario 4).
- The data is provisional data from the Trust's Infoflex system sampled during September 2016.
- The data for September 2016 will be finalised and made available for report generation by the national system, Open Exeter, on 4th November 2016.

2.5 Incidents

2.5.1 Outbreaks of Infection

No outbreaks of infection were declared in September 2016.

2.5.2 Serious Incidents

No serious incidents were reported for September 2016.

2.5.3 Never events

None reported for September 2016

2.5.4 Serious Information Governance Incidents

None reported for September 2016

2.5.5 Radiation Safety Incidents

2 incidents took place in M5 (August) and 3 incidents occurred in M6 (September). A full report will be provided to the Risk and Safety Committee when the investigations into these incidents have been completed.

1.7 NHS Standard Contract

2.7.1 *Clostridium difficile*

Cases identified through pathology tests are reported to Public Health England (PHE). There follows a regular review of cases by the Trust in conjunction with NHS England (NHSE) to decide whether cases reported to PHE should count against the commissioners' target of 23. Provided there has been no lapse in care and infection control standards, cases may be designated as non-trajectory through the Trust / NHS England review.

2 cases of *Clostridium difficile* was reported to Public Health England during M6.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	16/17 YTD Total
Total Cases reported to PHE	0	0	1	2	2	2	7
No. Cases attributable to Trust	0	0	1	2	2	2	7
No. Cases not attributable to Trust	0	0	0	0	0	0	0
Cases under review	0	0	1	2	2	2	7
Cases due to lapses of care	0	0	0	0	0	0	0
2016-17 cumulative monthly trajectory	2	4	6	8	10	12	23
Variance against cumulative monthly trajectory	-2	-4	-6	-8	-10	-12	-23

Department of Health *Clostridium difficile* Monthly Trajectory 2015-16

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	16/17 Total
2016-17 Trajectory	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1	23

2.7.2 MRSA

- No cases were reported in M6.
- The number of reported MRSA cases for 2016-17 year is 0.

2.7.3 E.B.S.6: Urgent operations cancelled for a second time

- No cases were reported in M6.

2.7.4 Mixed Sex Accommodation

- No MSA breaches were reported in M6.
- The number of reported MSA breaches for the 2016-17 year is 0.

2.7.5 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 last minute cancellations by the hospital for non-clinical reasons

M6, September 2016 as at 26/10/2016

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

- There were no breaches of the pledge.

Detail of Denominator – Cancelled Operations and procedures

- There were 52 cancelled operations and procedures in September 2016; 24 at Royal Brompton Hospital and 28 at Harefield Hospital.

Quarter 2 Performance 2016/17

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 26th October 2016.

Numerator	Number of breaches of the pledge to offer another binding date within 28 days								
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Q1	Q2	YTD
Theatres	3	0	0	0	0	0	3	0	3
Catheter Labs	0	0	1	0	0	0	1	0	1
Bronchoscopy Suite	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0
RBH Total	3	0	1	0	0	0	4	0	4
Theatres (inc Bronchoscopy)	0	0	0	0	1	0	1	1	1
Catheter Labs	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	1	0	1
HH Total	1	0	0	0	1	0	1	1	2
Trustwide	4	0	1	0	1	0	5	1	6

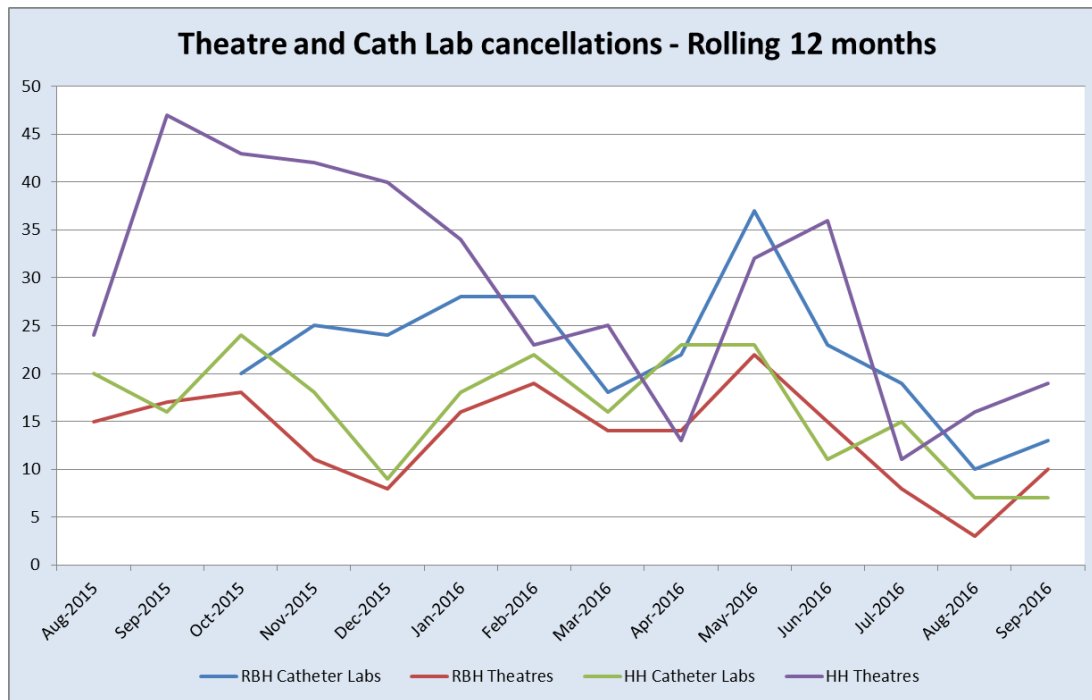
Denominator	Cancelled operations and procedures								
Area/Site	Apr	May	Jun	Jul	Aug	Sep	Q1	Q2	YTD
Theatres	14	22	15	8	3	10	51	21	72
Catheter Labs	22	37	23	19	10	13	82	42	124
Bronchoscopy Suite	1	2	2	0	2	1	5	3	8
RB Total	37	61	40	27	15	24	138	66	204
Theatres (inc Bronchoscopy)	13	32	36	11	16	19	81	46	127
Catheter Labs	23	23	11	15	7	7	57	29	86
Other	1	7	9	1	1	2	17	4	21
HH Total	37	62	56	27	24	28	155	79	234
Trustwide	74	123	96	54	39	52	293	145	438

Performance against indicator E.B.S.2									
Site	Apr	May	Jun	Jul	Aug	Sep	Q1	Q2	YTD
RB Total	8.11%	0.00%	2.50%	0.00%	0.00%	0.00%	2.90%	0.00%	1.96%
HH Total	2.70%	0.00%	0.00%	0.00%	4.17%	0.00%	0.65%	1.27%	0.85%
Trustwide	5.41%	0.00%	1.04%	0.00%	2.56%	0.00%	1.71%	0.69%	1.37%

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.

Cancellation of admissions or procedures at RBHT

Table Below: Cancellation trend in rolling 12 months

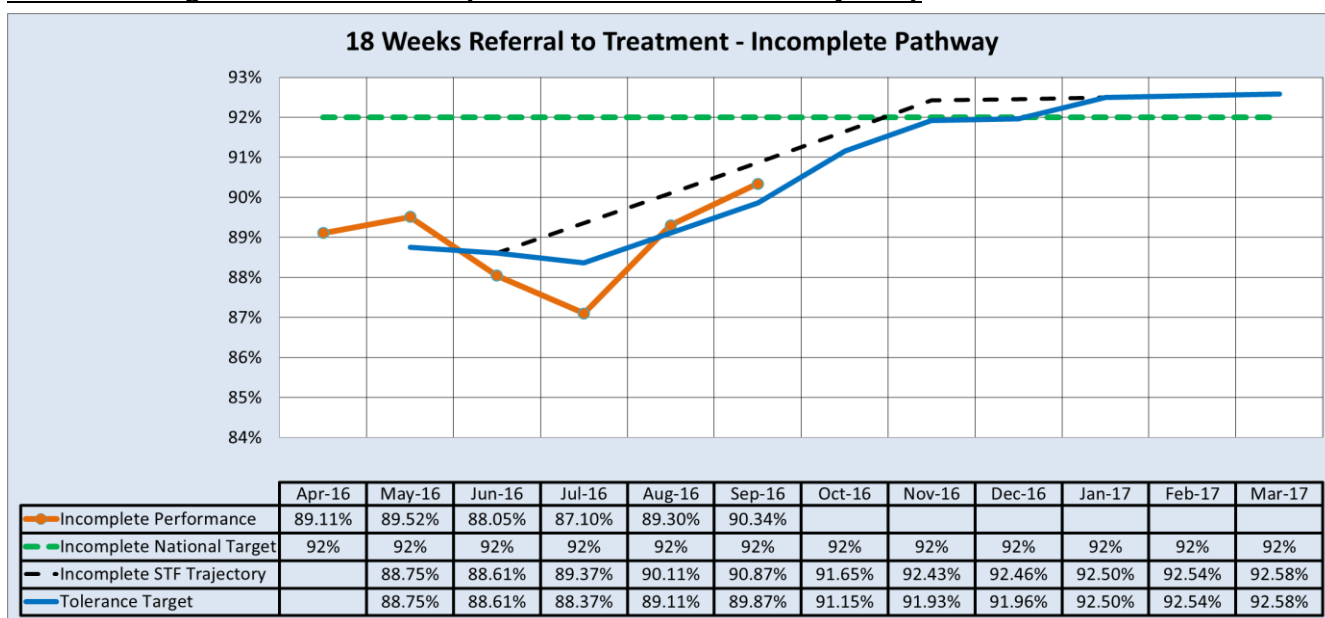


2.7.6 18 week Referral to Treatment Time Targets

i. 18 weeks RTT by National Specialty – Incomplete Pathways September 2016

National Specialty	Specialty	Incomplete			
		< 18w	>= 18W	Total	% < 18w
Cardiology	Cardiology (Brompton)	1,132	203	1,335	84.79%
	Cardiology (Harefield)	1,194	117	1,311	91.08%
Cardiology		2,326	320	2,646	87.91%
Thoracic Medicine		1,548	73	1,621	95.50%
Cardiothoracic Surgery	Cardiac Surgery (Brompton)	336	93	429	78.32%
	Cardiac Surgery (Harefield)	237	33	270	87.78%
	Thoracic Surgery	162	6	168	96.43%
Cardiothoracic Surgery		735	132	867	84.78%
Other	Other	99	10	109	90.83%
	Paediatrics	704	45	749	93.99%
	Transplant	58	5	63	92.06%
	Unknown	2	0	2	100.00%
Other		863	60	923	93.49%
		5,472	585	6,057	90.34%

Performance against the Sustainability and Transformation Fund trajectory



- The Lorenzo Patient Administration System (PAS) went live over the weekend 15th – 17th July 2016. Data was migrated to the new PAS and direct data entry to Lorenzo began.
- Data Quality issues remain; both with respect to the migrated data and the data entered since Lorenzo go live.
- Validation of the data is being overseen by the PAS Implementation Group.
- Fortnightly meetings are held with NHS England and NHS Improvement in order to monitor the action plan (RAP) which is designed to deliver the STF trajectory.

For M6; 18 week Referral to Treatment Time Target (88.97%) has been met.

ii. 2.7.7 52-week Referral-to-Treatment (RTT) breaches

- No patient's RTT pathway exceeded 52 weeks in September 2016.
- The number of reported 52-week breaches for 2016/17 YTD is 3.

Richard Connett; Director of Performance & Trust Secretary
Jovin Synott; Head of Information

20th October 2016

2.7.8 Cancer – Numbers of patients treated for all four cancer targets

Cancer Targets	M6		
	Total Treated (Patients)	No. Treated (Patients) within time	Unadjusted Performance
14 days – Urgent GP referral	0	0	n/a
31 day decision to treat to first definitive treatment	15	14	93.33%
31 day decision to treat to subsequent treatment (Surgery)	28	26	92.86%
62 day Urgent GP referral to first definitive treatment	10	5	50.00%

2.7.9 Cancer - 62 day Urgent GP referral to first definitive treatment

M6 Performance

Performance reported as required by NHS England under the NHS Standard Contract

Period	Total treated	Total treated in time	Unadjusted Performance
Sep-2016	5	2.5	50.00%

- 10 patients were referred for urgent treatment in relation to suspected lung cancer during M6. Of these 5 were treated within 62 days. Five patients breached the target.
- The data is provisional for September 2016.
- Open Exeter will publish September data on 4th November 2016.

Section 3 – The Friends and Family Test

The FFT Inpatient & Daycase report below covers September 2016.



Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Friends and Family Test Results

September 2016

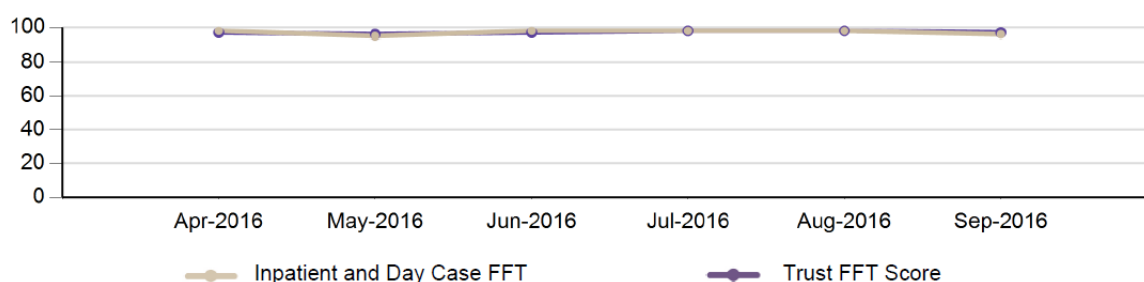
Survey Type Report for Inpatient and Day Case

Your Friends and Family Test
Recommend Score is:

97%

Last month, your Recommend
Score was:

98%



This month's top 3 most improved wards / services / areas

Recommend
Score
last month

Recommend
Score
this month

Acorn Ward

90%

100%

Cedar Ward

95%

100%

Fir Tree Ward

96%

97%

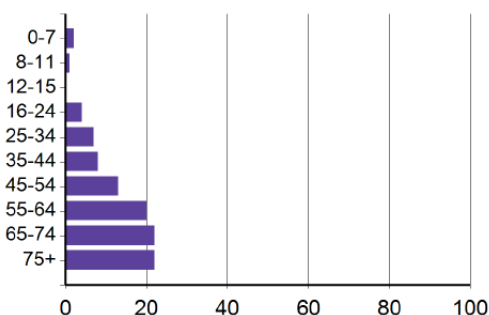
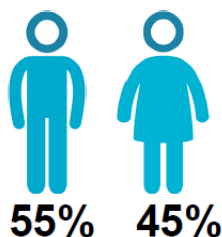
Only wards/services with 5 or more responses show in the table above.

Male or Female

Age Profiles %

Patient
Responses

Response
Rate



677

38%

Patients 'Extremely likely' to recommend us
said:

"Good staff, look after you. Friendly."

"Exceptional care, staff wonderful, no fault can be found."

"Helpful and efficient staff. Clean, modern and cheerful room.
First class."

Patients 'Extremely unlikely' or 'unlikely' to
recommend us said:

"It's a hospital not a hotel I will mention it on trip advisor
though."

The FFT Outpatient report below covers September 2016.

Friends and Family Test Results

September 2016

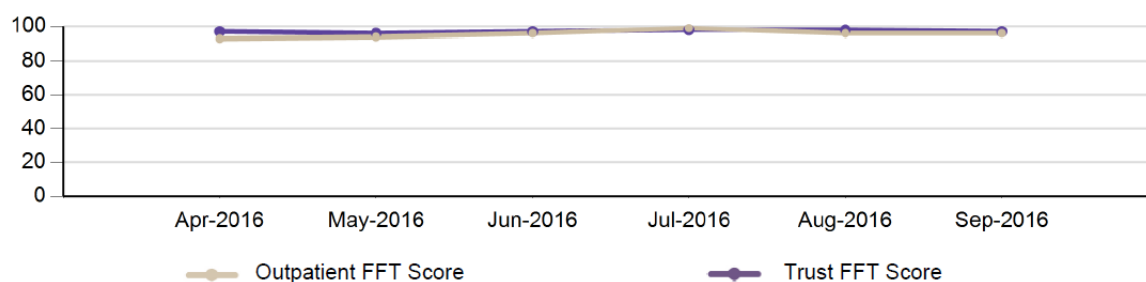
Survey Type Report for Outpatient

Your Friends and Family Test
Recommend Score is:

96%

Last month, your Recommend
Score was:

96%



This month's top 3 most improved wards / services / areas	Recommend Score last month	Recommend Score this month
Dietician Paediatrics (Harefield)	86%	100%
Cardiac Rehabilitation Clinic	90%	100%
PCD Paediatrics (Brompton)	88%	90%

Only wards/services with 5 or more responses show in the table above.

Male or Female	Age Profiles %	Patient Responses	Response Rate
53% 47%		97	N/A

Patients 'Extremely likely' to recommend us said:

"V G care and attention throughout the course."

"Staff are very friendly, and always remember my son by name."

"They are nice and exciting and explain thing well."

Patients 'Extremely unlikely' or 'unlikely' to recommend us said:

"Its really nice and all the Doctors and nurses treat patients nicely."

Patient Experience M6 (September 2016) Update

- The monthly response rate for the Friends and Family Test (FFT) continues to improve and sustain that improvement achieving 38% for M6. The overall recommend score for the Trust is 96%. Majority of comments are positive.
- The Adult Cystic Fibrosis Team at the Royal Brompton was chosen by The Picker Institute Europe to highlight on their website as an exemplary example of using quality improvement (QI) tools to achieve a better patient experience (<http://www.pickereurope.org/case-studies/royal-brompton-hospital/>)
- The Trust has accepted an offer from our IT network supplier to participate in a free proof of concept initiative to trial “ibeacons” as a tool to improve patient wayfinding (i.e. “Google map for indoors”). If proves successful it will be a first for the NHS to use technology for this purpose.

Jan McGuinness
Director of Patient Experience and Transformation

18th October, 2016